Before the first adult-use cannabis reform ballot initiatives passed in 2012, it was not a sure bet that cannabis’s status as an illicit drug would change any time soon. Public support for legalization had grown slowly but steadily over the 2000s, but that followed a solid twenty years of stagnation from the late 1970s through the late 1990s. Despite that increased support, most polls found the public split nearly evenly between those for and those against legalizing cannabis. Although it was widely believed that generational turnover would inevitably lead to increased support for legalization, as support was highest in younger age cohorts, there was no guarantee that those trends would bear out both over time and in potentially shifting political contexts.

But the ensuing seven years have brought about tremendous change. Now legal for medical use in thirty-four states and the District of Columbia and for adult recreational use in eleven states and the District of Columbia, cannabis has shifted from broad prohibition to a patchwork of regulatory and decriminalization approaches across the states. At the federal level, the current pic-
ture is more complicated. The rescission of the Cole Memo in 2018 signaled an interest in a more conservative approach to federal enforcement. Meanwhile, in Congress, numerous measures have been introduced to resolve the ambiguities resulting from the Cole rescission, allow hemp cultivation, and expand research, among other reforms.

During this rapid increase in the availability of cannabis to more Americans, public attitudes toward cannabis legalization have also changed rapidly. Two in three Americans now support legalizing cannabis, according to Gallup, following record-breaking increases in support for three consecutive years. Since 2012, support for legalization has increased by 12 percent, and opposition has fallen by 16 percent.3

WHITHER THE RISKS OF CANNABIS?

Part of the reason for the breadth of support for cannabis reform may stem from the perception of the risks of use relative to other drugs. A 2018 NBC News/Wall Street Journal poll asked respondents to select the substance they thought was the most harmful to an individual’s overall health from the following options: alcohol, tobacco, cannabis, and sugar. Only 9 percent chose cannabis—about half the number who chose sugar.4 About four times as many respondents chose tobacco as chose cannabis. Also in 2018, CBS News asked people to compare alcohol and cannabis and choose which was more harmful to a person’s health: 51 percent chose alcohol as the most harmful, and 28 percent ranked them equally harmful.5 When CBS asked people whether they thought cannabis was more or less dangerous than other drugs, 63 percent said it was less dangerous and 28 percent said it was just as dangerous. Less than 5 percent said it was more dangerous than other drugs.

THE LANGUAGE OF LEGALIZATION

Often in discussions around cannabis reform, confusing terminology is thrown about, and some use the jargon improperly. So, it is important to get on the same page with the lingo used in this chapter. First, legalization is the most far-reaching type of cannabis reform. It removes legal penalties around cannabis. The removal of those penalties can and does vary significantly in the United
States. Legalization can describe a system in which the cultivation, production, processing, sale, purchase, and possession of cannabis is legal in a given jurisdiction for all adults of a certain age (in the United States, that age is universally over twenty-one, but this varies in places like Uruguay and certain provinces in Canada). Colorado, Washington, California, Nevada, and others have taken this step. This type of legalization is often called “recreational,” “adult-use,” or sometimes “non-medical” legalization. Those three terms are used interchangeably.

In one U.S. state with adult-use cannabis legalization, Vermont, the sale of cannabis is prohibited, and there is no commercial market for cannabis. However, Vermont’s state legislature approved a 2018 law that legalized home cultivation of a limited number of cannabis plants and allows residents of that state to give away or “gift” cannabis to others, so long as cash is not exchanged. Other states put restrictions on the amount of cannabis that can be purchased at one time, how much an individual can possess at a given time, whether “homegrow” are allowed, the number of plants allowed in a homegrow, as well as a bevy of other regulations around private, personal, and commercial cannabis activity.

Medical legalization is different. While many of the medical systems in the United States look similar to the adult-use legalization systems—cannabis is grown commercially and sold to consumers (patients) at dispensaries—there are differences between the two. First, states with medical cannabis put restrictions in place on who can access it. Those restrictions include age and an individual’s medical illness or condition. To access medical cannabis, one must have a medical condition that qualifies for entry into the program (this is called a “qualifying condition”), and that condition must be recognized by a licensed medical professional. In some states, like California and Colorado, the number and/or types of qualifying conditions allow for permissive entry into the medical cannabis system. Other states, like Connecticut and Delaware, list only a few qualifying conditions, severely restricting residents’ access to the system.

In addition to accessing medical cannabis from the commercial market, several states allow qualifying medical patients to grow at home or join a cooperative in which another individual (typically called a “caregiver”) cultivates cannabis for a patient.

“Decriminalization” is a term that is often most confusing in this space; it
is also one of the terms that the public most frequently uses improperly. Decriminalization refers to a reform in which criminal penalties are removed for the possession of cannabis (meaning it no longer qualifies as a felony or misdemeanor); however, possession still remains illegal under the law. Rather than arresting and locking up an individual caught possessing cannabis, a decriminalization system treats possession similar to a speeding or parking ticket. You are issued a ticket and have to pay a fine (often around $100 for a first offense). Subsequent offenses can increase the fine required, and repeated offenses, in some states, can become a misdemeanor. There are additional limitations imposed by decriminalization systems. Typically, there is a maximum amount that an individual can possess (a set number of grams, or an ounce) beyond which he or she can be charged with a crime (such as a misdemeanor or felony).

One of the challenges with public polling (though decreasingly so as cannabis policy becomes more mainstream) is that various terms may be used interchangeably, making it difficult to understand what the public is actually saying. For example, some pollsters use “decriminalization” when they really mean “adult-use legalization.” As we will see, the most effective means of polling involves a description of precisely what is meant in the question.

LIMITATIONS AND CAVEATS OF CANNABIS POLLING

The polling data we have on cannabis reform is limited in a few ways. One of the main limitations is that when the data come from national samples they cannot provide precise insight into the disaggregated, state-by-state structure of cannabis reform. Another is that when pollsters do conduct surveys within a given state, they may be capturing the public’s perception of a specific piece of legislation rather than their underlying attitudes about cannabis reform.

State versus National Polling

Since Gallup first began asking about cannabis legalization in 1969, polling on this issue has developed and matured significantly. Pollsters have since begun tracking age groups and cohorts, partisanship, gender, and ideology with regard to support.6 Polling has taken a deep dive into the details of different types of cannabis reform, and some have even explored why individuals support or oppose cannabis reform.7 In addition, polling continues at the national
level, but state-level polls have informed much about how different areas of the country, in different political settings, feel about the issue. Finally, polling has even examined how specific population subsets feel about cannabis legalization, including Latinos8 and veterans."9

National-level polling has made important contributions to understanding Americans’ views on the issue. Each poll offers a snapshot into the worldview of the U.S. public and, taken together, can offer additional confidence regarding where the public stands on an issue. A single poll can provide odd results, given margins of error and the nature of polling. On the other hand, a group of polls—or an average of polls—can offer a better perspective on the true nature of public opinion. In addition, polling over time helps us understand changes in public opinion and changes within similar age cohorts over time.10 While comparing different polls with differently worded questions taken at different points in time can potentially generate faulty analysis, the best longitudinal comparisons involve the same polling outlet using the same phrasing. We have that from Gallup, who has been asking the same question for half a century, and other organizations that have been asking questions consistently for some time.

However, national-level polling tells only so much, and there are multiple limitations as to its effect. First, cannabis reform in the United States, through 2018, has happened at the state level. National-level polling can describe the percentage of the public that supports reform; however, that support is not evenly distributed among states. Some states have significantly higher-than-average levels of support for reform, while others have lower levels of support.11

In addition, many advocates point to national-level polling—much of which shows support for cannabis reform exceeding 60 percent—and seem confused as to why national-level reform has not occurred. One of the many challenges to that line of logic assumes that individual elected officials respond to national-level polling. In reality, no elected official in the United States has a political constituency that is nationwide, not even the president.12, 13 For members of the House and Senate who would be the initial source of national-level cannabis reform, their constituencies are significantly concentrated to the state or substate levels, making national-level polling irrelevant to their considerations. If legislators were responsive to national-level polling on cannabis, Hal Rogers, a Republican from Kentucky’s 5th congressional district—who represents one
of the most rural and the most conservative districts in the country—would mirror Earl Blumenauer, a Democrat from Oregon’s 3rd congressional district that includes Portland. He does not.

**Polling on Initiatives versus Issues**

Another area of public opinion used to demonstrate public support for cannabis reform involves ballot initiatives. In advance of an initiative appearing on the ballot, advocates field polls to understand where the public stands—and, often, what work the campaigns for or against the initiative need to do. But pre-election polling is not the only data that reflect opinion. The outcome of the vote is heralded as the public’s view on cannabis reform, and post-passage reflection on how the public feels about the new reforms provides relevant information as well.

However, those data should not be confused with broader public support for cannabis reform for a few reasons. First, pre-election polling, post-passage reflection, and election day results reflect the public’s opinion of a specific cannabis reform initiative and the system that initiative seeks to put in place. That initiative may underestimate public support for broader cannabis reform—or even different reform systems. For a variety of reasons, voters may support cannabis reform but oppose a specific ballot initiative.

Election day results of a ballot initiative are all that ultimately matter in terms of getting reform in place. However, arguing that those results reflect what the broader public believes about reform is not necessarily valid. Turnout in a given election is not a representative sample of the broader public; the constituency that turns out to vote tends to be older, whiter, and wealthier than the general population. Those demographic realities may underestimate support for reform—even one specific to an initiative.

However, polling on a given initiative and the results of an initiative can be important and informative for the cannabis reform community. Although differences exist among state systems, many state-based cannabis reform ballot initiatives build upon others, and there is a degree of policy learning from the experiences of other states. Understanding why a ballot initiative passes in Colorado with 55 percent of the vote and in Maine with just over 50 percent of the vote helps inform other states that are considering initiatives.

The general takeaway is that while any public opinion data regarding can-
nabis reform is critically important, carelessness and imprecision in the discussion of these data can be damaging to an advocacy movement. It is incumbent upon those working with and discussing polling to understand those data in context and with the necessary caveats.

**MEDICAL CANNABIS**

While the medical use of cannabis has been around for millennia, the U.S. government effectively outlawed cannabis in all forms in 1937 and formally outlawed it in 1970. Since 1996, however, states have begun reforming their laws around medical cannabis, and now a large majority of Americans live in states with medical cannabis systems in place. Medical cannabis has exploded in popularity since California passed the first medical cannabis initiative, and that support extends across age groups, races and ethnicities, partisanship, ideology, and gender.

Americans embrace the idea that cannabis can be used for medical purposes—to relieve pain, quell the seizures associated with epilepsy, reduce inflammation, ease the suffering associated with chemotherapy, induce hunger for those with auto-immune disorders, and treat anxiety, among other symptoms and conditions. As medical cannabis programs have expanded, so, too, has Americans’ experience with the substance. Millions of Americans have found therapeutic relief from cannabis and tens of millions know someone who has, transforming this once taboo issue into one that is mainstream.

Since 2014, CBS News has been asking if doctors should be able to prescribe (recommend) cannabis to patients with serious illnesses. As figure 1-1 shows, that support has remained stable, never dropping below 84 percent, and rising as high as 88 percent in 2017.14

Similarly, the Quinnipiac poll asked a random sample of Americans whether individuals should be able to legally access cannabis with a doctor’s prescription.15 Quinnipiac fielded this question twice each year in 2017 and 2018 and, as figure 1-2 shows, support for medical cannabis is quite high—between 91 percent and 94 percent, making it one of the most popular policy proposals in the United States.16

That public support has transformed into real results. Since 2008, twelve medical cannabis initiatives have appeared on ballots across the United States.
FIGURE 1-1. Do you think doctors should be allowed to prescribe small amounts of marijuana for patients suffering from serious illnesses or not? (CBS News)

FIGURE 1-2. Do you support or oppose allowing adults to legally use marijuana for medical purposes if their doctor prescribes it? (Quinnipiac)
Of those initiatives, nine passed. Diving into the success and failure of initiatives is important. Initiatives passed both in liberal states like Massachusetts (2012) and conservative places like Utah and Oklahoma (2018). The three states in which they failed—South Dakota, Arkansas, and Florida—have unique histories as well. Sixty-three percent of voters opposed South Dakota’s medical cannabis initiative. Arkansas defeated a medical cannabis initiative in 2012 only to vote on it again four years later. In 2012, the measure was defeated by fewer than 3 percent but passed by more than 6 percent in 2016.

In 2014, Florida voted on a constitutional amendment to legalize and regulate medical cannabis. In Florida, constitutional amendments require 60 percent support to pass. Although a majority of voters supported reform, it fell short of the 60 percent threshold, with 57.6 percent of voters approving. More than 900,000 more Floridians voted yes than voted no. Just two years later, Floridians voted on another medical cannabis constitutional amendment. The result was quite different—the measure passed 71 percent to 29 percent. More than 3.9 million more voters voted in favor of reform than those who voted to oppose. In fact, the 2016 cannabis ballot initiative received about 2 million more votes in Florida than either Donald Trump or Hillary Clinton.

Medical Cannabis and Key Constituencies
Beyond broad support for medical cannabis, there are a series of subgroups and related issues that have been the focus of much attention of late. First, veterans are a critical part of the medical cannabis conversation, in part because of federal restrictions on their access to cannabis via VA hospitals as well as their increased likelihood to have a qualifying condition. According to the National Institutes of Health (NIH), veterans are significantly more likely than non-veterans to experience severe chronic pain, and veterans (especially combat veterans) have disproportionately high levels of post-traumatic stress disorder (PTSD).

Veterans’ organizations, including the American Legion, Iraq and Afghanistan Veterans of America (IAVA), and Veterans of Foreign Wars (VFW), have come out in support of expanded, federally-funded medical cannabis research. Additionally, some veterans’ organizations have polled their members on the issue. The results have been definitive. A 2017 poll by IAVA asked members whether they supported medical cannabis legalization. In a
2017 poll, 63 percent of IAVA members supported medical legalization, with another 22 percent neutral. Only 15 percent of members opposed the move. A 2017 poll from the American Legion asked veterans, veterans’ family members, and veterans’ caregivers about medical cannabis. Although the poll showed that only 22 percent of respondents used cannabis medically, 82 percent said they would “want to have cannabis as a federally-legal treatment,” and 83 percent stated they “believe the federal government should legalize medical cannabis.” Fully 92 percent supported research into medical cannabis.

The opioid crisis has become an issue that has influenced the cannabis policy debate. With some medical research suggesting that cannabis could be used to treat opioid use disorder (OUD), some states considered OUD as a qualifying condition. The public is ready for a solution to the opioid crisis, and many believe medical cannabis may be a path forward. In a 2018 Harris Poll/HealthDay survey, 85 percent of Americans supported the legalization of medical cannabis, and a majority—53 percent—said they believe “if cannabis were legal, fewer people would die from opioid overdoses.” Other polls have shown more mixed results on the topic. An April 2018 Quinnipiac poll showed that 20 percent of Americans believe legalization could increase opioid use, 20 percent of Americans believe it could ease use, and another 56 percent believe it would have no effect. Yet, even among Americans most skeptical of cannabis legalization—those over the age of fifty—there is agreement on the relative dangers of cannabis and opioids. In a University of Michigan/AARP poll, respondents age fifty to eighty, 48 percent believed that prescription pain medication is more addictive than cannabis, whereas only 14 percent believed the opposite.

LEGALIZATION

Since 1969, Gallup has been asking Americans “Do you think the use of cannabis should be made legal, or not?” Just 12 percent of respondents said yes on that first survey. Support grew somewhat in the 1970s, then hovered around 20 percent for the next thirty years. For the first decade of the millennium, it grew steadily toward 50 percent. Then, as seen in figure 1-3, it began to rise rapidly after 2012 to reach two-thirds support.

Increasing support for legalization is typically interpreted as an effect of generational replacement, with younger people much more likely to support
legalization than older generations. That does seem to be taking place, but so, too, are increases in support over the last several years extending to older Americans. For the first time, in 2018, those fifty-five and older in Gallup’s cannabis legalization poll were in favor of legalization by a majority. However, older Americans remain much less likely to support legalization than younger Americans.

There has been a persistent, although shrinking, gender gap in support for cannabis legalization. As recently as 2012, Quinnipiac found that, while men supported legalization at 59 percent, women opposed it at 52 percent. YouGov found a similar five-point gap in 2015, with fewer women agreeing that cannabis should be legalized. In a 2018 Quinnipiac poll, however, women supported legalization at 60 percent, just five points behind male respondents.

Although Republicans trail Democrats in their support for legalization, support has increased among members of all major political affiliations over the last decade. As figure 1-4 shows, using data from the General Social Survey, Democrats have seen the sharpest increase in support, with Independents a few points lower.

One demographic category where Gallup found that differences in support have more or less disappeared was geographic region. In 2009–2010, support
for legalization was lowest in the South and Midwest, where it trailed behind the East by five to six points and the West by fifteen to sixteen points. But by 2017–2018, all regions had reached two-thirds support; in the Midwest, that increase was a twenty-five-point jump.

There may be some variation in the favorability of different regulatory regimes that is not captured in the legalize-or-not polling that is most commonly deployed. One poll conducted by Mason-Dixon in 2018 asked in more detail about types of cannabis regulation. They asked registered voters to choose between keeping cannabis illegal, legalizing it for medical use, keeping sale of cannabis illegal but removing jail time as a penalty, and legalizing it for recreational use. Approximately half of respondents selected legalization for recreational use, and another 29 percent chose legalizing medical cannabis. Similarly, a 2017 Harvard-Harris poll found 49 percent in favor of legalization for medical and personal use, and 37 percent in favor of medical use only. One criticism of a survey like this is that citizens need not choose between each of those. For example, some states have a medical cannabis system in place and have decriminalized its use. In addition, every state that has legalized adult-use cannabis already had a pre-existing medical cannabis program.
THE GATEWAY EFFECT

A key aspect of the rhetoric opposing cannabis legalization has been the perception of a gateway effect—the progression of cannabis users to more dangerous drugs. When Gallup asked this question in 1977, 60 percent of respondents agreed that “for most people the use of cannabis leads to the use of hard drugs.” When Pew Research Center asked the same question in 2013, that number dropped to 38 percent. Quinipiac’s respondents in 2018 were even less convinced of the gateway effect, with 31 percent agreeing that cannabis is a “gateway drug” and 61 percent disagreeing, as figure 1-5 shows. Republicans were approximately fifty-fifty on the question, whereas only 18 percent of Democrats believed cannabis is a gateway drug. As figure 1-5 shows, the eighteen-to-thirty-five age group was much less likely to believe in the gateway effect than older age groups.

Data from CBS News present somewhat different opinions on the gateway effect. In 2018, they asked whether people thought the legalization of cannabis would make people more or less likely to use other drugs. About half responded that it would not have much of an effect, 28 percent said it makes them more likely to use other illegal drugs, and 20 percent said it makes them less likely.

![Figure 1-5: Do you consider marijuana a so-called “gateway drug” or not? (Quinipiac)](image)
**FEDERALISM**

Americans generally support a federalist approach to cannabis regulation. When polled about which should regulate cannabis—the individual states or the federal government—a majority of Americans say it should be left to the states. This was the case in 2014, according to a CBS News poll, with 59 percent saying that state governments should decide whether cannabis should be legal or not and 33 percent answering that it should be the federal government. When they asked the same question in 2018, the total response remained basically the same but with an interesting partisan shift: the number of Republicans on the side of state control shrank this time around, going from 70–27 to 64–32. Morning Consult also polled on this issue in 2018 and found majority support for states to decide on legalization: 56 percent supporting the state option with only 26 percent agreeing that the federal government should decide. Their results echo the slightly higher support for federal control among Republicans: 32 percent of them support federal control versus 23 percent of Democrats and Independents. In fact, Republican respondents supported federal regulation of cannabis more than any other subgroup measured in the poll.

Most American voters oppose the government enforcing federal laws in states that have legalized cannabis for medical or recreational purposes, according to polls by Quinnipiac in 2017 and 2018. Across most subgroups, 70 percent oppose federal enforcement in states that have legalized. There is a partisan divide on this question, with a thirty-point gap between Democrats and Republicans. Respondents were similarly supportive of legislation to protect states from federal prosecution.

**CRIMINAL JUSTICE**

In addition to legalization, there are a few criminal justice reforms related to cannabis for which we have public opinion data. A Harvard-Harris poll of registered voters conducted in 2017 found that 72 percent agreed that even if cannabis is not legalized, people convicted of possessing small amounts of it should not serve time in jail—support for decriminalization.

After Illinois decriminalized cannabis possession in 2016, Mason-Dixon polled registered voters about the current policy and other alternatives. They
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found 47 percent of respondents were in favor of keeping the current policy and 23 percent were in favor of legalizing for recreational use. Only 18 percent were in favor of making all cannabis use illegal. (In 2019, shortly before Illinois governor J. B. Pritzker signed full-scale legalization into law, the Chicago Sun-Times reported that when given the choice simply to support or oppose adult-use cannabis, 60 percent statewide supported the policy.)

Clean slate legislation, which seals the records of those convicted of nonviolent crimes and who do not commit further crimes, also intersects with cannabis policy. A 2018 Center for American Progress poll in two states where such legislation was being considered—South Carolina and Michigan—found that 70 percent of voters supported such legislation, and 68 percent favored cannabis legalization.

THE REVENUE RATIONALE

Now that public support for legalization has grown and more than eleven states have legalized cannabis, pollsters have begun asking more specific questions about American’s attitudes toward cannabis reform. Rather than a complete inventory, these responses provide a look at a few of the issues that intersect cannabis reform, as well as the values or cost-benefit assessments that contribute to Americans’ views.

During the fiscal year 2018, Colorado collected over $20 million in taxes, licenses, and fees on cannabis every month. The potential for revenue gains was presented to respondents in the April 2018 Quinnipiac poll as follows: Is revenue a good reason to make cannabis legal for recreational use, or a bad one? Responses diverged along partisan and age group lines. In aggregate, 54 percent replied that it was a good reason and 42 percent that it was a bad one. Two-thirds of Democrats thought it was a good reason; in almost the same proportion, a majority of Republicans thought it was a bad reason. Younger respondents were more open to legalization for revenue benefits: 76 percent of eighteen-to-thirty-four-year-olds said it was a good reason, with that number dropping off in successive age groups, until 62 percent of those aged over sixty-five said that revenue was a bad reason to legalize cannabis for recreational use.
SUPPORT VERSUS SALIENCE

Often, supporters of cannabis reform cannot fathom why politicians have not yet embraced the issue *en masse* and reform has not gotten traction at the national level given that cannabis reform is as popular as it is at the national, state, and local levels. Although there are a variety of factors as to why such policy reform has faced inertia, one important—and somewhat hidden—reason is a lack of salience. This distinction is an important one. Support for an issue is defined as the percentage of the public that believes in a given idea. That issue could be cannabis reform, universal health care, middle class tax cuts, expanded gun rights, or union rights. However, salience is how passionately the public feels about a given issue. A combination of significant public support and significant salience is key to reforming policy.

The challenge for cannabis is that, while it became dramatically more popular over the past two decades, its importance as an issue in the broader public has remained muted. Some polling results offer insight into this lack of salience. A January 2018 poll by NBCNews/Wall Street Journal showed that fewer than 10 percent of the public considered cannabis reform to be their number one issue of importance.\(^4^4\) The same outlets fielded a poll in 2014 asking the public whether they were more or less likely to support a candidate if that candidate supported cannabis legalization. A plurality of the public—40 percent—said that it did not matter.\(^4^5\) In fact, for decades, Gallup has been asking Americans about the issues most important to them, and cannabis reform has never once been in the top twenty issues.\(^4^6\)

This generates a simple reality: Americans support cannabis reform, but they really do not care about it.

The 2018 midterm elections may have marked a turning point on this issue, however. For the first time, cannabis was presented not as an albatross around the necks of potential candidates but as an important issue to embrace. Successful gubernatorial candidates in states with existing recreational systems, including California, Colorado, and Nevada, supported cannabis reform. But successful candidates in states without reform in place, including Connecticut, Illinois, Michigan, and Minnesota, also embraced reform.\(^4^7\)

Some candidates in other races seized on cannabis policy as a means of connecting with voters, even in states where such a position would have been
unheard of a few years ago. Beto O’Rourke was the 2018 Democratic nominee for Senate in Texas. He openly embraced national-level cannabis reform in a state that has not embraced even medical cannabis. He ultimately lost by about 2.5 percent; however, in the twenty-two years (and eight Senate elections) prior to that contest, the closest a Democrat came to national office in Texas was an eleven-point loss, in 1996. Candidates for office may not see cannabis as an issue that will propel them to a win, but 2018 may mark a moment in which candidates understood that support for cannabis is no longer the liability it once was.

CONCLUSION

Americans’ support for cannabis reform has reached an all-time high. Support is highest for medical cannabis treatment by doctors, but a majority of Americans across age groups, and across all regions, support legalization. They also view cannabis as a safer substance than other drugs; only a minority see it as leading to the use of other, more dangerous drugs. Despite the breadth of that support, and urgent campaigns for reform among interest groups like veterans, the salience of the issue continues to be low—Americans are largely not inclined to base their votes for elected officials on their views regarding cannabis reform and do not rank the issue as a high priority. Polling data show that the status quo of a federalist approach is acceptable to most Americans, but as ballot initiatives are contested in the states, strong support measured at the national level can be a poor indicator of their chances for success. It remains to be seen how Americans’ views will evolve as cannabis continues to become more widely available both for medical and recreational purposes.

NOTES

The authors would like to thank Leslie Aguilar for her invaluable research assistance.


10. For example, we can trace baby boomers’ public opinion on cannabis over time by examining that group (individuals born between 1945 and 1964) throughout periods of time. Rather than simply considering how a twenty-five-year-old feels in 1970 and how a twenty-five-year-old feels in 1990, we can consider what a twenty-five-year-old feels in 1970 and how a forty-six-year-old feels in 1990. This shows not just how an age group changes the electorate but how an age cohort—voters born in the same time period—evolves on an issue.


13. While the president does represent all Americans, he is elected not by a national plebiscite but by fifty-one individual subnational elections that are aggregated, and presidents and presidential candidates are responsive to the needs and demands of constituencies according to the Electoral College (see Hudak 2014).


15. “Prescription” is used here, likely as an efficient way to convey physician approval of medical cannabis use. In reality, it is illegal for doctors to prescribe cannabis because it is a Schedule I substance and is not recognized as having medical use. Thus, a DEA-regulated prescription pad cannot be used to authorize an illegal substance. Instead, doctors must write a “recommendation” that notes that cannabis will likely help a patient’s condition.


17. “Pain: U.S. Military and Veterans,” Bethesda, MD: National Center for Com-
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26. In that same University of Michigan/AARP poll, 80 percent of respondents age fifty to eighty supported medical cannabis use with a doctor’s recommendation, and 64 percent favored government funded research into medical cannabis.


32. “U.S. Voters Believe Comey More Than Trump.”


38. “U.S. Voters Believe Comey More Than Trump.”


43. “U.S. Voters Believe Comey More Than Trump.”


47. In Michigan, candidate Gretchen Whitmer embraced cannabis reform in a state with adult-use cannabis legalization in the ballot; she even endorsed the measure, which ultimately passed on the same day she was elected governor.