

AMERICANS' VIEWS ON POLICIES TO ADDRESS PRESCRIPTION DRUG PRICES, THE OPIOID CRISIS, AND OTHER CURRENT DOMESTIC ISSUES

July 2018

POLITICO



HARVARD
T.H. CHAN
SCHOOL OF PUBLIC HEALTH

TABLE OF CONTENTS

PART I: PRESCRIPTION DRUG PRICES	1
PART II: OPIOIDS.....	5
The Opioid Crisis in America	5
Treatment for Opioid Use Disorder.....	6
Public Health/Harm-Reduction Policies	10
PART III: FARM BILL.....	12
Farm Subsidies.....	12
Supplemental Nutrition Assistance Program (SNAP).....	13

AMERICANS' VIEWS ON POLICIES TO ADDRESS PRESCRIPTION DRUG PRICES, THE OPIOID CRISIS, AND OTHER CURRENT DOMESTIC ISSUES

This report is part of a continuing series that examines the public's response to President Trump's evolving domestic policy agenda. It focuses on three issues currently under debate: prescription drug prices, opioids, and the Farm Bill.

PART I: PRESCRIPTION DRUG PRICES

Prior polls have shown that the U.S. public considers taking action to lower prescription drug prices to be one of the top domestic issues for the President and Congress.¹ On May 11, 2018, the administration released *President Donald J. Trump's Blueprint to Lower Drug Prices* during a speech in the rose garden at the White House. Calling it one of his "greatest priorities," the plan outlined a series of measures the President plans to pursue in order to make drugs more affordable for everyday Americans.

Nearly two months later, just over a quarter (27%) of adults say they have heard or read about President Trump's prescription drug plan, according to a new poll by POLITICO and Harvard T.H. Chan School of Public Health.

Among those who are aware of the President's plan, only about four in ten believe it will lower prescription drug prices paid for by the Medicare program (37%) or in the U.S. as a whole (42%).

In the new poll, four major components of the President's plan were described. The essential finding is that while several of these specific proposals are popular, only one of them is seen by the public as being effective in lowering prescription drug prices. This has major ramifications for public support for additional legislation in this policy area.

Table 1 shows public support for four price-reduction strategies included in President Trump's blueprint. About two-thirds (66%) of Americans favor having the Food and Drug Administration (FDA) approve greater numbers of generic, over-the-counter, and biosimilar drugs to encourage more prescription drug competition. A majority of both Republicans (79%) and Democrats (55%) favor the measure.

Of note, this is the only one of the four specific proposals that a majority of the public (56%) believes will lower prescription drug prices.

¹ POLITICO/Harvard T.H. Chan School of Public Health, "The Public's Priorities for Congress and President Trump in the Post-Thanksgiving Period," December 2017, <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/94/2017/11/POLITICO-Harvard-Poll-December-2017-Post-Thanksgiving-Priorities.pdf>

When asked how the President’s plan may affect drug development, most adults (54%) believe the plan will not make a difference in terms of the development of breakthrough new medicines. Only a small minority (4%) believe it will lead to less drug development, while one in three (33%) adults believe it will lead to more.

Table 1. The Public’s Views on President Trump’s Policy Proposals to Lower the Price of Prescription Drugs, by Party Identification

	Total	Rep	Dem	Ind
Favor allowing pharmacists to tell customers whether directly paying the retail price of a prescription drug would cost them less than paying their health insurance co-pay	81	90	77	81
Believe this will lower prescription drug prices	42	58	30	43
Favor having the FDA approve greater numbers of generic, over-the-counter, and biosimilar drugs to encourage more prescription drug competition	66	79	55	67
Believe this will lower prescription drug prices	56	64	49	59
Favor requiring drug advertisements on TV to include price information	63	68	69	60
Believe this will lower prescription drug prices	28	41	20	28
Favor trying to make other countries pay more for prescription drugs (arguing that foreign governments use their national health systems to negotiate for drug prices that are unfairly low)	26	44	15	24
Believe this will lower prescription drug prices	19	31	8	19

POLITICO/Harvard T.H. Chan School of Public Health, Americans’ Views on Policies to Address Prescription Drug Prices and the Opioid Crisis, and Other Current Domestic Issues, June 27 – July 2, 2018. Base: U.S. adults.

The most popular component of the President’s plan is its proposal to eliminate so-called pharmacy “gag rules,” which received considerable support. More than four in five (81%) adults – including wide majorities of Republicans (90%) and Democrats (77%) – favor allowing pharmacists to tell customers whether directly paying the retail price of a prescription drug would cost them less than paying their health insurance’s co-pay. Despite its popularity, however, less than half (42%) of Americans believe eliminating pharmacy gag rules will actually lower drug prices.

More than three in five (63%) Americans favor requiring drug advertisements on television to include price information. About equal proportions of Republicans (69%) and Democrats (68%) favor this proposal. Belief in the efficacy of this proposal, however, is decidedly lower. Less than three in ten (28%) adults believe including price information in TV drug advertisements will reduce the cost of prescription medicines.

Finally, Americans were told of President Trump’s proposal to make other countries pay more for prescription drugs and his assertion that foreign governments use their national health insurance systems to negotiate for unfairly low drug prices. When asked how they felt, about a quarter (26%) of the public favored making other countries pay more for prescription drugs. Only about one in five (19%) Americans believe this will effectively lower the price of prescription drugs.

Across all four proposed policies, confidence in the intended effects of President Trump’s prescription drug plan varies by party affiliation. For each policy, Republicans are more likely than Democrats to believe it would lower prescription drug prices.

Table 2 shows that in terms of the plan’s personal impact, few Americans believe that President Trump’s drug plan will help them or their family pay less for prescription drugs. More than half (57%) of adults believe the President’s prescription drug plan will not make a difference, while about one in eight (13%) believe they or their family will pay more. Just over one in five (22%) adults believe the plan will lower the price they or their family pay for prescription drugs.

Table 2. Expected Impact of President Trump’s Prescription Drug Plan on What They or Their Family Will Pay for Prescription Drugs, by Party Identification

	Total	Rep	Dem	Ind
Will pay less	22	40	9	21
Will pay more	13	11	18	11
No difference	57	42	67	60
Don’t know / Refused	8	7	6	8

POLITICO/Harvard T.H. Chan School of Public Health, Americans’ Views on Policies to Address Prescription Drug Prices and the Opioid Crisis, and Other Current Domestic Issues, June 27 – July 2, 2018.
Base: U.S. adults.

Recently, President Trump took to Twitter to criticize drug companies for raising their prices. Given a list and asked which two groups are most responsible for high prescription drug prices, a majority of Americans agree with the President. As shown in Table 3, more than three in five (63%) adults say drug companies are responsible for high prescription drug prices, followed by pharmacy benefit managers (34%), the federal government (31%), and insurance companies (30%).

Table 3. The Public’s Views on Who Is Most Responsible for High Prescription Drug Prices, Combined First and Second Choices, by Party Identification

	Total	Rep	Dem	Ind
Drug companies	63	63	70	59
Pharmacy benefit managers, which are companies that negotiate between drug makers and insurers over which medicines will be covered by health plans, and how much patients will pay for them at the counter	34	41	34	31
Federal government	31	17	35	36
Insurance companies	30	25	29	36
Pharmacies	18	20	22	15
Individual patients	5	5	1	6

POLITICO/Harvard T.H. Chan School of Public Health, Americans’ Views on Policies to Address Prescription Drug Prices and the Opioid Crisis, and Other Current Domestic Issues, June 27 – July 2, 2018.
 Base: U.S. adults.

PART II: OPIOIDS

The Opioid Crisis in America

Despite all of the attention to over-prescribing of opioid medications, Americans continue to report receiving more opioids than they need. Last year, just under one in three (31%) adults say they or a family member received a prescription for opioid painkillers from a doctor or dentist. Of those, more than a third (35%) say they or a family member were given more pills than they needed. This is the case even though 28 states have adopted prescribing limits for opioids and 49 participate in prescription drug monitoring programs. About half (49%) report being given the correct amount, while one in eight (13%) say they were given less than they ended up needing.

In an effort to reduce over-prescribing and gain control over the opioid crisis in the U.S., President Trump released his *Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand* in March 2018. Three months later, about half (47%) of Americans say they have heard or read about the initiative, and opinions are mixed on whether or not it will be effective. Forty-six percent of those who have heard or read about the President's initiative believe it will lead to a reduction in opioid misuse in the U.S., while 41% do not believe it will reduce opioid misuse.

As Table 4 shows, more than two-thirds (69%) of Americans say opioid misuse is a very or somewhat serious problem in their state. However, few are aware of what their state is doing to address the problem. Just over three in ten (31%) adults say they have read or heard about their state government's plan to reduce opioid misuse. A majority (52%) of those who had heard or read about their state's plan believe it will be effective at reducing opioid misuse.

Table 4. Seriousness of the Opioid Misuse Problem in Your State, by Party Identification

	Total	Rep	Dem	Ind
Very serious problem	47	44	51	49
Somewhat serious problem	22	27	17	23
Not too serious a problem	3	3	5	3
Not a problem	14	17	14	14
Don't know / Refused	14	9	13	11

POLITICO/Harvard T.H. Chan School of Public Health, Americans' Views on Policies to Address Prescription Drug Prices and the Opioid Crisis, and Other Current Domestic Issues, June 27 – July 2, 2018.
Base: U.S. adults.

Governments at the local, state and federal levels have dedicated substantial resources to combat the opioid epidemic since 2010, when prescriptions for narcotic painkillers reached their peak in the U.S. Since 2001, every state in the nation has enacted one or more laws to broaden access to naloxone, a drug designed to rapidly reverse opioid overdoses. Despite these efforts, opioid overdose rates continued to climb in 2016, driven in large part by a spike in overdose deaths from synthetic opioids other than methadone, such as Fentanyl. Originally developed to treat severe pain during cancer treatment or after surgery, Fentanyl is 50-100 times more potent than morphine and often illegally trafficked into the U.S. from China or Mexico.

As Table 5 shows, when asked whether they have heard or read about rising death rates in the U.S. from opioid use, nearly two-thirds (65%) of Americans said they have, including nearly equal proportions of Republicans (70%) and Democrats (77%).

Of those who have heard or read about rising opioid death rates, most believe that heroin (83%) and strong prescription painkillers such as Percocet, OxyContin, or Vicodin (80%) are major causes of this increase. Just over three in five (63%) believe use of Fentanyl is a major cause.

Table 5. Perceived Major Causes of Rising Death Rates Due to Opioid Use, by Party Identification

	Total	Rep	Dem	Ind
Have heard or read about rising death rates in the U.S. from the use of opioids	65	70	77	64
Believe use of heroin is a major cause of those rising death rates	83	83	80	82
Believe use of strong prescription painkillers such as Percocet, OxyContin, or Vicodin is a major cause of rising death rates	80	75	79	85
Believe use of Fentanyl is a major cause of rising death rates	63	64	57	71

POLITICO/Harvard T.H. Chan School of Public Health, Americans' Views on Policies to Address Prescription Drug Prices and the Opioid Crisis, and Other Current Domestic Issues, June 27 – July 2, 2018. Base: U.S. adults.

Treatment for Opioid Use Disorder

As Table 6 shows, when it comes to treatment, a plurality (39%) of Americans believe the amount of money the federal government currently spends on treatment programs for people addicted to opioids is too low. Just over a quarter (26%) believe federal spending is about right, while one in seven (15%) believe federal spending is too high. Democrats are significantly more likely than Republicans (54% to 27%) to believe that spending is too low.

Table 6. Amount of Money the Federal Government Currently Spends on Treatment Programs for People Addicted to Opioids, by Party Identification

	Total	Rep	Dem	Ind
Too high	15	23	9	16
Too low	39	27	54	44
About right	26	33	18	24
Don't know / Refused	20	17	19	16

POLITICO/Harvard T.H. Chan School of Public Health, Americans' Views on Policies to Address Prescription Drug Prices and the Opioid Crisis, and Other Current Domestic Issues, June 27 – July 2, 2018. Base: U.S. adults.

About three in ten Americans (31%) say they know someone who is receiving or has received treatment for opioid addiction, as shown in Table 7.

Table 7. Know Someone Who is Receiving or Has Received Treatment for Opioid Addiction, by Party Identification

	Total	Rep	Dem	Ind
Know someone who is receiving or has received treatment	31	36	32	30
Do not know someone	68	64	66	70
Don't know / Refused	1	--	2	--

POLITICO/Harvard T.H. Chan School of Public Health, Americans' Views on Policies to Address Prescription Drug Prices and the Opioid Crisis, and Other Current Domestic Issues, June 27 – July 2, 2018.
Base: U.S. adults.

When asked whether, to the best of their knowledge, there is a treatment for opioid addiction that is effective for a long period of time, Americans are uncertain. Just over one in three (35%) say there is such a treatment, three in ten (30%) say there is not, while approximately the same proportion (35%) say they do not know.

Forty-five percent of those who know someone who is in treatment or has been in treatment believe there is not a treatment that is effective for a long period of time. About four in ten (39%) believe there is such a treatment.

Among those who say there is a treatment for opioid addiction that is effective for a long period of time, most (57%) say it takes a year or more for someone to be successfully treated. About a third (34%) say that people with opioid addiction can be successfully treated within a year, while only 4% say it is possible within a month.

As the number of people needing treatment for opioid use disorder grows and insurance coverage for treatment services improves in many states, adequately regulating new treatment centers has become a growing concern. In September 2017, Google announced it would restrict advertisements for rehabilitation centers in an effort to prevent fraud and harm to consumers.

When asked about regulations for opioid addiction treatment centers, less than a quarter (22%) of adults say current regulations are adequate. In contrast, more than two in five (43%) Americans say treatment centers are not adequately regulated, while more than one in three (35%) do not know.

As Table 8 shows, a plurality (44%) of Americans believe state governments should bear primary responsibility for regulating opioid addiction treatment centers. One in three (33%) adults believe the federal government should be in charge, while just one in seven (15%) say this is the responsibility of the private sector. Notably, a majority (54%) of Republicans favor state regulations rather than federal regulation (18%) or leaving it to the private sector (22%).

Table 8. Who Should Bear Greatest Responsibility for Regulating Treatment Centers for Opioid Addiction in the U.S., by Party Identification

	Total	Rep	Dem	Ind
Federal government	33	18	47	34
State government	44	54	38	45
Private sector – government should not be involved	15	22	13	15
Don't know / Refused	8	6	2	6

POLITICO/Harvard T.H. Chan School of Public Health, Americans' Views on Policies to Address Prescription Drug Prices and the Opioid Crisis, and Other Current Domestic Issues, June 27 – July 2, 2018.
Base: U.S. adults.

When asked whether someone who has an opioid addiction has a personal weakness or whether that person has an illness, half (50%) of Americans say opioid addiction is an illness, while 37% say it is a personal weakness. Table 9 shows that half (50%) of Republicans believe that opioid addiction is a personal weakness, while nearly two-thirds of Democrats (66%) perceive it as an illness.

Table 9. The Public's View of Opioid Addiction, by Party Identification

	Total	Rep	Dem	Ind
Personal weakness	37	50	27	35
Illness	50	40	66	55
Don't know / Refused	13	10	7	10

POLITICO/Harvard T.H. Chan School of Public Health, Americans' Views on Policies to Address Prescription Drug Prices and the Opioid Crisis, and Other Current Domestic Issues, June 27 – July 2, 2018.
Base: U.S. adults.

To gauge the public's perceptions of what effective treatment means in everyday life, adults were asked to reflect on four situations. Situations were modeled after common perceptions of treatment and sobriety, as well as the so-called "gold standard" for opioid addiction – medication-assisted treatment (MAT). Participants were to imagine that the person in the situation was a friend of theirs who is addicted to opioids. After listening to each situation, adults were then asked whether they would consider their friend to have been effectively treated for opioid addiction.

Table 10 shows a sizeable gap between what Americans consider "effective treatment" and the types of therapies that clinicians and the Substance Abuse and Mental Health Services Administration (SAMHSA) promote for effective recovery. Nearly four in five (79%) Americans would consider a friend to have been effectively treated for opioid addiction if he or she no longer misused opioids and did not need any medicine to control his or her cravings.

Table 10. The Public’s Views on What Constitutes “Effective Treatment” of Opioid Addiction, by Party Identification

	Total	Rep	Dem	Ind
Effectively treated if they no longer misuse opioids and do not need any medicine to control their cravings	79	88	89	73
Effectively treated if they no longer misuse opioids, but need long-term treatment, including counseling and non-opioid, non-addictive medicine to control their cravings	66	71	75	61
Effectively treated if they no longer misuse opioids, but need long-term treatment, including counseling and a milder opioid medicine, which is potentially addictive, to control their cravings	33	34	33	34
Effectively treated if they occasionally have a lapse and misuse opioids, but continues to work or go to school	24	26	29	20

POLITICO/Harvard T.H. Chan School of Public Health, Americans’ Views on Policies to Address Prescription Drug Prices and the Opioid Crisis, and Other Current Domestic Issues, June 27 – July 2, 2018.
Base: U.S. adults.

Meanwhile, just under two-thirds (66%) of adults would consider a friend to have been effectively treated for their opioid addiction if they no longer misused opioids, but needed long-term treatment, including counseling and non-opioid, non-addictive medicine to control their cravings. This falls in line with federal MAT guidelines for Naltrexone, a drug that blocks the effects of opioids.

Only a third (33%) of Americans would consider a friend to have been effectively treated for opioid addiction if they no longer misused opioids, but needed long-term treatment, including counseling and a milder opioid medicine, which is potentially addictive, to control their cravings. This description aligns with federal MAT guidelines for methadone and buprenorphine, medicines designed to help people addicted to opioids such as prescription painkillers or heroin. It suggests a major gap between public perceptions of treatment and those of clinicians and federal agencies.

In contrast, about a quarter (24%) of Americans would consider a friend to have been effectively treated for opioid addiction if they occasionally lapse and misuse opioids, but continue to work or go to school.

Even though employees who struggle with alcohol addiction are protected from job termination under the Americans with Disabilities Act, the same does not apply to the “illegal use of drugs.”

For Americans addicted to prescription painkillers or other opioids, this often means they do not have similar employment protections under the law if they relapse.

As Table 11 shows, about half (51%) of Americans say it would be the wrong thing to do for an employer to fire someone from a job for no other reason than the employee tested positive for drugs while in a treatment program for addiction. In contrast, two in five (40%) believe it would be the right thing for an employer to do.

This finding suggests that concern about the ADA not protecting those dealing with opioid addiction as it does people struggling with alcohol addiction is likely to emerge as an issue as more people are both working and receiving opioid addiction treatment.

Republicans (50%) believe that firing such an employee is the right thing to do, while Democrats (64%) think it is the wrong thing.

Table 11. The Public’s Views on Firing Employees for No Other Reason Than They Tested Positive for Drugs While in Treatment for Addiction, by Party Identification

	Total	Rep	Dem	Ind
Right thing to do	40	50	30	39
Wrong thing to do	51	41	64	51
Don’t know / Refused	9	9	6	10

POLITICO/Harvard T.H. Chan School of Public Health, Americans’ Views on Policies to Address Prescription Drug Prices and the Opioid Crisis, and Other Current Domestic Issues, June 27 – July 2, 2018. Base: U.S. adults.

Public Health/Harm-Reduction Policies

Some states and cities have adopted needle exchange programs, where people who inject drugs can bring in used needles for clean ones. Those who support needle exchanges believe they improve safety and cut down on the spread of diseases like HIV/AIDS. Those who oppose needle exchanges believe these programs send the message that it is all right to use injectable drugs.

Table 12 shows that less than half (47%) of the public supports needle exchanges where injection drug users can bring in used needles for clean ones, while 48% are opposed.

In addition, some cities are considering safe injection sites, where people can receive clean needles and inject drugs under the supervision of a medical professional. Those who support safe injection sites believe they could cut down on the spread of diseases like HIV/AIDS and drug overdose deaths by having medical professionals who can intervene onsite. Those who oppose safe injection sites believe these programs send the message that it is all right to use injectable drugs and encourage riskier behaviors because people know someone will step in to save their life.

Just over two in five (41%) Americans support safe injection sites where people can receive clean needles and inject drugs under the supervision of medical professionals, while a majority (56%) is opposed.

A majority of Democrats favor each of these two policies, while two-thirds or more Republicans are opposed.

Table 12. The Public’s Views on Needle Exchange Programs and Safe Injection Sites, by Party Identification

	Total	Rep	Dem	Ind
Needle exchange programs				
Support	47	29	66	50
Oppose	48	67	33	44
Don’t know / Refused	5	4	1	6
Safe injection sites				
Support	41	25	54	47
Oppose	56	72	46	50
Don’t know / Refused	3	3	*	3

POLITICO/Harvard T.H. Chan School of Public Health, Americans’ Views on Policies to Address Prescription Drug Prices and the Opioid Crisis, and Other Current Domestic Issues, June 27 – July 2, 2018.
Base: U.S. adults.

PART III: FARM BILL

Farm Subsidies

As the House and Senate were considering their respective Farm Bill reauthorizations, Americans were asked to weigh in on the bill’s federal subsidies to farmers. As Table 13 shows, nearly half (46%) of adults favor increasing subsidies paid to small and medium farmers, while a third (33%) feel their subsidies should be kept the same. Only one in ten (10%) think subsidies to these farmers should be decreased.

Table 13. The Public’s Views on Farm Bill Subsidies to Farms of Different Sizes, by Party Identification

	Total	Rep	Dem	Ind
Small and medium farmers				
Increase	46	44	47	46
Decrease	10	8	9	13
Keep the same	33	34	37	32
Don’t know / Refused	11	14	7	9
Large farming businesses				
Increase	16	16	11	18
Decrease	30	32	27	31
Keep the same	46	40	58	43
Don’t know / Refused	8	12	4	8

POLITICO/Harvard T.H. Chan School of Public Health, Americans’ Views on Policies to Address Prescription Drug Prices and the Opioid Crisis, and Other Current Domestic Issues, June 27 – July 2, 2018.
Base: U.S. adults.

In contrast, nearly half (46%) of Americans feel that subsidies in the Farm Bill paid to large farming businesses should be kept the same. Three in ten (30%) feel these subsidies should be decreased, while about one in six (16%) think they should be increased. On both questions, party affiliation made little difference in terms of the policy preferences of participants.

In short, the public generally continues to support federal farm subsidies. Attitudes differ in that more would support federal subsidies for small and medium farmers than for large farming businesses, but the program generally has public support.

When asked whether the names of people and businesses who receive subsidies from the Farm Bill for their farming activities should be publicly available, a large majority (73%) of adults believe they should be publicly available. Just over one in five (22%) say they should not be made public.

Supplemental Nutrition Assistance Program (SNAP)

Americans were also asked about the Supplemental Nutrition Assistance Program – also called food stamps – an often controversial piece of the Farm Bill. As Table 14 shows, Americans appear split when it comes to federal spending on the program, with almost equal proportions saying that spending should be increased (37%) as those saying spending should be kept the same (39%). Less than one in five (19%) adults believe federal spending on food stamps should be decreased.

More than six in ten Democrats (63%) favor increasing federal spending on food stamps, compared to 13% of Republicans. About four in ten Republicans favor keeping federal spending the same (44%) or decreasing it (39%).

Table 14. The Public’s Views on Federal Spending on SNAP, by Party Identification

	Total	Rep	Dem	Ind
Increased	37	13	63	32
Decreased	19	39	7	14
Kept the same	39	44	27	47
Don’t know / Refused	5	4	3	7

POLITICO/Harvard T.H. Chan School of Public Health, Americans’ Views on Policies to Address Prescription Drug Prices and the Opioid Crisis, and Other Current Domestic Issues, June 27 – July 2, 2018.
Base: U.S. adults.

METHODOLOGY

The results are based on polling conducted by *Politico* and Harvard T.H. Chan School of Public Health. Representatives of the two organizations worked closely to develop the survey questionnaires and analyze the results of the polls. *Politico* and Harvard T.H. Chan School of Public Health paid for the surveys and related expenses.

The project team was led by Robert J. Blendon, Sc.D., Richard L. Menschel Professor of Health Policy and Political Analysis at Harvard T.H. Chan School of Public Health, and Joanne Kenen, Executive Editor, Health Care at *Politico/Politico Pro*. Harvard research team also included John M. Benson, Caitlin L. McMurtry, and Justin M. Sayde.

Interviews were conducted with a nationally representative sample of 1,001 randomly selected adults, ages 18 and older, via telephone (including cell phones and landlines) by SSRS of Glen Mills, Pennsylvania. The interviewing period was June 27 – July 2, 2018. The data were weighted to reflect the demographics of the national adult population as described by the U.S. Census.

When interpreting these findings, one should recognize that all surveys are subject to sampling error. Results may differ from what would be obtained if the whole U.S. adult population had been interviewed. The margin of error for the full sample is ± 3.8 percentage points. For questions asked of half-samples, the margin of error is ± 5.3 percentage points.

Possible sources of non-sampling error include non-response bias, as well as question wording and ordering effects. Non-response in telephone surveys produces some known biases in survey-derived estimates because participation tends to vary for different subgroups of the population. To compensate for these known biases and for variations in probability of selection within and across households, sample data are weighted by household size, cell phone/landline use and demographics (sex, age, race/ethnicity, education, and region) to reflect the true population. Other techniques, including random-digit dialing, replicate subsamples, and systematic respondent selection within households, are used to ensure that the sample is representative.



Politico/Harvard T.H. Chan School of Public Health Poll

**AMERICANS' VIEWS ON POLICIES TO ADDRESS
PRESCRIPTION DRUG PRICES, THE OPIOID CRISIS,
AND OTHER CURRENT DOMESTIC ISSUES**

This survey was conducted for *Politico* and Harvard T.H. Chan School of Public Health via telephone by SSRS, an independent research company. Interviews were conducted via telephone (cell phone and landline) **June 27 – July 2, 2018**, among a nationally representative sample of **1,001 U.S. adults**. The margin of error for total respondents is ± 3.8 percentage points at the 95% confidence level. For questions asked of half-samples, the margin of error is ± 5.3 percentage points. More information about SSRS can be obtained by visiting www.ssrs.com.

Prescription Drug Prices

(Asked of half-sample A; n=517)

POLQ1. President Trump recently proposed a new plan to try to lower prescription drug prices. Have you heard or read about his prescription drug plan, or not?

	Yes, have heard or read about this	No, haven't heard or read about this	Don't know/ Refused
Total	27	72	1
Reps	31	69	*
Dems	25	74	1
Inds	27	73	-

(Asked of half-sample A respondents who have read or heard about President Trump's recently proposed prescription drug plan; n=160)

POLQ2. From what you have heard, do you believe the president's plan will lower prescription drug prices (INSERT ITEM), or will it not make a difference?

a. In the U.S.

	It will lower prescription drug prices	Will not make a difference	Don't know/Refused
Total	42	45	13
Reps	Not enough cases for analysis (n<50)		
Dems	Not enough cases for analysis (n<50)		
Inds	43	50	7

b. Paid for by the Medicare program

	It will lower prescription drug prices	Will not make a difference	Don't know/Refused
Total	37	52	11
Reps	Not enough cases for analysis (n<50)		
Dems	Not enough cases for analysis (n<50)		
Inds	37	49	14

(Asked of half-sample A; n=517)

POLQ3. The president's plan intends to make other countries pay more for prescription drugs, arguing that foreign governments use their national health insurance systems to negotiate for drug prices that are unfairly low, compared to American prices. Do you favor or oppose trying to make other countries pay more for prescription drugs?

	Favor	Oppose	Don't know/ Refused
Total	26	56	18
Reps	44	32	24
Dems	15	73	12
Inds	24	59	17

(Asked of half-sample A; n=517)

POLQ4. Do you believe this will lower prescription drug prices in the US, or will it not make a difference?

	It will lower prescription drug prices	Will not make a difference	Don't know/ Refused
Total	19	69	12
Reps	31	50	19
Dems	8	85	7
Inds	19	72	9

(Asked of half-sample A; n=517)

POLQ5. The president's plan may require drug advertisements on television to include price information. Do you favor or oppose requiring drug advertisements on television to include price information?

	Favor	Oppose	Don't know/ Refused
Total	63	26	11
Reps	68	23	9
Dems	69	26	5
Inds	60	26	14

(Asked of half-sample A; n=517)

POLQ6. Do you believe this will lower prescription drug prices, or will it not make a difference?

	It will lower prescription drug prices	Will not make a difference	Don't know/ Refused
Total	28	62	10
Reps	41	48	11
Dems	20	72	8
Inds	28	64	8

(Asked of half-sample A; n=517)

POLQ7. The president's plan hopes to encourage more prescription drug competition by having the FDA approve greater numbers of generic, over-the-counter, and biosimilar drugs. Biosimilars are designed to mimic complex, costly medicines made from living cells. Do you favor or oppose approving greater numbers of generic, over-the-counter, and biosimilar drugs?

	Favor	Oppose	Don't know/ Refused
Total	66	25	9
Reps	79	14	7
Dems	55	37	8
Inds	67	23	10

(Asked of half-sample A; n=517)

POLQ8. Do you believe this will lower prescription drug prices, or will it not make a difference?

	It will lower prescription drug prices	Will not make a difference	Don't know/ Refused
Total	56	39	5
Reps	64	32	4
Dems	49	47	4
Inds	59	36	5

(Asked of half-sample A; n=517)

POLQ9. Currently, rules prevent pharmacists from telling customers when directly paying the retail price of a drug would cost them less than paying their health insurance co-pay – a fixed price that some people pay for any prescription. The president’s plan would get rid of these rules. Do you favor or oppose allowing pharmacists to tell customers whether a direct payment would be cheaper for them than using their insurance?

	Favor	Oppose	Don't know/ Refused
Total	81	10	9
Reps	90	6	4
Dems	77	17	6
Inds	81	7	12

(Asked of half-sample A; n=517)

POLQ10. Do you believe this will lower prescription drug prices, or will it not make a difference?

	It will lower prescription drug prices	Will not make a difference	Don't know/ Refused
Total	42	51	7
Reps	58	34	8
Dems	30	64	6
Inds	43	52	5

(Asked of half-sample A; n=517)

POLQ11. From what you have heard about the president’s prescription drug plan, do you believe it will lead to less development of breakthrough new medicines, more development, or will it not make a difference?

	Less	More	No difference	Don't know/ Refused
Total	4	33	54	9
Reps	3	47	42	8
Dems	6	22	64	8
Inds	4	32	55	9

(Asked of half-sample A; n=517)

POLQ12. From what you have heard about the president’s prescription drug plan, do you believe that you or your family will pay less for prescription drugs, more for prescription drugs, or will it not make a difference?

	Less	More	No difference	Don't know/ Refused
Total	22	13	57	8
Reps	40	11	42	7
Dems	9	18	67	6
Inds	21	11	60	8

(Asked of half-sample A; n=517)

POLQ13. Who do you believe is most responsible for high prescription drug prices?

First Choice	Total	Reps	Dems	Inds
Drug companies	44	40	53	42
The federal government	15	9	17	16
Pharmacy benefit managers, which are companies that negotiate between drug makers and insurers over which medicines will be covered by health plans, and how much patients will pay for them at the counter	13	19	12	13
Insurance companies	9	6	6	12
Pharmacies	8	12	7	7
Individual patients	2	1	1	4
Other/none (vol)	2	1	2	1
Don't know/ Refused	7	12	2	5

(Asked of half-sample A; n=517)

POLQ13. Who do you believe is most responsible for high prescription drug prices?

(If gave a response)

POLQ14. Who do you believe is the next most responsible for high prescription drug prices?

**POLQ13/POLQ14 Combo Table
Based on half-sample A**

Combined 1st + 2nd Choices	Total	Reps	Dems	Inds
Drug companies	63	63	70	59
Pharmacy benefit managers, which are companies that negotiate between drug makers and insurers over which medicines will be covered by health plans, and how much patients will pay for them at the counter	34	41	34	31
The federal government	31	17	35	36
Insurance companies	30	25	29	36
Pharmacies	18	20	22	15
Individual patients	5	5	1	6
Other/none (vol)	3	3	2	4
Don't know/ Refused	7	12	2	5

Opioids

Now, I would like to ask you some questions about opioids in United States.

(Asked of half-sample B; n=484)

POLQ15. In the past year, did you or a family member receive a prescription for opioid painkillers from a doctor or a dentist, or did this not happen?

	Received a prescription	Did not	Don't know/ Refused
Total	31	68	1
Reps	33	67	*
Dems	31	68	1
Inds	31	68	1

(Asked of half-sample B respondents who personally received or have a family member who received a prescription for opioid painkillers from a doctor or dentist in the past year; n=143)

POLQ16. Were you or a family member given more opioid pills than you ended up needing, were you given less than you ended up needing, or were you give the right amount?

	More	Less	Right amount	Don't know/ Refused
Total	35	13	49	3

**POLQ15/POLQ16 Combo Table
Based on half-sample B; n=484**

	Total	Reps	Dems	Inds
Received a prescription for opioid painkillers	31	33	31	31
Given more opioid pills than needed	11	10	12	12
Given less opioid pills than needed	4	4	1	6
Given the right amount	15	18	17	12
Don't know if more/less/right amount	1	1	1	1
Did not receive a prescription for opioid painkillers	68	67	68	68
Don't know/ Refused	1	*	1	1

(Asked of half-sample B; n=484)

POLQ17. President Trump recently announced a new plan to reduce opioid misuse in the U.S. Have you heard or read about his opioid initiative, or not?

	Yes, have heard or read about this	No, haven't heard or read about this	Don't know/Refused
Total	47	52	1
Reps	63	37	-
Dems	48	52	-
Inds	45	54	1

(Asked of half-sample B respondents who have read or heard about President Trump's opioid initiative; n=251)

POLQ18. From what you have heard or read, do you think the president's proposed plan will lead to a reduction in opioid misuse in the U.S., or not?

	Will lead to a reduction	Will not lead to a reduction	Don't know/Refused
Total	46	41	13
Reps	69	19	12
Dems	24	62	14
Inds	47	39	14

(Asked of half-sample B; n=484)

POLQ19. Do you think opioid misuse is a problem in your state, or not?

(If a problem)

POLQ19a. Is it a very serious problem, somewhat serious, or not too serious problem?

POLQ19/POLQ19a Combo Table

Based on half-sample B; n=484

	Total	Reps	Dems	Inds
Very serious problem	47	44	51	49
Somewhat serious problem	22	27	17	23
Not too serious problem	3	3	5	3
Not a problem	14	17	14	14
Don't know/ Refused	14	9	13	11

(Asked of half-sample B; n=484)

POLQ20. Have you heard or read about your state government's plan to reduce opioid misuse, or not?

	Yes, have heard or read about this	No, haven't heard or read about this	Don't know/ Refused
Total	31	67	2
Reps	29	70	1
Dems	34	65	1
Inds	32	67	1

(Asked of half-sample B respondents who have heard or read about their state government's plan to reduce opioid misuse; n=158)

POLQ21. Do you think your state government's plan will lead to a reduction in opioid misuse in your state, or not?

	Will lead to a reduction	Will not lead to a reduction	Don't know/ Refused
Total	52	42	6
Reps	Not enough cases for analysis (n<50)		
Dems	Not enough cases for analysis (n<50)		
Inds	50	47	3

(Asked of half-sample B; n=484)

POLQ22. Have you heard or read about rising death rates in the U.S. from the use of opioids, or not?

	Yes	No	Don't know/ Refused
Total	65	33	2
Reps	70	28	2
Dems	77	22	1
Inds	64	36	*

(Asked of half-sample B respondents who have heard or read about rising death rates in the U.S. from the use of opioids; n=345)

POLQ22a. Do you think each of the following is a major cause of those rising death rates, or not a major cause? How about (INSERT ITEM)?

- a. Use of strong prescription painkillers such as Percocet, OxyContin, or Vicodin

	Major cause	Not a major cause	Don't know/ Refused
Total	80	14	6
Reps	75	18	7
Dems	79	14	7
Inds	85	12	3

- b. Use of Fentanyl

	Major cause	Not a major cause	Don't know/ Refused
Total	63	15	22
Reps	64	17	19
Dems	57	17	26
Inds	71	11	18

- c. Use of heroin

	Major cause	Not a major cause	Don't know/ Refused
Total	83	11	6
Reps	83	9	8
Dems	80	14	6
Inds	82	11	7

- d. Use of some other opioid drug

	Major cause	Not a major cause	Don't know/ Refused
Total	68	20	12
Reps	70	18	12
Dems	60	26	14
Inds	74	16	10

(Asked of half-sample B; n=484)

POLQ23. Do you think the amount of money the federal government currently spends on treatment programs for people addicted to opioids is too high, too low, or about right?

	Too high	Too low	About right	Don't know/ Refused
Total	15	39	26	20
Reps	23	27	33	17
Dems	9	54	18	19
Inds	16	44	24	16

Now, I would like to ask you some questions about treatment for opioid addiction in the U.S.

(Asked of half-sample B; n=484)

POLQ24. Do you know someone who is receiving or has received treatment for opioid addiction?

	Yes	No	Don't know/ Refused
Total	31	68	1
Reps	36	64	-
Dems	32	66	2
Inds	30	70	-

(Asked of half-sample B; n=484)

POLQ25. To the best of your knowledge, is there a treatment for opioid addiction that is effective for a long period of time, or isn't there such a treatment?

	Yes, there is such a treatment	No, there is not such a treatment	Don't know/ Refused
Total	35	30	35
Reps	41	27	32
Dems	40	31	29
Inds	36	32	32

(Asked of half-sample B respondents who say there is a treatment for opioid addiction that is effective for a long period of time; n=172)

POLQ26. Do you think that most people who receive treatment for opioid addiction can be successfully treated within one month, longer but within a year, or is treatment often required for a year or more?

	One month	Within a year	A year or more	Don't know/ Refused
Total	4	34	57	5

**POLQ25/POLQ26 Combo Table
Based on half-sample B; n=484**

	Total	Reps	Dems	Inds
Yes, there is a treatment for opioid addiction that is effective for a long period of time	35	41	40	36
Within one month	1	1	-	3
Longer, but within a year	12	19	14	9
Often a year or more	20	20	24	23
Don't know how long	2	1	2	1
No, there is not such a treatment	30	27	31	32
Don't know/ Refused	35	32	29	32

(Asked of half-sample B; n=484)

POLQ27. Do you think that treatment centers for opioid addiction are adequately regulated, or not?

	Regulated adequately	Not regulated adequately	Don't know/ Refused
Total	22	43	35
Reps	23	42	35
Dems	24	45	31
Inds	19	46	35

(Asked of half-sample B; n=484)

POLQ28. In the future, who do you think should bear the greatest responsibility for regulating treatment centers for opioid addiction in the U.S.?

	The federal government	State government	The private sector-government should not be involved	Don't know/ Refused
Total	33	44	15	8
Reps	18	54	22	6
Dems	47	38	13	2
Inds	34	45	15	6

(Asked of half-sample B; n=484)

POLQ29. Do you think someone who has an opioid addiction has a personal weakness or does that person have an illness?

	Has a personal weakness	Has an illness	Don't know/ Refused
Total	37	50	13
Reps	50	40	10
Dems	27	66	7
Inds	35	55	10

(Asked of half-sample B; n=484)

POLQ30. Now, I am going to describe four situations. Please imagine that the person in the situation is a friend of yours who is addicted to opioids. Would you think your friend has been effectively treated or not for opioid addiction if they (INSERT ITEM)?

- a. No longer misuse opioids and do not need any medicine to control their cravings.

	Effectively treated	Not effectively treated	Don't know/Refused
Total	79	12	9
Reps	88	6	6
Dems	89	9	2
Inds	73	18	9

- b. No longer misuse opioids, but need long-term treatment, including counseling and a non-opioid, non-addictive medicine to control their cravings.

	Effectively treated	Not effectively treated	Don't know/Refused
Total	66	25	9
Reps	71	22	7
Dems	75	23	2
Inds	61	31	8

- c. No longer misuse opioids, but need long-term treatment, including counseling and a milder opioid medicine, which is potentially addictive, to control their cravings.

	Effectively treated	Not effectively treated	Don't know/Refused
Total	33	57	10
Reps	34	58	8
Dems	33	59	8
Inds	34	59	7

- d. Occasionally have a lapse and misuse opioids, but continue to work or go to school.

	Effectively treated	Not effectively treated	Don't know/Refused
Total	24	66	10
Reps	26	65	9
Dems	29	65	6
Inds	20	73	7

(Asked of half-sample B; n=484)

POLQ31. If an employer fired someone from a job for no other reason than the employee tested positive for drugs while they were in a treatment program for addiction, would you consider it the right thing to do or the wrong thing to do?

	Right thing to do	Wrong thing to do	Don't know/ Refused
Total	40	51	9
Reps	50	41	9
Dems	30	64	6
Inds	39	51	10

Now I am going to ask you about two programs that try to address other types of drug misuse problems.

(Asked of half-sample B; n=484)

POLQ32. Some states and cities have created needle exchange programs, where people who inject drugs can bring in used needles for clean ones. Those who support needle exchanges believe they improve safety and cut down on the spread of diseases like HIV/AIDS. Those who oppose needle exchanges believe these programs send the message that it's okay to use injectable drugs. Do you support or oppose needle exchange programs?

	Support	Oppose	Don't know/ Refused
Total	47	48	5
Reps	29	67	4
Dems	66	33	1
Inds	50	44	6

(Asked of half-sample B; n=484)

POLQ33. Some cities are considering safe injection sites, where people can receive clean needles and inject drugs under the supervision of a medical professional. Those who support safe injection sites believe they could cut down on the spread of diseases like HIV/AIDS and drug overdose deaths by having medical professionals who can intervene onsite. Those who oppose safe injection sites believe these programs send the message that it's ok to use injectable drugs and encourage riskier behaviors because people know someone will step in to save their life. Do you support or oppose safe injection sites?

	Support	Oppose	Don't know/ Refused
Total	41	56	3
Reps	25	72	3
Dems	54	46	*
Inds	47	50	3

Farm Bill

(Asked of half-sample A; n=517)

POLQ34. Congress is considering re-authorizing the US Farm Bill. One part of the Farm Bill deals with agricultural subsidies for farmers. These government subsidies are paid to farmers and agricultural businesses to add to their income and to influence the cost and supply of crops. In the new Farm Bill, do you think the subsidies paid to (INSERT ITEM) should be increased, decreased, or kept about the same?

a. Small and medium farmers

	Increased	Decreased	Kept the same	Don't know/ Refused
Total	46	10	33	11
Reps	44	8	34	14
Dems	47	9	37	7
Inds	46	13	32	9

b. Large farming businesses

	Increased	Decreased	Kept the same	Don't know/ Refused
Total	16	30	46	8
Reps	16	32	40	12
Dems	11	27	58	4
Inds	18	31	43	8

(Asked of half-sample A; n=517)

POLQ35. Should the names of people and businesses who receive subsidies from the Farm Bill for their farming activities be publicly available, or should they not be publicly available?

	Should be publicly available	Should not be publically available	Don't know/ Refused
Total	73	22	5
Reps	66	28	6
Dems	83	13	4
Inds	71	24	5

(Asked of half-sample A; n=517)

POLQ36. Another part of the U.S. Farm Bill is support for SNAP, the Supplemental Nutritional Assistance Program, formerly known as food stamps. This program provides government-supported food purchasing assistance to millions of low-income people in the U.S. In the new Farm Bill, do you think federal spending on the SNAP or food stamp program should be increased, decreased, or kept about the same?

	Increased	Decreased	Kept the same	Don't know/ Refused
Total	37	19	39	5
Reps	13	39	44	4
Dems	63	7	27	3
Inds	32	14	47	7

(Asked of half-sample A; n=517)

POLQ37. The SNAP or Food Stamp program maintains an approved list of foods and beverages that can be purchased using SNAP or Food Stamps. Some have suggested that in order to encourage healthier eating and drinking habits, candy and sugary drinks should be removed from the approved list of foods that can be paid for through this program. Do you favor or oppose removing (INSERT ITEM) from the list of products that can be purchased using SNAP or food stamp benefits?

- a. Candy

	Favor	Oppose	Don't know/ Refused
Total	64	33	3
Reps	83	16	1
Dems	54	44	2
Inds	63	34	3

- b. Sugary drinks such as soda

	Favor	Oppose	Don't know/ Refused
Total	63	35	2
Reps	74	22	4
Dems	53	46	1
Inds	64	34	2