

Conceptualizing the Evidence Base for Harm Reduction

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Disclosures

Non-profit

- American Public Health Association – *Am J Public Health* editor
- Remedy Alliance For The People – uncompensated board chair
- RADARS System, Denver Health – methods consultant

Industry

- None

Views expressed are solely my own.

Bibliometrics

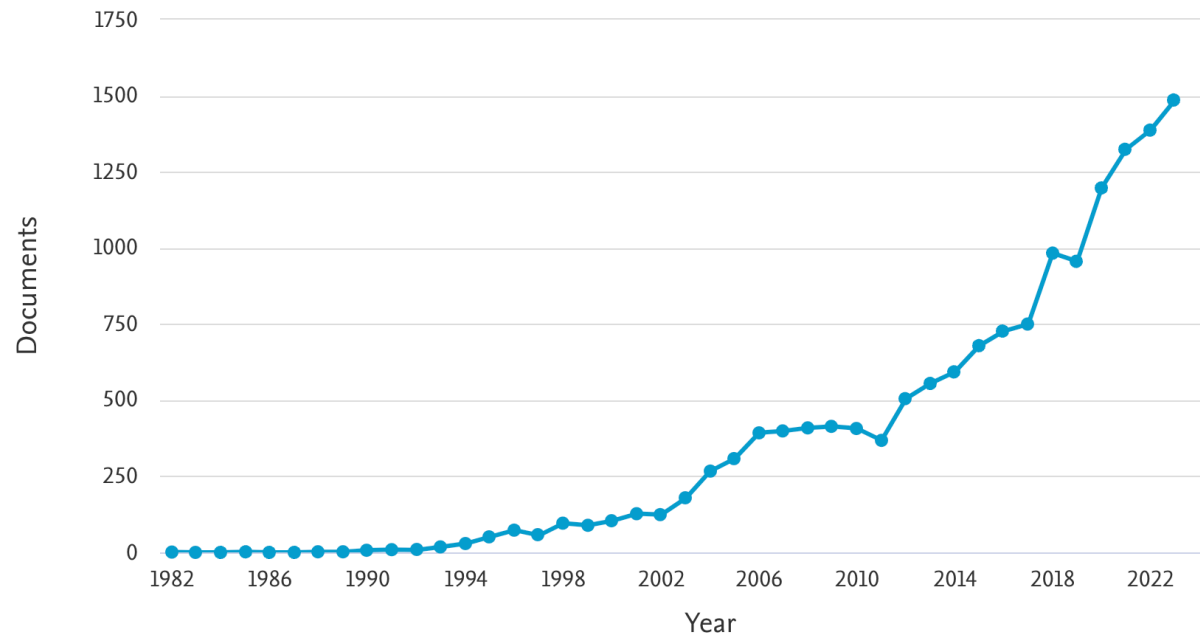
Interest in “Harm Reduction”
has soared in recent years.

Bibliometrics

Interest in “Harm Reduction”
has soared in recent years.

Articles mentioning “harm reduction” in title, abstract, or keywords 10k to 15k articles 1982 through January 29, 2024

Documents by year

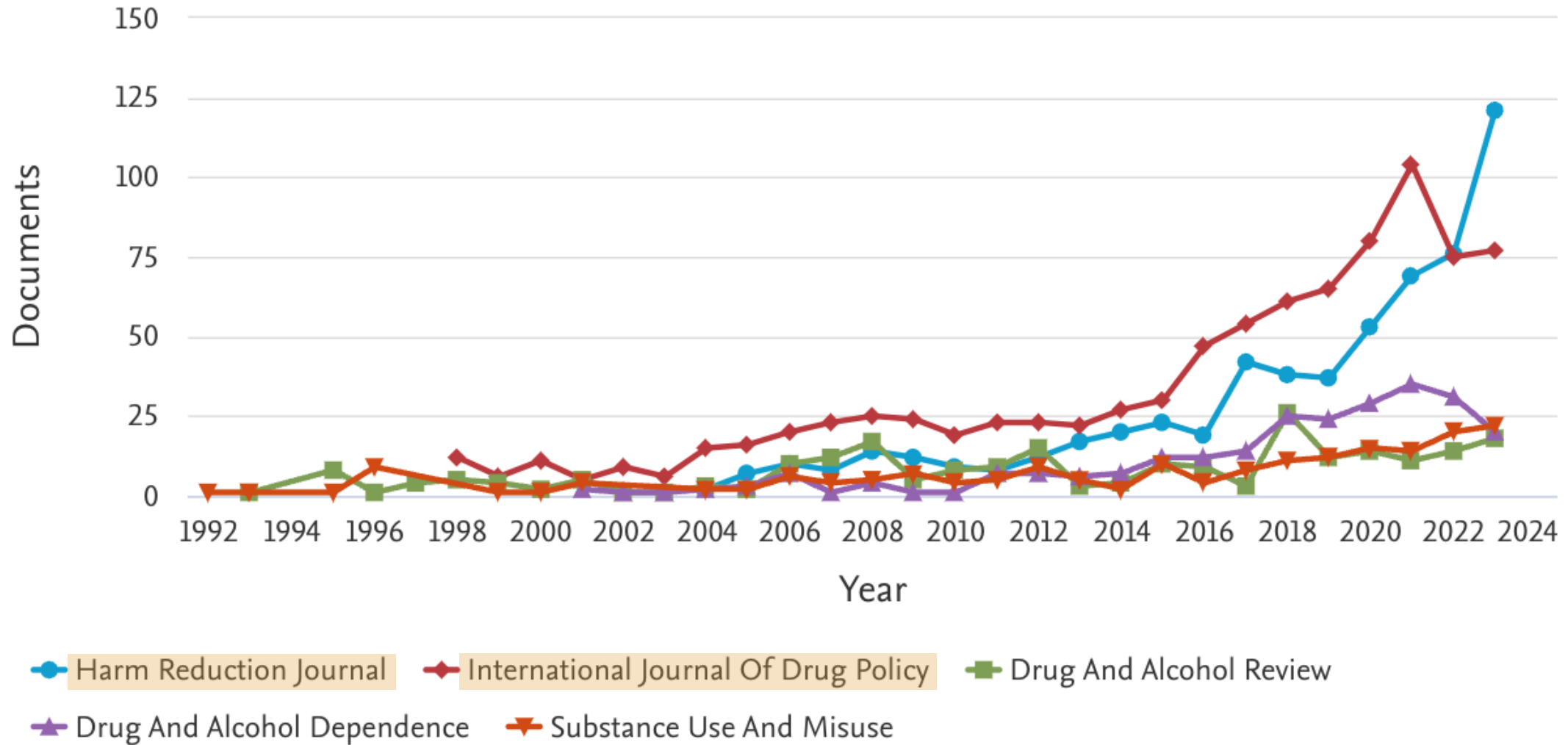


Source: Scopus
N=15,196



Source: PubMed
N=10,291

Research is concentrated in a few journals.

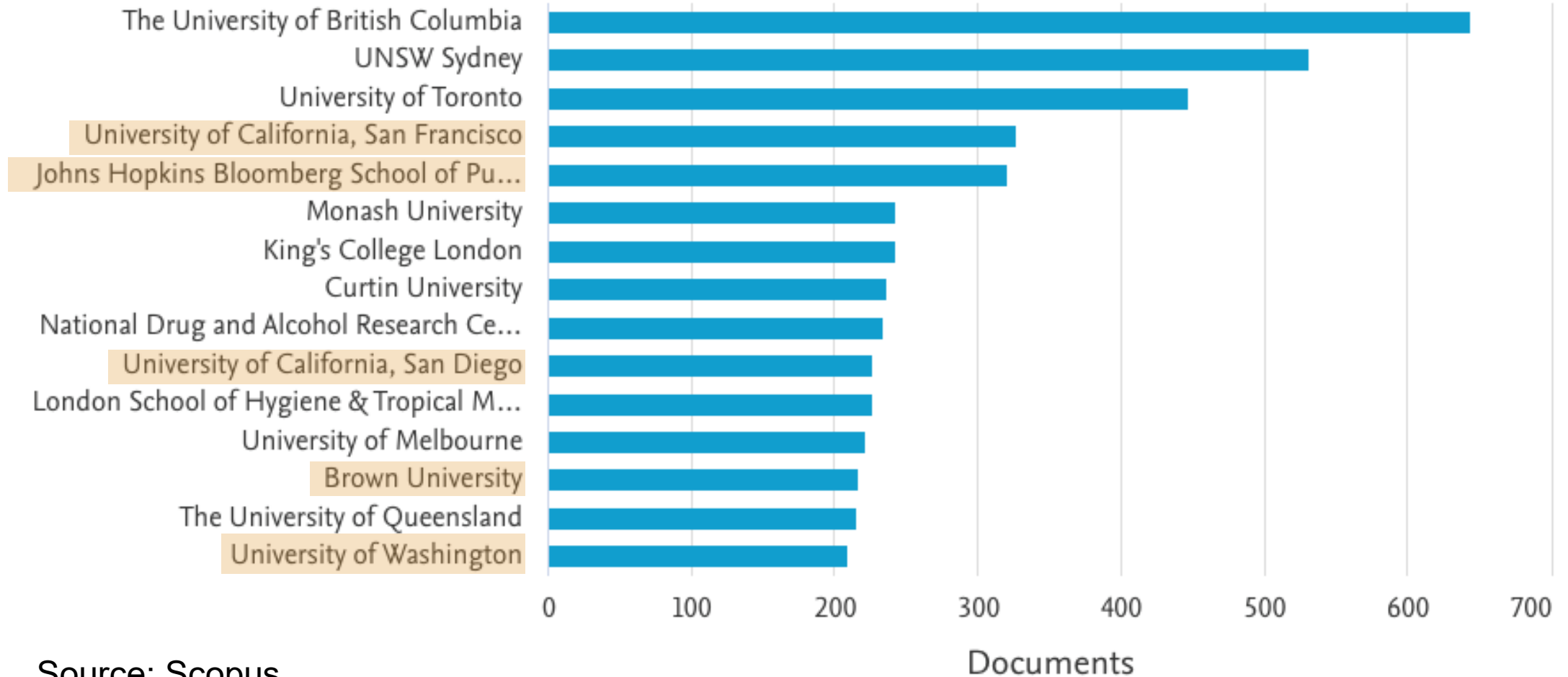


Source: Scopus

Institutional concentration is evident.

Documents by affiliation [i](#)

Compare the document counts for up to 15 affiliations.



Source: Scopus

Most Cited Articles

- Rhodes T. The 'risk environment': a framework for understanding and reducing drug-related harm. *International Journal of Drug Policy*. 2002 Jun 1;13(2):85-94.
- Walley AY, Xuan Z, Hackman HH, Quinn E, Doe-Simkins M, Sorensen-Alawad A, Ruiz S, Ozonoff A. Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. *British Medical Journal*. 2013 Jan 31;346.

1. Impact

“The point is the point.”
- Dave Purchase

Relevance

How directly relevant is the research to policy or program implementation?

- (+) Batch variability and accuracy of test strips
- (-) Retrospective hot spot detection or risk factors in claims

Timeliness

Are the data timely and immediately actionable?

- (+) Studies on overdose that include xylazine
- (-) Studies on overdose that only use Rx dispensing data

2. Science

“Harm Reduction emphasizes tolerance, respect for the personal choices of others, and respect for human rights.

It favors evidence over anecdote, courage over cowardice, and doing what is right even if it seems to send the ‘wrong message.’

It means doing what has to be done to protect public health in the face of opposition from all quarters because it is the right thing to do.”

- Pat O’Hare (via Kevin Irwin)

Population

Are new populations or locations included?

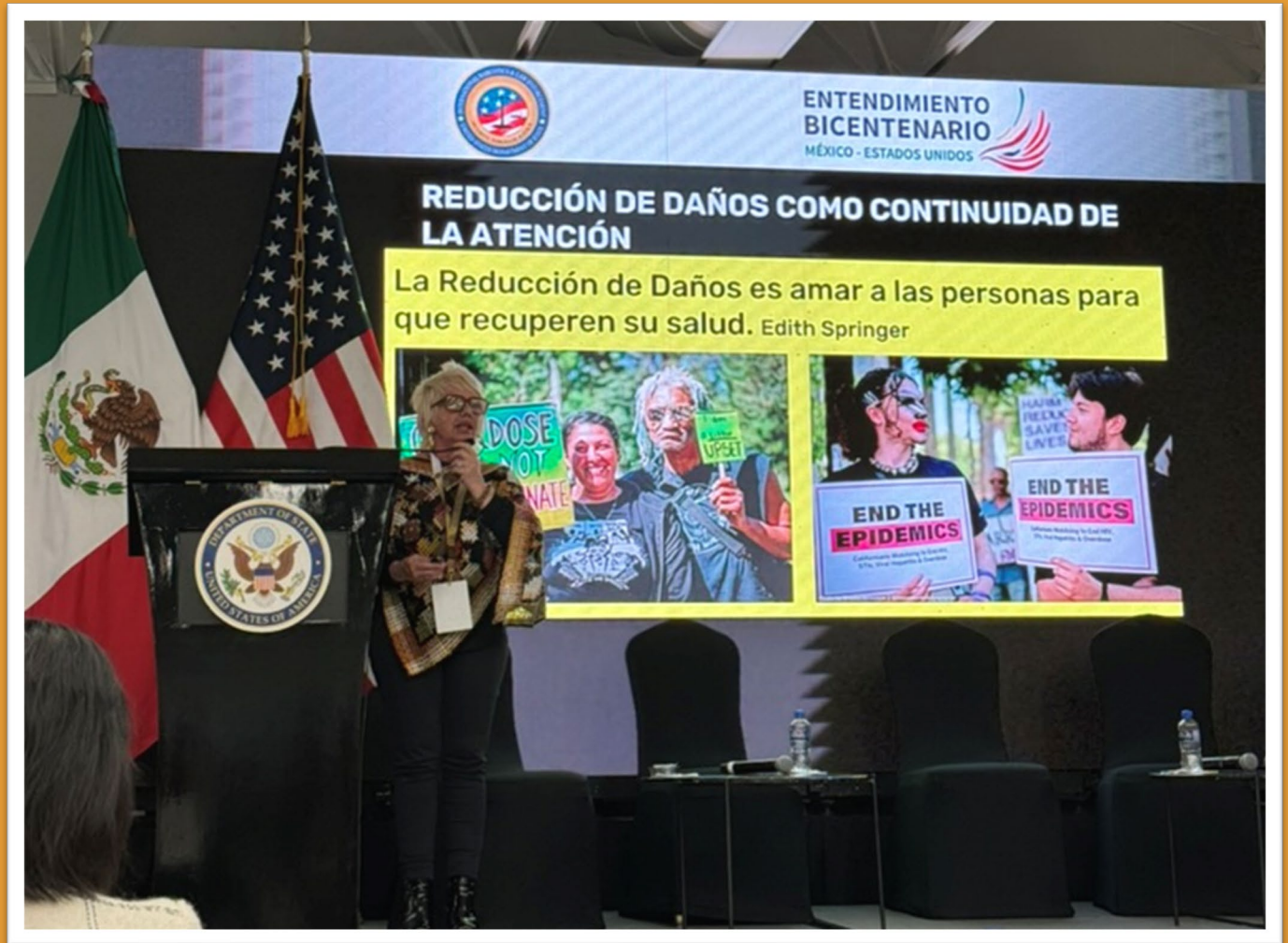
- (+) Drug checking of street drugs at SSPs or in minoritized populations
- (-) Test strip acceptability in established populations

Methods

Are methods sophisticated and transparent enough to address confounding & bias?

- (+) Longitudinal studies on people who reverse multiple ODs
- (-) Raw naloxone reversal counts

3. Conduct



- Laura Guzman, quoting Edith Springer

Community

Were people with lived experience involved in study design and conduct?

- (+) Safer smoking studies using glass designed by participants
- (-) Viral hepatitis seroprevalence without behavioral context

Expense

If there is no direct benefit, does the cost of the study justify the expense?

- (+) Rigorous evaluation of de-criminalization policies
- (-) Experimental studies that only use morphine

Synthesis



ELSEVIER

Contents lists available at [ScienceDirect](#)

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed



Evidence-making interventions in health: A conceptual framing

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ARTICLE INFO

Keywords:

Evidencing
Ontology
Relational materialism
Translation
Intervention
Implementation science

ABSTRACT

We outline a framework for conceptualising interventions in health as ‘evidence-making interventions’. An evidence-making intervention (EMI) approach is distinct from a mainstream evidence-based intervention (EBI) approach in that it attends to health, evidence and intervention as matters of local knowledge-making practice. An EMI approach emphasises relational materiality and performativity, engaging with interventions, and their knowing, as matters-of-practice. Rather than concentrating on how ‘evidenced interventions’ are implemented ‘into’ given ‘contexts’ – as if evidence, intervention and context were stable and separate – an EMI approach focuses on the processes and practices through which ‘evidence’, ‘intervention’ and ‘context’ come to be. There are two strands to our analysis. First, we identify concepts to think-with in an EMI approach; and second, we illustrate their implications through case examples. We first reflect on developments in ‘implementation science’ to distinguish how an EMI approach thinks differently. We note a ‘within-limits contingency’ of implementation science in contrast to the ‘open contingency’ of an EMI approach. This helps notice the performativity of science and intervention as evidencing-making practices. We next conceptualise an EMI approach in relation to: ‘objects and practices’; ‘effects and events’; and ‘concerns and care’. We position an EMI approach in relation to theories of ‘relational materialism’, arguing that this affords a more critical, as well as more careful, way of knowing and doing health intervention.

“The best way to improve epidemiologic studies is to measure exposure more accurately.”

- Every Epidemiology Professor Ever

So that means we have to be clear about what we mean by “harm reduction”...

Thanks for your attention.

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“Love is a research value.”
- Louise Vincent