

# Trump carried counties with high opioid use: study

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(HealthDay)—U.S. counties with high rates of prescription painkiller use voted heavily in favor of Donald Trump in the 2016 presidential election, a new study finds.

Researchers found that, on average, Trump got about 60 percent of the

vote in counties with the greatest use of prescription opioids—drugs such as Vicodin and OxyContin. That was in contrast to counties with relatively low [opioid](#) prescription rates; there, Trump garnered just under 39 percent of the vote, on average.

The findings add to evidence that people in communities with economic and social woes commonly threw their support to Trump in 2016. But they do not mean that people addicted to opioids voted for him, the study authors said.

"It would be a mistake to assume that," said lead researcher Dr. James Goodwin, of the University of Texas Medical Branch, in Galveston.

That's because the study looked at counties' rates of legitimate opioid prescriptions to Medicare patients—mostly adults older than 65.

Still, Goodwin noted that other studies have tied high rates of legitimate opioid prescriptions to higher rates of illicit opioid use and opioid-related deaths—especially in poorer areas of the United States. So, voters in these areas may have felt a sense of desperation that made them receptive to Trump's 2016 message of "change," experts theorized.

The findings highlight the importance of seeing the opioid epidemic within its wider social and economic context, Goodwin said.

"Often, the discussion in the press focuses on the public health perspective, and issues like access to treatment [for opioid addiction]," Goodwin said. "And that makes a lot of sense."

But, he added, the [opioid epidemic](#) is also centered in places that are highly rural and have more poverty, high unemployment and other social issues.

And there is evidence that simply living in those communities swayed voters' decisions—regardless of people's personal circumstances. Goodwin cited a Gallup analysis of interviews with Trump supporters, which suggested "community context" was critical.

Goodwin believes that levels of community well-being seemed to help drive a desire for "change," regardless of an individual's particular health and economic status.

The current findings, published online June 22 in *JAMA Network Open*, are based on Medicare data for over 3.7 million beneficiaries.

Goodwin's team focused on counties' rates of chronic prescription opioid use—defined as prescriptions for a 90-day or greater supply.

The investigators found that one-fifth of counties had prescribing rates that topped 20 percent. They were mostly in the South and Appalachian areas, as well as Michigan and a few Western states.

Across nearly 700 counties with higher-than-average rates of opioid prescriptions, Trump carried 60 percent of the vote.

In contrast, just under 39 percent of voters supported Trump across 638 counties with lower-than-average opioid prescription rates, the findings showed.

Traditional social and economic factors did explain much of the connection, the study authors said—including counties' rates of unemployment, and average income and education levels.

"The variables we could obtain explained about two-thirds of the association," Goodwin said.

So what else could be going on? Goodwin speculated that it's factors that aren't as easily "measured and categorized"—such as people's satisfaction with their lives and hopefulness about the future.

"When you look at the reasons people abuse opioids, it's often related to what's called 'psychic pain,' " Goodwin said.

Dr. James Niels Rosenquist, a psychiatrist at Massachusetts General Hospital in Boston, wrote an editorial published with the study.

He agreed that the current findings could partly reflect the "greater desperation" in communities most affected by opioid abuse. But, he said, it's hard to know exactly what they mean.

Rosenquist pointed to the bigger picture—that public health, social, economic and political issues are all intertwined. In his own research, for example, Rosenquist found that among older Americans, steep declines in county-level housing prices during the Great Recession were followed by a rise in antidepressant [prescriptions](#).

For politicians, Rosenquist said, it's helpful to know what factors—including health-related factors—are related to voting patterns. That's not just so they can get elected, he noted—but so they know which issues need attention.

"Ideally," Rosenquist said, "our elected leaders are supposed to respond to people's needs."

**More information:** James Goodwin, M.D., chair, geriatric medicine, University of Texas Medical Branch, Galveston; James Niels Rosenquist, M.D., Ph.D., instructor, department of psychiatry, Massachusetts General Hospital, Boston; June 22, 2018, *JAMA Network Open*, online

The U.S. Department of Health and Human Services has more on the [opioid epidemic](#).

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