The Drug Crisis and Voting Behavior

Thiago M.Q. Moreira, Spencer Hamilton Goidel and Brenna Armstrong

In this paper, we explore the electoral consequences of the opioid epidemic in the United States, particularly its relationship with the Republican vote share in US presidential elections. We argue that the worsening opioid crisis is associated with a shift toward the Republican Party, and that these gains result from a decline in both Democratic support and voter abstention. We test these expectations using county-level presidential election results and individual-level data. The findings show that increasing overdose death rates are associated with an increase in Republican votes and a decline in Democratic votes and voter abstention. Additionally, the survey analyses reveal that this relationship is strongest among independents. Independents are also more likely to support stricter border security and higher spending on law enforcement as drug death rates increase. Our study contributes to the growing literature on the political consequences of the drug crisis in the US by demonstrating *how* overdose death rates are associated with voting behavior, and identifying *which* voters are most likely to change their vote in response to this worsening situation.

Keywords: Opioid Crisis, vote choice, Abstention, presidential elections, Issue Ownership

According to the National Safety Council, the odds of dying by opioid overdose (one in 57) are now higher than gun violence, vehicle accidents, and suicide (National Safety Council 2023). Opioid deaths reached an all-time high in 2021, costing the United States an estimated $1.47 trillion (Senate Joint Economic Committee Democrats 2022). The drug crisis has disproportionately affected localities that, since the early 2000s, have become increasingly Republican. How does the drug crisis affect patterns of voting behavior in American politics? In this paper, we demonstrate that increasing drug overdose rates are associated with an increase in Republican vote share. We show, with election results and survey data, that overdose deaths increase support for the Republican Party in presidential elections. Our empirical strategy allows us to show that (1) overdose rates are associated with a movement toward the Republican Party at the expense of the Democratic Party and abstention, and (2) this

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happens because drug death rates mobilize Republicans and make independents more likely to support the Republican candidate.

Previous work on the relationship between the opioid crisis and vote choice finds mixed results and does not explore patterns that can move voters toward the Republican Party in response to increasing drug use in communities (Bilal, Knapp, and Cooper 2018; Bor 2017; Goldman et al. 2019; Gollust and Haselswerdt 2021; Goodwin et al. 2018; Monnat 2016). In an attempt to rectify the contradictory findings in existing research, we argue that the relationship between drug overdose deaths and Republican vote share has been established and reinforced by (1) Democratic efforts to decriminalize the use and possession of heavy drugs and (2) Republican Party ownership of the issue. Republicans have campaigned on the opioid crisis, connecting it to other issues that the party owns in the public debate, such as law enforcement concerns and the border crisis. When drug deaths become salient, voters, particularly independents, tend to reward the party that proposes strong measures to address the problem.[1] Thus, we predict that as a consequence of this issue ownership, opioid deaths mobilize Republican supporters and make independents more inclined to vote for a Republican candidate.

To examine the partisan consequences of the drug crisis, we analyze voting behavior in presidential elections at both the aggregate and individual levels in response to county-level overdose death rates.[2] Using compositional models to study election results from 2004 to 2020, we find evidence consistent with the issue ownership effect: higher opioid death rates increase Republican vote share at the expense of both Democratic candidates and voter abstention (i.e., higher death rates bring lower-propensity voters to the polls). Specifically, our results demonstrate that an increase in county-level overdose death rates by 80 deaths per 100,000 residents—a severe shock observed in approximately 1% of US counties in 2021—corresponds to about a two percentage-point gain in Republican vote share. To better contextualize these effects, we also consider smaller, more common scenarios, such as an increase of 20 deaths per 100,000 residents, which leads to a smaller yet still statistically significant increase of approximately half a percentage point in the county-level Republican vote share.[3]

At the individual level, the drug crisis appears to mobilize Republicans while driving the most pronounced shifts among independents. When county-level drug death rates rise by 80 per 100,000 residents, the probability that an independent will support the Republican presidential candidate increases from 0.4 to 0.6. Our findings suggest that the drug crisis activates Republican-leaning voters and shifts independents away from Democratic candidates. These trends align with the Republican Party's successful framing of the drug crisis in public discourse, linking it to policy areas like law enforcement and border security that resonate with their electoral base.

In addition to our primary analyses, the conclusion of our paper includes a brief discussion of the broader implications of the drug crisis on political attitudes, focusing on immigration, law enforcement, and healthcare. The findings reveal that independents are particularly responsive to drug overdose death rates on issues related to immigration and law enforcement, exhibiting increased support for stricter border security and higher spending on law enforcement as drug death rates rise. In contrast, voters' healthcare attitudes remain largely unaffected, with no major shift in support for increased healthcare spending. These findings highlight the salience of security-oriented frames in shaping public opinion.

The paper unfolds as follows. In the next section, we present our theoretical expectations on how the drug crisis affects voting behavior. Next, we describe the data on county-level overdose death rates and the worsening situation over time. The following section, Aggregate-Level Analysis, presents our empirical strategy to estimate the relationship between the drug crisis and voting behavior at the county level and summarizes the findings. The Individual-Level Analysis section describes our survey analyses and presents the results. Finally, we discuss how issue ownership can explain our findings, show evidence that overdose deaths increase support for law-and-order measures and border patrols, and propose questions for future research.

Drug Crisis and Voting Behavior

Major changes have reshaped American politics over the last 20 years. A political realignment across education levels and social classes has moved the Democratic Party closer to upper-middle-class, college-educated voters (Goidel, Moreira, and Armstrong 2024; Kitschelt and Rehm 2019; Zingher 2022). In contrast, Republicans gained support among lower-income voters and consolidated a hegemony in rural areas (Aistrup, Mahato, and Morris 2023). Another major transformation took place during this same period: the use of opioids dramatically increased, causing the deaths of approximately 806,000 people between 1999 and 2023 (CDC 2025). Some of the localities most affected by opioids are also areas where the Republican Party has expanded its support (Goodwin et al. 2018).

In this paper, we contribute to the growing literature on recent changes in American politics by showing *how* overdose death rates affect election results and *which* voters are more likely to change their voting behavior in response to this increasingly grave situation. Traditionally, research on the opioid crisis in both political science and public health has been of three veins: (1) observational research on factors that correlate with the drug crisis (Goodwin et al. 2018; Stokes et al. 2021; Sun et al. 2023; Weiss and

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Zoorob 2021), (2) experimental work that focuses on the framing of the crisis and its victims (Benedictis-Kessner and Hankinson 2019; 2024; Gollust and Miller 2020; Raychaudhuri, Mendelberg, and McDonough 2023; Sobotka and Stewart 2020), and (3) theoretically driven observational work unrelated to vote choice (Brown and Zoorob 2022; Feldmeyer et al. 2022; Shepherd 2022). We expand this literature with a theoretical grounding that links the overdose crisis with voting behavior. Based on this theory, we predict that the worsening of the opioid crisis has advantaged Republicans in elections.

We expect that Republicans electorally benefit from the opioid crisis as a result of their unique ownership of this public health issue—an arena usually dominated by Democrats (Clifford 2022; Fagan 2021).[4] Most voters associate the Democratic Party with issue ownership of public health, social security, and healthcare. In effect, Democrats typically deal with the drug crisis as a health issue, arguing for drug decriminalization and supporting health programs to treat addiction (Silwal and Dayton 2025; Weiss and Zoorob 2021). Yet Republicans are equally or more likely to discuss the opioid crisis. However, they frame this health problem to fit political issues that the party advocates for, such as crime and border security.

Oregon serves as an extreme example of Democratic decriminalization efforts gone wrong. In 2020, 58.5% of Oregon voters backed a ballot initiative that would decriminalize the personal possession of most drugs. The goal of the broader movement was to reclassify drug addiction as a mental health issue, and not a criminal issue. The initiative mandated the "establishment/funding of 'addiction recovery centers' (centers) within each existing coordinated care organization service area by October 1, 2021," and the redirecting of tax revenues from the legal sale of marijuana to drug treatment facilities. Oregon's decriminalization effort was followed by a 14%–25% spike in overdose deaths within the state (Spencer 2023). In the meantime, the state did not effectively implement addiction recovery centers. Before decriminalization, Joe Biden won Oregon by 16 percentage points in the 2020 presidential election. After decriminalization, in a gubernatorial election where Republican candidate Christine Drazan made opposition to decriminalization central to her campaign, Democratic candidate Tina Kotek won by only three percentage points (*Oregon Public Broadcasting* 2022; VanderHart 2022). Whether the spike in overdose deaths was caused by decriminalization or the inadequate funding of rehabilitation centers is irrelevant; support for decriminalization was a political liability.[5] The Democratic-controlled Oregon State Legislature reversed the voters' decision within four years and recriminalized possession of hard drugs on April 1, 2024.

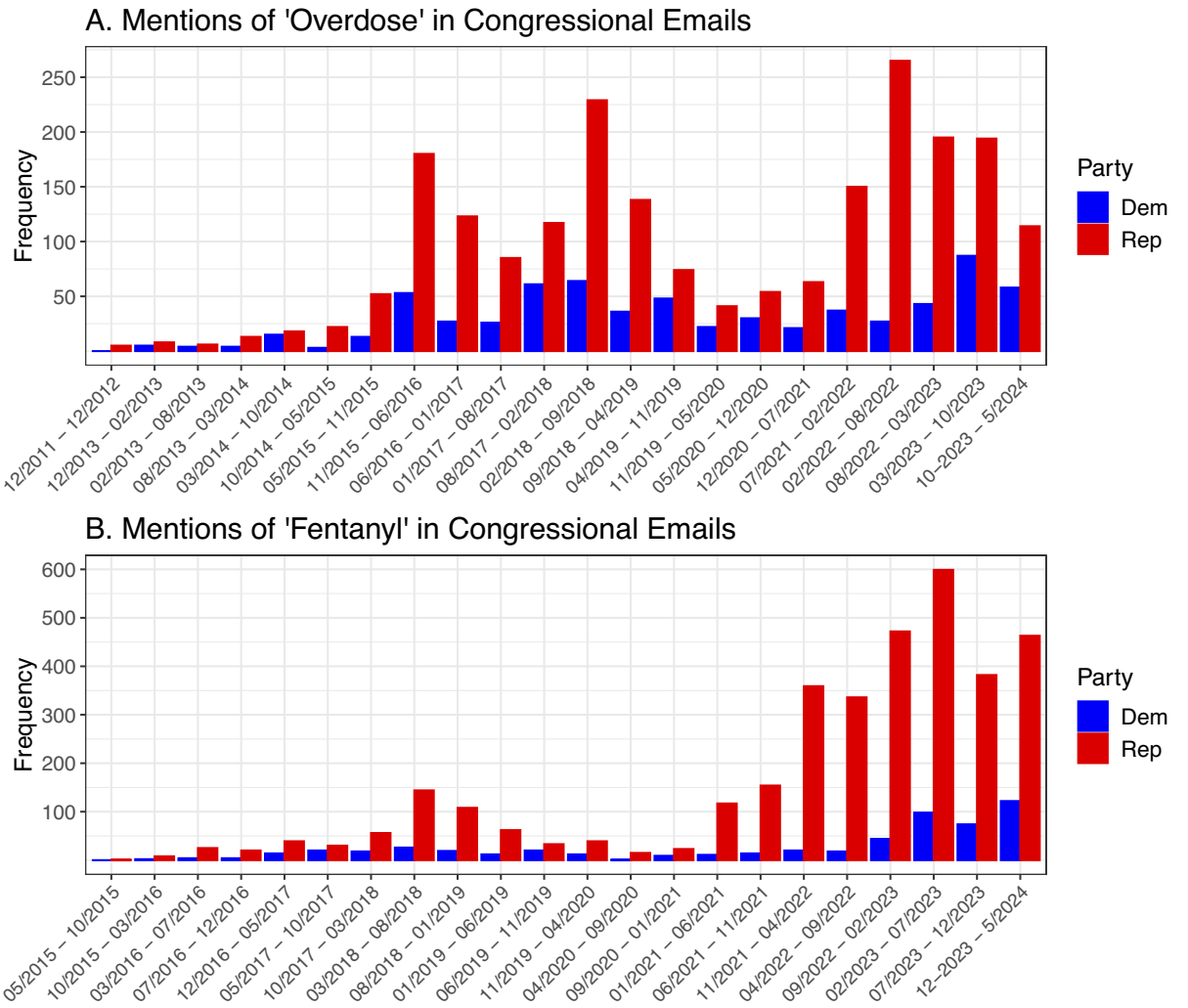
Republicans, in turn, have disproportionately campaigned on the opioid crisis. Panels A and B in figure 1 show the distribution of congressional emails containing the words "overdose" and "fentanyl" by the partisanship of the congressperson sending the email.[6] In all periods since 2012, there are more mentions of "overdose" and "fentanyl" by Republican congresspeople than Democratic ones. Not only do Republicans talk about opioids more, but when they talk about opioids, they are more likely to emphasize the need for a more punitive policy. Looking at congressional floor speeches, Weiss and Zoorob (2021) find that more conservative members of Congress emphasize law enforcement in their speeches about opioids, while more liberal members advocate for better public health.[7] When state legislators tweet about the crisis, Democrats are more likely to discuss funding of health-driven solutions, treatment and recovery, alternative pain-management solutions, and pharmaceutical company accountability, while Republicans are more likely to discuss funding local police initiatives, legislative work on the issue, and the drug trade (Stokes et al. 2021). At the national level, Republicans and Democrats replicate this policy solution bifurcation in the halls of Congress through floor speeches and public statements (Weiss and Zoorob 2021). Ideologically liberal members are more likely to focus on healthcare; ideologically conservative members, in turn, are more likely to focus on security solutions when they speak on the crisis. In a nutshell, representatives are framing the drug crisis in terms of issues their parties own: healthcare versus security.

One might initially expect Republicans, despite their best messaging efforts, to be disadvantaged by the opioid crisis, given accusations that their deregulation policies have exacerbated pharmaceutical misuse. However, issue ownership is less about historical culpability than about how effectively parties frame themselves as credible responders to a crisis. Despite potential blame for deregulation, Republicans have strategically reframed the opioid epidemic from a healthcare crisis into an issue of law enforcement and border security (Silwal and Dayton 2025; Weiss and Zoorob 2021).[8] This strategic framing is reflected clearly in public perceptions. For example, in August 2023, 56% of Americans identified foreign entities as being most responsible for the opioid crisis (Owens 2023). Additionally, as of June 2024, 39% of Americans approved of President Donald Trump's handling of drug abuse during his first term, while only 25% approved of President Biden's handling of the same issue (Ballard 2024). This gap underscores Republicans' comparative advantage in public perception—rooted in their more punitive, security-focused narrative—despite ongoing debate about the efficacy of, or the historical responsibility for, these policies.

Beyond elected officials, these ideological differences are reflected in the electorate. While partisans below the elite level tend to be less consistent in terms of ideological preferences, they do appropriately identify the priorities of each party (Craig and Cossette 2020; Goggin, Henderson,

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Figure 1
Congressional Emails



Source: These data are from congressional e-newsletters, which are compiled by Cormack's (2017) DCinbox. Dates in panels A and B are generated by the DCinbox website (https://www.dcinbox.com).

and Theodoridis 2020), and, in turn, favor the opioid crisis solution proposed by their preferred party. Voters who identify as Republican are less likely to support policies that are in line with the healthcare approach of Democratic elites, even when the policy may help them or someone they know (Benedictis-Kessner and Hankinson 2019).

Beyond the staunch partisans, healthcare policies designed to address the drug crisis may resonate with voters as complex, long-term, and ineffective strategies to combat an urgent situation. Further, incomplete or underfunded policies that aggravate the crisis, such as Oregon's experience, tend to disseminate the perception that these healthcare strategies are fated to fail. Policies and appeals that resort to the criminalization of drug use, in turn, are easy to understand and catchy. They typically offer voters a simple solution: patrol and imprisonment to fight against drugs. Even though the effectiveness of this strategy is dubious (Baum 1996; Cooper 2015; Werb et al. 2011), it spreads the promise of law and order.

Importantly, when ownership of an issue is clear, it can also be persuasive and mobilizing, but only for some portions of the public. Independents are more likely to be mobilized in favor of a partisan stance when ownership is clear and strong (Wright, Clifford, and Simas 2022), and previous work has established that Republican messaging on crime and punishment is more consistent across both political and news platforms than equivalent health-policy framing among Democrats (Ash and Poyker 2024; Porter 2022).[9] Hence, most moderate voters are likely to support the "simple" approach provided by Republicans to facing the drug crisis (Kaufman and Hersh 2020;

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Shepherd 2022; Sun et al. 2023). As a result, increasing overdose death rates—a proxy for the worsening drug crisis in communities—are expected to increase the Republican vote, especially among independents who are more likely to switch parties in response to the salience of specific policy issues.[10]

In addition to influencing the vote choice of moderate voters, the opioid crisis may also have a mobilizing effect. Existent research on anger and perceived threats suggests that they should mobilize the members of the group exposed to them (Valentino and Neuner 2017; Webster 2020). This research is particularly relevant when we consider how voters may react to rising opioid deaths in their communities. Not only are Americans aware of the problem, but certain subsets of Americans also perceive the crisis as a critical threat to their group. Conservative and moderate voters perceive white citizens to be the losers in the opioid crisis (Gollust and Miller 2020), and, relatedly, white voters are more supportive of action on the opioid crisis when they perceive it to be a crisis particularly damaging to their racial group (Raychaudhuri, Mendelberg, and McDonough 2023). Given the rising death toll among nonwhite, Hispanic, and Black voters, it is not unreasonable to think they may also view the opioid crisis as a group threat (Drake et al. 2020).

As Americans see their community face a worsening rather than improving crisis—despite many political promises otherwise—there may also be rising anger in the population. If they are angry as a result of this increasing exposure to a community-level threat, then they may not just mobilize, but mobilize in favor of more punitive policies as has been observed in other contexts (Gutierrez et al. 2019). Given that Republicans have ownership of punitiveness and security in the US, it is likely that this mobilization benefits Republicans. Even among voters already interested in politics, threat perception and anger may also make Republican candidates more attractive. In particular, the overdose epidemic should mobilize conservative voters. As the crisis escalates, those who are sensitive to the issue and lean toward the party that owns it will become more engaged in the election.

While both parties may claim ownership of the opioid crisis, they offer competing frames and policy solutions that vary in electoral effectiveness. Democrats tend to frame the crisis as a public health issue requiring treatment, prevention, and systemic healthcare investments. Republicans, by contrast, frame it as a law-and-order problem, emphasizing criminal justice and border control. We follow recent extensions of issue ownership theory that show voters evaluate not just parties' competence on shared goals, but also the means they propose to achieve them (Bélanger and Meguid 2008; Van der Brug 2004). In this context, the Republican frame may be more electorally effective because it offers a simpler, more immediate, and more intuitive response to voters, particularly in high-overdose areas where fear and frustration are elevated.

Relatedly, as Wagner and Meyer (2015) argue, negative ownership can disadvantage or hurt a party. Democrats, even if they own the healthcare approach, may be viewed as less willing or less capable of confronting the crisis through decisive action, because Democrats are seen as ill-suited to respond to what people perceive as a criminal or security threat. This asymmetry is also reflected in elite behavior. As Poljak and Seeberg (2024) show, parties are more likely to emphasize issues when both ownership and salience align. Republicans appear more willing to actively emphasize the opioid crisis in campaign messaging (Porter 2022; Weiss and Zoorob 2021), whereas Democratic candidates often sideline it. The congruence between Republican issue ownership and salience, coupled with the willingness of Republicans to campaign on the issue, motivates our expectation that Republicans benefit electorally from a worsening crisis.

From this theoretical discussion, we expect that Republican candidates will electorally benefit from overdose deaths. Since the Republican Party frames the crisis as a security issue, we predict that the drug crisis mobilizes Republican supporters and makes independents more inclined to cast a ballot for a Republican candidate. At the county level, this expectation implies that drug death rates should increase the percentage of votes for the Republican Party at the expense of both the Democratic Party—which loses the support among independents—and the share of voters who would abstain. Therefore, our first hypothesis predicts the following:

Hypothesis 1: overdose death rates increase the Republican vote share in presidential elections at the expense of both the Democratic votes and the percentage of voters who abstain.

The aggregate nature of election results does not allow us to investigate whether independents and Republican supporters are more likely to change their voting behavior in response to overdose deaths. To overcome this limitation and test which voters are more sensitive to the drug crisis, we combine death rates at the county level with survey data. At the individual level, we expect to observe that drug deaths mobilize Republican supporters:

Hypothesis 2: overdose death rates increase the likelihood of voting for a Republican candidate among self-identified Republican voters.

Finally, our theory also predicts that the drug epidemic makes independent voters more likely to vote Republican. Independents, by definition, are less aligned with either major party and thus are more susceptible to persuasive, issue-based appeals (Bafumi and Shapiro 2009; Zaller 1992). In contrast, partisans tend to engage in motivated reasoning, filtering new information through existing

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party loyalties and discounting opposing frames (Bartels 2002; Taber and Lodge 2006). When an issue becomes salient—especially one as locally visible and emotionally charged as the opioid epidemic—party alignment can condition the type of policy solutions that resonate. Because independents lack strong partisan priors, they are more likely to respond to the party that most actively frames the issue in compelling terms (i.e., the party that "owns" the issue).

In the case of opioids, Republicans have long held ownership over law-and-order issues (Petrocik 1996), and have consistently framed the drug crisis as a matter of crime and border security rather than healthcare (Weiss and Zoorob 2021). This security-focused framing aligns with broader Republican messaging and may appeal to independents looking for immediate, tangible responses to community threats. Even if these voters do not identify with the Republican Party, they may nonetheless find its framing of the drug crisis more persuasive, particularly in high-exposure contexts. As such, we expect the following:

Hypothesis 3: higher overdose death rates affect independent identifiers, making them more likely to vote for the Republican candidate.

The next sections discuss the data and empirical strategies to test these expectations.

County-Level Overdose Death Rates over Time

To operationalize the explanatory variable in our empirical models, we use the county-level overdose death rate.[11] This measure comes from the National Center for Health Statistics (Rossen et al. 2022), administered by the Centers for Disease Control and Prevention (CDC). The CDC calculates overdose death rates as the number of overdose deaths per 100,000 residents.[12] Overdose deaths are broadly defined to include unintentional or undetermined deaths, suicides, and homicides. This measure includes all drug poisonings. It is estimated, however, that opioids account for approximately 76% of overdose deaths in the US in 2023 CDC (2025).[13] These data span from 2003 to 2021. Since we are interested in the relationship between overdose death rates and vote share or vote choice, we focus on presidential election years: 2004, 2008, 2012, 2016, and 2020 (for replication data, see Moreira, Goidel, and Armstrong 2025).

Although the drug crisis was not declared a public health emergency until 2017, overdose deaths began to rise in the late 1990s and early 2000s due to the widespread prescription of pharmaceutical opioids (Maclean et al. 2020). As opioid addiction and overdose increased, the government cracked down on prescription opioids. Unintentionally, the crackdown on prescription opioids and the emergence of an abuse-deterrent formulation of OxyContin led to a sharp rise in overdose deaths in the 2010s (Alpert, Powell, and Pacula 2018; Bonnie, Ford, and Phillips 2017; Cicero, Ellis, and Harney 2015).

Panels A and B in figure 2 illustrate the drastic increase in drug overdose deaths experienced by a vast number of US counties.[14] From 2004 to 2020, overdose death rates across counties increased on average by 16.5 deaths per 100,000 residents. In 2004, the drug death rate ranged between 1.44 and 47.4, with a mean equal to 8.18 and a standard deviation of 4.64. In 2020, the drug death rate across counties ranged from 4.3 to 142.6, with an average value of 24.6 and a standard deviation equal to 14. What was mostly a regional crisis in the early 2000s—limited to West Virginia, Kentucky, and New Mexico—now plagues a majority of the country, with much of the national increase in drug overdose deaths attributed to the rise of fentanyl in the US (Zoorob 2019).

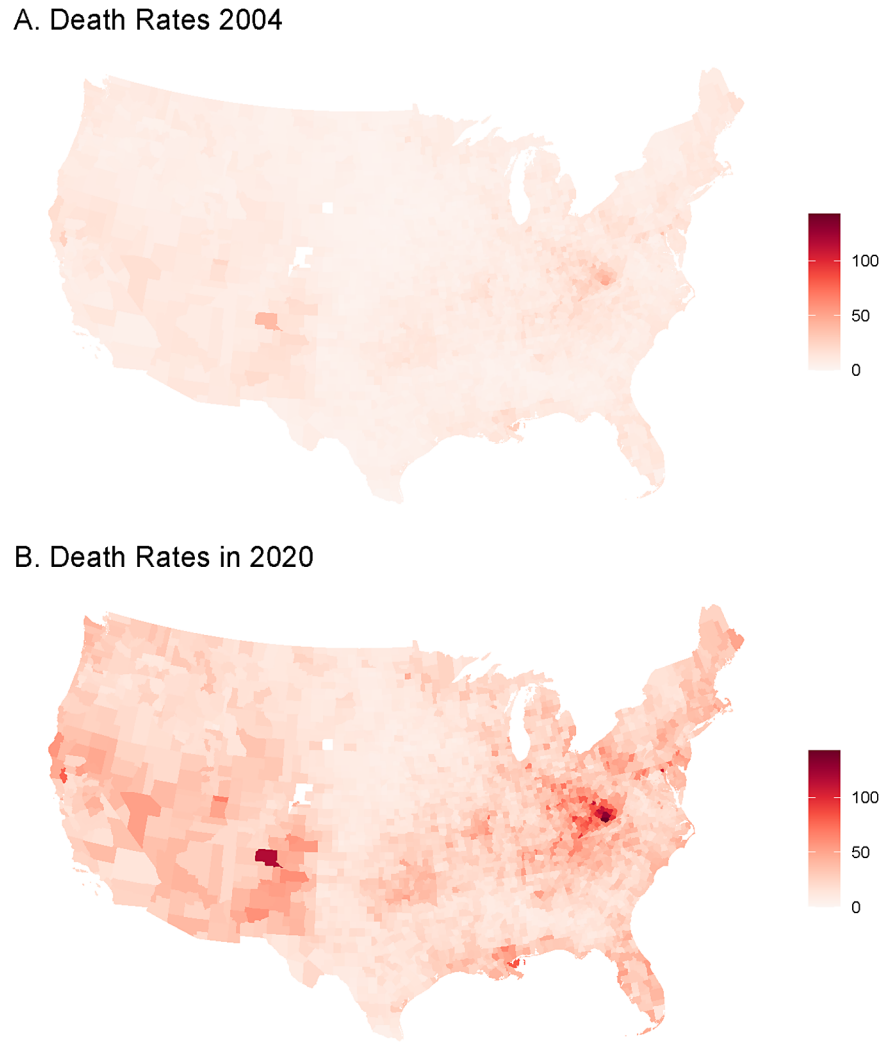
Given the observational nature of our study, it is important to explicitly recognize the potential for endogeneity between opioid overdose deaths and increasing Republican vote share. It is plausible, and even likely, that the relationship between these phenomena is reciprocal or driven by underlying, unobserved factors simultaneously influencing both. For instance, counties predisposed to supporting Republican candidates could differ systematically in ways that also predispose them to higher overdose rates, such as weaker healthcare infrastructure, declining economic conditions, or particular cultural attitudes toward substance use and healthcare. Our models attempt to mitigate this by including extensive county-level demographic and economic controls, lagged dependent variables, rural-urban codes, a time-trend variable, state fixed effects, and robustness checks, including unit fixed-effect models and survey analyses. Although we acknowledge these strategies cannot entirely eliminate concerns of endogeneity, our findings provide strong support for our predictions that an increasing overdose death rate benefits the Republican Party.

Aggregate-Level Analysis: Death Rates and Republican Vote

A quick glance at the data before estimating our models is suggestive of the expected relationship between overdose deaths and Republican vote. Table 1 shows the change in Republican vote share from 2004 to 2020 in the 10 counties that witnessed the smallest increase in opioid overdose rates (panel A) and the 10 counties that witnessed the largest (panel B). In counties that were less exposed to the opioid crisis—where overdoses per 100,000 residents moved from 1.81 to 5.46 on average—Republican vote share rose by 5% on average. In contrast, where the drug crisis was more severe—where the average overdose rate soared from 37.0 to 111.4 per 100,000 residents—Republican vote share rose by

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Figure 2
County-Level Drug Overdose Death Rates per 100,000 Population



Source: Rossen et al. (2022).

14.4%. In general, Republican vote share increased in US counties from 2004 to 2020 due to the geographical sorting of rural Americans into the Republican Party. However, none of the 10 counties that witnessed the largest increase in overdose deaths became less Republican between 2004 and 2020.

We expect that overdose deaths benefit the Republican Party at the expense of both the Democratic vote and the percentage of abstainers. To test our expectation at the aggregate level, we estimate a seemingly unrelated regressions (SUR) strategy in which we split a county electorate into three categories: the percentage of voters who voted for the Republican Party in a presidential election, the share of those who cast a Democratic ballot, and the percentage of abstainers. Following the approach developed by Aitchison (1982) to modeling compositional data and implemented by Tomz, Tucker, and Wittenberg (2002) to study election results in multiparty systems, we define the outcome variables of our SUR model as the $J-1$ log-transformed ratios between the percentage of voters in each j complement of the constituency—votes for the Democratic candidate, for the Republican contender, and abstention—to a baseline category ($j = 1$).[15] Therefore, for county i in election t, our outcome variables are specified as follows:

$$s_{jit} = log\left(\frac{y_{jit}}{y_{1it}}\right) \forall j \neq 1 \quad (1)$$

where y_{jit} is the share of voters in category j. We compute the log ratios s_{jit} with data on presidential election results,

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Table 1
Republican Vote Share in Counties with the Smallest and Largest Increases in Overdose Death Rates from 2004 to 2020

A. Ten Counties with the Smallest Increases in Overdose Death Rate from 2004 to 2020

County	Overdose rate, 2004	Overdose rate, 2020	Change in overdose rate	Republican vote, 2004	Republican vote, 2020	Change in Republican vote
Sioux, IA	1.44	4.33	2.90	64.2%	65.4%	1.3%
Hutchinson, SD	1.77	5.32	3.56	51.5%	55.5%	4.0%
Hidalgo, TX	1.77	5.33	3.56	12.7%	16.2%	3.5%
Lake, SD	1.83	5.50	3.68	43.6%	37.9%	–5.8%
Oktibbeha, MS	1.85	5.56	3.72	28.5%	24.1%	–4.4%
Starr, TX	1.86	5.61	3.75	7.3%	19.9%	12.7%
O'Brien, IA	1.88	5.65	3.78	49.4%	57.7%	8.4%
Howard, IA	1.90	5.71	3.82	28.7%	46.7%	18.0%
Wayne, NE	1.90	5.72	3.82	43.4%	44.6%	1.2%
Antelope, NE	1.94	5.84	3.90	54.4%	66.0%	11.6%
Average	1.81	5.46	3.65	38.4%	43.4%	5.0%

B. Ten Counties with the Largest Increases in Overdose Death Rate from 2004 to 2020

County	Overdose rate, 2004	Overdose rate, 2020	Change in overdose rate	Republican vote, 2004	Republican vote, 2020	Change in Republican vote
McDowell, WV	47.4	142.6	95.3	14.9%	37.5%	22.6%
Wyoming, WV	43.1	129.7	86.6	26.8%	46.4%	19.6%
Rio Arriba, NM	38.9	117.3	78.3	18.2%	18.7%	0.5%
Logan, WV	37.6	113.1	75.6	25.0%	42.4%	17.4%
Boone, WV	36.4	109.7	73.3	22.1%	41.2%	19.1%
Cabell, WV	36.4	109.6	73.2	28.9%	30.6%	1.8%
Raleigh, WV	33.7	101.6	67.8	30.7%	43.5%	12.8%
Mingo, WV	33.6	101.2	67.6	22.6%	48.2%	25.6%
Mercer, WV	31.7	95.4	63.7	27.5%	42.5%	15.0%
Bell, KY	31.1	93.7	62.6	31.0%	40.7%	9.7%
Average	37.0	111.4	74.4	24.8%	39.2%	14.4%

Sources: Overdose death rates are available from the CDC (Rossen et al. 2022) and the Republican vote is from Leip (n.d.).

turnout, and voting-age population by county from 2004 to 2020.[16] Abstention is calculated as the county voting-age population minus the total number of votes cast for the Democratic and Republican presidential candidates. As such, we use a measure of *effective abstention*, which combines votes for third parties and the number of voters who abstained (Moreira 2025). We do so because third-party votes in US presidential elections are wasted votes. Yet casting a ballot for a third party can still express voters' dissatisfaction with the two major options, the Republican and Democratic candidates. In this sense, abstention and voting for a third party are two options that may represent voters' indifference to the electoral competition.[17]

Modeling abstention as an option available to voters is crucial to understanding voting behavior in American elections (Horiuchi and Kang 2018; Moreira 2025; Weschle 2014). For instance, Brown and Zoorob (2022) find that an increase in exposure to disorder (homelessness, crime, and drug use) leads to increases in voter turnout. Yet previous research estimates the effect of opioid overdose deaths on the Republican or Democratic share of the two-party vote (Arteaga and Barone 2023; Shepherd 2022; Siegal 2023; Xiang et al. 2021). We see abstention, and the trade-off between abstention and party vote shares, as integral to explaining the relationship between the drug crisis and voting behavior. Our theory predicts that overdose death rates mobilize Republican voters and independents to express their preferences for the security approach to addressing the drug crisis proposed by the Republican Party. At the county level, this prediction implies that a set of voters decides to vote for the Republican candidate instead of abstaining in response to higher overdose death rates.

Once we calculate log ratios from equation 1 measuring the trade-off between the Democratic and Republican vote shares—$s_{dit} = log\left(\frac{Democratic_{it}}{Republican_{it}}\right)$—and between Republican

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vote share and abstention—$s_{ait} = log\left(\frac{Abstention_{it}}{Republican_{it}}\right)$—we can estimate the SUR model using the following specification:

$$s_{jit} = \beta_{1j} DeathRate_{it} + \delta_{kj} x_{kit} + \alpha_j \boldsymbol{State}_i + \rho_j TimeTrend_t + \beta_{2j} RepPre_t + \beta_{3j} IncCand_t + \beta_{4j} CloseElec_{it} + \phi_j s_{jit-1} + \varepsilon_{jit} \quad (2)$$

where $DeathRate_{it}$ is the overdose death ratio in county i in election year t, x_{it} is a vector of K economic and demographic variables measured at the county level, $\boldsymbol{State}_i$ is a vector of fixed effects indicating the state where county i is located, and $TimeTrend_t$ is a continuous variable that counts election years from 2004 to 2020 to control for unobserved factors that might trend over time.[18] $CloseElec_{it}$ captures the distance in vote share between the two major presidential candidates in the state where the county i is located, $RepPre_t$ is a dummy variable indicating whether the Republican Party held the presidency at t, $IncCand_t$ is an indicator of whether the sitting president was running for reelection at t, and s_{jit-1} is the temporally lagged dependent variable.[19] The lagged dependent variable controls for persistent features of the county that influence voting behavior but cannot be observed (Keele and Kelly 2006).[20] The trade-off between categories in the last election can also address concerns about factors that may be gradually changing over time—such as turnout—and could be associated with the uptrend of overdose deaths. Finally, ε_{jit} is an error term that can correlate across the J–1 equations being estimated, and the other Greek letters are parameters we estimate.

The county-level controls (x_{kit}) in our models include the unemployment rate, the average per capita income, a rural-urban code, the county population, and the following percentages: Black voters, Hispanic voters, Asian voters, young voters (less than 30 years old), the elderly population (more than 70 years old), people with a college degree, and workers in the manufacturing sector.[21] Hence, our models control for major potential confounders in the relationship between drug use and vote choice, such as economic conditions, educational attainment,[22] and urban-rural characteristics.[23]

The parameterization of the SUR model is similar to a multinomial logistic regression. For each explanatory variable, the SUR model estimates J–1 coefficients. Each of these coefficients is the estimated impact of a one-unit increase in the explanatory variable on one of the s_{jit} outcomes, which is in the log-ratio form. Since Republican vote share is the baseline category in our models (the denominator in equation 1), a positive coefficient indicates that its predictor harms the Republican Party in favor of the category in the numerator of the logged ratio (the Democratic Party or abstention). By symmetry, negative coefficients have the opposite interpretation: they benefit the reference category (Republican Party) at the expense of the numerator (Democratic Party or abstention). Although we can use these coefficients in the log-ratio form to make statistical inferences about the direction of the effect, the substantive interpretation of SUR results requires "translating quantities of interest back into their original composition structures" (Philips, Rutherford, and Whitten 2016, 271); in our case, this involves transforming predicted log ratios, $\hat{s}_{jit}$, back into predicted percentages of voters, $\hat{y}_{jit}$. To do so, we use bootstrapping to estimate the impact of a shock in overdose death rates on each category of our compositional outcome—Republican vote share, Democratic vote share, and abstention.

County-Level Findings

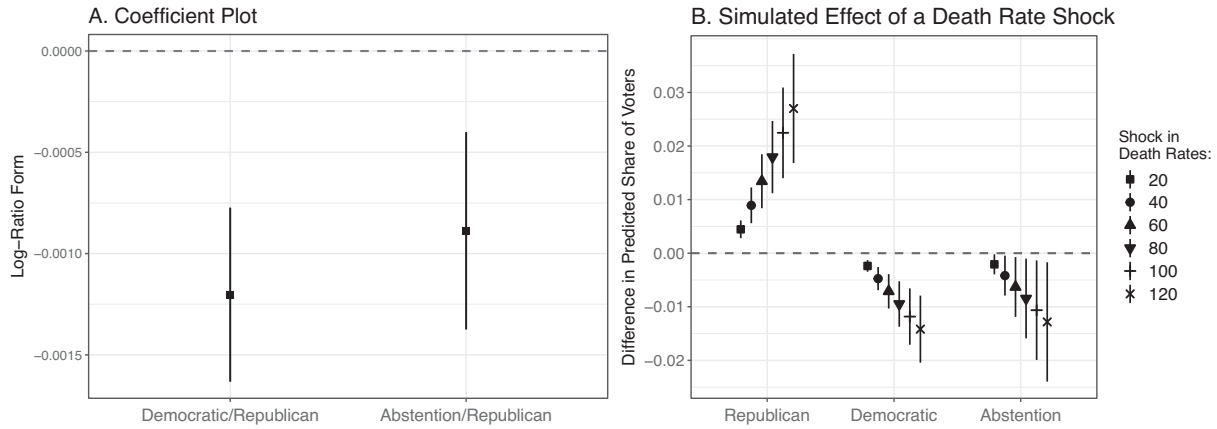
Results from our county-level models and subsequent simulations are shown in figure 3.[24] Panel A shows coefficients for death rates across log-ratio equations. In both equations, the effects are negative, indicating that higher overdose death rates benefit Republican presidential candidates at the expense of both Democratic vote share and abstention. Although the coefficients in panel A indicate directionality and statistical significance, interpreting magnitude is difficult in log-ratio form.[25]

To overcome this limitation, we use a nonparametric bootstrapping strategy in which we randomly sample with replacement from the data a thousand times and, for each trial, we estimate the difference in predicted vote share for each category—Republican vote, Democratic vote, and abstention—across a range of overdose death rates.[26] Panel B of figure 3 shows the simulated effects of incremental shocks of 20, 40, 60, 80, 100, and 120 overdose deaths per 100,000 residents.[27] We acknowledge that even the smallest scenario—a 20-death increase—is substantial, equating to a nearly two standard-deviation increase in our panel data. However, it is important to contextualize the size of these shocks within the real-world experience of American counties. From 2004 to 2020, the average county-level increase in overdose deaths was approximately 16 deaths per 100,000 residents. Specifically, deaths per 100,000 increased by more than 20 in 27.1% of counties (843) between 2004 and 2020. Thus, while a shock of 20 deaths appears large when measured purely by standard deviations, it closely reflects the actual overdose death experience of the average US county in recent elections.

Consistent with our expectations, each incremental increase in overdose deaths is associated with an incremental rise in the Republican vote share. Specifically, an increase of 60 overdose deaths per 100,000 residents corresponds to roughly a 1.5 percentage-point gain in

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Figure 3
The Aggregate Effect of Overdose Death Rates on Voting Behavior



Republican votes.[28] An increase in county-level overdose death rates by 80 per 100,000 people, in turn, corresponds to a two percentage-point gain in Republican vote share.[29] It is worth noting that robustness tests in table A9 and figure A2 of the online appendix show that, when a quadratic term is included in the model, there appears to be some plateauing in the effect of overdose deaths on Republican vote share. Specifically, even at very high overdose death rates (e.g., 100 or 120 deaths per 100,000 residents), the Republican vote-share effect seems to level off at around two percentage points. As such, we caution readers not to overinterpret the larger effect sizes at the extremely high shocks in overdose rates.

The statistically significant decline in abstention reveals that there is a mobilizing effect of the worsening opioid crisis. Under an increase of 60 overdose deaths per 100,000 residents, aggregate-level vote share moves about equally—around 0.75% each—from abstention and the Democratic Party to the Republican Party. This suggests that the growing Republican advantage in these counties is not just due to party switching, but partially due to new voters entering the political fray as well. Building on previous research that finds homelessness, crime, and drug use are associated with higher turnout (Brown and Zoorob 2022), our findings suggest that an increase in exposure to drug overdose deaths also leads to an increase in voter turnout.

Individual-Level Analysis: Death Rates and Vote Choice

We also expect that overdose death rates mobilize Republican voters and make independents more likely to vote for the Republican candidate (hypotheses 2 and 3, respectively). To test these expectations, we match respondents in the Cooperative Election Study (CES) Cumulative Common Content to their respective county's overdose death rate data. The CES survey data spans from 2006 to 2022, giving us coverage for the 2008, 2012, 2016, and 2020 presidential elections. Each wave of the survey has approximately sixty thousand respondents and includes the respondent's county of residence, so we can look at the relationship between overdose death rates observed in the county and vote choice at the individual level.

Vote choice is taken from the following question on the postelection wave of the CES: "For whom did you vote for President?" Response options include the Democratic and Republican presidential candidates, as well as the third-party and other candidates. In alignment with our aggregate-level analysis, we include third-party and other candidate votes as abstention. Thus, our dependent variable consists of three categories: voted for the Republican, voted for the Democrat, and abstained (or voted for a third-party or write-in candidate).

Before testing our expectations, we first estimate a multinomial logistic regression to investigate the effect of overdose death rates on vote choice with the following model specification:

$$\Pr(y_{rit} = m) = F\Big(\beta_j DeathRate_{it} + \delta_{kj} x_{kr} + \delta_{kj} z_{kit} + \gamma_{jt} Election_{rt} + \varepsilon_{rit}\Big) \quad (3)$$

where m is the probability respondent r in county i and election t chooses one of the categories of our nominal variable: Republican vote, Democratic vote, or abstention. $DeathRate_{it}$ is the overdose death rate used in the county-level analysis, and z_{kit} is the vector of k economic and demographic variables from equation 2. Along with

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the same county-level variables that are included in the aggregate-level analysis, our individual-level model includes a set of individual-level controls, x_{kr}. This vector contains dummy variables for race (Black, Hispanic, Asian, or other race, such that white is the reference category), gender (one if female), whether the respondent holds a college degree, party identification, and the respondent's household income.[30] The model includes election fixed effects, $Election_{rt}$. Survey weights provided by the CES are included in our individual-level analyses.

Second, we estimate the above model with an interaction between party identification and overdose death rates to explore whether Democrats, independents, or Republicans are affected in different ways by the worsening crisis. Predicted probabilities are presented in the main body of the text, and the full results are in tables A4 and A5 in the online appendix.

Individual-Level Findings

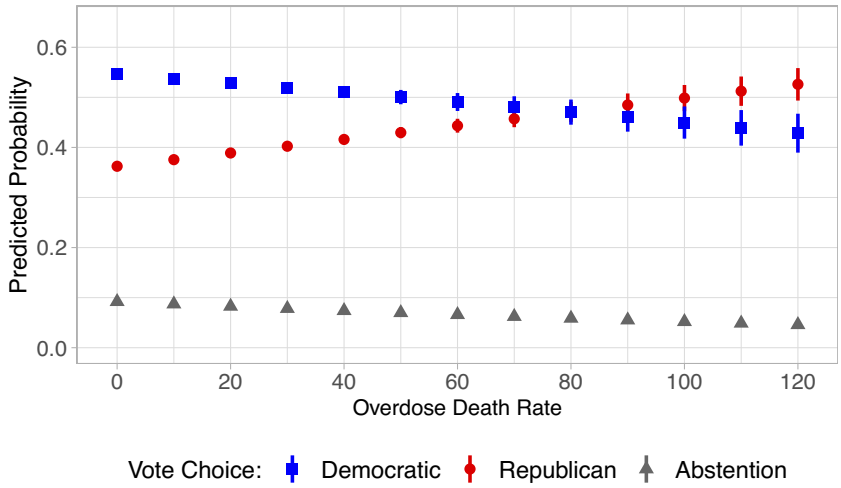
Before showing the effect of the drug crisis on vote choice across party identification, we replicate our county-level results with survey data. The regression results are presented in table A4 in the online appendix. Figure 4 presents the predicted probabilities of each category across county-level overdose death rates. The results from the individual-level model conform with our aggregate-level findings. County-level overdose death rates have a positive and statistically significant effect on the probability of voting for the Republican candidate. The predicted probabilities also reveal the same basic trade-off occurring where the likelihood of voting for the Democratic candidate and the likelihood of abstaining declines as the likelihood of voting Republican increases.

In fact, as overdose death rates increase, the probabilities of voting Democratic and voting Republican converge until, at extreme levels of overdose death rates (110 overdose deaths per 100,000 residents), the predicted probability of voting Republican, 0.52, surpasses the predicted probability of voting Democratic, 0.44. However, few counties have such high overdose death rates, and only 0.13% of the respondents in our sample reside in such counties. Moving, more realistically, from 10 to 70 overdose deaths per 100,000 in the county (a range that contains 80% of our sample), we see that the predicted probability of voting Republican goes from 0.37 to 0.47.

Which respondents become more likely to vote Republican in counties with higher drug overdose death rates? We predicted that drug deaths mobilize Republicans (hypothesis 2) and make independents more likely to support the Republican candidate (hypothesis 3). To test those expectations, we estimate heterogeneous effects on voting behavior using an interaction between overdose deaths and party identification. Predicted probabilities from this model are presented in figure 5. The regression coefficients from the interaction model, as well as the alternative specifications of our individual-level models, are included in table A5 in the online appendix.

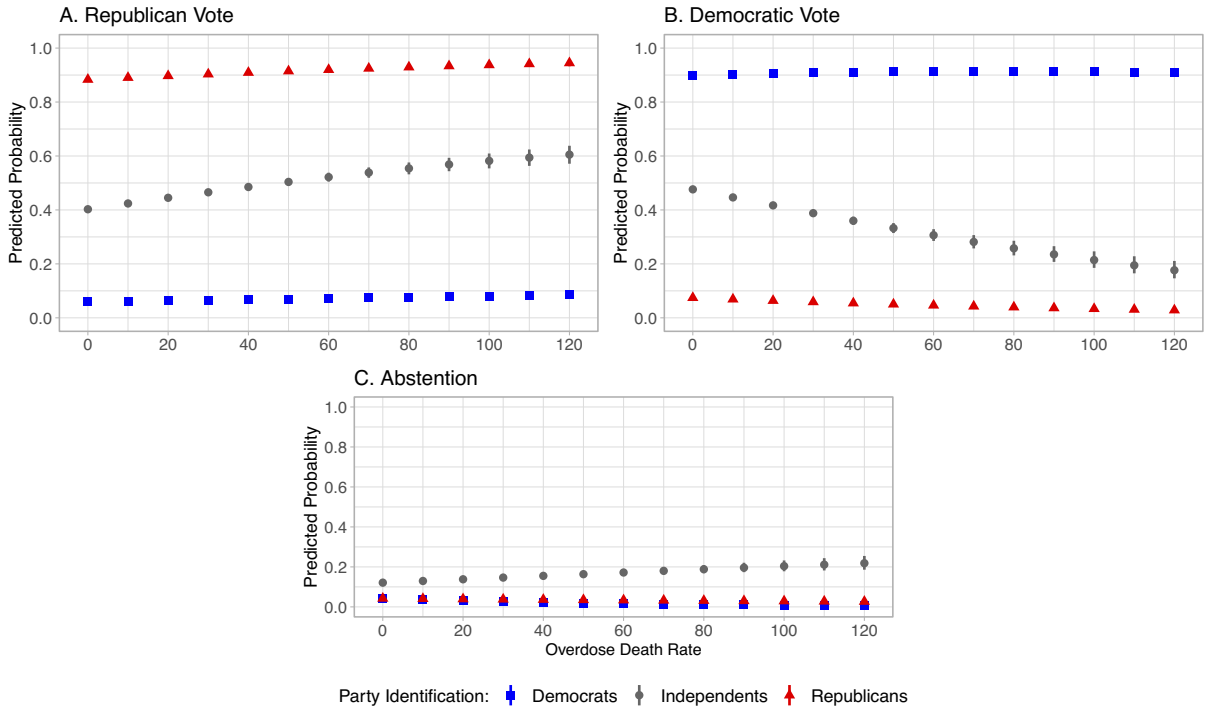
Panel A of figure 5 illustrates that, while Republican identifiers do become more likely to vote for the Republican candidate as overdose death rates increase, the movement among independents is most stark. The predicted probability that independent identifiers vote Republican

Figure 4
Voting Choice across Overdose Death Rates



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Figure 5
Overdose Death Rates and Vote Choice by Party Identification



at the low end of overdose death rates is 0.4; at the high end of overdose death rates it is 0.6. At the same time, independent identifiers become significantly less likely to vote for the Democratic presidential candidate (panel B), and more likely to abstain (panel C). Moving from 10 to 70 overdose deaths per 100,000, the probability an independent would vote for the Democratic Party decreases from 0.43 to 0.29. These results support hypotheses 2 and 3. That independents become more likely to abstain runs counter to our expectations, but the magnitude of these changes is smaller than the impact on support for a Republican candidate among independents. Further, it is worth noting that overdose death rates mobilize partisans: Democratic and Republican identifiers become slightly less likely to abstain as the overdose death rate increases. As true independents are a much smaller portion of the electorate, these results are in line with our county-level findings.[31] Yet we observe that drug deaths mobilize not only Republicans, but also make Democrats more likely to turn out.

As with any observational study, one must interpret these results carefully. Although our model specifications control for most factors that could confound the association between drug crisis and vote choice, we cannot rule out the possibility that some endogeneity is still present. However, across all models and robustness checks, we observe that high death rates are associated with an increase in the Republican vote. The survey analyses in this section suggest that the drug crisis tends to mobilize Republican voters and move independents toward the Republican Party.

Discussion and Conclusion

The opioid crisis is the leading cause of accidental death in the US. The crisis is especially prevalent in rural communities, the same areas of the country realigning with the Republican Party (Aistrup, Mahato, and Morris 2023). We argue that the rising opioid epidemic and the rising Republican vote share are *not* independent phenomena. Our results demonstrate that Republicans have electorally benefited from the opioid crisis. Using county-level data, we find that an increase in county opioid death rates is significantly associated with increased Republican vote share, primarily at the expense of Democratic vote share and abstention. Notably, severe increases—such as 80 additional overdose deaths per 100,000 residents—produce a two percentage-point shift toward Republicans, but these scenarios represent extreme, albeit realistic, conditions experienced by a small fraction of counties. More modest, typical increases in overdose deaths—such as an increase of 20 deaths per 100,000 residents—yield smaller yet statistically significant electoral effects (about

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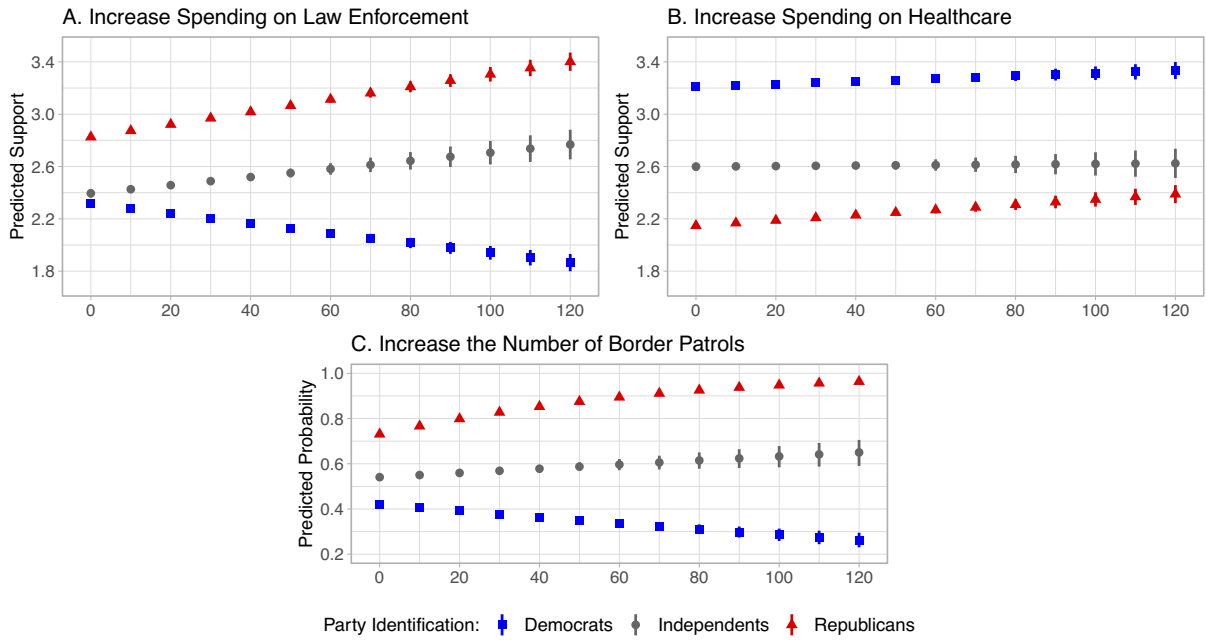
half of a percentage point). This increase in Republican vote share can be electorally consequential, especially considering the narrow margins characteristic of recent presidential elections. Our individual-level analyses reinforce these findings, showing that overdose death rates are associated with increased probability of voting for the Republican Party, with particularly strong effects among independents. Combined, these results convincingly demonstrate that the opioid crisis has been an electoral boon for Republican presidential candidates at the local level. We suspect that this advantage stems from Republicans' unique ownership of this public health issue—an arena typically dominated by Democrats (Clifford 2022; Fagan 2021).

Republicans may electorally benefit in the face of a worsening opioid crisis because of their ownership of the opioid issue and their ability to propose law-and-order policy solutions that reflect the rising anger and threat felt by voters in affected areas. This theory builds on research that shows that issue ownership can be mobilizing among partisans and influential among independent voters (Craig and Cossette 2020; Wright, Clifford, and Simas 2022). In line with this theoretical expectation, we find evidence of an electoral advantage for the Republican Party that stems from the mobilization of partisans in response to overdose deaths and the persuasion of independents; however, we cannot test the suspected mechanism—issue ownership—with the observational data at hand.

To further illustrate the consequences of issue ownership of the drug crisis on political attitudes, we estimate the relationship between overdose death rates at the county level and support for public policies using the model specification from equation 3 in which we interact death rates with respondents' party identification. Figure 6 shows the association between overdose deaths and support for increasing spending on law enforcement (which ranges from zero ["greatly decrease"] to four ["greatly increase"]), healthcare (the same scale), and the probability of support for increasing the number of border patrols.[32]

The results in figure 6 show that overdose death rates are positively associated with higher support for law enforcement spending and a higher number of border patrols among independents and Republicans. The predicted probability that independents will support increasing border security moves from 0.52 at low levels of death rates to 0.62 when those deaths are around 80 per 100,000 residents (panel C). Similarly, independents' support for spending on law enforcement moves from 2.3 to 2.62 as death rates increase from the low end to 80 (panel A). Looking at attitudes toward healthcare spending, we find that overdose death rates are associated with a small increase in support for healthcare spending overall.

Figure 6
Overdose Death Rates and Policy Support by Party Identification



Notes: Panels show the marginal effect of overdose death on support for law enforcement spending (A), healthcare spending (B), and border patrols (C). Support for spending on policies (panels A and B) is measured on a five-point scale where zero is "greatly increase" and four is "greatly decrease." Support for increasing the number of border patrols is a binary variable, and the model in panel C was estimated using a logistic regression.

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However, this effect is substantively small and dwarfed by the effects we observe on law enforcement and border patrol. These findings are not a direct test of the issue ownership mechanism, but they support theoretical expectations that stem from it: the drug crisis is connected with voters' attitudes, moving Republicans and independents toward more conservative positions on security issues. Future research can conduct survey experiments to investigate how voters react to different approaches to framing and dealing with the drug crisis: healthcare treatments versus security proposals. Additionally, future research can explore the impact of the drug crisis on political attitudes and behavior in specific regions drastically affected by this crisis, such as Appalachia. For now, our results show that while opioids are a major public health crisis in the US, it is not the Democrats with their public health issue ownership who electorally benefit from it. Rather, the law-and-order politics associated with Republicans appear to be the winning frame for addressing this long-running health crisis.

Given the unique tension between who *should* own the issue and who *does* own the issue of the opioid crisis, future work should consider the electoral consequences of alternative framing in other issue areas. For example, the economic, rather than public health, framing of the COVID-19 pandemic advantaged Republicans in localities hit hardest by the pandemic, but the effectiveness of the economic frame depended largely on the voters' economic concerns.[33] Beyond considering how our theoretical framework may apply to other contexts, future research can also consider how the interaction between issue ownership and local conditions may affect election outcomes. Does the drug crisis increase Republican support in localities where demographics typically benefit the Democratic Party? Or is the effect of overdose deaths more likely to boost the Republican vote even more in localities that are already becoming red areas?

The opioid crisis is likely part of a broader transformation in American society that affects political support. Former blue-collar constituencies have become solidly Republican (Goidel, Moreira, and Armstrong 2024; Kitschelt and Rehm 2019). In this paper, we show that the drug crisis has a specific impact on vote choice amid this broad transformation. Uncovering the mechanism underlying the association between the opioid crisis and the Republican vote, as well as the conditions under which this relationship manifests, constitutes a promising avenue for research into party realignment, policy issues, and voting behavior in American politics. While we theorize that elite rhetoric and media framing are crucial mechanisms linking the opioid crisis to voting behavior, systematically collected data to test these mechanisms across counties over time are currently unavailable. Future research could advance this line of inquiry by directly measuring elite rhetoric and media coverage, assessing their conditional effects, and better understanding partisan differences in successfully framing the opioid crisis.

Supplementary Material

To view supplementary material for this article, please visit http://doi.org/10.1017/S1537592725103113.

Data Replication

Data replication sets are available in Harvard Dataverse at: https://doi.org/10.7910/DVN/MOIYUL (M. Q. Moreira et al. 2025).

Notes

1 We do not discuss whether this conservative approach to fighting drugs is efficient in reducing drug consumption and, as an extension, overdose deaths. Instead, based on the appeal this may have on voters, we predict that higher overdose death rates would electorally benefit the Republican Party.

2 We focus on presidential elections because overdose deaths and potential confounding variables are not available at the level of House districts. However, we find with survey data that overdose deaths increase the probability of voting for a Republican candidate in House elections among independents and Republican self-identifiers. See figure A4 and table A11 in the online appendix.

3 Overall, more than 21% of all observations in our panel data (county election) had at least 20 deaths per 100,000. Between 2004 and 2020, overdose deaths increased by 20 deaths per 100,000 in 843 counties. In 2020, 55% of all counties had at least 20 deaths per 100,000; 12%, at least 40.

4 As we explain in this section, Republicans do not treat the opioid crisis as a public health issue. They normally frame it as a crime-and-security issue.

5 On the lack of funding for rehabilitation centers in Oregon after the decriminalization initiative, see Clemans-Cope (2023).

6 The DCinbox website (https://www.dcinbox.com) automatically generates the periods (horizontal axes) used to aggregate email communications with constituents.

7 Interestingly, Weiss and Zoorob (2021) find that Democratic members of Congress are more likely to mention opioids in their congressional floor speeches. We suspect this reflects known differences across mediums of communication. Specifically, we suspect it is due to the difference between public-facing emails versus process-oriented floor speeches (Blum, Cormack, and Shoub 2023; Grimmer 2013).

8 When concerning the role of regulation in the worsening opioid crisis, research has actually found that self-identified Republicans and independents are

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significantly less likely than Democrats to see regulation as the issue underlying the opioid crisis (Mancini and Boehme 2024).

9 Additionally, the agentic and anti-immigrant rhetoric paired with Republican appeals may further resonate with undecided voters, given the frequent pairing of the topics with the opioid crisis (McDonald and Morgaine 2016). Recent headlines from Republican-leaning *Fox News* include "New Report Sounds Alarm on China's Role in Destroying US Families with Deadly Drug: 'Destabilizing Crisis'" (Shaw 2024) and "Trump Pledges to Battle Drug Cartels, Combat Fentanyl Crisis if Re-Elected in 2024" (Singman 2023). In comparison, recent headlines from Democrat-leaning *MSNBC* include "Advocates Worry Proposed Telehealth Changes Could Worsen Opioid Crisis" (Jansing 2023) and "Weight Loss Drugs for Curing Addiction?" (Reville 2025).

10 The effect of exposure to crime and the threat of additional drug-related crime has been observed across partisan groups in more localized contexts (Brown and Zoorob 2022). Further, the localized, lived experience of a worsening opioid epidemic is likely better reflected in the opinions of independent voters on how to manage the crisis, given evidence in other crime-related policy areas (Pearson-Merkowitz and Dyck 2017).

11 More information on our explanatory, descriptive statistics for county-level overdose death rates and relevant controls can be found in table A2 in the online appendix.

12 The CDC calculates drug overdose deaths as a function of deaths reported by states or counties in which the following International Classification of Diseases codes are used in relation to a case with drug usage: X40–X44 (unintentional), X60–X64 (suicide), X85 (homicide), or Y10–Y14 (undetermined intent). The CDC also notes that the numbers are likely to underestimate true overdose death rates in any year due to a high number of open/unsolved cases and the misuse of the code for unintentional poisoning as R99 ("other ill-defined and unspecified causes of mortality"). More detailed information regarding how the CDC estimates annual county-level overdose death rates is available on the CDC website (Rossen et al. 2022).

13 The CDC does not estimate the overdose death rate by drug type at the county level, but they do offer an estimate at the national level. For more information, see CDC (2025).

14 For presentation purposes, these maps do not include Alaska and Hawaii, but both states are included in our empirical models.

15 Horiuchi and Kang (2018) and Moreira (2025) use this strategy to study American elections.

16 Data from Dave Leip's Atlas of US Presidential Elections (Leip, n.d.).

17 Our results are robust to models without the share of voters who cast a ballot for third parties.

18 Our findings are robust to models that use the percentage change in overdose death rates during four years prior to the election instead of levels of death rates. See table A8 and figure A1 in the online appendix.

19 As our unit of analysis is the county, the combination of state fixed effects with the lagged dependent variable does not produce Nickell bias (Nickell 1981).

20 With SUR models, we cannot include fixed effects for counties. However, our main results are robust to a model specification that regresses the Republican Party's share of votes on the same set of controls from equation 2 and county fixed effects. See table A7 in the online appendix.

21 Skewed variables were log transformed. Table A1 in the online appendix shows descriptive statistics of county-level variables.

22 Thanks to the recommendation of an anonymous reviewer, we explore whether the effect of education on voting behavior might change over time in ways that could confound our results. To address this, we estimate additional models including interactions between educational attainment and the time trend, as well as an interaction between rural-urban codes and the time trend. These results (table A12 in the online appendix) indicate that including these interactions does not meaningfully alter the main effect of overdose deaths on Republican vote share. This provides reassurance that our findings are robust to potential shifts in the impact of education and place over the study period.

23 These confounding factors serve as primary predictors of other forms of deaths of despair, including alcohol-related mortality and suicide by firearms. Their inclusion enables us to account for regionally concentrated mortality patterns that encompass, but are not limited to, the opioid epidemic—particularly in regions such as Appalachia and the Rust Belt (Lee et al. 2023; Steelesmith et al. 2023). Though for results robust to the exclusion of the states with the most overdose-related deaths of despair (Kentucky and West Virginia), see table A10 and figure A3 in the online appendix.

24 Table A3 in the online appendix shows full results from SUR models used to plot the panels in figure 3.

25 As a robustness test, we estimate models excluding counties from Kentucky and West Virginia, which have been disproportionately affected by the opioid epidemic. Results from these additional analyses, presented in table A10 and figure A3 in the online appendix, confirm that our main findings are not

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driven exclusively by counties in these two states and remain consistent even when excluding them.

26 We follow the advice of Williams (2012) and simulate these average marginal effects while keeping other variables constant at their observed values. The value of the predictor of interest (death rates) changes from one value to another and the average marginal effects are the average change in the outcome of interest (the percentage of voters in each category).

27 For one-tailed hypothesis tests, we calculate the bounds around the average difference in the predicted percentage of votes for each party by estimating the five and 95 percentiles of their predicted difference in vote share from the bootstrapped datasets.

28 Death rates in 51 counties were between 55 and 65 per 100,000 people in 2020, and 132 counties had more than 60 overdose deaths per 100,000 people.

29 Death rates in 15 counties were between 75 and 85 per 100,000 people in 2020, and 13 counties had more than 90 overdose deaths per 100,000 people. In 2021, death rates were higher than 80 per 100,000 people in 38 counties.

30 As one of the reviewers suggested, the drug crisis might also influence partisanship and, as a result, introduce posttreatment bias in our analyses. We have three considerations on this. First, party identification is stable over time for most voters (Campbell et al. 1960; Green and Platzman 2024). Second, although we observe a party realignment in the US and other developed democracies (Goidel, Moreira, and Armstrong 2024; Kitschelt and Rehm 2019), we do not find evidence that the drug crisis is positively associated with a Republican affiliation. Instead, we find a negative relationship between county-level overdose deaths and the probability of self-reporting as a Republican (see figure A5 in the online appendix). Finally, a posttreatment variable would "steal" part of the impact of drug deaths on vote choice, undermining our ability to reject the null hypothesis. Still, we find a positive and statistically significant association between the drug crisis and Republican support across a variety of model specifications.

31 Only 12.7% of respondents in our data are independents who do not lean toward one major party.

32 We used variables from the 2016 and 2020 CES data. Table A6 in the online appendix presents full results.

33 See Algara et al. (2024) for evidence of a nuanced COVID-19 electoral effect.

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