

Transdisciplinary research in action: Collaborating to advance laws to improve health

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Center for Public Health Law Research

Temple University Beasley School of Law

- Founded in 2009
- Advancing the use of **policy surveillance** data, methods development and training, and tools to elevate the field of **legal epidemiology** to achieve better health and greater health equity
- Building a **transdisciplinary community** of individuals interested in laws that influence health

Law has a powerful influence on health

CDC
CENTERS FOR DISEASE CONTROL
AND PREVENTION

April 2, 1999 / Vol. 48 / No. 12

MMWRTM **MORBIDITY AND MORTALITY WEEKLY REPORT**

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Ten Great Public Health Achievements — United States, 1900–1999

- Vaccination
- Motor-vehicle safety
- Safer workplaces
- Control of infectious diseases
- Decline in deaths from coronary heart disease and stroke
- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water
- Recognition of tobacco use as a health hazard

ANNUAL REVIEW OF PUBLIC HEALTH Volume 37, 2016

Review Article | Free

A Transdisciplinary Approach to Public Health Law: The Emerging Practice of Legal Epidemiology

Scott Burris¹, Marice Ashe², Donna Levin³, Matthew Penn⁴, and Michelle Larkin⁵

“A transdisciplinary model of public health law, integrating legal and scientific elements of the work and the workforce, will lead to more robust evidence of the law’s impact on health and more rapid diffusion of effective policies.”

Project aim:

Evaluating law as an intervention to improve health outcomes and reduce disparities related to HIV, viral hepatitis, STIs, or TB

Transdisciplinary Approach - Partners



Center for
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Law Research



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Research



Transdisciplinary Collaboration

- Identification of priority research needs
- Conceptualization of research question
- Creation of quantitative legal data
- Conducting empirical analysis

Identification of Priority Research Needs

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Mini-Delphi process

- Subject matter experts completed a survey independently, rating 19 legal actions that may influence health outcomes or disparities related to HIV, hepatitis, STIs, or TB
- Engaged in discussion to add more context to survey results

Identification of Priority Research Needs – Survey Results

Table 1: Relative Ranking and Mean Rating for Each Criterion (listed in order by Relative Rank)
Criteria Rating Scale: 1=lowest; 3=highest

Relative Rank	Legal Action	Likelihood of important effect on outcomes or disparities related to HIV, viral hepatitis, STIs and TB (Average 2.52 SD 0.33)	Legal/Political Feasibility (Average 2.09 SD 0.27)	Need for more evidence on the implementation /effects of the law (Average 2.19 SD .02)	Overall assessment of the importance for this project (Average 2.45 SD 0.29)
1	SSP laws	2.94	2.00	1.81	2.94
2	Drug paraphernalia laws	3.00	2.25	1.94	2.88
3	LGBTQ+ youth supports	2.53	1.87	2.33	2.47
4	Medicaid Rules for Justice-Involved Individuals	2.69	2.19	2.25	2.63
5	Medicaid Rules & PrEP	2.75	2.25	1.94	2.56
6	Opioid Treatment Programs	2.75	2.38	2.06	2.67
7	Medicaid Rules & HCV	2.87	2.47	1.87	2.73
7	LGBTQ+ Anti-discrimination	2.31	2.06	2.06	2.36
8	LGBTQ+ stigma – youth & adult	2.38	1.75	2.19	2.44
8	HIV criminalization	2.56	2.31	2.19	2.25
9	Telehealth	2.69	2.50	2.06	2.44
10	MOUD & Incarceration	2.81	2.25	2.25	2.69
10	Supports – drug use or assistance (e.g., Good Samaritan Laws)	2.53	1.93	2.40	2.60
10	Low-income protections	2.50	1.81	2.25	2.40
11	Sex worker protections	2.53	1.53	2.00	2.47
12	LGBTQ+ school protections	2.31	1.81	2.19	2.19
13	Voting restrictions protections	1.94	1.94	2.38	2.00
14	Court fees protections	1.81	2.06	2.38	1.94
15	Credit terms protections	2.00	2.31	2.50	1.93

Identification of Priority Research Needs

Rapid Literature Scans

- **Topics selected based on:**
 - Initial areas of interest, and
 - Causal inferences regarding how laws may affect health outcomes related to the infections of interest
- **Purpose:**
 - What research already exists on the health effects of the laws?
 - What is the quality of that research?

Conceptualization of Research Question

Conceptualization of Research Question

- Theory and mechanisms
- Data needs – legal data and outcome data
- Study design

Legal Data Creation

Policy surveillance - The systematic collection, analysis, and dissemination of laws and policies across jurisdictions or institutions, and over time.

Identification of Key Variables

1. Does state law allow for the operation of syringe service programs (SSPs)?



– 1.1. How does the state remove legal barriers to the operation of SSPs?



– 1.2. Is residue explicitly exempt from the ban on controlled substances?



2. Does state law explicitly authorize SSPs?



– 2.1. Is local government approval required prior to operation?



– 2.2. Must local law enforcement be consulted prior to operation?



– 2.3. Does the state require one-for-one exchanges?



– 2.4. Does the law require direct exchange?



– 2.5. What additional services must be provided at SSPs?



– 2.6. What additional services must be provided by referral?



Research Protocol

			Valid Through Date	ssp_does state allow	ssp_how remove barriers_Syri ge exchange explicitly authorized b state law
1	Jurisdictions	Effective Date	Date		
2	Alabama	8/1/2019	8/1/2021	0	.
3	Alaska	8/1/2019	8/1/2021	1	
4	Arizona	8/1/2019	4/13/2021	0	.
5	Arizona	4/14/2021	8/1/2021	0	.
6	Arkansas	8/1/2019	7/27/2021	1	
7	Arkansas	7/28/2021	8/1/2021	1	
8	California	8/1/2019	12/31/2019	1	
9	California	1/1/2020	12/31/2020	1	
10	California	1/1/2021	7/26/2021	1	
11	California	7/27/2021	8/1/2021	1	
12	Colorado	8/1/2019	9/30/2019	1	
13	Colorado	10/1/2019	2/29/2020	1	
14	Colorado	3/1/2020	9/13/2020	1	
15	Colorado	9/14/2020	8/1/2021	1	
16	Connecticut	8/1/2019	9/30/2019	1	
17	Connecticut	10/1/2019	10/1/2020	1	
18	Connecticut	10/2/2020	12/31/2020	1	
19	Connecticut	1/1/2021	6/30/2021	1	
20	Connecticut	7/1/2021	7/12/2021	1	

I. Date of Protocol: August 2019 – August 2021

II. Scope: Collect, code, and analyze state laws regulating syringe service programs (SSPs), as well as related laws regulating the possession and distribution of syringes. State controlled substance and drug paraphernalia laws generally govern the access to and distribution of syringes, while some states have enacted specific laws related to SSPs. This dataset was originally cross-sectional, capturing the legal basis of state syringe service programs at one point in time on August 1, 2019 in all 50 states and the District of Columbia. It was then updated as a longitudinal dataset, covering the changes in law from August 1, 2019 to August 1, 2021.

III. Primary Data Collection

a. Project dates: July 2019 – August 2021.

b. Dates covered in the dataset: This is a longitudinal dataset analyzing state SSP laws from August 1, 2019 to August 1, 2021.

c. Data Collection Methods: The research team (“Team”) consisted of three legal researchers (“Researchers”) and one supervisor (“Supervisor”). Westlaw Next and Lexis Advance were used to identify which states had a legal basis for SSPs in effect between August 1, 2019 and August 1, 2021. Two previous CPHLR datasets were used as starting points for the research, with additional key word searches and search strings supplementing and updating that research.

Conducting Empirical Analysis

Conducting Empirical Analysis

- Development of study design
- Conceptualization and conducting evaluation

Research on Key Health Issues

AJPH RESEARCH

The Effect of an Increased Minimum Wage on Infant Mortality and Birth Weight

Kelli A. Komro, PhD, MPH, Melvin D. Livingston, PhD, Sara Markowitz, PhD, and Alexander C. Wagenaar, PhD

ADDICTION

SSA SOCIETY FOR THE STUDY OF ADDICTION

[Explore this journal >](#)

Research Report

Mapping medical marijuana: state laws regulating patients, product safety, supply chains and dispensaries, 2017

Sarah B. Klieger, Abraham Gutman, Leslie Allen, Rosalie Liccario Pacula, Jennifer K. Ibrahim, Scott Burris 

WEB FIRST

By Stephen W. Patrick, Carrie E. Fry, Timothy F. Jones, and Melinda B. Buntin

Implementation Of Prescription Drug Monitoring Programs Associated With Reductions In Opioid-Related Death Rates

DOI: 10.1177/1043986210151486
HEALTH AFFAIRS 35,
NO. 7 (2016) -
©2016 Project HOPE—
The People-to-People Health
Foundation, Inc.



Social Science & Medicine

Volume 194, December 2017, Pages 67-75

Effects of state-level Earned Income Tax Credit laws in the U.S. on maternal health behaviors and infant health outcomes

Sara Markowitz ^{a, b, c}, Kelli A. Komro ^{b, d, e}, Melvin D. Livingston ^{c, e}, Otto Lenhart ^{d, e}, Alexander C. Wagenaar ^{b, e}

Health Economics

[Explore this journal >](#)

RESEARCH ARTICLE

The effect of state laws designed to prevent nonmedical prescription opioid use on overdose deaths and treatment

Ioana Popovici , Johanna Catherine Maclean, Bushra Hijazi, Sharmini Radakrishnan

First published: 18 July 2017 Full publication history

Journal of the American Pharmacists Association xxx (2017) 1–9

SCIENCE AND PRACTICE



Contents lists available at ScienceDirect

Journal of the American Pharmacists Association

journal homepage: www.japha.org



RESEARCH

Expanding state laws and a growing role for pharmacists in vaccination services

Cason D. Schmit^a, Matthew S. Penn

Translation and Dissemination

REPORT

August 2021

Syringe Service Program Dataset

Syringe Service Programs (SSPs) help prevent transmission of blood-borne diseases by providing sterile injection equipment to people who inject drugs. SSPs may also provide other services such as health screenings, referrals, and disposal of used syringes. Although evidence has shown that SSPs are safe and effective, SSP authorization is inconsistent across the United States. Some states have laws that clearly and explicitly authorize SSPs, while others have a patchwork of laws in place that can create an ambiguous legal status of SSPs in the. Additional maps and tables are available by visiting www.pdaps.org.

Increased number of SSPs operating across the country

Since August 1, 2019, SSPs have begun operating in four states. As of August 1, 2021, SSPs in operation have been identified in a total of 44 jurisdictions.



Jurisdictions: 44 (AK, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV).

Authorizing lawful possession of syringes by SSP participants

As of August 1, 2021, the number of jurisdictions authorizing possession of syringes for SSP participants increased by two: Virginia and West Virginia explicitly exempted SSP participants from prohibitions on syringe possession.



Jurisdictions: 34 (AK, CA, CO, CT, DE, DC, FL, HI, IL, IN, KY, MA, MD, ME, MI, NC, ND, NH, NJ, NM, NV, NY, OH, OR, RI, SC, TN, UT, VA, VT, WA, WI, WV).

Latest Research: Modest Progress On State Laws To Promote Naloxone And Syringe Access

Thursday, March 10, 2022

Newly released data synthesizes trends in state laws to increase access to naloxone and sterile syringes. The data, published to the Prescription Drug Abuse Policy System by the Temple University Center for Public Health Law Research, supports the need to accelerate states' adoption of harm reduction strategies, including providing access to sterile syringes, support services, and the overdose reversal drug naloxone, to prevent opioid overdose death and the transmission of blood-borne diseases in the United States.

Amidst an intensifying overdose crisis that claimed over 100,000 lives last year, researchers at the Temple University Center for Public Health Law Research captured more than 20 years of naloxone access laws and two years of laws governing syringe service programs across all 50 states. According to the research, all states now have **naloxone access laws**, and a significant majority (38 states and the District of Columbia) have laws that permit the **operation of syringe service programs**.

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Topic

Alcohol, Tobacco and Other
Drugs

Related Product

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Thank You!

Katie Moran-McCabe (she/her)

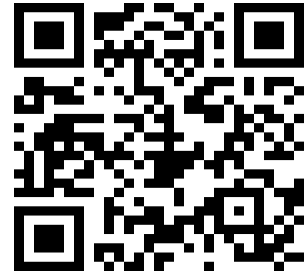
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