# Unbounded Knowledge: <br> Envisioning a New Future for Drug Policy Research 

## What would transform drug policy research? Summary of Participant Responses

## FUNDING

- Core/general operations
- Social, ethnographic, historical, geographical research
- Interdisciplinary studies
- Non-ideological sources; more diverse sources of funding
- Pilot and rapid-response studies
- Policy- and structural-level interventions and research
- Ability to use federal funds to purchase state-approved medical cannabis
- Less focus by NIDA on brain disease model
- Research assistance
- "Controversial" topics


## DATA

- Archive for research materials
- Big data: better/easier access; proper treatment of missing data
- Data from prosecutors' offices
- User data that disaggregates self-regulating drug use from drug abuse disorder by substance
- Ethnographic data on self-disclosing, self-regulating people who use drugs (PWUD)
- Access to prescription drug monitoring program data
- CDC surveillance system for HIV should ask about injection and non-injection drug use
- More attention to social determinants of health


## RESEARCH PROCESS

- Recognition/support of interdisciplinary work
- Recognition/support of wider range of research models
- International collaboration
- Access to/involvement of PWUD in research
- Earlier use of statistical expertise in the research process
- Alternatives to FDA approval system not dependent on pharma profit incentives; ease of prescribing and clinically monitoring cannabis and psychedelic products
- More collaborative work among researchers and better coordination of individual studies; development of a collaborative researcher network
- More collaborative work with people working in the field (e.g., nurse, social worker) as well as agencies and policy organizations
- Include with non-academic partners in research, insuring they have appropriate time and funding to do so
- Opportunity to engage with people who experience or witness firsthand the limits of existing drug policies
- Time/funding for more in-depth projects (e.g., ethnographic analyses)


## RESEARCH DISSEMINATION

- Increase knowledge translation capacity
- Better graphics
- Funding for researchers' time related to dissemination of results
- More/better journals: qualitative and mixed methods; community-based, harm reduction research
- More opportunities to present research on harm reduction or non-traditional approaches to drug use


## SPECIFIC TOPICS/IMPROVING CARE

- Healthcare for users
- SIFs
- Help reengaging PWUD in society
- Remove buprenorphine training waivers
- Resources/financing to support buprenorphine prescribers
- Mandated physician training on substance use
- Health Services Corp-style program for physicians who serve PWUD (loan forgiveness)
- Get one NIH Institute to take on HCV

