

Declining union membership could be making working-class Americans less happy and more susceptible to drug overdoses

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Protesters gather at a union-organized rally outside the U.S. Capitol in February 2025.

Allison Robbert/AFP via Getty Images

When fewer people belong to unions and unions have less power, the impact goes beyond wages and job security. Those changes can hurt public health and make people more unhappy.

We're economists who research labor and health issues. Those are two of the main findings of studies that we have conducted.

More unionization, more happiness

In the first study on this topic that we published in 2023, we found that increasing levels of union membership tends to make working-class people happier.

We zeroed in on a question in the General Social Survey, which the University of Chicago makes available. It asks respondents to choose whether they are “very happy,” “somewhat happy” or “not at all happy” with their life.

We found that, from 1993 to 2018, when the share of workers in counties along the borders of states with and without right-to-work laws who belong to unions rose by 1 percentage point, the average level of happiness for low-income residents moved 15% closer toward being “very happy” – a seemingly modest but noticeable change.

Right-to-work laws let workers skip paying union dues when they’re employed by a company that has negotiated a contract with a labor union. In states without right-to-work laws, those dues are mandatory. As a result, right-to-work laws weaken unions’ ability to negotiate better working conditions and reduce the share of workers who belong to unions.

But a higher rate of union membership didn’t significantly affect the happiness of higher-income people.

Right-to-work laws

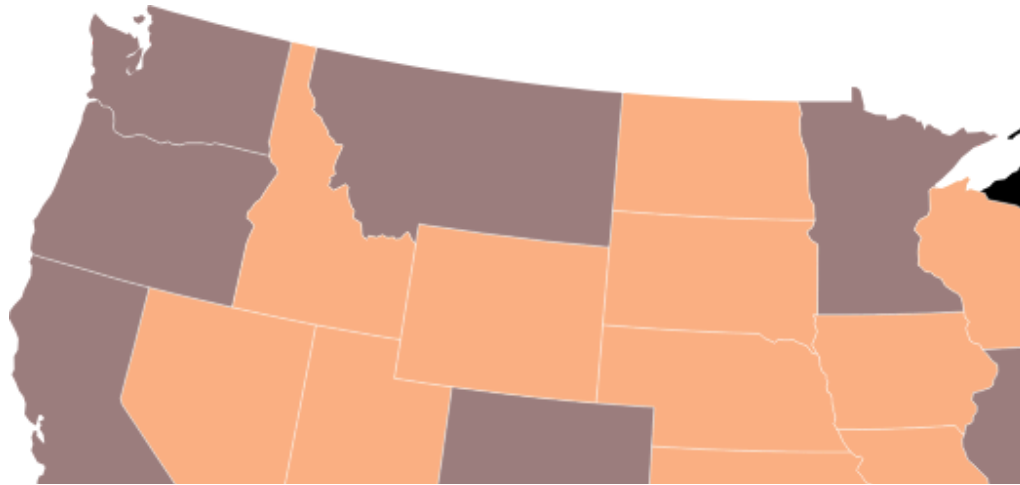
The first right-to-work laws were adopted by states in the 1940s. After a long lull, the pace picked up around 2000. These laws were in force in 26 states as of late 2025.

Four of those states made the switch between 2001 and 2015: Oklahoma in 2001, Indiana in 2012, Michigan in 2012 and Wisconsin in 2015. We used data collected in these four states to conduct what is known in economics as an “event study” – a research method that provides before-and-after pictures of a significant change that affects large numbers of people.

Michigan repealed its right-to-work law in 2024, but our data is from 2001-2015, and Michigan became a right-to-work state during that period and remained one for the rest of that time.

About half of all US states have adopted right-to-work laws

As of late 2025, **26 states had right-to-work laws** on their books. Michigan, which previously had one of those laws, **repealed it in 2024** . Right-to-work laws makes paying union dues optional for employees of a company that has negotiated a contract with a labor union. Union dues are mandatory for workers **in states without those laws** .



Less unionization, more opioid overdoses

In a related working paper that we plan to publish in an upcoming edition of an academic journal, we looked into other effects of right-to-work laws. Specifically, we investigated whether, as more states adopted those laws, the gradual decline in union strength those statutes produce was contributing to an increase in opioid overdoses.

We used a research technique called the synthetic control method to assess whether declining union power has affected the number of opioid overdoses.

We drew our data from a variety of sources, including the Treatment Episode Data Set, the Centers for Disease Control and Prevention’s Multiple Cause of Death database, the Census Bureau’s Current Population Survey, the union membership and coverage database, and the Bureau of Labor Statistics’ Survey of Occupational Injuries and Illness and Census of Fatal Occupational Injuries.

We found that both fatal and nonfatal opioid overdoses increased within six years of the enactment of right-to-work laws in all four of the states we studied.

We primarily found a connection between opioid overdoses and right-to-work laws among men and male teens between ages 16 and 64 – making them of working age – with dangerous jobs, such as roofing or freight moving, and little job security. They were people who tend to feel more job stress because they don't have control over their work tasks and schedules.

We didn't observe those same results for women or deaths from non-opioid drugs, such as cocaine.

Lower levels of unionization are linked to weaker job security and reduced workplace protections, previous research has shown. Our work suggests these factors may play a role in increasing demand for opioids.

Declining union membership

The share of U.S. workers who belong to unions has fallen by half in the past four decades, declining from just over 20% in 1983 to a little under 10% in 2024.

Because unions advocate for better and safer working conditions, they can raise wages and living standards for their members. Interestingly, some of these benefits can also extend to people who don't belong to unions.

An opioid use disorder crisis has devastated communities across the U.S. for more than 25 years. The death toll from drug overdoses soared from 17,500 in 2000 to 105,000 in 2023. The number of overdose deaths did fall in 2024, to about 81,000, but it remains historically high. Most fatal drug overdoses since the crisis began have been caused by opioids.

Throughout this crisis, government policies have focused largely on reducing the supply of prescription opioids, such as OxyContin, and illegal opioids, especially fentanyl, distributed outside the health care system.

Causes of despair

Despite successful interventions to shut down pill mills – clinics that prescribe opioids without a valid medical reason – and expand access to prevention and treatment, drug overdoses remain a leading cause of death.

And we believe that our findings support results from earlier studies that determined despair is not just an emotional or biological reaction – it can also be a response to social and economic conditions.

We are continuing to research the connections between union membership and public health. The next question we are working on is whether a decline in union membership can have a multigenerational impact, going beyond the workers employed today and affecting the lives of their children and grandchildren.

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