Unbounded Knowledge:
Envisioning a New Future for Drug Policy Research

Summary of Constraints

Although drug policy is a rich and interdisciplinary field that has produced a breadth of high quality research, little has been written about the limitations of the field and how those limitations might impact drug policy.[1,2]

Over the summer and fall of 2017, we spoke to almost 30 scholars in the field of drug policy research. We asked them to describe the barriers and constraints they face in doing their work as well as gaps in the field. Our goal in doing so is to help illuminate the areas in which policymakers may not have access to the information and knowledge they need to make evidence-based decisions. We also hope this assessment can provide a foundation for strengthening the field going forward.

Below is a summary of what we learned from speaking to researchers at all stages of their careers from the following disciplines:

- Anthropology
- Clinical psychology
- Criminology
- Cultural Studies
- Epidemiology
- Geography
- History
- Law
- Methodology
- Medicine
- Public Health
- Public Policy
- Psychiatry
- Sociology

Key Gaps in Research: Biases and Blind Spots

Harm Reduction: Failure to fully investigate harm reduction strategies and outcomes
- Almost all of the researchers with whom we spoke noted that drug research in the U.S. is overwhelmingly biased against harm reduction.

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[1] Netherland, J. (2016). *Perspectives on the Drug Policy Research Landscape*. Drug Policy Alliance. Available via jnetherland@drugpolicy.org.
[2] Kilmer, B., Caulkins, J. P., Pacula, R. L., & Reuter, P. H. (2012). *The US Drug Policy Landscape*. Rand Corporation.

- Harm reduction interventions are little studied, and studies of drug use behavior and treatment are oriented towards abstinence as the desired outcome, often foreclosing the examination of other important outcomes, such as quality of life and health.
- The overarching framing of drug research in the U.S. is focused on documenting the negative consequences of use, foreclosing many other lines of inquiry.

Continuum of Users: Failure to fully investigate a continuum of people who use drugs, use practices, and harm reduction strategies
- There is too little research on the complexity of *how* drugs are used by a continuum of users. Currently, there is an over-simplistic tendency to lump all illicit drugs together without truly distinguishing the relative harm/benefit of each.

Role of Pleasure: Insufficient work looking at the role of pleasure in drug use
- Several respondents noted we know very little about the role of pleasure, intoxication, and desire for altered consciousness as motivators for use. This research is typically not funded out of concerns that it tacitly 'encourages' further drug use. Moreover, research in this area is all but non-existent for people of color. Too little is known about the 80-90% of users who don't use problematically.
- Most research is focused on treatment samples or those who are disenfranchised and vulnerable. The lack of a representative sample of the diversity of users means we may not know as much as we think about real people who use drugs on the continuum.

Self-Regulation: Too little is known about self-regulating user practices
- What are the skills, knowledge, choices, and routines of self-regulating users? What informs their choices? Why do they use? What do they use? How do drugs impact them? How do they stop or moderate their use? We need more on natural recovery or self-resolved abuse and addiction.

Policy Outcomes: Too few studies of policy variations and innovations (e.g., comparing outcomes of different policy interventions) and a general lack of attention to policy research (e.g., cost analyses)
- Need more and better coordinated research on policies "natural experiments" (e.g., decriminalization, legalization in Canada and Uruguay; impact of supply side policies; disparity in funding between mental health and substance use treatment.)

Resilience: We need more research on resilience and which approaches keep people happy, healthy, and active

Gender: We have significant gaps in our knowledge about women who use drugs
- We need more information on pregnant or parenting women; the exclusion of pregnant women from interventions and studies of things like harm reduction interventions, SIFs and Housing First is a problem.
- Little is known about women who use drugs non-problematically.
- Need more information on how CPS workers view maternal substance use, how they function, and how their assessments/involvements truly impact quality of life.
- We need to know more about how the CJ system impacts women as they juggle multiple demands and constraints.

Race/ethnicity: We have significant gaps in our knowledge about drug use among communities of color
- Lack of information about psychedelic and party drug use among black people, particularly young people and about black people's interest in and capacity to be recreational or social users.
- Lack of information about Black people who use drugs' knowledge of harm reduction and opioid risk.
- Little is known about drug use or successful interventions among native peoples.
- Ongoing problems with how data on ethnicity are collected leading to issues with our understanding of Latinos.

Treatment Programs: Treatment research is generally poor quality
- Lacks uniform outcomes, intent to treat analyses, independent researchers, ways to measure the negative effects of treatment.
- Little or no attention to patient preference.
- Need to focus on outcomes other than abstinence (e.g., quality of life, citizenship).

Hospital Administrative Data: Need higher quality hospital research
- Hospital data based on record/chart review is incredibly limited.
- Many codes entered by administrative staff with little reliability between them or training on accuracy.
- Hospital codes meant for billing purposes may not accurately reflect presenting problems or needs.

User Input: Failure to include people who use drugs in research process
- Data are often misinterpreted (e.g., wrong categories of analysis).

Interdisciplinarity: More interdisciplinary research is needed
- Interdisciplinary research can help avoid blind spots and strengthen arguments.

Methodological Issues

Metrics: Lack of consensus on what and how to measure things
- Many constructs in drug research are difficult to measure (e.g., types of use, sales, motivations, consumption, networks, attitudes towards drug use).
- Outcomes for treatment or policy interventions is one example where there isn't consensus, creating difficulties in communicating to policymakers about the purpose and efficacy of strategies (e.g., stopping drug use vs. public health improvements vs recidivism). We lack a unified frame to even talk about what's important.
- Emphasis on abstinence sometimes precludes other measures (quality of life, health, family life). Need outcomes that acknowledge the benefits of drugs and the harms of prohibition. Outcomes should include more about pleasure and benefits.
- In criminology, focus is on arrest rates and convictions not change in behaviors. Over-reliance on administrative data shapes the focus and precludes harm reduction measures.
- Need to focus on more upstream causes and social determinants (e.g., income, housing, education).

Data: Numerous issues with big data sets, including (not an exhaustive list):
- Key national data sets are not detailed enough and not compiled rapidly enough to keep up with trends.
- National data sets do not capture all drugs, and it's not clear what problems there may be with language and interpretation. There are few validity studies to verify if the surveys are actually measuring what they purport to measure.
- Selection bias in who responds to large national surveys (e.g., NSDUH excludes homeless and other hard-to-reach populations; YRBS excludes out-of-school youth).
- We measure use, but less often measure impairment, which is may be more meaningful.
- Process for what's included in big national surveys not transparent.
- Arrest data are problematic (e.g., difficult or impossible to break down by drug, demographics, charge; time lag in reporting; lots of missing data; hard to publicly access).

Funding, Bureaucratic, and Structural issues

Controlled Substances Research: Challenges of navigating the regulations to research scheduled drugs is a deterrent for individual researchers, but also for institutions unwilling to take on those burdens (chain of command secure storage, DEA, review processes, etc.)
- Federal research cannabis monopoly both creates bureaucratic barriers and inferior research product, skewing outcomes.

Flexible Research Design: Overemphasis on RCTs, Quantitative Research, and Peer Reviewed Journals
- Makes it hard to do "real life" messy research: case studies, health services researchers, etc.
- Too few (high impact) journals willing to published qualitative drug research.
- Peer reviewed journal process may not be what's in the best interests of people who use drugs and good policymaking (e.g., inaccessible, bias, gate-keeping, siloed knowledge).
- Too little qualitative research / ethnography.
- IRB Challenges…

Public Funding: Public funding mechanisms create significant gaps in knowledge
- Very hard for first time researchers, especially researchers of color, to break into big government funders.
- NIH discourages interdisciplinary work because page limits and competition for funding
- NIH and DOJ overly focused on neuroscience, precluding other lines of inquiry.
- Researchers feel pressured to focus on issues the government is interested in versus what the field needs. People afraid of losing funding and so follow safe lines of inquiry
- Need funders without a "horse in the race."
- Funding applications are intensive and big 'time suck' for potentially no pay-off, especially in teaching universities or those which provide no support for writing applications.

Private Funding: Private foundations also pose research barriers
- No apparatus to identify and find private research funders in one place.
- Funders often keep funding the same people and people who know them.
- It is hard to break in as an outsider or minority.

Academic Influence on Research: Tenure-track leads people do research with certain outputs
- Little to no incentive for faculty to make research accessible to public because they are only rewarded for peer-reviewed publication.
- Research 1 universities prioritize federal funding over foundational funding (implicit and explicit hierarchy of funding sources), which adds pressure to do more conventional research.
- Publication requirements of tenure make quicker, frequent publications more appealing.
- Community-based research takes more time; one needs to build relationships, collect data, get feedback to community, etc.

Clarify Research Results: Need investigators to report null findings and/or study limitations more thoroughly

Representation by Drug Users: More people who use drugs needed as principal investigators

Dissemination: Reframing Drug Policy Issues by Redefining Public Conversation

Reaching Policy Makers: How do we change policymakers' minds?
- How do we frame messaging?
- How do values impact choices?
- How do policymakers change their minds?

Reaching General Audiences: How can we share knowledge and information beyond peer-reviewed journals with maximum impact and appealing to general audiences?

Building Research/Public Knowledge: Need more shared and pooled data.