The Opioid Crisis and Drug Policy: Does Local Context Shape Public Opinion?

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Introduction

How does exposure to the opioid crisis affect public opinion about criminal justice policy? Hopkins (2018) proposes that local conditions only become relevant for public opinion when the corresponding political issue is salient nationally. Following this "politicized places" framework, I argue that the opioid crisis in 2016 is a sufficiently salient national issue with high geographic variation, and I test how exposure to the opioid crisis is related to two criminal justice policy questions: mandatory minimum sentences for drug offenses and marijuana legalization. First, I find that increased exposure to the opioid crisis is associated with opposition to marijuana legalization in Massachusetts, but this relationship is likely confounded. Next, I find that county-level overdose rates are not related to preferences over drug policy in the Cooperative Congressional Election Study (CCES).

Municipal-Level Analysis

Data

- 2016 municipal-level opioid overdose deaths in Massachusetts from the Massachusetts Department of Public Health
- Municipal-level election data from 2008, 2012, and 2016, population control variables from the 2012-2016 ACS.

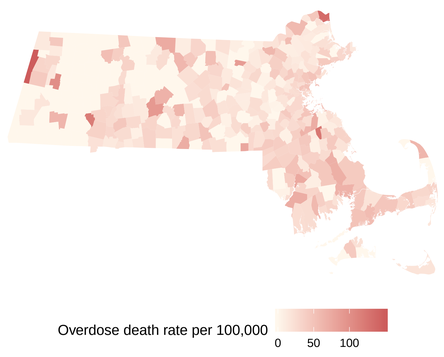

Figure 1: Opioid Overdose Deaths per 100,000, 2016

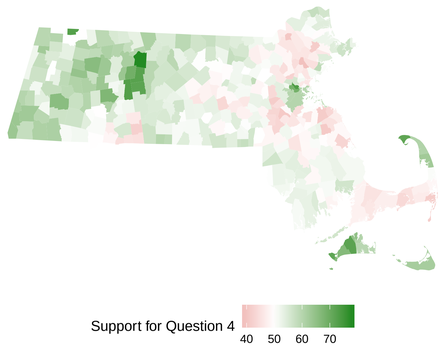

Figure 2: Support for Massachusetts Question 4, 2016

Methods

- OLS regression of municipal support for Question 4 on logged municipal opioid overdose death rate, weighted by population
- Control variables: 2012 Democratic presidential vote share, % black, % Latinx, % female, % high school or less, % Bachelor's degree or more, % under 25, % over 64, log median income, % unemployed, population, population density
- To test whether any relationship is unique to drug policy, I run the same regression using support for president and other ballot questions in 2016 as placebo dependent variables.
- To test whether overdose death rates might be related to other municipal-level characteristics that predict attitudes about marijuana policy, I run the same regression using support for a 2012 medical marijuana ballot question and a 2008 marijuana decriminalization ballot question as placebo dependent variables.

Results

Figure 3 displays the results of the first set of regressions, with the dependent variables corresponding to different election outcomes in 2016. The findings are as follows:

- For the main result, opioid overdose rates are negatively correlated with support for marijuana legalization.
- The coefficient is -0.691, indicating that increasing overdose death rates from the 1st to 3rd quartile (0 to 34 per 100,000) is associated with about a 2.3 percentage point decrease in support for Question 4.
- Overdose rates are not significantly related to support for Donald Trump, Trump or Clinton two-party vote share, or a ballot question lifting a cap on charter schools.
- Overdose rates are slightly positively correlated with support for Hillary Clinton among all candidates and a ballot question expanding casino gambling, and the rates are strongly correlated with a ballot question increasing regulations on farm animals.

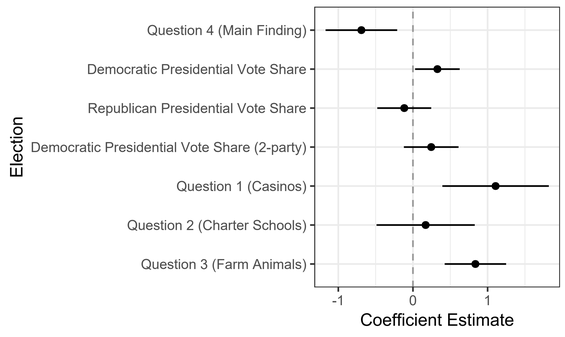

Figure 3: Relationship between Overdose Rate and 2016 Elections

Figure 4 tests whether overdose rates in 2016 predict support for referenda relating to marijuana in prior years. This coefficient plot suggests that they do, as the coefficients on 2016 overdose death rates are similar in direction, size, and statistical significance for a 2012 ballot question legalizing medical usage of marijuana, as well as a 2008 ballot initiative decriminalizing marijuana. At minimum, this similarity suggests that there is little evidence for a non-confounded relationship between overdose death rates and support for marijuana legalization in Massachusetts.

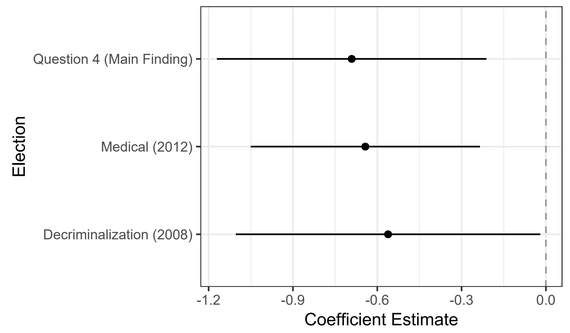

Figure 4: Placebo Test, Prior Year Marijuana Ballot Questions

Individual-Level Analysis

Data

- County-level age-adjusted overdose deaths in 2016 from the CDC WONDER multiple cause of death files. See Figure 5.
  - UCD drug/alcohol-induced deaths codes: X40-44 (Drug poisonings, overdose, unintentional), X60-X64 (Drug poisonings, overdose, suicide), Y10-14 (Drug poisonings, overdose, undetermined).
- CCES, 2016: support for "Eliminate mandatory minimum sentences for non-violent drug offenders."

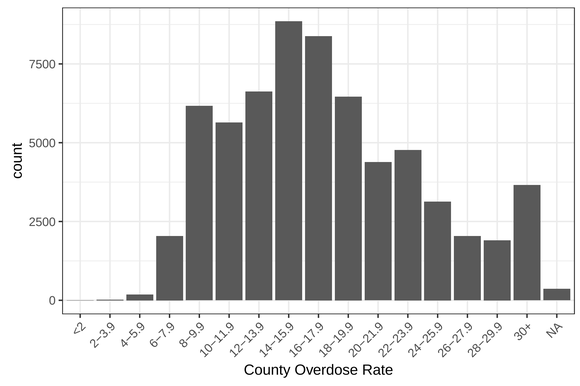

Figure 5: County Overdose Death Rates, 2016, CCES Respondents

Methods

- OLS regression of support for eliminating mandatory minimums on an individual's county overdose death rate, using survey weights
- Individual controls: party ID, ideology, gender, age, education, race, religion, news interest
- Contextual controls: % black, % Latinx, % under 25, % over 64, log median income

Results

Figure 6 shows the relationship between a respondent's county overdose death rate and support for eliminating mandatory minimums. These descriptive results suggest that there is no relationship between a respondent's county drug overdose death rate and support for eliminating mandatory minimum sentences.

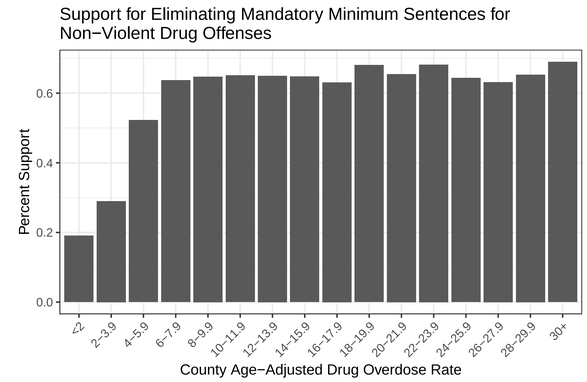

Figure 6: Support for Eliminating Mandatory Minimums by County Overdose Death Rates

These results are confirmed in the regression analysis in Table 1. In each specification, opioid overdose rates are positively associated with support for eliminating mandatory minimums, but the effect size is so small as to indicate no effect. In Column 3, going from the smallest to highest overdose death rate is associated with only a 1.6 percentage point increase in support for eliminating mandatory minimums.

Table 1: Association between County Overdose Death Rates and Support for Eliminating Mandatory Minimums, OLS

	Eliminate Mandatory Minimums		
	(1)	(2)	(3)
County Overdose Death Rate	0.0003	0.0005*	0.001***
	(0.0003)	(0.0003)	(0.0003)
Individual Controls		✓	✓
Contextual Controls			✓
Observations	64,206	58,413	58,413
Adjusted R^2	0.00000	0.120	0.118
Note:		*p<0.1; **p<0.05; ***p<0.01	

Conclusions

- There is a negative relationship between opioid overdose death rates and support for marijuana legalization in MA, but this relationship is likely confounded as death rates also predict contemporaneous and prior election outcomes.
- An individual's local exposure to the opioid crisis, measured through county overdose death rate, is not related to support for eliminating mandatory minimums for illicit drug use.
- In sum, the opioid crisis appears to be one more facet of local experience that is not relevant for public opinion formation, at least in position-taking. More research is needed to assess how this epidemic has shaped the politics of criminal justice and public health more broadly.