

Local Context, Personal Experience, and Perceptions of Salience in the Opioid Crisis

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Abstract

How does exposure to the opioid crisis affect perceptions of political salience? When do local conditions matter most for public opinion? I use a series of public opinion surveys to test the relationship between overdose mortality and personal experience with beliefs about the salience of the opioid crisis. I find that individuals living in areas with higher overdose death rates are more likely to consider the opioid crisis to be severe and are more likely to assign political priority to the crisis, but only when national attention is focused on the issue. Personal experience is a more powerful and consistent predictor of perceptions of salience. While local context matters, the effects are relatively small and not long-lasting, suggesting a potential disconnect between the reality of a public health crisis on the ground and demand for government intervention.

The opioid crisis continues to be one of the biggest public health crises in the United States. From 1999-2018, opioid overdoses claimed the lives of nearly 450,000 Americans (Centers for Disease Control and Prevention, 2020*a*). Over this time period, opioid-related overdose death rates have risen almost six times, to reach a toll of nearly 15 deaths per 100,000 Americans.

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While the opioid crisis is far-reaching, impacting every region and demographic in the country, overdose deaths have also been highly locally concentrated. In 2018, for example, the age-adjusted overdose death rate ranged from 6.9 per 100,000 in South Dakota to 51.5 in West Virginia. In this paper, I investigate how local exposure to the opioid crisis and experience with addiction shapes public opinion about the salience of the crisis and the importance of the crisis for policymakers. To do so, I use a number of surveys along with state and county data on overdose death rates. Ultimately, I find that local context predicts perceiving the opioid crisis as severe and preferring politicians emphasize the issue, but this relationship is small and conditional on the amount of national media exposure.

Local Context and Political Salience

Whether local context affects policy positions and voting behavior is a quintessential question in political science. Many studies show how racial context affects political behavior by increasing white support for conservative candidates and positions (Key, 1949; Enos, 2016). Others find that voters hold incumbents accountable for local economic outcomes (Howell and Vanderleeuw, 1990; Ansolabehere, Meredith, and Snowberg, 2014; Healy and Lenz, 2017). Both non-violent and violent protests affect policy attitudes and voting outcomes (Mazumder, 2019; Enos, Kaufman, and Sands, 2019; Wasow, 2020). State and county-level Iraq war casualties are associated with decreased Republican vote share (Kriner and Shen, 2007). Finally, voters respond to natural disasters by holding accountable incumbents for their response (Gasper and Reeves, 2011).

While many studies focus on how context affects policy views or voting behavior, they

often rely on an assumption that local conditions are both known to voters and are connected to their views of the issue at hand (Newman et al., 2015). An initial question, then, is whether voters accurately perceive information from their surroundings. Many studies find that local economic conditions predict not just voting but also evaluations of the national economy (Books and Prysby, 1999; Reeves and Gimpel, 2012; Ansolabehere, Meredith, and Snowberg, 2014; Rogers, 2016; Hopkins, 2018; Park and Reeves, 2020). Hopkins (2018) finds that county crime rates predict fear of crime. Individuals are also able to perceive the racial and ethnic composition of their surroundings with some degree of accuracy (Newman et al., 2015; Wilcox-Archuleta, 2018). However, voters may not always be aware of contextual factors that could otherwise affect voting behavior. For example, local inequality is not related to perceptions of inequality (Gimpelson and Treisman, 2018).

For local context to be politically significant, it must also be connected to political issues. A subsequent set of concerns revolves around whether local context generates political salience. For example, do economic conditions cause voters not just to perceive the economy as better or worse, but also to consider these issues as important? There is some evidence that this can happen. Living near a coast predicts how important individuals think climate change is, though the effect is small (Hopkins, 2018). Local political context affects attentiveness to Supreme Court confirmation hearings Hutchings (2001). Often, this process fails, however. (Hopkins, 2018) finds that distance from the coastline is only slightly related to perceived importance of climate change, local air pollution is unrelated to the perceived threat of air pollution, and a whole host of other local political conditions are unrelated to public opinion. More generally, voters may be much more attuned to national economic concerns than what affects them personally, engaging in sociotropic voting (Kinder and Kiewiet,

1981).

When does local context matter?

Local context sometimes predicts political behavior and perceived salience of issues, but other times it does not - what explains this difference? Many point to the role national and local news media play in opinion formation. Access to news shapes local political knowledge (Mondak, 1995; de Vreese and Boomgaarden, 2006; Shaker, 2009). News media has the power to set the political agenda (Iyengar and Kinder, 1987). This is important because people in one location might not necessarily be aware of the exact nature of contextual factors but can be more exposed to media coverage. Mass media is one of the main ways voters connect their personal experiences to politics (Mutz, 1994). However, local media outlets may be increasingly less likely to shape public opinion. Local news attention has declined, and many local television networks have consolidated and focus on more national news (Hopkins, 2018; Martin and McCrain, 2019). Increased viewing of “soft news” could also be an explanation for why programs that viewers do see might not increase political knowledge (Prior, 2003).

Hopkins (2018) emphasizes the role of the national media, arguing that local context only affects public opinion for issues that are nationally salient. Individuals receive too many different kinds of stimuli for most of them to make a difference, so, in most cases, local context does not affect political behavior. When issues become nationally important, however, then individuals can connect their local experiences to broader political ideas and begin to form opinions. A similar emphasis on national coverage is made by Hutchings (2001), who argues that people are more likely to pay attention to national news that is

relevant for their local political contexts.

Personal Experience and Group Membership

Additionally, a related factor to local context that influences political salience is personal experience. Being a victim of a crime is associated with increased political participation (Bateson, 2012). Family members and neighbors of 9/11 victims were more likely to participate in politics and tend more Republican than similar individuals who were not as connected to victims (Hersh, 2013). Voters are also especially responsive to issues that are of importance to their social group (Hutchings, 2001; Bolsen and Leeper, 2013). Haselswerdt (2020) compares the self-interest and group-interest effects, finding that both influence political behavior but that self-interest effects are considerably larger.

Local Context and Public Health Crises

Much of the research on local contextual effects is focused on race, immigration, economics, and natural disasters. Less research focuses on public health crises. Public health crises are a unique category of potential contextual effects because they often combine tragic narratives of discrete events with large numbers of people affected. Public health might also look different from issues like the economy, crime, immigration due to the immediacy of the issue. The economy is more or less a permanent issues, where a drug addiction crisis might be “new.” Crises also vary by the amount of attention they receive. It would be hard to imagine any American being unaware of COVID-19, for example, but the opioid crisis consistently grew larger and larger before many took notice. Current findings on public health crises suggest

that there is some evidence of their impact on politics, but the effects are not consistent. For example, (Vavreck and Warshaw, 2020) find that local increases in COVID-19 deaths are associated with reduced support for Republicans.

Case: The Opioid Crisis

Background

In this paper, I focus on local context and personal experience with the opioid crisis, which refers to the large increase of opioid use, addiction, overdoses, and overdose deaths, starting in the 1990s and continuing through the 21st century. The CDC identifies three specific waves of the overdose crisis: prescription opioid prescribing and later overdoses began to rise in the 1990s and continued over the next decade, heroin overdoses increased sharply beginning in 2010, and overdoses involving fentanyl and other synthetic opioids grew dramatically starting in 2013 (Centers for Disease Control and Prevention, 2020*a*). The initial surge in opioid prescriptions resulted from a change in medical approaches to treating pain, with a new emphasis on opioid-derived drugs, such as Purdue's Oxycontin (Quinones, 2016; Meldrum, 2016). These drugs were marketed as non-addictive, despite a weak body of evidence that turned out to be incorrect. Opioid addiction spread through the Midwest, Appalachia, and the Southwest, when the opioid crisis intersected with a new supply of heroin and later fentanyl, an illicit synthetic opioid, in many suburbs and towns. Some experts also point to the role of economic and social conditions in causing more addiction and overdose deaths. Dasgupta, Beletsky, and Ciccarone (2017) point to evidence that counties in the Midwest,

Appalachia, and New England with higher economic distress also see increased mortality rates for deaths of despair, a term for drug and alcohol-related deaths and suicides. On the other hand, there is also some evidence that overdose death risk is more closely linked to the availability of different kinds of opioids, rather than economic conditions (Ruhm, 2019).

The Opioid Crisis and Public Opinion

Some research has focused on media and public opinion related to the opioid crisis. (Hswen et al., 2020) find that county overdose death rates are positively correlated with news attention to the opioid crisis, but that other factors come into play. Specifically, areas that are more urban, educated, and in the Northeast are more likely to receive coverage about the opioid crisis. de Benedictis-Kessner and Hankinson (2018) find that Republicans in areas with higher overdose mortality rates are more likely to support funding addiction treatment, as are individuals who know someone with opioid addiction. Personal experience with overdose deaths has also been shown to affect voting behavior (Kaufman and Hersh, 2020). Additionally, disorder from addiction-related activity increased local turnout and incumbent vote share (Brown and Zoorob, 2020).

In general, the opioid crisis gained more salience in the public over the course of the 2010s. For example, according to a STAT-Harvard poll fielded in March 2016, 51% of Americans “say the abuse of strong prescription painkillers such as Percocet, OxyContin or Vicodin are an extremely or very serious problem in the state where they live” (STAT-Harvard, 2016). A similar proportion (53%) identify heroin as an extremely or very serious problem in their state. Additionally, a Pew poll from October 2017 found that 76% of Americans

view prescription drug abuse as a serious public health problem, up from 63% in November 2013 (Oliphant, 2017). Similarly, a WMUR New Hampshire poll fielded in July 2016 found that 43% of respondents view drug abuse as the most important issue, compared to only 21% saying jobs and the economy (DiStaso, 2016). A 2018 survey of rural Americans also showed that the opioid crisis and the economy were the top two issues (Findling et al., 2020).

In this paper, I use a number of public opinion surveys to test the relationship between local context and public opinion. In doing so, I will test several hypotheses. First, I will simply test whether local context, measured through overdose deaths and opioid prescriptions, affects multiple measures of political salience: perceptions of crisis severity, and political prioritization. In some surveys, I am then able to compare local context with the role of personal experience, or knowing someone who has been affected by the opioid crisis in a variety of ways. I can also use surveys in different years to provide a new test of the politicized places hypothesis, comparing the effect of local context over time as the national salience of the opioid crisis varies. Finally, I explore how context and experience predict self-reported media exposure and paying attention to news about the opioid crisis in order to better understand possible mechanisms connecting context, experience, and salience.

Data

To understand the relationship between local context of the opioid crisis and public opinion, I collected multiple measures of opioid death and prescribing rates, along with a large number of surveys containing state or county contextual variables.

Overdose mortality rates

Overdose death rates are the most consistent time-series data that captures the extent of the opioid crisis. The CDC WONDER database provides downloadable data through the Multiple Cause of Death (Detailed Mortality) web form. This data is available from 1999-2018 by state. The data can also be broken down by race and Hispanic origin, gender, age, and type of substance. Following reports from the CDC, I use the following codes for UCD Drug/Alcohol Induced Causes: X40-44 (Drug poisonings, overdose, unintentional), X60-X64 (Drug poisonings, overdose, suicide), and Y10-14 (Drug poisonings, overdose, undetermined) (Hedegaard, 2020). The CDC provides crude death rates, or mortality per population, and age-adjusted rates, which account for the differing mortality probabilities by age group. In practice, these rates are very similar, so I use age-adjusted rates. These rates are reported as deaths per 100,000.

Due to the suppression of death counts below 10, the CDC WONDER database excludes a number of counties. For county-level overdose mortality, then, I use the National Center for Health Statistics modeled estimates. The NCHS uses Bayesian methods to estimate overdose mortality rates for low-population counties.¹

Using this data, Figure 1 shows the age-adjusted overdose death rate over time. This

¹The CDC also provides county opioid prescribing rate data over time. This data could be an alternative measure for local exposure to the opioid crisis that is less sensitive to problems of sparsity. The adoption of state-level prescription drug monitoring programs in the early 2010s, however, may have led to increases in the use of heroin and other illicit opioids, meaning that the opioid prescription data captured less of the scope of the opioid crisis (Saloner et al., 2018). Appendix Figure A1 plots the relationship between state-level opioid prescribing rates and overdose mortality rates over time, showing that these two measures were positively correlated, then shifted to an inverse U correlation, likely because states with higher overdose death rates more sharply reduced opioid prescribing rates without being able to quickly reduce overdose deaths. Appendix Figure A2 shows that the correlation between overdose death rates and opioid prescribing rates declined from nearly 0.7 in 2010 to below 0.1 in 2018. As a result of these concerns, I do not use prescribing rates as a main measure of context in the main text of the paper, but I provide models using these data instead in the Appendix. For the most part, prescribing rates are uncorrelated with public opinion outcomes.

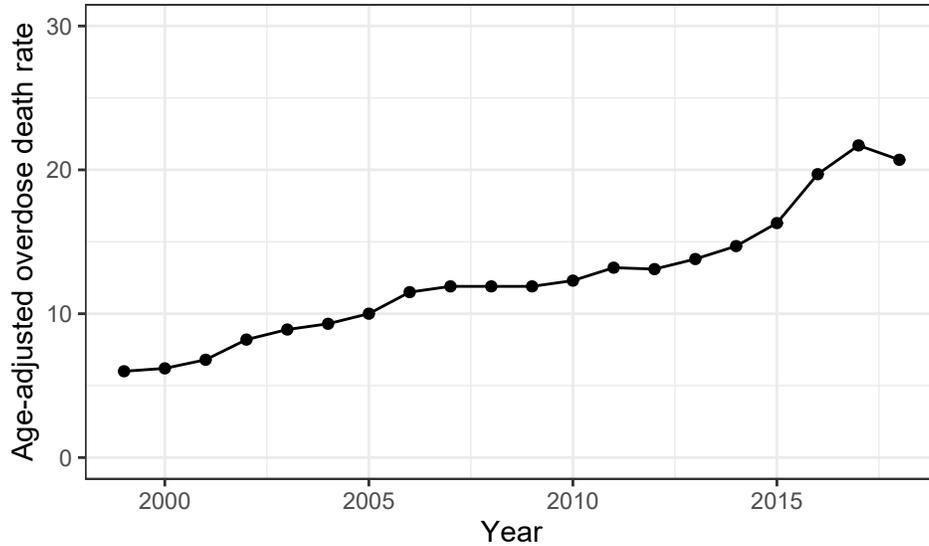


Figure 1: Overdose Mortality Rates Over Time, United States

Note: Data obtained from Multiple Cause of Death 1999-2018 files on CDC WONDER Online Database, released 2020.

rate has steadily increased over time, with an accelerating rise beginning around 2010 and an especially steep increase from 2014-2017. we can compare overdose death rates by the type of substance involved. Again following CDC reporting practices, I obtain the substance data by selecting the following Multiple Cause of Death (MCD) ICD-10 codes in CDC WONDER: Heroin (T40.1), Natural and semisynthetic opioids (T40.2), Methadone (T40.3), Synthetic opioids other than methadone (T40.4), Cocaine (T40.5), and Psychostimulants with abuse potential (T43.6). Figure 2 presents overdose death rates for these substances over time. It is apparent that a gradual rise in deaths due to natural and semisynthetic opioids, which includes prescription painkillers, was followed by a sharp increase in deaths due to heroin beginning around 2010, and an even sharper increase in deaths due to synthetic opioids beginning around 2013.

We can break the data down by state as well. Figure 3 compares overdose death rates in

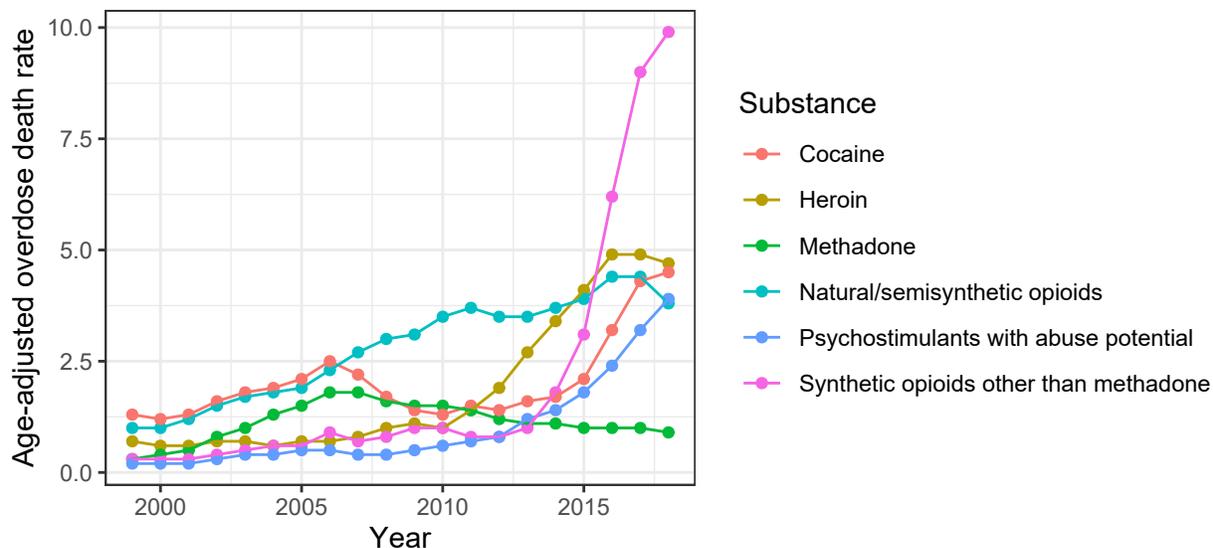


Figure 2: Overdose Mortality Rates Over Time by Substance, United States

Note: Data obtained from Multiple Cause of Death 1999-2018 files on CDC WONDER Online Database, released 2020.

each state in 2017.² This chart shows that overdose deaths are a significant factor in all 50 states, but the level varies considerably. States in New England, the Mid-Atlantic, and the Appalachian region have the highest levels of overdose death rates. Parts of the South and Southwest also have higher overdose mortality rates, while the Great Plains and West Coast states have the lowest rates. Figure 4 shows overdose death rates by county in 2017.

Public Opinion Surveys

I use data from 21 public opinion surveys conducted from 2014-2019 to test whether higher overdose death rates are related to perceived salience of the opioid crisis. To find surveys, I searched the Roper Center for Public Opinion’s iPoll database for surveys with downloadable data.³ For more details on these surveys, see Appendix Table ???. To measure context, I

²See the Appendix for maps for each year used in the paper.

³This search contained the following search terms: opioid, opiate, overdose, heroin, painkiller, Purdue, oxycontin, fentanyl, cocaine, and marijuana.

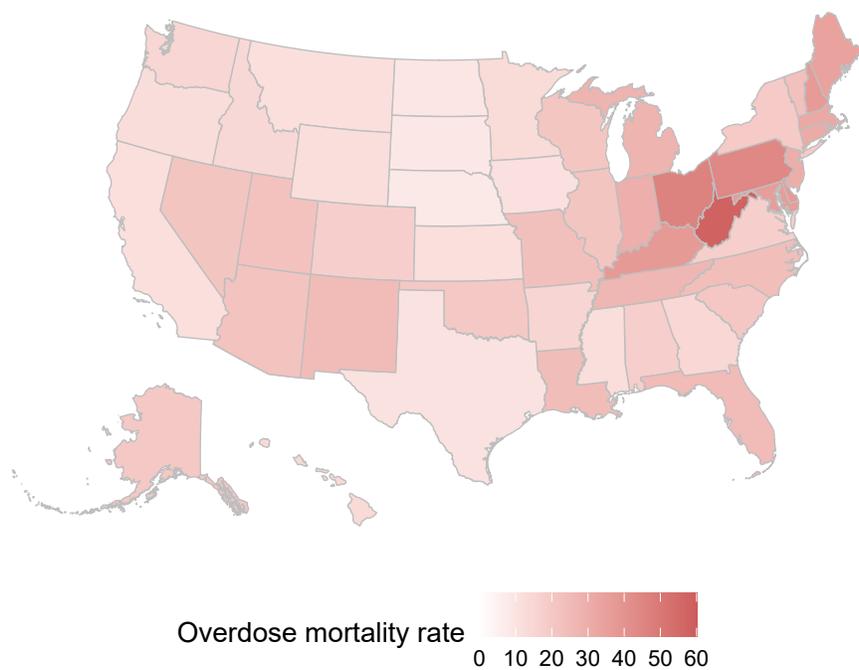


Figure 3: Overdose Mortality Rates by State, 2017

Note: Data obtained from Multiple Cause of Death 1999-2018 files on CDC WONDER Online Database.

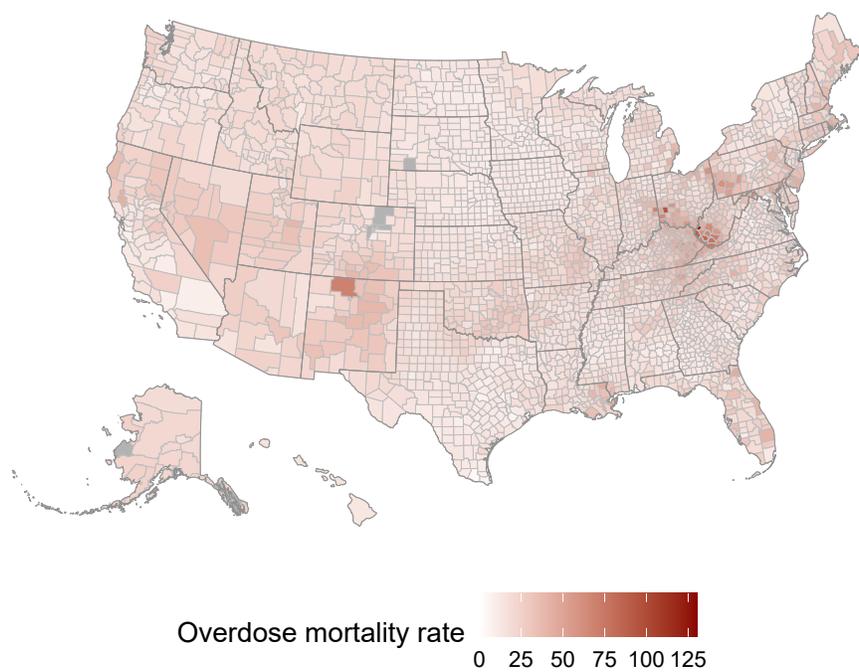


Figure 4: Overdose Mortality Rates by County, 2017

Note: Data obtained from Multiple Cause of Death 1999-2018 files on CDC WONDER Online Database.

merged in CDC and NCHS age-adjusted overdose death rates at the state and county levels, where available in the surveys.⁴ All dependent variable survey questions are Likert scale outcomes rescaled to 0-1. I lag the rates by one year when merging in with the surveys, to ensure that survey respondents are responding to events that have already occurred. I also include contextual control variables from the American Community Survey for state or county: percent white, median income, percent with college degree, median income, median age, percent female, unemployment rate, and percent rural. Finally, I merge in Democratic presidential vote share from the MIT Election Lab.

Media Attention

To measure national political salience, I use two data sources: the Vanderbilt TV News Archive, which catalogs national broadcast news programs, and Google Trends, which tracks topic interest through Google searches. Figure 5 shows the trend in news stories related to the opioid crisis over time by year and month, using data from Vanderbilt TV News Archive⁵. Aside from a brief spike in 2014, there is an increase in coverage from the beginning of 2015 through 2016, followed by a decline in coverage towards the end of 2017 and continuing through 2021, except for a brief spike near the end of 2019. Figure 5 also shows patterns for Google searches using Google Trends for the same set of keywords related to the opioid crisis. For the most part, the pattern is similar: an increase in interest over time with a peak from 2016-2018, followed by a decline in interest.

⁴County-level data for Pew surveys was obtained through a separate data use agreement with Pew, rather than using Roper.

⁵Following McGinty et al. (2019), I used the following search terms: opioid, opiate heroin, fentanyl, “prescription painkiller,” “prescription pain medication.”

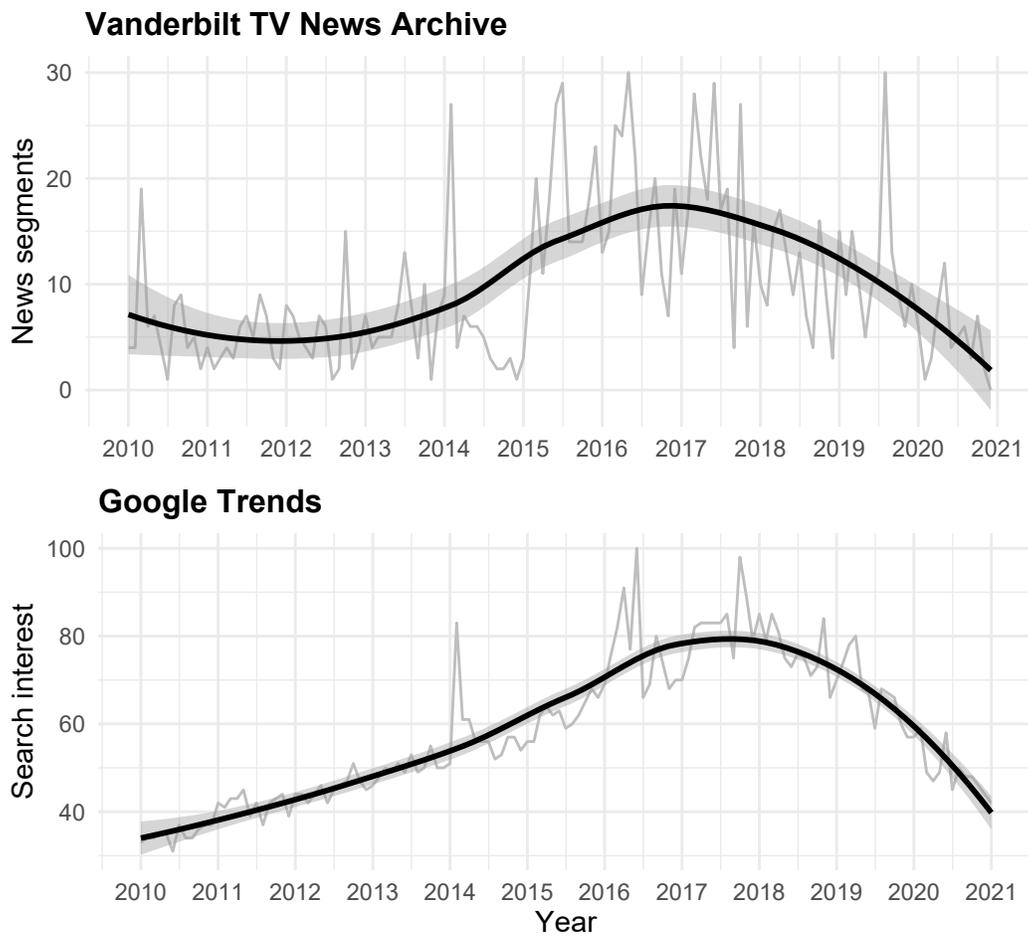


Figure 5: National Salience of Opioid Crisis

Note: Number of monthly broadcast news segments from Vanderbilt TV News Archive and search interest from Google Trends for the following terms: opioid, opiate heroin, fentanyl, “prescription painkiller,” and “prescription pain medication.”

Results

Severity

I begin by using ten survey questions that ask respondents to rate the seriousness of drug addiction. These questions allow me to test how state overdose mortality rates and personal experience with opioid addiction relate to beliefs about the severity of the opioid crisis, an initial way to test the relationship between context, experience, and salience. The severity questions also present an opportunity to use county-level data, thanks to Monmouth's poll of New Jersey and Pew generously supplying county variables for their national surveys. I use questions from 2014-2019 in order to compare the size and strength of these relationships over time, as the media environment changes. Since the questions come from different surveys, the question text changes over time. The survey questions vary in how they define drug addiction, asking about addiction to prescription painkillers, opioids, or heroin. The questions also vary in what geography they include, asking respondents to consider addiction in their neighborhood, state, or the country as a whole.⁶

First, I run an OLS regression for surveys that ask about the severity of prescription painkiller, opioid, or drug addiction, where the independent variables are state overdose death rates, personal experience with addiction (if available), defined as knowing someone who is addicted to a prescription painkiller or other opioid, and individual and state contextual controls, and the dependent variable is perceived severity.⁷ I then repeat the same analysis at the county-level, where the data is available, adding a control for state. Table 1 displays

⁶Full question wording is available in Appendix Table A2.

⁷Some surveys ask about prescription painkiller addiction and heroin addiction separately. I run the same state-level models using perceived severity of heroin addiction as the dependent variable and find similar results. See Appendix Table A3.

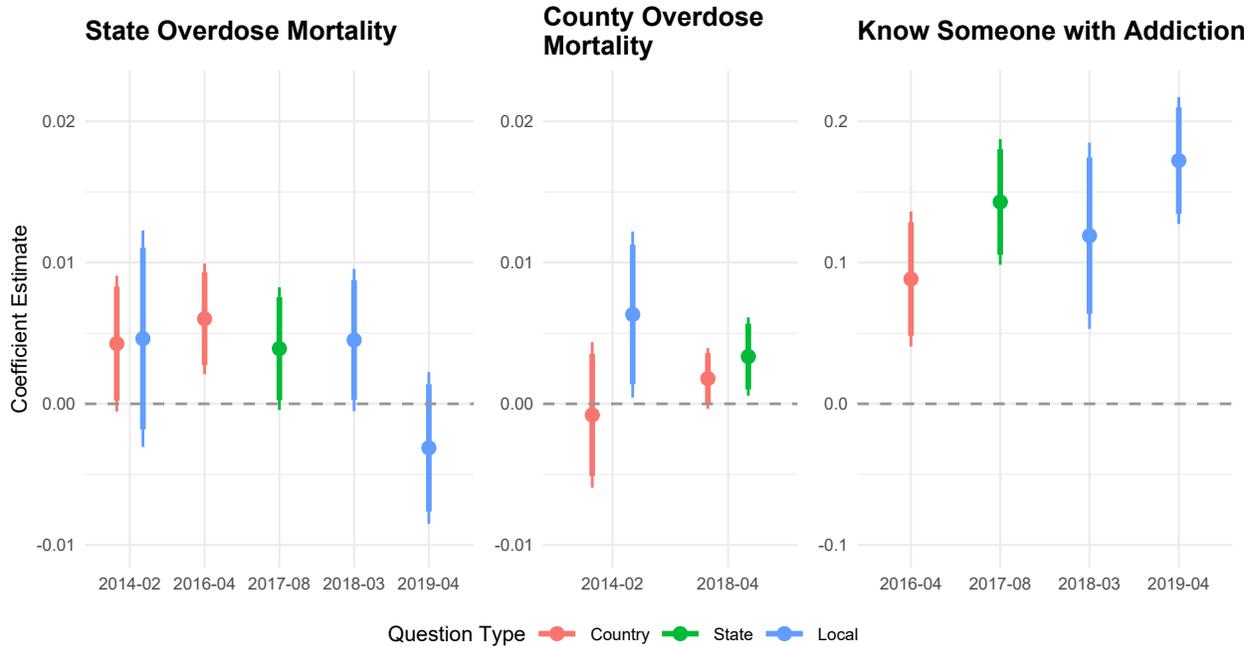


Figure 6: Relationship between Context, Experience and Perceptions of Drug Crisis Severity

Note: Points are OLS coefficient estimates using state overdose death rates, county overdose death rates, or an indicator for knowing someone with addiction to predict perceptions of drug crisis severity. Horizontal lines are 90 and 95% confidence intervals. The dependent variable questions ask how serious the drug, prescription painkiller, or opioid addiction crises are at the national, state, or local levels. The different levels of geography referred to in each question is marked by color.

the results for analyses using state-level context, and Table 2 displays results using county-level context.⁸ In both tables, each column refers to a different survey. The columns are also labeled by date and which level of geography respondents were asked to consider. Figure 6 shows the coefficients for state overdose mortality, county overdose mortality, and knowing someone with addiction across all of these models, comparing these coefficients by survey date and geography under consideration.⁹

The results for state-level context (Table 1 and Figure 6) show that state overdose mortality is, in most surveys, positively correlated with perceptions of severity. This effect is

⁸See Appendix Tables A4 and A5 for the same models using state and county opioid prescribing rates. Unlike mortality rates, prescribing rates are mostly uncorrelated with perceptions of severity.

⁹Appendix Figure A10 replicates this figure using questions about the severity of heroin addiction. Appendix Figure A11 shows the relationship between state and county prescribing rates and severity of drug, painkiller, or opioid addiction.

Table 1: Relationship between State Context, Experience and Perceptions of Drug Crisis Severity

Survey:	Pew	Pew	Kaiser	Monmouth	AP/NORC	AP/NORC
Survey year-month:	2014-02	2014-02	2016-04	2017-08	2018-03	2019-04
Question type:	Country	Local	Country	State	Local	Local
	(1)	(2)	(3)	(4)	(5)	(6)
State overdose mortality	0.004*	0.005	0.006**	0.004*	0.005*	-0.003
	(0.002)	(0.004)	(0.002)	(0.002)	(0.003)	(0.003)
Know someone w/addiction			0.088**	0.143**	0.119**	0.172**
			(0.024)	(0.023)	(0.034)	(0.023)
Independent/Other party	0.027	-0.014	-0.045	0.039	-0.005	-0.104**
	(0.033)	(0.049)	(0.034)	(0.038)	(0.033)	(0.041)
Republican	0.008	0.007	-0.022	0.059*	-0.011	-0.051
	(0.022)	(0.027)	(0.030)	(0.030)	(0.030)	(0.040)
Moderate	-0.003	-0.023	-0.001	-0.054*		-0.004
	(0.025)	(0.030)	(0.027)	(0.030)		(0.033)
Conservative	0.061*	-0.024	-0.002	-0.051		0.006
	(0.031)	(0.034)	(0.038)	(0.035)		(0.041)
Black	0.052*	0.035	0.067*	0.003	-0.011	-0.102**
	(0.030)	(0.030)	(0.035)	(0.043)	(0.043)	(0.047)
Latinx	0.038	0.054	0.035	0.008	-0.017	0.025
	(0.026)	(0.043)	(0.031)	(0.045)	(0.030)	(0.030)
Other race	0.022	-0.028	-0.028	-0.035	-0.073*	0.020
	(0.037)	(0.043)	(0.049)	(0.032)	(0.042)	(0.033)
Female	0.031	0.017	0.039**	0.032	0.052*	0.059**
	(0.023)	(0.025)	(0.017)	(0.021)	(0.032)	(0.025)
Income: 50,000-99,999	0.048**	-0.031	-0.018	0.011	0.031	0.006
	(0.023)	(0.028)	(0.028)	(0.026)	(0.035)	(0.027)
Income: 100,000 or more	0.006	-0.068**	-0.027	0.023	0.075	-0.015
	(0.029)	(0.033)	(0.030)	(0.023)	(0.048)	(0.030)
Some college/Associate's degree	-0.002	-0.071**	-0.018	0.040	-0.037	-0.015
	(0.023)	(0.035)	(0.029)	(0.031)	(0.028)	(0.027)
Bachelor's degree or more	-0.031	-0.042	-0.032	0.042	-0.037	0.004
	(0.021)	(0.029)	(0.028)	(0.037)	(0.034)	(0.030)
Age	0.003**	0.002**	0.001**	0.002**		
	(0.001)	(0.001)	(0.0005)	(0.001)		
Age: 30-39					-0.058	-0.025
					(0.065)	(0.035)
Age: 40-59					-0.033	-0.029
					(0.045)	(0.032)
Age: 60-64					-0.067	0.041
					(0.055)	(0.043)
Age: 65+					0.006	-0.041
					(0.042)	(0.036)
State contextual controls	Yes	Yes	Yes	Yes	Yes	Yes
Observations	746	756	967	594	1,042	1,056
Adjusted R ²	0.066	0.040	0.049	0.135	0.060	0.129

Note: Results from OLS regressions with standard errors clustered by state. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests).

Table 2: Relationship between County Context and Perceptions of Drug Crisis Severity

Survey:	Pew	Pew	Monmouth	Monmouth
Survey year-month:	2014-02	2014-02	2018-04	2018-04
Question type:	Country	Local	Country	State
	(1)	(2)	(3)	(4)
County overdose mortality	-0.001 (0.003)	0.006** (0.003)	0.002 (0.001)	0.003** (0.001)
Independent/Other party	0.032 (0.030)	0.008 (0.043)	-0.005 (0.015)	0.065* (0.034)
Republican	0.015 (0.024)	0.016 (0.029)	0.025 (0.019)	0.048 (0.046)
Moderate	-0.015 (0.023)	-0.031 (0.029)		
Conservative	0.053* (0.029)	-0.034 (0.033)		
Black	0.055* (0.032)	0.008 (0.043)	-0.004 (0.012)	-0.043 (0.051)
Latinx	0.042 (0.028)	0.042 (0.045)		
Other race	0.032 (0.036)	-0.026 (0.050)	0.001 (0.017)	0.065 (0.062)
Female	0.046** (0.019)	0.009 (0.024)	0.029* (0.018)	0.003 (0.034)
Income: 50,000-99,999	0.038 (0.023)	-0.036 (0.028)	0.039 (0.030)	0.051 (0.039)
Income: 100,000 or more	0.008 (0.026)	-0.057* (0.032)	0.037 (0.024)	0.032 (0.038)
Some college/Associate's degree	-0.007 (0.022)	-0.082** (0.032)	-0.013 (0.021)	-0.010 (0.049)
Bachelor's degree or more	-0.031 (0.023)	-0.040 (0.031)	-0.0004 (0.012)	0.013 (0.052)
Age	0.003** (0.001)	0.002** (0.001)	-0.0004* (0.0002)	-0.0004 (0.001)
County contextual controls	Yes	Yes	Yes	Yes
Observations	767	763	541	541
Adjusted R ²	0.072	0.043	0.030	0.005

Note: Results from OLS regressions with standard errors clustered by state. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests).

statistically significant in four of the six models at the $p < 0.1$ level and significant at the $p < 0.05$ level in the 2016 survey. This relationship is relatively small, however. At its highest value in 2016, each additional overdose death per 100,000 is associated with a 0.006 increase in severity perceptions on a 0-1 scale. Put differently, an increase in 2016 overdose mortality rates from Georgia, which is just below the first quartile at 13.6 deaths per 100,000, to Tennessee, which is just below the third quartile at 24.9 deaths per 100,000, is associated with a 6.8 percentage point increase in perceived severity. Living in a state with a higher overdose mortality rate is associated with being more likely to think the overdose crisis is severe, but this context does not generate substantial differences in opinion. Personal experience with the opioid crisis, on the other hand, is a more powerful predictor. Knowing someone with an opioid addiction is associated with an increase in perceived severity ranging from 8.8 to 17.2 percentage points. The importance of personal experience is especially notable given how few demographic variables have a consistent effect, with the possible exception of age and gender. Interestingly, despite younger men being the most vulnerable to overdoses, women and older respondents tend to rate the opioid crisis as more severe. There does not appear to be a significant difference between questions that ask about local, state, or national drug crisis severity.

Finally, there is some evidence that the relationship between state-level context and perceived severity is moderated by national media salience. The relationship was strongest in one of the highest news periods for the opioid crisis, early 2016. More notably, the relationship between context and severity declined to be null by 2019, when news about the opioid crisis had decreased notably from higher points in 2017. Importantly, the 2019 survey occurred during a time of over a year of lower coverage, and right before a brief spike

later in 2019. This provides some tentative evidence for the hypothesis that local context is most important when an issue is politically salient. On the other hand, the 2014 survey also showed a correlation between context and salience, even when the news was lower on average, though there appears to be a spike in media attention early that year.

The results for county-level context (Table 2 and Figure 6) also show that overdose mortality rates, this time measured at the county level, can be associated with increased perceptions of drug crisis severity. Here, however, I find that county overdose mortality is associated with perceptions of state or local drug crisis severity, but less so for perceptions of national severity. The effect sizes for county-level context are similar to those for state-level context. It is a bit difficult to make clear over-time comparisons because of less data and the Monmouth survey only including New Jersey, but one interesting result is that perceptions of national and local context are more closely linked in 2018 than in 2014.

Priority

Next, I consider a different measure of salience, how much priority people think the opioid crisis should be for politicians and elected officials. Context and experience predict how serious drug addiction is considered, but what about considering the issue important for politicians? In this section, I use ten surveys from the Kaiser Family Foundation and one from Pew. These survey questions vary in what kind of political priority is under consideration.¹⁰ Some questions ask respondents how much of a priority drug addiction should be for their state government or the federal government. Other questions ask how much that presidential

¹⁰Like the severity questions, I focus here on questions that ask about opioids, prescription painkillers, or more general drug addiction.

candidates or 2018 candidates should talk about addiction. A final group of questions ask how important drug addiction is for the respondent's vote.¹¹

I follow the same methods as the analysis on perceived severity. I run OLS regression for each survey, with state overdose death rates and personal experience with addiction as independent variables, the assigned priority as the dependent variable, and individual and state-level controls. Figure 7 displays results from each survey, showing coefficients for state mortality rates and, for two surveys, personal experience. The results are labeled by survey and whether the question asks about priority for state government, federal government, political candidates, or voting. Table 3 presents the full regression results from the first six surveys, conducted from 2015-17. The results from the other surveys, conducted from 2018-2019, are reported in Appendix Table A7.¹² The results show that state overdose mortality is positively correlated with how much priority a respondent gives the opioid crisis for the first five surveys, from 2015 to April 2017, though this relationship is only significant at the $p < 0.1$ level for two surveys and at the $p < 0.05$ for one survey.¹³ In the following six surveys, from November 2017 through 2019, there is no relationship between state overdose mortality and opioid crisis priority. This pattern of decline in effect over time partially corresponds to patterns in media coverage. 2016 is one of the highest news years and the only year where overdose death rates consistently predict political priority, but the relationship goes to zero by the end of that year and throughout 2017, when media coverage is still high.

At the strongest, the effect of state overdose mortality on priority is equal to the strongest effect on severity, about a 6.8 percentage point increase from the first to third quartile.

¹¹Full question wording is available in Appendix Table A6.

¹²See Appendix Tables A8 and A9 for the same models using opioid prescribing rates.

¹³Results are only available at the state level for Kaiser surveys. I show the results using county-level data in Pew in Table A10. State and county context have similarly null effects.

Table 3: Relationship between State Context, Experience, and Opioid Crisis Priority, 2015-2017

Survey:	Kaiser	Kaiser	Kaiser	Kaiser	Kaiser	Kaiser
Survey year-month:	2015-11	2016-08	2016-09	2016-12	2017-04	2017-11
Question type:	State	Political	Vote	Federal	Federal	Federal
	Government	Candidates		Government	Government	Government
	(1)	(2)	(3)	(4)	(5)	(6)
State overdose mortality	0.003 (0.002)	0.004* (0.002)	0.006** (0.002)	0.003 (0.002)	0.002 (0.001)	-0.0005 (0.003)
Know someone w/addiction	0.028 (0.018)					0.055* (0.031)
Independent/Other party	0.008 (0.027)	-0.001 (0.032)	0.065* (0.039)	-0.045 (0.031)	0.020 (0.030)	0.005 (0.054)
Republican	0.010 (0.024)	-0.089** (0.025)	-0.018 (0.027)	-0.041* (0.024)	-0.036 (0.026)	0.033 (0.047)
Moderate	-0.034* (0.020)	-0.033 (0.024)	-0.030 (0.029)	0.014 (0.022)	0.043* (0.023)	-0.058 (0.045)
Conservative	-0.019 (0.023)	-0.034 (0.025)	-0.031 (0.033)	-0.017 (0.024)	0.032 (0.032)	-0.117** (0.047)
Black	0.060* (0.034)	-0.041 (0.042)	-0.030 (0.036)	0.016 (0.026)	0.002 (0.029)	-0.062 (0.070)
Latinx	0.013 (0.033)	-0.013 (0.028)	0.054 (0.035)	-0.018 (0.027)	-0.123** (0.033)	-0.034 (0.074)
Other race	0.070** (0.034)	-0.138** (0.056)	0.077** (0.035)	0.005 (0.037)	0.004 (0.032)	-0.057 (0.050)
Female	0.026 (0.018)	0.029 (0.020)	0.038 (0.032)	0.005 (0.016)	0.028 (0.020)	0.028 (0.033)
Income: 50,000-99,999	-0.012 (0.019)	-0.033 (0.030)	-0.045* (0.024)	-0.021 (0.021)	-0.006 (0.022)	-0.042 (0.036)
Income: 100,000 or more	-0.020 (0.028)	-0.034 (0.031)	-0.080** (0.033)	-0.012 (0.030)	-0.036 (0.029)	-0.053 (0.053)
Some college	-0.025 (0.020)	0.031 (0.021)	-0.082** (0.028)	0.015 (0.032)	-0.043** (0.020)	0.006 (0.040)
Bachelor's or more	-0.086** (0.020)	-0.033 (0.021)	-0.091** (0.033)	-0.023 (0.030)	-0.034 (0.026)	0.054 (0.048)
Age	0.001* (0.001)	0.002** (0.001)	0.002** (0.001)	0.0001 (0.001)	-0.001 (0.001)	0.001 (0.001)
State contextual controls	Yes	Yes	Yes	Yes	Yes	Yes
Observations	1,069	985	1,012	975	1,020	512
Adjusted R ²	0.039	0.069	0.060	0.007	0.037	0.024

Note: Results from OLS regressions with standard errors clustered by state. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests).

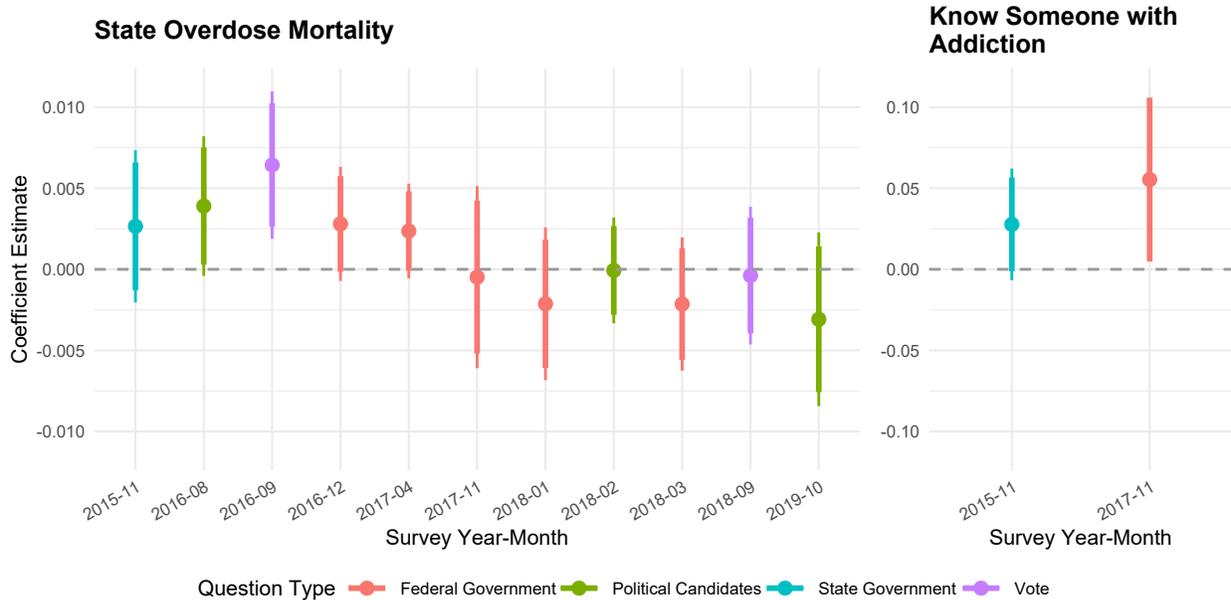


Figure 7: Relationship between Context, Experience and Opioid Crisis Priority

Note: Points are OLS coefficient estimates using state overdose death rates or an indicator for knowing someone with addiction to predict support for questions about prioritizing the opioid crisis. Horizontal lines are 90 and 95% confidence intervals. The dependent variable questions ask how much priority should be given to the opioid crisis by the federal government, political candidates, and state government, as well as how important the opioid crisis or drug addiction is to the respondent’s vote.

Since this is the largest coefficient size, the relationship between local context and priority is generally fairly small when it does exist. In this case, the relationship between knowing someone with opioid addiction and prioritizing the opioid crisis is small, a 2.8 percentage point increase that is statistically insignificant in 2015, and a 5.5 percentage point increase significant at the $p < 0.1$ level in November 2017. There also are not any clear and consistent patterns in demographic support for the different priority questions.¹⁴

¹⁴Interestingly, the strongest relationship between overdose mortality and political priority occurs when respondents are asked how much the opioid crisis will affect their vote in September 2016, just before the 2016 presidential election. In this survey, older respondents and respondents with lower income or no college education are more likely to say the opioid crisis is important for their vote. The timing and demographic patterns call to mind research that argues that county-level overdose death rates were associated with increased support for Donald Trump in 2016 (Monnat, 2016; Goodwin et al., 2018). I find, however, that saying the opioid crisis matters more to one’s vote is actually negatively associated with stated support for Trump, though the relationship is not statistically significant ($p = 0.12$). This analysis also finds that state-level overdose death rates are not associated with support for either candidate. See Appendix Table A11 for full results.

Discussion: Opioid Crisis Salience

By exploring relationships in several surveys, I find evidence that local overdose mortality and personal experience with addiction are related to perceptions of salience. This relationship is more consistent and strong for believing the opioid crisis is severe than for assigning priority to it. In particular, personal experience with opioid addiction is a much stronger predictor of believing the crisis is serious than believing it deserves political attention. For both severity and priority questions, the correlation between local context and public opinion is strongest when national media attention is also the highest. In general, context and experience can shape public opinion about the severity of a crisis, but here they are somewhat less connected to giving the crisis political priority, suggesting one potential reason for lawmakers being so far unable to substantially reduce overdose deaths nationally. In the next section, I explore mechanisms for how context and experience connect to perceptions of salience, looking at media exposure and news attentiveness.

Mechanisms: Media Exposure and Attention

I test two potential mechanisms for how local exposure to the opioid crisis might be related to perceptions of crisis severity and assigning political priority: hearing about the crisis from media or politicians, and paying attention to the crisis. Existing research suggests that areas with higher overdose death rates receive more news coverage about the epidemic, but less is known about whether individuals are affected by this increased coverage. Here, I test whether survey respondents report hearing more news about the opioid crisis, whether they hear more about it from politicians, and how much they report paying attention to this news.

Media and Political Campaigns

First, I test the relationship between opioid crisis context and hearing about the crisis in the media. In 2017, Monmouth asked respondents to report how much they had heard about the opioid epidemic. Similarly, in 2018, Kaiser asked respondents how much they had heard from politicians about the opioid crisis.¹⁵ For each of these surveys, I again use OLS regression to predict responses to these questions, focusing on the coefficients on state overdose mortality and, for Monmouth, personal experience with addiction. Table 4 displays the results from these regressions.¹⁶ Column 1 shows that there is actually no relationship between state-level overdose death rates and hearing about the opioid crisis. Instead, I find that respondents who are white, high-income, older, and have more education are more likely to report having heard a lot of news about the opioid crisis. On the other hand, knowing someone with addiction is associated with a 19.4 percentage point increase in hearing about the opioid crisis in the media. Column 2 shows that there is a positive relationship between state-level overdose death rates and respondents reporting how much they have heard about the opioid crisis from politicians, but this finding is not statistically significant. Here, older respondents and men are more likely to have heard about opioids from politicians, while conservatives, Latinx respondents, respondents of another race or ethnicity, and middle-income respondents are less likely to have heard from politicians.

¹⁵Full question wording is available in Appendix Table A12.

¹⁶See Appendix Table A13 for the same models using opioid prescribing rates.

Table 4: Relationship between State Context and Hearing about Opioid Crisis

	<i>Dependent variable:</i>	
	Hearing about opioid crisis from...	
	Media	Politicians
	(1)	(2)
State overdose mortality	-0.001 (0.002)	0.003 (0.003)
Know someone w/addiction	0.194** (0.026)	
Independent/Other party	-0.081 (0.051)	0.097 (0.089)
Republican	0.030 (0.049)	0.030 (0.050)
Moderate	-0.002 (0.037)	-0.062 (0.047)
Conservative	-0.046 (0.055)	-0.172** (0.063)
Black	-0.098* (0.051)	0.035 (0.066)
Latinx	-0.109** (0.055)	-0.134* (0.075)
Other race	-0.113** (0.045)	-0.125* (0.075)
Female	-0.008 (0.027)	-0.059* (0.032)
Income: 50,000-99,999	0.070* (0.036)	-0.074* (0.039)
Income: 100,000 or more	0.099** (0.033)	-0.054 (0.050)
Some college/Associate's degree	0.077** (0.031)	0.013 (0.064)
Bachelor's degree or more	0.101** (0.030)	-0.055 (0.050)
Age	0.003** (0.001)	0.003** (0.001)
State contextual controls	Yes	Yes
Observations	655	537
Adjusted R ²	0.236	0.098

Note: Results from an OLS regression with standard errors clustered by state. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests). Column 1 uses data from the Monmouth 2017-08 survey. Column 2 uses data from the Kaiser 2018-09 survey.

Attention

Next, I turn from whether respondents report hearing more about the opioid crisis to how much they report paying attention. To do so, I consider survey questions from eight surveys run by Kaiser in 2016 that ask whether respondents report following news stories about the prescription painkiller crisis or legislation to address it, including a proposal by President Obama and the 21st Century Cures Act.¹⁷ Figure 8 shows the results from a regression using state-level overdose mortality and personal experience to predict responses to the attention questions in each survey.¹⁸ Overdose death rates are positively associated with paying attention to media coverage of the opioid crisis in every survey except one, and this finding is statistically significant in five of the eight surveys. The positive coefficients range in size from 0.002 to 0.008; going from the first quartile state of Georgia to the third quartile state of Tennessee is associated with an increase in attention of 2.2 to 9 percentage points on a 0-1 scale. positive findings here suggest that there is evidence that local exposure to the opioid crisis is linked to paying more attention to it, even if there is no difference in hearing more about it.

Does paying attention to the opioid crisis matter for other measures of salience? I briefly test whether attention predicts perceptions of severity and desired political priority of the opioid crisis. The results of an OLS regression using attention, a variable that averages news interest in other issues, and demographic controls are presented in Table 5. Here, paying attention to the opioid crisis is highly correlated with the assignment of political priority; a 0-1 increase in the attention variable is associated with a 0.32 and 0.36 increase in the

¹⁷Full question wording is available in Appendix Table A14

¹⁸Complete regression results are available in Appendix Tables A15 and A16. Models using opioid prescribing rates are presented in Appendix Tables A17 and A18, with a coefficient plot in Figure A13.

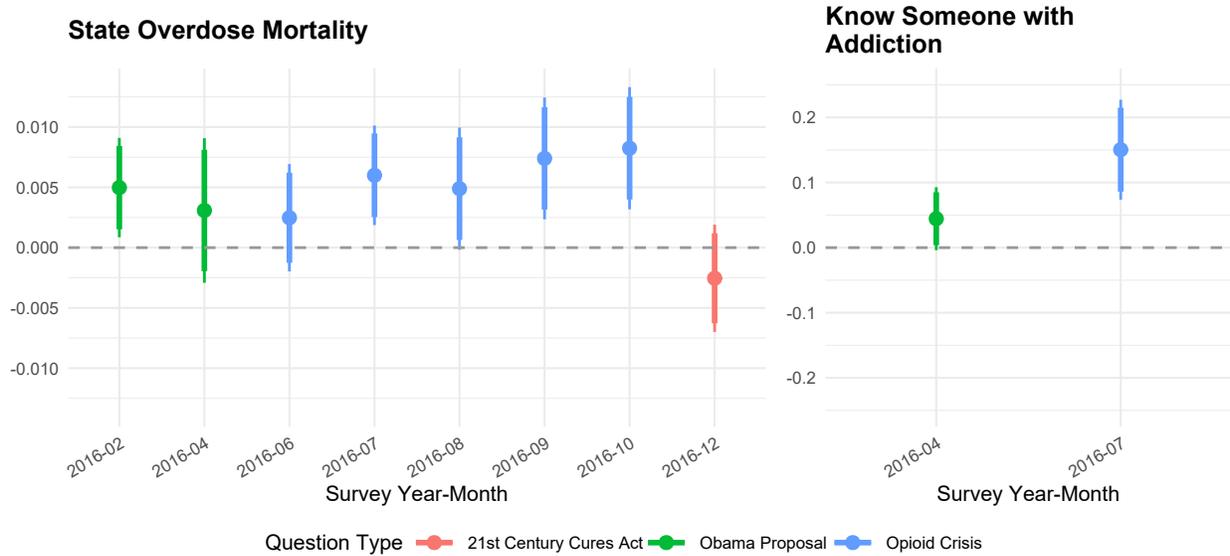


Figure 8: Relationship between State Context, Experience and Attention Paid to Opioid Crisis
Note: Points are OLS coefficient estimates using state overdose death rates and, when available, an indicator for knowing someone with addiction to predict perceptions of drug crisis severity. Horizontal lines are 90 and 95% confidence intervals. The dependent variable questions ask how much attention the respondent has paid to news about the 21st Century Cures Act, a proposal by President Obama to address the opioid crisis, and the opioid crisis itself. The target of news attention referred to in each question is marked by color.

political priority 0-1 variable. This relationship does not hold up for perceptions of severity, however. Interest in other news issues is also mainly uncorrelated with perceptions of severity or priority, suggesting something unique about news interest in the opioid crisis, rather than news interest alone.¹⁹

Discussion: Media and Attention

Opioid crisis context not only shapes perceptions of seriousness and political priorities, it also shapes attention paid to the opioid crisis. I find evidence that state overdose mortality and knowing someone with addiction both predict how much attention individuals give to the opioid crisis. Attention, in turn, predicts support for prioritizing the opioid crisis. On

¹⁹In a similar vein, I find no evidence that the interaction of overdose mortality rates and general news interest predict perceptions of severity or priority.

Table 5: Relationship between Attention to the Opioid Crisis and Political Salience

	<i>Dependent variable:</i>		
	Severity	Priority	
	(1)	(2)	(3)
Attention to opioid crisis	0.019 (0.032)	0.318** (0.028)	0.362** (0.033)
Other news interest	0.054 (0.063)	-0.137* (0.077)	-0.087 (0.081)
Observations	986	1,015	1,029
Adjusted R ²	0.012	0.180	0.164

Note: Results from OLS regressions. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests). Demographic controls included. Survey data from Kaiser Family Foundation ran in April, August, and September, respectively.

the other hand, local context does not correlate with exposure to news about the crisis from media or politicians. Despite evidence showing that places with higher overdose death rates receive more media about the opioid crisis, I find that context better predicts paying attention to the news than having heard more news. This effect on attention might be one way that context and priority are related. If the drop in the relationship between context and attention at the end of 2016 continued, that could explain the lack of relationship between context and political priorities from 2017-2019. Of course, context might affect both of these variables separately, or political priorities could shape how much news is paid attention to.

Conclusion

In this paper, I test how state and county context and personal experience with addiction predict the political salience of the opioid crisis. I find that both higher overdose mortality rates and knowing someone with an opioid addiction are associated with greater perceptions

of the seriousness of the opioid crisis and an increase in preferences for addiction to be a political priority. The findings for local context are strongest in 2016 and, for the seriousness of the crisis, 2017, when the most national attention was focused on the issue. These relationships may be partially explained through the connection between local context and paying attention to the opioid crisis, rather than increased local media coverage.

These findings speak to debates about the impact of local context on political behavior. The relationships between state and county overdose mortality and public opinion provide support for the notion that local context is recognized by individuals and shapes salience, a key variable connecting context to more frequently studied outcomes like policy opinion and voting behavior. The findings also provide some additional evidence for the interaction between local context and national media. The differences between perceptions of seriousness and political priority, however, suggest that more research is needed not just on whether local context generates the salience of an issue, but whether the increased attention translates to political priorities.

In a similar vein, the findings potentially have some important lessons for the opioid crisis and other public health emergencies. Despite fairly strong regional and local variation in the levels of overdose mortality, the hardest hit areas of the country are only slightly more likely to rate the opioid crisis as severe. On one hand, this may be a sign of the entire country taking the overdose epidemic seriously. On the other hand, it may suggest that a nationalized media landscape prevents areas most hard hit by a public health crisis from recognizing its severity. This problem is especially important for the United States, where health care and policy is often decided and administered at the state and local levels. The lack of a relationship between context and priority after 2016 suggests that these state and

local policymakers may have no more political incentive in the worst-affected states than the least-affected states, perhaps inhibiting them from pursuing more aggressive, costly, and controversial policies that could reduce overdoses. Similarly, experience with addiction is a more powerful predictor of perceptions of the severity of the crisis than wanting to prioritize it. Nationalized media and politics might encourage all states to adopt programs such as prescription drug monitoring that are widely popular, but the relatively small local effects might keep bolder policies from being adopted.

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Appendix

1 Survey Information

Table A1: Survey Information

Survey	Study Dates	Geography	Sample	N
AP/NORC 2018-03	March 14, 2018 - March 19, 2018	United States	National adult	1054
AP/NORC 2019-04	April 11, 2019 - April 14, 2019	United States	National adult	1108
Kaiser 2015-11	November 10, 2015 - November 17, 2015	United States	National adult	1352
Kaiser 2016-02	February 10, 2016 - February 18, 2016	United States	National adult	1202
Kaiser 2016-04	April 12, 2016 - April 19, 2016	United States	National adult	1201
Kaiser 2016-06	June 15, 2016 - June 21, 2016	United States	National adult	1201
Kaiser 2016-07	July 5, 2016 - July 11, 2016	United States	National adult	1212
Kaiser 2016-08	August 18, 2016 - August 24, 2016	United States	National adult	1211
Kaiser 2016-09	September 14, 2016 - September 20, 2016	United States	National adult	1204
Kaiser 2016-10	October 12, 2016 - October 18, 2016	United States	National adult	1205
Kaiser 2016-12	December 13, 2016 - December 19, 2016	United States	National adult	1204
Kaiser 2018-09	September 19, 2018 - October 2, 2018	United States	National adults ages 18+, including an oversample of 223 prepaid (pay-as-you-go) telephone numbers	1201
Kaiser 2018-01	January 16, 2018 - January 21, 2018	United States	National adult	1215
Kaiser 2018-02	February 15, 2018 - February 20, 2018	United States	National adult	1193
Kaiser 2018-03	March 8, 2018 - March 13, 2018	United States	National adult	1212

Kaiser 2019-10	October 3, 2019 - October 8, 2019	United States	National adult, including an oversample of 219 prepaid (pay-as-you-go) telephone numbers	1205
Kaiser 2017-11	November 8, 2017 - November 13, 2017	United States	National adult	1201
Monmouth 2017-08	August 10, 2017 - August 14, 2017	United States	National adult	805
Monmouth 2018-04	April 6, 2018 - April 10, 2018	New Jersey	Adult residents of New Jersey	703

2 Opioid Prescribing Rates

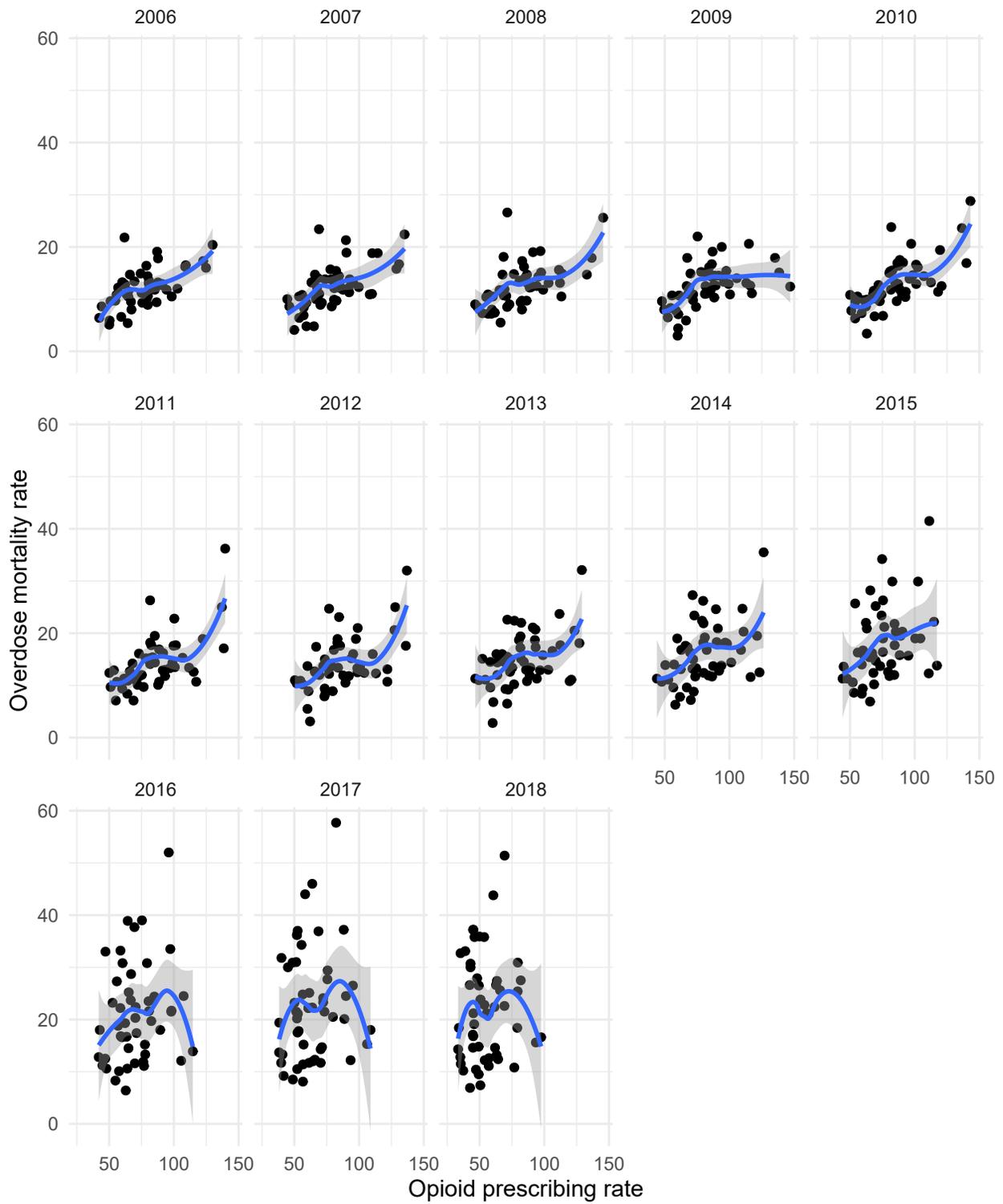


Figure A1: Correlation Between State Opioid Prescribing and Overdose Mortality Rates Over Time

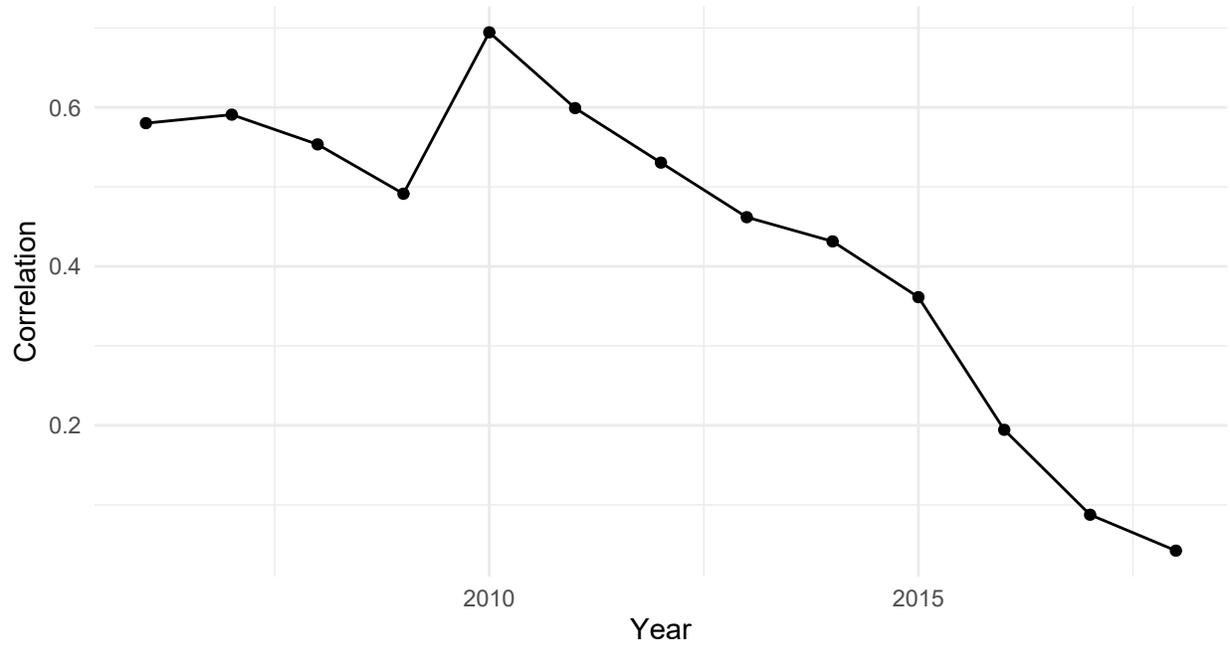


Figure A2: Correlation Between State Opioid Prescribing and Overdose Mortality Rates Over Time

3 Overdose Mortality Maps

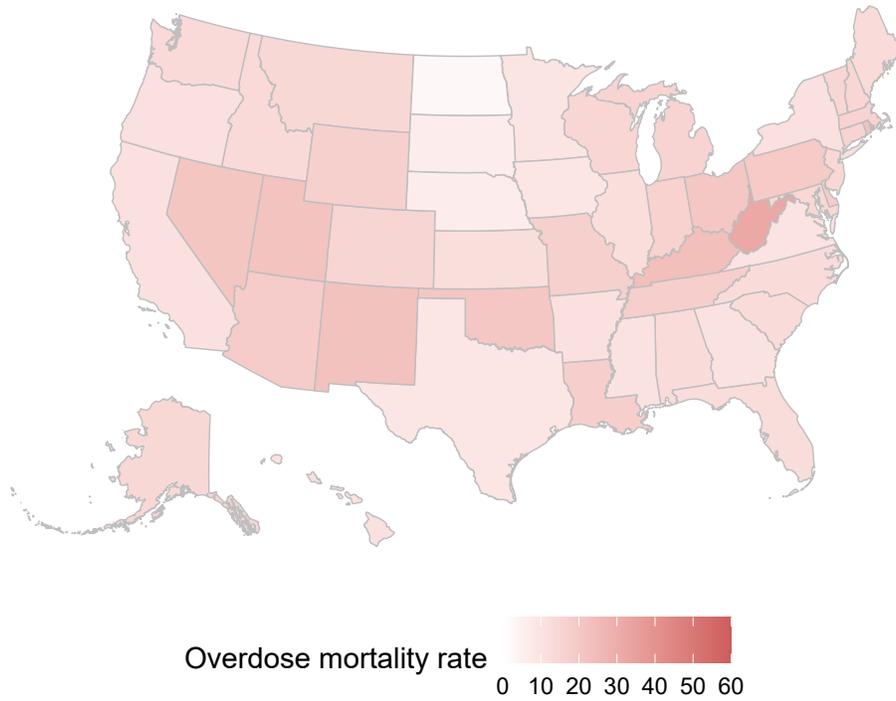


Figure A3: Overdose Death Rates by State, 2013

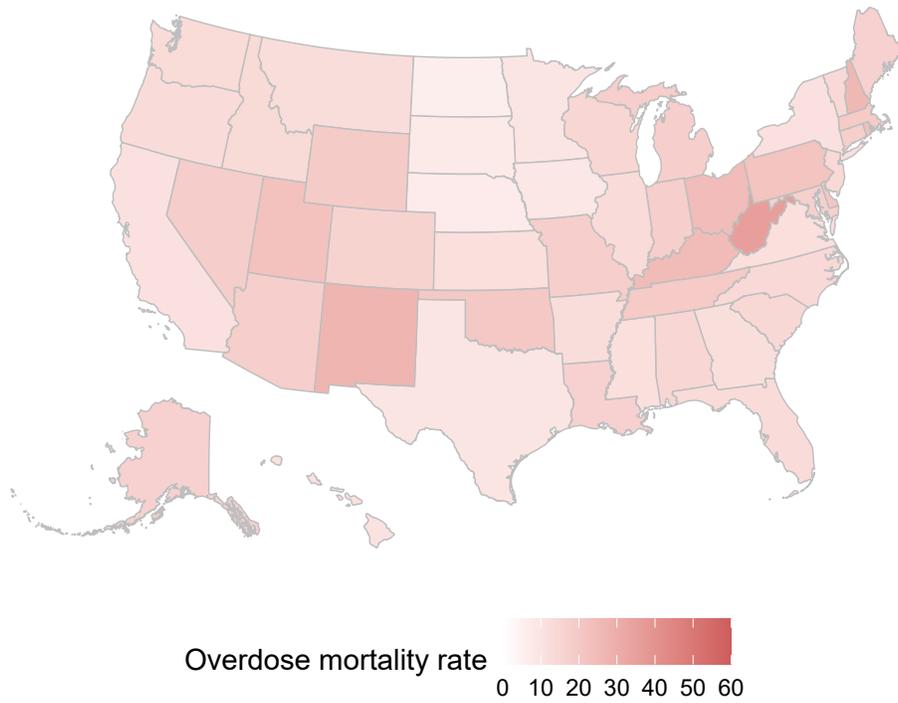


Figure A4: Overdose Death Rates by State, 2014

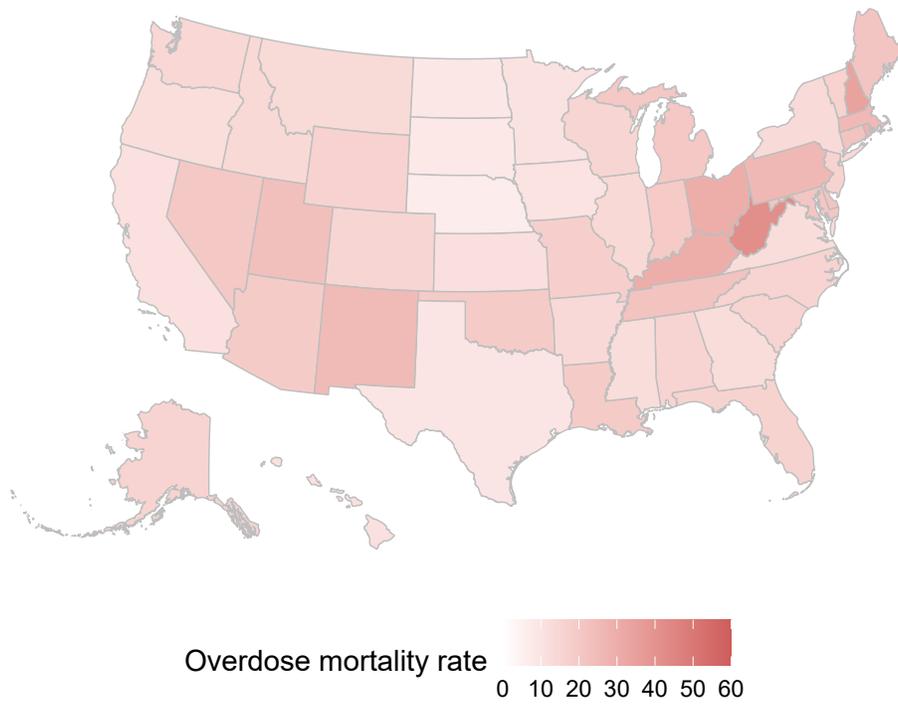


Figure A5: Overdose Death Rates by State, 2015

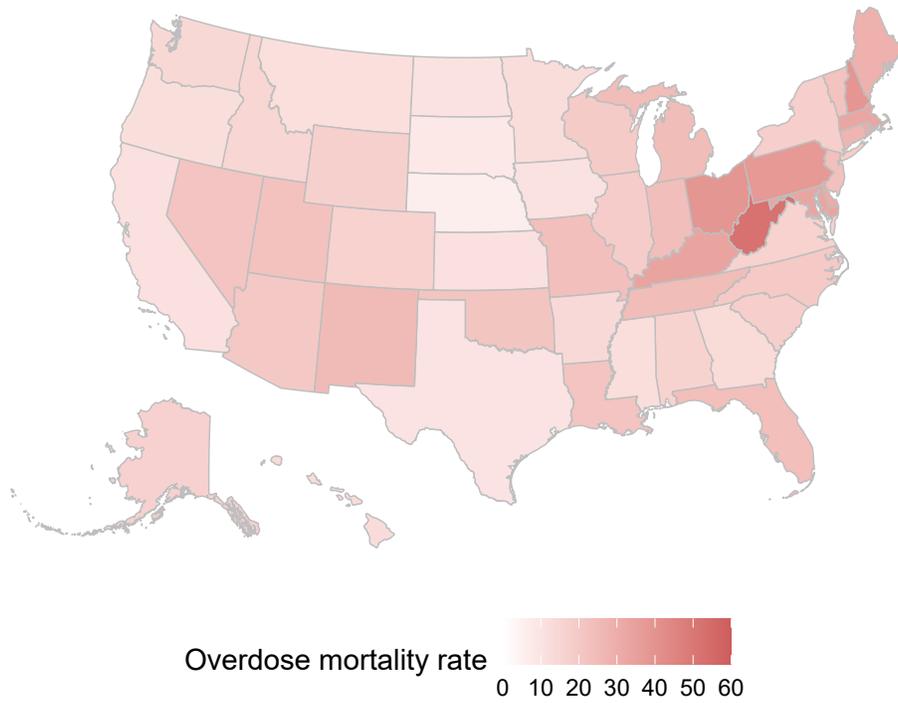


Figure A6: Overdose Death Rates by State, 2016

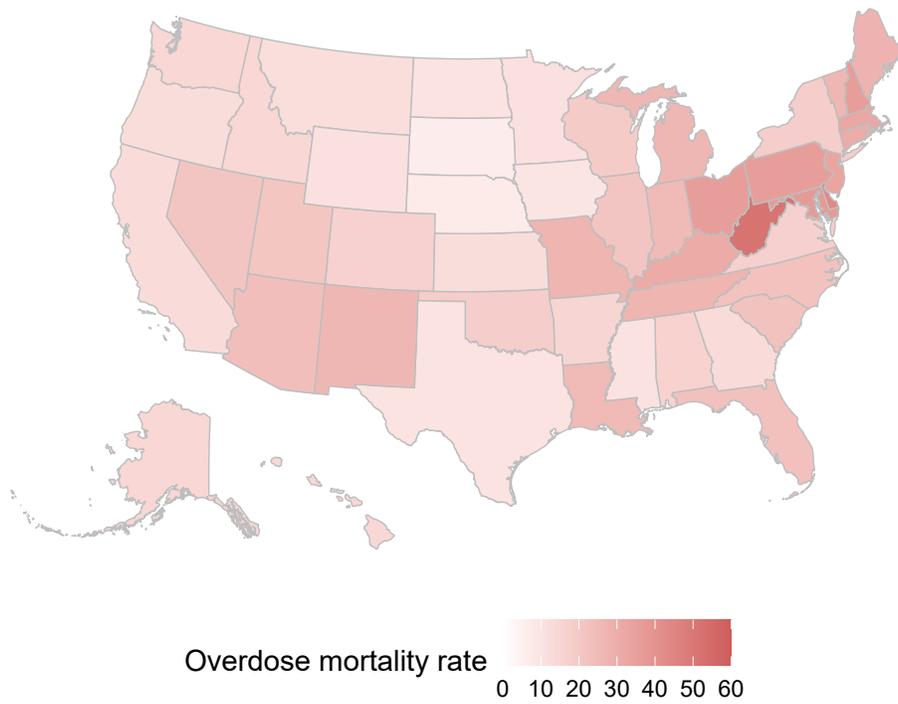


Figure A7: Overdose Death Rates by State, 2018

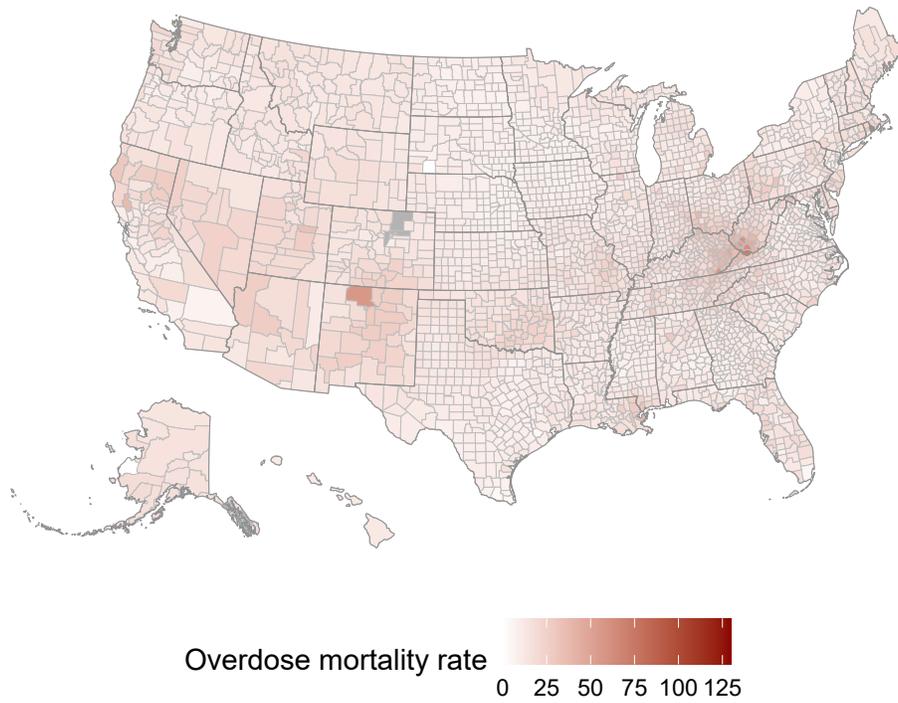


Figure A8: Overdose Death Rates by County, 2013

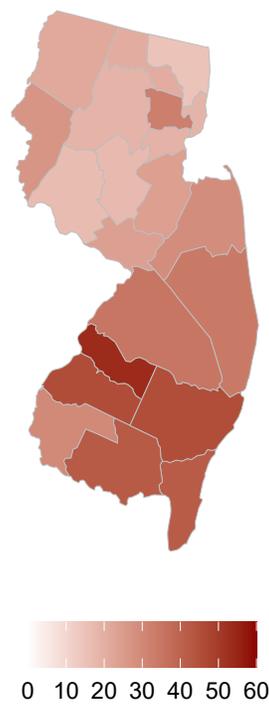


Figure A9: Overdose Death Rates by County, New Jersey, 2017

4 Question Text and Alternate Measures

4.1 Severity

Table A2: Severity Question Text

Survey	Substance	Geography	Question Text
Pew 2014-02	Drug	Country	Next, I have some questions about drug policy. How would you describe the problem of drug abuse across the country? Would you say it is a crisis, a serious problem, a minor problem, or not a problem?
Pew 2014-02	Drug	Local	Next, I have some questions about drug policy. How would you describe the problem of drug abuse in your neighborhood, including the local schools? Would you say it is a crisis, a serious problem, a minor problem, or not a problem?
Kaiser 2016-04	Heroin	Country	(For each health issue I name, please tell me how serious a problem you think it is in this country—extremely serious, very serious, somewhat serious, or less serious than that.)...Heroin abuse
Kaiser 2016-04	Opioid	Country	(For each health issue I name, please tell me how serious a problem you think it is in this country—extremely serious, very serious, somewhat serious, or less serious than that.)...Abuse of strong prescription painkillers, sometimes called opioids, such as Percocet, OxyContin or Vicodin
Monmouth 2017-08	Opioid	State	(Now, I'd like to ask you some questions about opioids, which include pain medications like Vicodin and OxyContin as well as street drugs like heroin and fentanyl.)...Is opioid addiction a very serious, somewhat serious, not too serious, or not at all serious problem in the state where you live?
AP/NORC 2018-03	Heroin	Local	In your community, how serious of a problem is...heroin use?
AP/NORC 2018-03	Prescrip	Local	In your community, how serious of a problem is...the use of prescription pain relievers such as Oxycontin, Percocet or Vicodin?
Monmouth 2018-04	Opioid	Country	Is opioid [OH-pee-oid] addiction a very serious, somewhat serious, not too serious, or not at all serious problem in the United States?

Monmouth 2018-04	Opioid	State	Do you think opioid [OH-pee-oid] addiction is a bigger problem in New Jersey than it is in most other parts of the country, is a bigger problem in most other parts of the country than it is in New Jersey, or is about the same in New Jersey as in most other parts of the country?
AP/NORC 2019-04	Heroin	Local	In your community, how serious of a problem is...heroin and illicit fentanyl use?...Not at all serious, not too serious, moderately serious, very serious, extremely serious
AP/NORC 2019-04	Prescrip	Local	In your community, how serious of a problem is...the use of prescription pain relievers such as Oxycontin, Percocet or Vicodin?...Not at all serious, not too serious, moderately serious, very serious, extremely serious

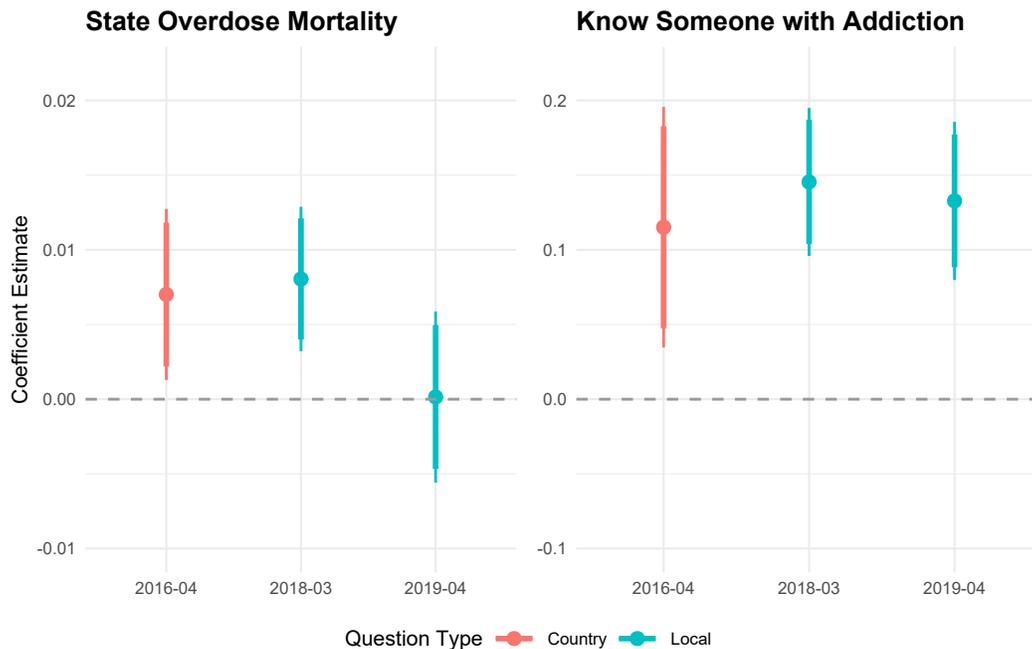


Figure A10: Relationship between Context, Experience and Perceptions of Heroin Crisis Severity

Note: Points are OLS coefficient estimates using state overdose death rates and an indicator for knowing someone with addiction to predict perceptions of heroin crisis severity. Horizontal lines are 90 and 95% confidence intervals. The dependent variable questions ask how serious the heroin crisis is at the state, or local levels. The different levels of geography referred to in each question is marked by color.

Table A3: Relationship between State Context, Experience and Perceptions of Heroin Crisis Severity

Survey:	Kaiser	AP/NORC	AP/NORC
Survey year-month:	2016-04	2018-03	2019-04
Question type:	Country	Local	Local
	(1)	(2)	(3)
State overdose mortality	0.007** (0.003)	0.008** (0.002)	0.0001 (0.003)
Know someone w/addiction	0.115** (0.041)	0.145** (0.025)	0.133** (0.027)
Independent/Other party	-0.072 (0.046)	0.002 (0.036)	-0.080** (0.039)
Republican	-0.032 (0.043)	0.009 (0.030)	-0.012 (0.033)
Moderate	0.020 (0.051)		-0.041 (0.039)
Conservative	0.088* (0.052)		0.007 (0.040)
Black	0.082 (0.054)	-0.005 (0.035)	-0.048 (0.060)
Latinx	0.077 (0.066)	0.002 (0.040)	0.011 (0.038)
Other race	0.128* (0.069)	-0.002 (0.049)	-0.039 (0.047)
Female	0.093** (0.033)	0.011 (0.026)	0.041 (0.026)
Income: 50,000-99,999	-0.033 (0.046)	-0.014 (0.033)	-0.006 (0.030)
Income: 100,000 or more	-0.056 (0.053)	0.049 (0.039)	0.015 (0.033)
Some college/Associate's degree	-0.003 (0.040)	-0.035 (0.030)	-0.023 (0.032)
Bachelor's degree or more	-0.073 (0.053)	-0.047 (0.031)	-0.025 (0.031)
Age	0.001 (0.001)		
Age: 30-39		-0.047 (0.060)	0.020 (0.040)
Age: 40-59		-0.040 (0.043)	-0.016 (0.027)
Age: 60-64		-0.068 (0.064)	0.091** (0.041)
Age: 65+		0.001 (0.041)	0.006 (0.032)
State contextual controls	Yes	Yes	Yes
Observations	480	1,037	1,054
Adjusted R ²	0.100	0.088	0.069

Note: Results from OLS regressions with standard errors clustered by state. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests).

Table A4: Relationship between State Opioid Prescribing Rates and Perceptions of Drug Crisis Severity

Survey:	Pew	Pew	Kaiser	Monmouth	AP/NORC	AP/NORC
Survey year-month:	2014-02	2014-02	2016-04	2017-08	2018-03	2019-04
Question type:	Country	Local	Country	State	Local	Local
	(1)	(2)	(3)	(4)	(5)	(6)
State opioid prescribing rate	-0.0002 (0.001)	-0.002** (0.001)	0.002 (0.001)	-0.001 (0.001)	0.001 (0.001)	-0.0002 (0.003)
Independent/Other party	0.033 (0.033)	-0.012 (0.050)	-0.051 (0.034)	0.059 (0.045)	-0.002 (0.037)	-0.101** (0.048)
Republican	0.014 (0.022)	0.002 (0.028)	-0.027 (0.028)	0.063* (0.033)	0.004 (0.028)	-0.050 (0.043)
Moderate	-0.009 (0.026)	-0.024 (0.030)	-0.004 (0.027)	-0.054 (0.034)		-0.023 (0.035)
Conservative	0.049 (0.030)	-0.020 (0.035)	-0.012 (0.037)	-0.047 (0.039)		-0.015 (0.040)
Black	0.050 (0.031)	0.025 (0.031)	0.054 (0.037)	-0.016 (0.044)	-0.024 (0.040)	-0.146** (0.046)
Latinx	0.043* (0.025)	0.051 (0.043)	0.015 (0.032)	-0.030 (0.041)	-0.021 (0.037)	-0.010 (0.039)
Other race	0.023 (0.037)	-0.019 (0.043)	-0.037 (0.048)	-0.053 (0.037)	-0.085* (0.044)	-0.002 (0.042)
Female	0.035 (0.023)	0.018 (0.025)	0.035** (0.017)	0.030 (0.022)	0.056* (0.033)	0.069** (0.026)
Income: 50,000-99,999	0.047** (0.023)	-0.029 (0.028)	-0.015 (0.028)	0.008 (0.033)	0.030 (0.035)	-0.002 (0.027)
Income: 100,000 or more	0.012 (0.029)	-0.061* (0.033)	-0.028 (0.029)	0.021 (0.029)	0.064 (0.044)	-0.023 (0.031)
Some college/Associate's degree	-0.006 (0.023)	-0.075** (0.036)	-0.011 (0.028)	0.041 (0.033)	-0.034 (0.027)	-0.024 (0.029)
Bachelor's degree or more	-0.033 (0.021)	-0.044 (0.030)	-0.038 (0.028)	0.035 (0.038)	-0.040 (0.034)	-0.025 (0.037)
Age	0.003** (0.001)	0.002** (0.001)	0.001** (0.0005)	0.002** (0.001)		
Age: 30-39					-0.063 (0.062)	-0.027 (0.038)
Age: 40-59					-0.030 (0.044)	-0.045 (0.038)
Age: 60-64					-0.076 (0.054)	0.013 (0.046)
Age: 65+					-0.003 (0.042)	-0.063* (0.034)
State contextual controls	Yes	Yes	Yes	Yes	Yes	Yes
Observations	733	747	959	590	1,051	1,056
Adjusted R ²	0.057	0.040	0.024	0.045	0.022	0.059

Note: Results from OLS regressions with standard errors clustered by state. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests).

Table A5: Relationship between County Opioid Prescribing Rates and Perceptions of Drug Crisis Severity

Survey:	Pew	Pew	Monmouth	Monmouth
Survey year-month:	2014-02	2014-02	2018-04	2018-04
Question type:	Country	Local	Country	State
	(1)	(2)	(3)	(4)
County opioid prescribing rate	-0.00002 (0.0003)	0.0003 (0.001)	0.002** (0.001)	0.003** (0.001)
Independent/Other party	0.037 (0.030)	0.007 (0.043)	-0.005 (0.015)	0.065* (0.034)
Republican	0.018 (0.024)	0.009 (0.030)	0.025 (0.018)	0.046 (0.046)
Moderate	-0.020 (0.024)	-0.031 (0.029)		
Conservative	0.048 (0.030)	-0.033 (0.034)		
Black	0.061** (0.031)	-0.0004 (0.043)	-0.002 (0.013)	-0.040 (0.051)
Latinx	0.041 (0.028)	0.030 (0.046)		
Other race	0.029 (0.037)	-0.028 (0.050)	0.001 (0.017)	0.062 (0.061)
Female	0.043** (0.020)	0.012 (0.024)	0.029* (0.018)	0.002 (0.034)
Income: 50,000-99,999	0.038 (0.024)	-0.035 (0.028)	0.038 (0.030)	0.048 (0.039)
Income: 100,000 or more	0.011 (0.025)	-0.067** (0.033)	0.037 (0.024)	0.033 (0.037)
Some college/Associate's degree	-0.010 (0.023)	-0.085** (0.032)	-0.013 (0.021)	-0.012 (0.049)
Bachelor's degree or more	-0.036 (0.023)	-0.045 (0.031)	-0.0003 (0.012)	0.011 (0.052)
Age	0.003** (0.001)	0.002** (0.001)	-0.0004* (0.0002)	-0.0004 (0.001)
County contextual controls	Yes	Yes	Yes	Yes
Observations	758	758	541	541
Adjusted R ²	0.070	0.042	0.033	0.006

Note: Results from OLS regressions with standard errors clustered by state. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests).

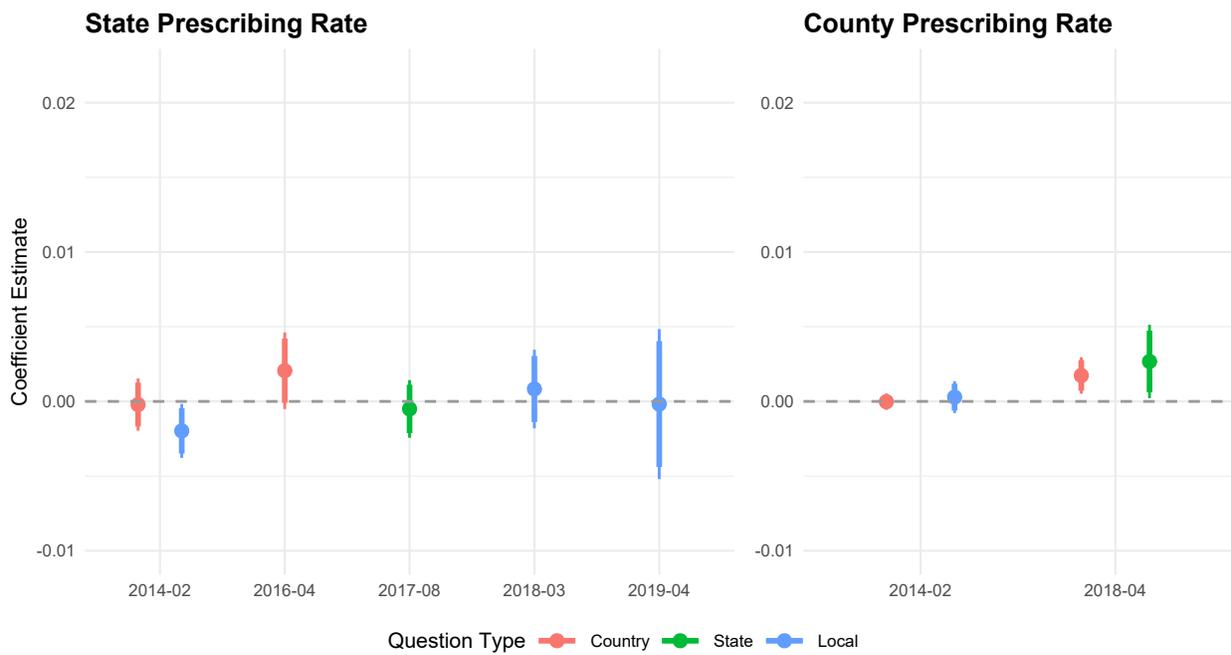


Figure A11: Relationship between Prescribing Rates and Perceptions of Drug Crisis Severity

Note: Points are OLS coefficient estimates using state or county opioid prescribing rates to predict perceptions of drug crisis severity. Horizontal lines are 90 and 95% confidence intervals. The dependent variable questions ask how serious the drug, prescription painkiller, or opioid addiction crises are at the national, state, or local levels. The different levels of geography referred to in each question is marked by color.

4.2 Priority

Table A6: Priority Question Text

Survey	Question Type		Question Text
Kaiser 2015-11	State government		6a. ...First, -Reducing the number of people abusing prescription painkillers or heroin- should that be a top priority, important but a lower priority, not too important or should it not be done?
Kaiser 2016-08	Political dates	candi-	Now I'd like to ask you about possible health issues that the (2016) presidential candidates could be talking about during the 2016 presidential campaign. Do you think each of the following should be a top priority, an important but not a top priority, not too important, or not at all important for the candidates to be talking about? How about...the ongoing heroin and prescription painkiller addiction epidemic in the US?
Kaiser 2016-09	Vote		Thinking about the many issues that might affect your vote for president in 2016, would you say a candidate's plan to address...the ongoing heroin and prescription painkiller addiction epidemic in the US will be very important to your vote, somewhat important, not too important, or not at all important?
Kaiser 2016-12	Federal ment	govern-	I'm going to read you some different things Donald Trump and the next Congress might do when it comes to health care....Dealing with the prescription painkiller addiction epidemic—should that be a top priority, or important but not a top priority, or not too important, or should it not be done?
Kaiser 2017-04	Federal ment	govern-	2a. I'm going to read you some different things President Trump and Congress mig
Kaiser 2017-11	Federal ment	govern-	I'm going to read you some different things President (Donald) Trump and Congress might try to do in the coming months....Addressing the prescription painkiller addiction epidemic...Should that be a top priority, important but not a top priority, not too important, or should it not be done?
Kaiser 2018-01	Federal ment	govern-	I'm going to read you some different things President (Donald) Trump and Congress might try to do in the coming months....Addressing the prescription painkiller addiction epidemic—should that be a top priority, important but not a top priority, not too important, or should it not be done?
Kaiser 2018-02	Political dates	candi-	(Thinking about the many health care issues that candidates can talk about during their campaigns, how important would you say it is for 2018 candidates to talk about)...the ongoing heroin and prescription painkiller addiction epidemic in the US? Is it very important, somewhat important, not too important, or not at all important for the 2018 candidates to talk about?

Kaiser 2018-03	Federal government	govern-	I'm going to read you some different things President (Donald) Trump and Congress might try to do in the coming months....Addressing the prescription painkiller addiction epidemic—should that be a top priority, important but not a top priority, not too important, or should it not be done?
Kaiser 2019-10	Political candidates	candi-	Overall, do you think the (2020) Democratic candidates for president are spending too much time, too little time, or about the right amount of time talking about the heroin and prescription painkiller addiction epidemic

Table A7: Relationship between State Context, Experience, and Opioid Crisis Priority, 2018-2019

Survey: Survey year-month: Question type:	Kaiser 2018-01 Federal Government	Kaiser 2018-02 Political Candidates	Kaiser 2018-03 Federal Government	Pew 2018-09 Vote	Kaiser 2019-10 Political Candidates
	(1)	(2)	(3)	(4)	(5)
State overdose mortality	-0.002 (0.002)	-0.0001 (0.002)	-0.002 (0.002)	-0.0004 (0.002)	-0.003 (0.003)
Independent/Other party	-0.040 (0.072)	-0.059 (0.046)	0.011 (0.054)	-0.024 (0.044)	0.115* (0.060)
Republican	-0.023 (0.046)	-0.069** (0.035)	-0.030 (0.029)	0.005 (0.030)	
Moderate	-0.034 (0.036)	0.025 (0.034)	-0.055 (0.040)	0.031 (0.034)	-0.001 (0.039)
Conservative	-0.017 (0.048)	0.044 (0.044)	-0.076 (0.047)	0.005 (0.039)	0.063 (0.055)
Black	0.001 (0.057)	-0.049 (0.033)	-0.046 (0.035)	0.109** (0.049)	0.047 (0.056)
Latinx	-0.037 (0.065)	-0.008 (0.025)	-0.064 (0.044)	0.090* (0.049)	0.086 (0.068)
Other race	-0.028 (0.059)	-0.032 (0.040)	-0.069 (0.071)	0.021 (0.051)	0.098 (0.077)
Female	0.013 (0.030)	0.041** (0.021)	0.079** (0.027)	0.053* (0.028)	0.039 (0.042)
Income: 50,000-99,999	-0.024 (0.040)	0.025 (0.021)	-0.003 (0.033)	-0.150** (0.038)	-0.003 (0.049)
Income: 100,000 or more	-0.023 (0.031)	-0.049** (0.024)	0.047 (0.036)	-0.180** (0.033)	0.029 (0.043)
Some college	0.028 (0.027)	-0.032 (0.027)	0.026 (0.038)	0.036 (0.032)	0.006 (0.047)
Bachelor's or more	0.001 (0.027)	-0.008 (0.021)	-0.006 (0.030)	0.039 (0.037)	0.050 (0.048)
Age	0.0001 (0.001)	0.0002 (0.0005)	0.002** (0.001)	0.002** (0.001)	0.003** (0.001)
State contextual controls	Yes	Yes	Yes	Yes	Yes
Observations	529	993	531	772	557
Adjusted R ²	0.019	0.036	0.058	0.097	0.021

Note: Results from OLS regressions with standard errors clustered by state. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests). The Kaiser 2019-10 question was only asked of Democratic primary voters.

Table A8: Relationship between State Prescribing Rates, Experience, and Opioid Crisis Priority, 2015-2017

Survey:	Kaiser	Kaiser	Kaiser	Kaiser	Kaiser	Kaiser
Survey year-month:	2015-11	2016-08	2016-09	2016-12	2017-04	2017-11
Question type:	State	Political	Vote	Federal	Federal	Federal
	Government	Candidates		Government	Government	Government
	(1)	(2)	(3)	(4)	(5)	(6)
Opioid prescribing rate	-0.001 (0.001)	0.001 (0.001)	-0.001 (0.002)	0.0004 (0.001)	0.0002 (0.001)	0.001 (0.002)
Independent/Other party	0.010 (0.028)	-0.0005 (0.031)	0.066* (0.039)	-0.046 (0.032)	0.019 (0.030)	0.011 (0.053)
Republican	0.007 (0.025)	-0.087** (0.026)	-0.025 (0.027)	-0.042* (0.024)	-0.040 (0.026)	0.041 (0.046)
Moderate	-0.034* (0.020)	-0.033 (0.024)	-0.030 (0.029)	0.019 (0.022)	0.044* (0.023)	-0.052 (0.043)
Conservative	-0.019 (0.024)	-0.037 (0.025)	-0.033 (0.033)	-0.017 (0.025)	0.036 (0.032)	-0.114** (0.047)
Black	0.046 (0.035)	-0.044 (0.043)	-0.027 (0.037)	0.009 (0.026)	0.009 (0.029)	-0.071 (0.071)
Latinx	0.004 (0.034)	-0.007 (0.028)	0.057 (0.036)	-0.016 (0.027)	-0.121** (0.034)	-0.046 (0.071)
Other race	0.068** (0.033)	-0.136** (0.057)	0.084** (0.034)	0.010 (0.038)	0.004 (0.033)	-0.067 (0.051)
Female	0.023 (0.019)	0.030 (0.020)	0.040 (0.031)	0.007 (0.016)	0.028 (0.020)	0.030 (0.032)
Income: 50,000-99,999	-0.011 (0.018)	-0.035 (0.030)	-0.048** (0.024)	-0.017 (0.021)	-0.008 (0.023)	-0.043 (0.037)
Income: 100,000 or more	-0.020 (0.029)	-0.031 (0.030)	-0.077** (0.033)	-0.011 (0.030)	-0.039 (0.029)	-0.056 (0.054)
Some college	-0.023 (0.021)	0.033 (0.021)	-0.081** (0.029)	0.012 (0.033)	-0.045** (0.021)	0.025 (0.042)
Bachelor's or more	-0.086** (0.020)	-0.033 (0.021)	-0.092** (0.034)	-0.028 (0.030)	-0.035 (0.027)	0.068 (0.048)
Age	0.001* (0.001)	0.002** (0.001)	0.002** (0.001)	0.0001 (0.001)	-0.001 (0.001)	0.001 (0.001)
State contextual controls	Yes	Yes	Yes	Yes	Yes	Yes
Observations	1,053	981	998	968	1,007	506
Adjusted R ²	0.032	0.063	0.053	0.005	0.035	0.021

Note: Results from OLS regressions with standard errors clustered by state. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests).

Table A9: Relationship between State Prescribing Rates, Experience, and Opioid Crisis Priority, 2015-2017

Survey:	Kaiser	Kaiser	Kaiser	Pew	Kaiser
Survey year-month:	2018-01	2018-02	2018-03	2018-09	2019-10
Question type:	Federal	Political	Federal	Vote	Political
	Government	Candidates	Government		Candidates
	(1)	(2)	(3)	(4)	(5)
Opioid prescribing rate	-0.001 (0.002)	0.001 (0.001)	0.001 (0.001)	-0.003 (0.002)	-0.0004 (0.002)
Independent/Other party	-0.038 (0.072)	-0.061 (0.045)	0.010 (0.054)	-0.024 (0.044)	0.112* (0.060)
Republican	-0.017 (0.045)	-0.070** (0.034)	-0.028 (0.029)	0.007 (0.030)	
Moderate	-0.034 (0.037)	0.025 (0.034)	-0.052 (0.040)	0.035 (0.035)	0.0003 (0.039)
Conservative	-0.018 (0.049)	0.044 (0.043)	-0.077* (0.046)	0.010 (0.040)	0.063 (0.055)
Black	0.007 (0.057)	-0.050 (0.033)	-0.044 (0.035)	0.109** (0.049)	0.049 (0.057)
Latinx	-0.038 (0.066)	-0.008 (0.025)	-0.068 (0.044)	0.085* (0.047)	0.087 (0.067)
Other race	-0.025 (0.059)	-0.031 (0.040)	-0.068 (0.070)	0.018 (0.050)	0.094 (0.078)
Female	0.013 (0.030)	0.041** (0.021)	0.079** (0.028)	0.052* (0.028)	0.039 (0.042)
Income: 50,000-99,999	-0.026 (0.040)	0.027 (0.021)	-0.003 (0.033)	-0.154** (0.038)	-0.006 (0.048)
Income: 100,000 or more	-0.029 (0.030)	-0.049** (0.023)	0.046 (0.035)	-0.185** (0.032)	0.029 (0.043)
Some college	0.029 (0.027)	-0.033 (0.027)	0.026 (0.038)	0.038 (0.031)	0.009 (0.047)
Bachelor's or more	0.006 (0.028)	-0.009 (0.021)	-0.007 (0.030)	0.039 (0.036)	0.051 (0.048)
Age	0.0001 (0.001)	0.0003 (0.0005)	0.002** (0.001)	0.002** (0.001)	0.003** (0.001)
State contextual controls	Yes	Yes	Yes	Yes	Yes
Observations	529	993	531	772	557
Adjusted R ²	0.018	0.037	0.057	0.101	0.019

Note: Results from OLS regressions with standard errors clustered by state. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests). The Kaiser 2019-10 question was only asked of Democratic primary voters.

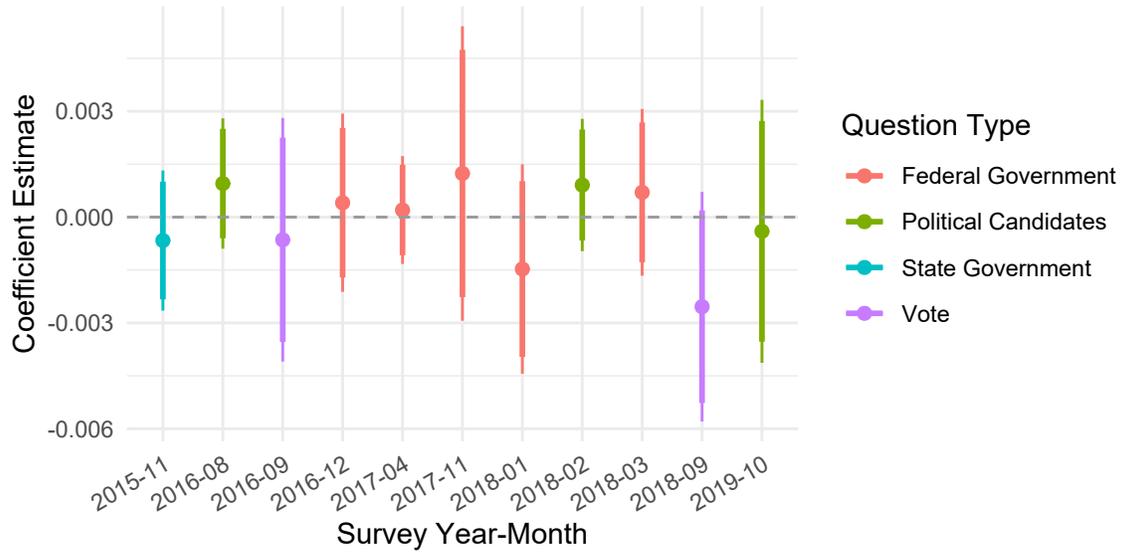


Figure A12: Relationship between Prescribing Rates and Priority Given to Opioid Crisis

Note: Points are OLS coefficient estimates using state opioid prescribing rates to predict support for questions about prioritizing the opioid crisis. Horizontal lines are 90 and 95% confidence intervals. The dependent variable questions ask how much priority should be given to the opioid crisis by the federal government, political candidates, and state government, as well as how important the opioid crisis or drug addiction is to the respondent's vote.

Table A10: Relationship between County Context, Experience, and Opioid Crisis Priority

	<i>Dependent variable:</i>
	Priority
County overdose mortality	-0.001 (0.001)
Independent/Other party	0.004 (0.030)
Republican	-0.036 (0.049)
Moderate	0.008 (0.034)
Conservative	0.036 (0.028)
Black	0.142** (0.039)
Latinx	0.107** (0.036)
Other race	0.029 (0.040)
Female	0.042* (0.023)
Income: 50,000-99,999	-0.142** (0.029)
Income: 100,000 or more	-0.175** (0.031)
Some college	0.035 (0.029)
Bachelor's or more	0.042 (0.032)
Age	0.002** (0.001)
Observations	769
County contextual controls	Yes
Adjusted R ²	0.104

Note: Results from OLS regression with standard errors clustered by county. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests).

Table A11: Relationship between Opioid Crisis Priority and Support for Trump, 2016

	<i>Dependent variable:</i>	
	Intended support for Trump	
	(1)	(2)
Opioid crisis vote priority	−0.040 (0.026)	−0.039 (0.025)
State overdose mortality		0.001 (0.002)
Independent/Other party	0.362** (0.042)	0.362** (0.078)
Republican	0.770** (0.024)	0.753** (0.042)
Moderate	0.045* (0.024)	0.049** (0.024)
Conservative	0.147** (0.028)	0.153** (0.040)
Black	−0.086** (0.028)	−0.096** (0.029)
Latinx	−0.084** (0.030)	−0.091** (0.039)
Other race	0.010 (0.040)	0.009 (0.068)
Female	−0.058** (0.018)	−0.061** (0.021)
Income: 50,000-99,999	0.060** (0.022)	0.061** (0.021)
Income: 100,000 or more	0.024 (0.025)	0.026 (0.026)
Some college/Associate's degree	0.024 (0.022)	0.031 (0.032)
Bachelor's degree or more	0.007 (0.024)	0.011 (0.021)
Age	0.001 (0.001)	0.001 (0.001)
Observations	743	730
State contextual controls	No	Yes
Adjusted R ²	0.774	0.771

Note: Results from an OLS regression with standard errors clustered by state. Overdose death rates, opioid prescribing rates, and other contextual variables are measured at the state level. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests).

4.3 Media

Table A12: Media Question Text

Survey	Question Text
Monmouth 2017-08	Now, I'd like to ask you some questions about opioids, which include pain medications like Vicodin and OxyContin as well as street drugs like heroin and fentanyl....How much have you heard about the opioid addiction in America—a lot, a little, or nothing at all?
Kaiser 2018- 09	(Thinking about what you're hearing from candidates running for elected office this November (2018), including in their advertising, speeches, and other materials...) How much, if anything, have you heard from political candidates about...the ongoing prescription painkiller addiction epidemic—a lot, some, only a little, or nothing at all?

Table A13: Relationship between State Prescribing Rates and Hearing about Opioid Crisis

	<i>Dependent variable:</i>	
	Hearing about opioid crisis from...	
	Media	Politicians
	(1)	(2)
Opioid prescribing rate	0.001 (0.002)	-0.002 (0.002)
Know someone w/addiction	0.195** (0.026)	
Independent/Other party	-0.080 (0.052)	0.094 (0.090)
Republican	0.029 (0.049)	0.035 (0.050)
Moderate	-0.004 (0.038)	-0.061 (0.046)
Conservative	-0.046 (0.055)	-0.171** (0.063)
Black	-0.102* (0.054)	0.036 (0.067)
Latinx	-0.106* (0.055)	-0.134* (0.075)
Other race	-0.113** (0.045)	-0.127* (0.076)
Female	-0.011 (0.028)	-0.060* (0.032)
Income: 50,000-99,999	0.072** (0.036)	-0.076** (0.038)
Income: 100,000 or more	0.101** (0.033)	-0.049 (0.050)
Some college/Associate's degree	0.076** (0.032)	0.011 (0.064)
Bachelor's degree or more	0.102** (0.030)	-0.056 (0.051)
Age	0.002** (0.001)	0.003** (0.001)
State contextual controls	Yes	Yes
Observations	647	537
Adjusted R ²	0.236	0.097

Note: Results from an OLS regression with standard errors clustered by state. Opioid prescribing rates are measured at the state level. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests). Column 1 uses data from the Monmouth 2017-08 survey. Column 2 uses data from the Kaiser 2018-09 survey.

4.4 Attention

Table A14: Attention Question Text

Survey	Question Type	Question Text
Kaiser 2016-02	Obama Proposal	(Next, please tell me how closely you have followed these stories that have been in the news recently.)...President (Barack) Obama’s proposal to increase government funding for treatment and prevention of heroin and prescription painkiller addiction...Did you follow this story very closely, fairly closely, not too closely, or not at all closely?
Kaiser 2016-04	Obama Proposal	20e. Next, please tell me how closely you have followed these stories that have been in the news recently. / President Obama’s proposal to increase government funding for treatment and prevention of heroin and prescription painkiller addiction
Kaiser 2016-06	Opioid Crisis	(Next please tell me how closely you have followed these stories that have been in the news recently.)...The ongoing heroin and prescription painkiller addiction epidemic in the US...Did you follow this story very closely, fairly closely, not too closely, or not at all closely?
Kaiser 2016-07	Opioid Crisis	(Next, please tell me how closely you have followed these stories that have been in the news recently.)...The ongoing heroin and prescription painkiller addiction epidemic in the US...Did you follow this story very closely, fairly closely, not too closely, or not at all closely?
Kaiser 2016-08	Opioid Crisis	(Next, please tell me how closely you have followed these stories that have been in the news recently.)...The ongoing heroin and prescription painkiller addiction epidemic in the US...Did you follow this story very closely, fairly closely, not too closely, or not at all closely?
Kaiser 2016-09	Opioid Crisis	(Next, please tell me how closely you have followed these stories that have been in the news recently.)...The ongoing heroin and prescription painkiller addiction epidemic in the US...Did you follow this story very closely, fairly closely, not too closely, or not at all closely?
Kaiser 2016-10	Opioid Crisis	(Next, please tell me how closely you have followed these stories that have been in the news recently.)...The ongoing heroin and prescription painkiller addiction epidemic in the US...Did you follow this story very closely, fairly closely, not too closely, or not at all closely?
Kaiser 2016-12	21st Century Cures Act	(Next, please tell me how closely you have followed these stories that have been in the news recently.)...The House and Senate passing the 21st Century Cures Act, health care legislation that increases funding for mental health, drug addiction, and serious illnesses like cancer—did you follow this story very closely, fairly closely, not too closely, or not at all closely?

Table A15: Relationship between State Context, Experience, and Attention to Opioid Crisis, Feb-Jul 2016

Survey year-month:	2016-02	2016-04	2016-06	2016-07
Question type:	Obama Proposal	Obama Proposal	Opioid Crisis	Opioid Crisis
	(1)	(2)	(3)	(4)
State overdose mortality	0.005** (0.002)	0.003 (0.003)	0.002 (0.002)	0.006** (0.002)
Know someone w/addiction		0.044* (0.025)		0.150** (0.039)
Independent/Other party	0.011 (0.034)	-0.004 (0.037)	0.006 (0.030)	-0.00004 (0.044)
Republican	-0.030 (0.032)	-0.074** (0.021)	0.003 (0.030)	0.002 (0.031)
Moderate	-0.025 (0.023)	0.019 (0.026)	-0.032 (0.024)	0.064 (0.042)
Conservative	-0.021 (0.030)	0.043 (0.034)	-0.051 (0.034)	0.021 (0.048)
Black	0.042 (0.050)	0.140** (0.042)	-0.018 (0.028)	-0.015 (0.048)
Latinx	0.033 (0.031)	0.046 (0.039)	-0.037 (0.034)	0.041 (0.039)
Other race	-0.049 (0.035)	0.009 (0.037)	-0.033 (0.060)	-0.075 (0.047)
Female	0.024 (0.023)	-0.001 (0.017)	0.047** (0.022)	0.027 (0.038)
Income: 50,000-99,999	0.002 (0.023)	-0.080** (0.026)	-0.051* (0.028)	-0.140** (0.031)
Income: 100,000 or more	0.028 (0.026)	-0.046* (0.027)	-0.060 (0.041)	-0.090** (0.039)
Some college	-0.100** (0.031)	-0.015 (0.024)	0.039 (0.039)	0.030 (0.040)
Bachelor's or more	-0.045 (0.032)	-0.024 (0.025)	0.031 (0.036)	-0.019 (0.028)
Age	0.002** (0.001)	0.001 (0.001)	0.002** (0.001)	0.002** (0.001)
News Interest	0.806** (0.071)	0.899** (0.064)	0.926** (0.063)	0.981** (0.097)
State contextual controls	Yes	Yes	Yes	Yes
Observations	980	982	973	643
Adjusted R ²	0.228	0.236	0.241	0.287

Note: Results from OLS regressions with standard errors clustered by state. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests). Survey data from Kaiser Family Foundation.

Table A16: Relationship between State Context, Experience, and Attention to Opioid Crisis, Aug-Dec 2016

Survey year-month:	2016-08	2016-09	2016-10	2016-12
Question type:	Opioid Crisis	Opioid Crisis	Opioid Crisis	21st Century Cures Act
	(1)	(2)	(3)	(4)
State overdose mortality	0.005* (0.003)	0.007** (0.003)	0.008** (0.003)	-0.003 (0.002)
Independent/Other party	0.053 (0.036)	0.065** (0.031)	0.009 (0.045)	-0.003 (0.041)
Republican	-0.029 (0.025)	0.005 (0.024)	-0.061 (0.038)	-0.065** (0.024)
Moderate	-0.032 (0.023)	0.004 (0.022)	0.004 (0.038)	0.069** (0.031)
Conservative	-0.090** (0.035)	-0.080** (0.030)	0.016 (0.039)	0.077** (0.025)
Black	-0.083** (0.031)	-0.093** (0.042)	-0.069* (0.036)	0.078* (0.041)
Latinx	-0.045 (0.029)	-0.057* (0.030)	-0.089** (0.038)	0.061 (0.048)
Other race	-0.003 (0.046)	-0.002 (0.046)	-0.088* (0.050)	0.102** (0.044)
Female	0.007 (0.025)	0.060** (0.021)	0.027 (0.024)	0.026 (0.028)
Income: 50,000-99,999	-0.052* (0.028)	0.005 (0.032)	-0.011 (0.024)	-0.039 (0.025)
Income: 100,000 or more	-0.084** (0.025)	0.005 (0.034)	0.001 (0.037)	-0.061* (0.031)
Some college	-0.002 (0.027)	-0.015 (0.035)	0.072** (0.036)	-0.010 (0.036)
Bachelor's or more	-0.044 (0.029)	-0.033 (0.033)	-0.025 (0.033)	-0.016 (0.026)
Age	0.002** (0.001)	0.002** (0.001)	0.001** (0.001)	0.002** (0.001)
News Interest	1.294** (0.083)	1.117** (0.111)	1.051** (0.083)	1.197** (0.072)
State contextual controls	Yes	Yes	Yes	Yes
Observations	994	1,013	1,004	991
Adjusted R ²	0.290	0.289	0.233	0.284

Note: Results from OLS regressions with standard errors clustered by state. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests). Survey data from Kaiser Family Foundation.

Table A17: Relationship between State Prescribing Rates and Attention to Opioid Crisis, Feb-Jul 2016

Survey year-month:	2016-02	2016-04	2016-06	2016-07
Question type:	Obama Proposal	Obama Proposal	Opioid Crisis	Opioid Crisis
	(1)	(2)	(3)	(4)
Opioid prescribing rate	-0.001 (0.001)	-0.002* (0.001)	-0.002 (0.001)	-0.001 (0.002)
Independent/Other party	0.012 (0.035)	-0.013 (0.036)	0.012 (0.030)	0.004 (0.048)
Republican	-0.026 (0.032)	-0.068** (0.021)	0.005 (0.031)	0.013 (0.030)
Moderate	-0.024 (0.024)	0.014 (0.025)	-0.036 (0.023)	0.085* (0.044)
Conservative	-0.030 (0.029)	0.035 (0.035)	-0.050 (0.034)	0.039 (0.045)
Black	0.037 (0.050)	0.136** (0.041)	-0.004 (0.024)	-0.024 (0.045)
Latinx	0.028 (0.031)	0.029 (0.040)	-0.031 (0.034)	0.010 (0.041)
Other race	-0.041 (0.036)	0.006 (0.038)	-0.039 (0.059)	-0.095* (0.051)
Female	0.022 (0.024)	0.001 (0.018)	0.051** (0.023)	0.024 (0.040)
Income: 50,000-99,999	0.002 (0.023)	-0.086** (0.027)	-0.054* (0.028)	-0.142** (0.031)
Income: 100,000 or more	0.023 (0.026)	-0.055** (0.028)	-0.065 (0.040)	-0.093** (0.039)
Some college	-0.109** (0.031)	-0.009 (0.025)	0.048 (0.038)	0.053 (0.042)
Bachelor's or more	-0.054* (0.031)	-0.019 (0.025)	0.040 (0.036)	-0.014 (0.028)
Age	0.002** (0.001)	0.001 (0.001)	0.002** (0.001)	0.002** (0.001)
News Interest	0.818** (0.072)	0.886** (0.065)	0.912** (0.064)	1.027** (0.098)
State contextual controls	Yes	Yes	Yes	Yes
Observations	966	974	958	635
Adjusted R ²	0.234	0.230	0.243	0.242

Note: Results from OLS regressions with standard errors clustered by state. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests). Survey data from Kaiser Family Foundation.

Table A18: Relationship between State Prescribing Rates, Experience, and Attention to Opioid Crisis, Aug-Dec 2016

Survey year-month:	2016-08	2016-09	2016-10	2016-12
Question type:	Opioid Crisis	Opioid Crisis	Opioid Crisis	21st Century Cures Act
	(1)	(2)	(3)	(4)
Opioid prescribing rate	0.002** (0.001)	0.002 (0.002)	0.001 (0.001)	-0.001 (0.002)
Independent/Other party	0.055 (0.036)	0.065** (0.032)	0.0002 (0.046)	-0.002 (0.041)
Republican	-0.021 (0.024)	0.002 (0.025)	-0.065* (0.037)	-0.063** (0.025)
Moderate	-0.028 (0.022)	-0.001 (0.021)	0.014 (0.037)	0.072** (0.031)
Conservative	-0.095** (0.035)	-0.082** (0.029)	0.030 (0.037)	0.078** (0.025)
Black	-0.088** (0.032)	-0.093** (0.042)	-0.072** (0.037)	0.077* (0.040)
Latinx	-0.037 (0.028)	-0.055* (0.031)	-0.093** (0.038)	0.057 (0.048)
Other race	-0.009 (0.047)	0.003 (0.045)	-0.085* (0.050)	0.100** (0.045)
Female	0.005 (0.025)	0.064** (0.022)	0.030 (0.024)	0.025 (0.029)
Income: 50,000-99,999	-0.052** (0.026)	0.005 (0.031)	-0.012 (0.024)	-0.041 (0.026)
Income: 100,000 or more	-0.080** (0.025)	0.011 (0.034)	0.007 (0.037)	-0.061* (0.032)
Some college	0.007 (0.025)	-0.017 (0.035)	0.080** (0.036)	-0.009 (0.036)
Bachelor's or more	-0.043 (0.029)	-0.031 (0.033)	-0.019 (0.033)	-0.019 (0.026)
Age	0.002** (0.001)	0.002** (0.001)	0.001** (0.001)	0.002** (0.001)
News Interest	1.316** (0.081)	1.120** (0.112)	1.044** (0.085)	1.192** (0.073)
State contextual controls	Yes	Yes	Yes	Yes
Observations	990	999	990	983
Adjusted R ²	0.296	0.281	0.229	0.284

Note: Results from OLS regressions with standard errors clustered by state. * indicates $p < 0.10$ and ** $p < 0.05$ (two-tailed tests). Survey data from Kaiser Family Foundation.

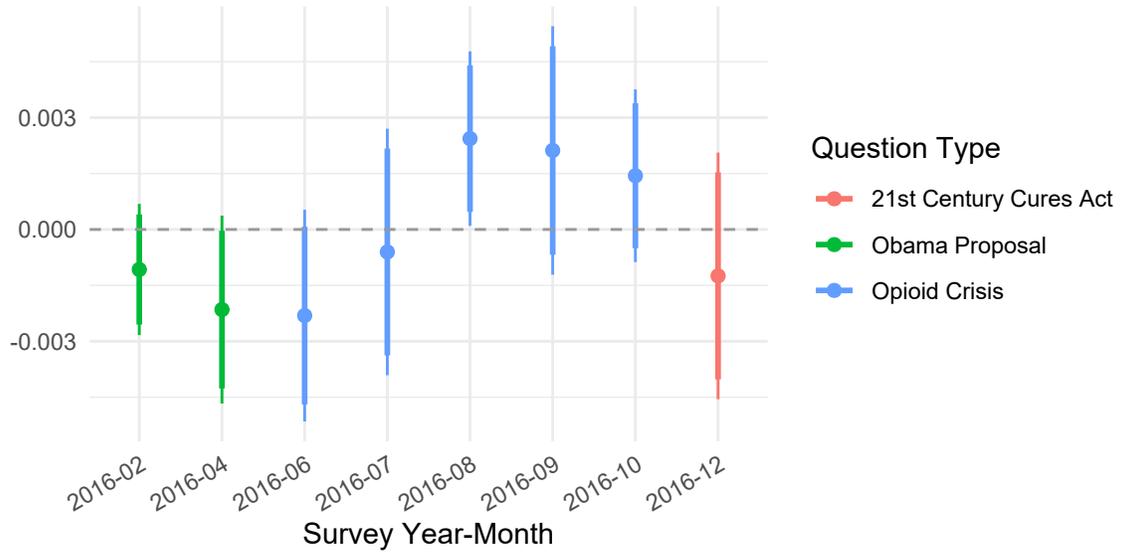


Figure A13: Relationship between State Opioid Prescribing Rates and Attention

Note: Points are OLS coefficient estimates using state opioid prescribing rates to predict perceptions of drug crisis severity. Horizontal lines are 90 and 95% confidence intervals. The dependent variable questions ask how much attention the respondent has paid to news about the 21st Century Cures Act, a proposal by President Obama to address the opioid crisis, and the opioid crisis itself. The target of news attention referred to in each question is marked by color.