

UC Irvine

UC Irvine Electronic Theses and Dissertations

Title

The Legalization of Cannabis in California: Contested Meanings and Ideational Change

Permalink

<https://escholarship.org/uc/item/4c81b1rg>

Author

Moiseeva, Ekaterina (Katya)

Publication Date

2020

Peer reviewed|Thesis/dissertation

UNIVERSITY OF CALIFORNIA,
IRVINE

The Legalization of Cannabis in California: Contested Meanings and Ideational
Change

DISSERTATION

submitted in partial satisfaction the requirements for
the degree of

MASTER OF ARTS

in Social Ecology

by

Ekaterina (Katya) Moiseeva

Dissertation Committee:
Professor Valerie Jenness
Assistant Professor Christopher Seeds
Associate Professor Bryan Sykes

2021

TABLE OF CONTENTS

1. INTRODUCTION	1
1.1. RESEARCH PROBLEM	1
1.2. THE SOCIO-LEGAL APPROACH TO DRUGS	3
1.3. THE LEGALIZATION OF CANNABIS IN CALIFORNIA: A PROCESSUAL VIEW	6
1.4. THE CONTESTED NATURE OF CANNABIS: THE MOMENT OF INSTITUTIONAL CHANGE	9
1.5. THEORETICAL CONSIDERATIONS	13
2. LITERATURE REVIEW	17
2.1. THE DOMINANT APPROACH TO THE DRUG PROBLEM	17
2.2. THE HISTORY OF CANNABIS CRIMINALIZATION	18
2.2.1. <i>Mexican drug, 1930-1950s</i>	19
2.2.2. <i>Harry Anslinger, the Godfather of America's war on drugs</i>	21
2.2.3. <i>The hippies' drug, 1960-1970s</i>	24
2.2.4. <i>Cannabis as a Schedule I drug</i>	26
2.2.5. <i>Escalating of the war on drugs, 1980-1990s</i>	29
2.3. THE CRIMINALIZATION OF CANNABIS AS A MORAL CRUSADE	34
2.4. THE LIMITATIONS OF THE CRIME CONTROL PARADIGM	37
2.5. THE LEGALIZATION OF CANNABIS AS IDEATIONAL CHANGE	42
2.5.1. <i>How change became possible</i>	43
2.5.2. <i>NORML and the depenalization of cannabis</i>	45
2.5.3. <i>Medical cannabis: from a sinful substance to a health cure</i>	47
2.5.4. <i>The backlash of Proposition 215</i>	52

2.5.5. <i>Proposition 64 and the development of the legal cannabis market</i>	56
2.6. THE CURRENT STATUS OF CANNABIS: A LEGAL LIMBO	58
3. THE NORMALIZATION OF CANNABIS IN CALIFORNIA: STATISTICAL	
ANALYSIS	61
3.1. THE NORMALIZATION THESIS	61
3.1.1. <i>Is cannabis use normal?</i>	61
3.1.2. <i>Is the legal cannabis market normal?</i>	63
3.2. THE CONCEPTUAL MODEL	65
3.3. THE EMPIRICAL MODEL	68
3.3.1. <i>Dependent variable</i>	69
3.3.2. <i>Independent variables</i>	71
3.4. RESULTS	78
3.5. DISCUSSION	82

LIST OF FIGURES

Figure 1. Events and occurrences (borrowed from Andrew Abbott)	40
--	----

LIST OF TABLES

Table 1. Total number of cannabis licenses issued in California in 2018 and 2019	70
Table 2. Support of cannabis legalization and the number of licenses issued in California cities..	72
Table 3. The index of socio-economic prosperity (Factor Analysis—Varimax Rotation)	74
Table 4. Summary of Dependent and Independent Variables (City-Level Statistics).....	79
Table 5. The Number of Cannabis Licenses Issued in California Cities in 2018 and 2019, Net of Covariates, City-Level Analysis.....	81

ACKNOWLEDGMENTS

I express many thanks to my committee for their continued support: Dr. Valerie Jenness, Dr. Christopher Seeds, and Dr. Bryan Sykes. I offer my sincere appreciation for the learning opportunities provided by my committee.

My completion of this thesis would not be possible without the support of my family—my husband Maurice and my daughter Dasha. Thank you for your encouragement and for allowing me time away from you to research and write.

ABSTRACT

“The Legalization of Cannabis in California: Contested Meanings and Ideational Change”

Ekaterina (Katya) Moiseeva

University of California, Irvine

Dissertation submitted in partial satisfaction the requirements

for the degree of Master of Arts in Social Ecology

Committee chair: Professor Valerie Jenness

This project addresses a set of interrelated questions. First, how is the legalization of cannabis for recreational use spreading across California cities? Second, what accounts for the uneven legalization of cannabis across California cities? And third, what does the case of cannabis legalization reveal about the relationship between legitimacy and legality more generally? The legalization of cannabis in California presents an ideal context to unpack the mechanisms that explain why some jurisdictions move toward more permissive moral policies, and others do not. The author employs the statistical analysis to explore the political diffusion of cannabis regulation in California cities and to identify factors impeding or fostering the development of the legal cannabis market at the city level. The dependent variable represents a proxy of the local governments’ permissiveness and is calculated as the number of cannabis licenses issued from 2018 to 2019 in a city. The results show that cities supporting cannabis legalization are more likely to be socially and economically prosperous, while cities that permit legal cannabis companies within their borders are, on the contrary, more likely to be socially and economically disadvantaged.

1. INTRODUCTION

1.1. Research problem

The legalization of cannabis is a product of moral and political debates in contemporary America. Federal laws identify cannabis as one of the most dangerous drugs with no medical use, and its cultivation, possession, and distribution are criminally prosecuted. At the same time, many states adopt a different view admitting the medical benefits of cannabis and advancing decriminalization and legalization policies. As of 2019, 14 states and the District of Columbia have legalized cannabis for recreational use, and 35 states and the District of Columbia have legalized it for medical use.

California's cannabis policy makes for a special case. Owing to its large population and gross domestic product, California is the most prominent market of legal cannabis in the US (and likely in the world). In 1996, California voters made history by passing Proposition 215, which legalized the medical use of cannabis. Twenty years later, in 2016, the state adopted Proposition 64, which permitted cannabis for recreational use with record rates of public support (57% of votes). Los Angeles and San Francisco lead by example in creating a supportive environment for the legal cannabis market. Their governments adopted social programs designed to lower the barriers for individuals with past cannabis convictions¹ and expedite the expungement of cannabis-related records.² Nevertheless, it would be erroneous to assume that acceptance of cannabis arose with the same intensity across California counties and cities. Local jurisdictions have discretion over

¹ Social Equity Programs addresses the disproportionate impact of the war on drugs on marginalized communities by promoting employment opportunities in the cannabis business. Links: <https://cannabis.lacity.org/licensing/social-equity-program>; <https://www.oaklandca.gov/projects/cannabis-equity-program>; <https://officeofcannabis.sfgov.org/equity>.

² On September 30, 2018, California passed legislation that retrospectively allowed those with cannabis convictions to reduce or completely dismiss their previous sentences (AB-1793). The state's Attorney General's office to identify past convictions potentially eligible for dismissal by July 1, 2020 and send them to counties for review. The Judicial Council of California estimates at least 218,000 residents would benefit from the new law. At the same time, it is still unclear how expungement will be implemented. The current expungement system is too cumbersome and expensive. Automating this process will take away financial and bureaucratic obstacles.

Links: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB1793; <https://www.lamag.com/citythinkblog/clearing-marijuana-conviction-ab1793/>; <https://www.marijuanamoment.net/san-francisco-automatically-expunges-8100-marijuana-convictions-using-computer-program/>.

deciding whether to allow or forbid cannabis companies within their borders. At the moment, only one-third of California cities permit the distribution, cultivation, testing, manufacturing, or sale of cannabis, while the rest have passed ordinances forbidding any cannabis-related economic activities within city borders.

This project is the first and the most comprehensive study of the unfolding process of cannabis legalization, which empirically addresses a set of interrelated questions. First, how is the legalization of cannabis for recreational use spreading across California cities? Second, what accounts for the uneven legalization of cannabis across California cities? And third, what does the case of cannabis legalization reveal about the relationship between legitimacy and legality more generally? Historically, the war on cannabis drew a line between “productive” members of society and “dangerous” elements (immigrants, minorities of color, communists, political activists, and so forth), thereby serving normality judgments. Today, cannabis is in a transition state: although the law made it legal in California, large segments of the population and local governments still do not accept the idea of recreational cannabis and refuse its incorporation in the communities.

I explore cannabis regulation as an example of moral laws, i.e., policies that deal with problems of moral order and deviance (Mooney and Lee 1995). According to Max Weber, certain laws, especially those relating to moral issues, are not accepted on the basis of their legality, but because they express legitimate moral values (Spenser 1970, 127). The legalization of cannabis in California presents an ideal context to unpack the mechanisms that explain why some jurisdictions move toward more permissive moral policies, and others do not. The implementation of morality policies at the city level is a neglected area of research. Many writings focus on the nature of morality policies and whether or not the state should regulate certain individual practices. Still, little efforts have been directed toward understanding how these legislations are created and carried out.

This study provides an empirical test of the morality of law and explains what drives the adoption of permissive cannabis regulation at the bottom level of US politics—cities.

There is a commonly held misconception that since most citizens supported the legalization of cannabis in California, its use and sale is allowed throughout the state. However, a closer look at local political projects shows that public support cannot fully explain the adoption of pro-cannabis legislation. For example, in Santa Monica, 75 % of voters supported cannabis legalization in 2016, but the city government forbade all economic activities related to recreational cannabis. Meanwhile, most of Firebaugh’s citizens voted against the legalization of recreational cannabis, but the city government permitted cannabis businesses.

By focusing on cannabis legalization in the cities of California, this project brings to the fore the importance of local actors and decisions. Despite the significance of local policies, we still lack a comprehensive body of theoretically driven research explaining variation in policy outcomes at the local level (Trounstine 2009, 613). Studying local policies can be beneficial for many reasons. First, the success or failure of state or federal regulations depends on how it is operationalized and put into effect by local jurisdictions (Ibid, 612). Local practices may change an idea laid by legislators. Second, the decisions produced by local governments have a direct impact on the well-being of citizens and communities. Lastly, a large number of national initiatives have grown out of local activities (Trounstine 2009, 613). For example, San Francisco was the first American city that ignored state and federal laws and decided not to prosecute “underground cannabis pharmacies”, which eventually paved the way for legalizing cannabis across the state (Kjellberg and Olson, 2017).

1.2. The socio-legal approach to drugs

This research delves into the complex nature of change. I purposely do not say “legal change”, for the term oversimplifies the dynamics inherent to the transition from illegal to legal cannabis.

Legalization is not a mere outcome and does not happen overnight. It is, first of all, a gradual process of social, cultural, legal, and institutional transformation, which started in California well before Proposition 64 in 2016 and may extend long into the future. Therefore, I adopt a process-oriented approach that overcomes the limitations of the outcome-based perspective, widely used in socio-legal studies, and allows us to speak about *legalizing* cannabis in California as a project under construction.

Socio-legal scholars examine the drug problem predominantly through the lens of control, prohibition, and punishment. Drugs are viewed as a card played within the bigger political project that is the creation of the penal state. Various studies have demonstrated how drugs became both a target and a source of the war on crime, and how by associating drug use to violent crimes, the federal government made the war on drugs an integral part of American life (Beckett 1997; Garland 2001; Simon 2007; Alexander 2012). These analyses present a causal explanation of penal change, which contains the following key elements: (1) the intensification of state control as (2) a response to the public's fears (3) incited by the mass media. Although such theorizing is essential for understanding the drug problem, it is not sufficient. The preponderance of the "crime and punishment" framework stifles other possible research angles and reduces the perimeter of the drug problem. Drugs are not only a criminal justice issue but also a societal problem, a medical problem, a moral problem, a market problem, and so on.

Another limitation of the existing socio-legal literature on the drug problem is its outcome-based and top-down orientation. The research heavily relies on causal explanations and focuses on macro-level trends, elite political actors, class conflicts, federal policies, and national mass media. At the same time, it neglects other layers of interpretation, such as local-level processes, institutional practices, and social relations. As Andrew Abbott notes, the vast majority of sociological studies

aim to evaluate the causes of “what happens” but lack a reflective concept of how to *temporarily* conceptualize “what happens” (2016, 196). Instead of focusing on where we ended up, Abbott says, we should look at the walk itself. The outcome-based theorizing may be problematic since it reinforces a “normal” and “objective” view of life (Ibid, 196-197). By explicating the causal relationship between crime and drugs, socio-legal scholars conceptualize the drug problem in the same inadequate way as policymakers and therefore run the risk of exacerbating intolerance and prejudices (Allen 2007).

Currently, socio-legal scholarship lacks an alternative language to speak about the drug problem and continues investing in the criminal justice approach (Taylor et al. 2016). Cannabis legalization raises interest among various social science disciplines—jurisprudence, sociology, criminology, political science—which focus on a narrow range of topics, such as the discrepancy between federal and state regulation, or the effect of legalization on crime rates, drug use, and driving under the influence. Much of this scholarship defines law in instrumental terms: legal change simply ensues from broader policy and regulatory shifts, such as the passage of the Controlled Substance Act in 1970 or Proposition 64 in 2016. However, the law is not a direct reflection of collective consciousness; neither is it the immediate result of lawyers’ work. The alternative way to study law is to look at it as a communicative practice that directs attention to the law’s power in constructing meanings, legal discourses, symbols, interpretations, and knowledge. In short, to understand the nature of the legalization process, it is necessary to employ a bottom-up perspective and move from the enactment of federal and state legislation to local political projects, from the patent outcomes to latent everyday practices, and from the direct impacts to negotiated agreements.

1.3. The legalization of cannabis in California: a processual view

Many intricacies of the legalization process become apparent only when we apply a processual view and focus on local political projects. What do we mean when we say that cannabis became legal in California? From a strictly juridical point of view, it means that possession, cultivation, distribution, and sale of cannabis do not represent a criminal act anymore. Individuals who consume, grow, or sell cannabis cannot be arrested or prosecuted. From a market point of view, it means that the state oversees the operation of the legal cannabis market. Namely, it creates a legal infrastructure for market development, enforces contracts, safeguards competition, protects property rights, and provides standards. Finally, from a cultural perspective, legalization means a cultural shift reflecting the broader public acceptance of cannabis. Some scholars call this process “normalization” (Hathaway 2004; Hathaway et al. 2011; Parker et al. 2002; Pearson 2001), arguing that today, cannabis use is more tolerated, and cannabis users are less stigmatized.

But how do all these processes evolve in practice? First, even though *de jure* cannabis is legal throughout California, *de facto* its status is controversial. Under the Controlled Substances Act (CSA), cannabis is classified as a Schedule I drug, along with such potent substances as heroin and LSD. Thereby, the federal government has the authority to prohibit and prosecute any use of cannabis. As separate sovereigns, the states may decide whether to cooperate with the federal government or not, but they cannot prevent the federal agencies from enforcing the law. Therefore, cannabis is legal in a state that has voted to allow it, but only to the extent the federal government chooses not to enforce the CSA (Kamin 2017a, 107). Despite several attempts to resolve the conflict between federal and state laws, cannabis is still in a legal limbo. In 2013, the Department of Justice

(DOJ) issued a memo notifying that prosecuting local cannabis cases is not a priority.³ However, under the Trump administration, US Attorney General Jeff Sessions rescinded all Obama-era lenient policies towards cannabis, including the memo limiting federal prosecution of local cannabis cases.⁴ Currently, Congress is debating over the Marijuana Opportunity and Reinvestment and Expungement Act (MORE), which decriminalizes cannabis and completely removes it from the list of controlled substances.⁵ On December 4, 2020, the House of Representatives approved the ACT, but many experts are pessimistic about its passing in the Senate.

Second, the continued status of marijuana as a federally prohibited substance significantly hampers the states' capacity to implement new regulatory policies effectively and creates legal jeopardy for those in the legal cannabis market (Chemerinsky et al. 2015). As Sam Kamin notes, "federal prohibition acts as a brake on an industry that otherwise might grow with unhealthy pace" (Kamin 2017a, 105). Cannabis dispensaries cannot obtain banking services since financial institutions are not ready to support companies selling a product that the federal government treats as an illegal drug. They have to rely mostly on cash and thus become an easy target for robberies (Kjellberg & Olson 2017). Additional obstacles for legal cannabis companies are associated with high taxes, difficulties with obtaining legal aid, and unavailability of property rights protection and other business necessities (Chemerinsky et al. 2015). The adversity of the business environment induces some cannabis distributors to stay outside of the legal market. In 2018, California legal

3 The Cole Memorandum issued on August 29, 2013 clarified the discretion of the federal government relating to cannabis. The federal government focuses its efforts on certain enforcement priorities: preventing the distribution to minors, preventing gang activity and trafficking, preventing drug driving, preventing growing cannabis on public lands, and preventing possession and use on federal property. In jurisdictions that legalized cannabis and implemented strong and effective systems to control the cultivation, distribution, sale, and possession of cannabis, the CSA will not be enforced. Link: <https://www.justice.gov/iso/opa/resources/3052013829132756857467.pdf>.

4 The Jess Sessions memorandum issued on January 4, 2018 canceled the Cole Memorandum stating that prosecutors should follow the well-established principles that govern all federal prosecutions. Link: <https://www.justice.gov/opa/press-release/file/1022196/download>.

5 <https://www.congress.gov/bill/116th-congress/house-bill/3884>.

dispensaries sold fewer products than a year before, when only medical cannabis was allowed⁶, a picture which many specialists associated with the persistence of illegal or semi-legal economic activities.⁷

Third, in the last decades, cannabis use has undergone a transition from a largely marginal activity to a more prevalent and tolerated one (Hathaway et al. 2011). California issued more than 20,000 cannabis licenses within the first two years of the legalization of recreational cannabis. The number of professional associations, networks, business-related newspapers, websites, and the variety of cannabis products is continually growing. There is a broader acceptance of cannabis in the mainstream media and among the public. According to Gallup, the support of cannabis legalization grew from 12% in 1969 to 66% in 2018.⁸ After the possession of less than an ounce of cannabis was reclassified as a misdemeanor⁹ in 2010, the number of arrests for cannabis possession has dropped considerably—from 56,000 in 2010 to 10,000 in 2011 (see Appendix 1). The evidence indicates that cultural attitudes to cannabis have changed. However, there is still a certain stigma associated with cannabis. Despite its normalization, cannabis use continues to be perceived as risky, marginal, and deviant and is often kept private to escape conflicts with family, landlords, employers, or police (Hathaway et al. 2011). The war on drugs generated various misconceptions about cannabis, which detrimentally affect the image of current cannabis users and cannabis dispensaries. For example, under Proposition 64, public and private companies have a right to ask job candidates

6 Marijuana's New Crop of Consumers, by the Numbers. New York Times, Jan 24, 2019. Link: <https://www.nytimes.com/2019/01/24/us/california-today-marijuana-consumers-by-the-numbers.html>.

7 Black Market Cannabis Shops Thrive in L.A. Even as City Cracks Down. Los Angeles Times, May 29, 2019. Link: <https://www.latimes.com/local/lanow/la-me-weed-pot-dispensaries-illegal-marijuana-weedmaps-black-market-los-angeles-20190529-story.html>.

8 Two in Three Americans Now Support Legalizing Marijuana. Gallup News, October 22, 2018. Link: <https://news.gallup.com/poll/243908/two-three-americans-support-legalizing-marijuana.aspx>.

9 California Senate Bill 1449, approved by Governor on September 30, 2010. Link: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=200920100SB1449.

and current employees to pass a test on cannabis to “maintain a drug and alcohol-free workplace.” If a drug test shows traces of cannabis, a person can lose a job.¹⁰

1.4. The contested nature of cannabis: the moment of institutional change

The legal status and the meaning of specific products vary over time and space (Beckert & Dewey 2017, 6). The case of cannabis is very telling since it went through different stages of neutrality, hostility, and affirmation in the last hundred years. In the mid-19th century, cannabis was a legitimate medical substance (Dioun 2017, 160), included in *The Pharmacopeia of the United States* and attributed to helping with rheumatism, tetanus, epidemic cholera, hysteria, depression, and other illnesses. In the course of the 1930’s anti-cannabis campaign, the plant was framed as an evil drug that leads to criminality and violence. The mass media and state officials popularized the term “marijuana,” a Spanish word used by farm workers, to transform the public perception of cannabis and tie it with “dangerous” Mexican migrants. In 1937, cannabis was prohibited at the federal level and, five years later, removed from *The Pharmacopeia of the United States*. The image of cannabis as a dangerous drug was promoted in the public discourse, which resulted in its classification as a Schedule I narcotic by the 1970’s Controlled Substances Act (CSA).¹¹ In the 1980s, with the launch of the war on drugs, the prosecution of cannabis cultivators, distributors, and consumers is escalated, which significantly contributed to the mass incarceration of minority groups.

Meanwhile, cannabis supporters crafted an alternative image of cannabis as a safe and pleasurable alternative to alcohol. Social movements and their efforts to portray cannabis as an

10 In the Age of Legal Marijuana, Many Employers Drop “Zero Tolerance” Drug Tests. LA Times, April 12, 2019. Link: <https://www.latimes.com/business/la-fi-marijuana-drug-test-hiring-20190412-story.html>.

11 The federal government places every controlled substance in a schedule, according to its relative potential for abuse and medicinal value. Along with heroin and LSD, cannabis was reduced into a class of drugs with the highest potential for abuse and no medical value. Title 21 Unites States Code (USC) Controlled Substance Act. Full text: <https://www.deadiversion.usdoj.gov/21cfr/21usc/>.

innocuous substance led to the decriminalization of cannabis in several states in the 1970s (the possession of small amounts of cannabis became a civil infraction). However, neither the prohibitionists nor the proponents of cannabis viewed it as a medicine, but primarily as an intoxicant used for hedonistic pleasure (Dioun 2017). The medical conceptualization of cannabis came back with the AIDS epidemic in the 1980s. Cannabis use helped patients to increase appetite, retain weight, and hence prolonged their lives. Pro-legalization activists created a new concept of cannabis as a compassionate palliative for dying people. Thence began the process of cannabis legalization in the US.¹²

This brief historical overview suggests that cannabis is more than a plant in modern America. As Alan Bock argues, “It is something of a cultural signifier, a totem laden with assumptions and attitudes about what constitutes a good life” (Bock 2014, XVIII). Nowadays, cannabis has three equally powerful meanings. In different situations, cannabis is described as a dangerous drug, a medical treatment, or soft tonic. This polysemy creates a significant challenge for developing consistent legal and cultural infrastructure related to cannabis consumption and distribution. Although both medical and recreational cannabis were legalized in California, the idea of “legal cannabis” is still vague. The very distinction between medical and recreational meanings exacerbates this ambiguity, leaving cannabis in a limbo: it is a pain-relief medicine that is not available in the pharmacy, and a recreational intoxicant (like wine, beer, or tobacco), that cannot be bought at the supermarket. Cannabis was removed from the criminal justice context but was refused a place in the context of existing medical or market institutions.

¹² Room et al. define different types of cannabis use control regimes: (1) depenalization, i.e.,cannabis use is treated as a criminal offense, but the law reduces the severity of the penalties (shortens the period of incarceration, reduce fine amounts, etc.); (2) decriminalization, i.e.,the reforms that change the status of cannabis from a criminal to a non-criminal offense; (3) legalization, i.e.,removal of all punitive sanctions from cannabis use and distribution (Room et al. 2010, 78).

At present, cannabis is going through a moment of transition and institutional change. In order to become a “thing,” legal cannabis should settle in a new institutional environment. When we say that something is institutionalized, we mean that it is cognitively, behaviorally, and organizationally established.¹³ First, institutionalization rests on meaning making. There should be a consensus about what cannabis is and what it is not, a cognitive convention upon which individuals can jointly rely when they make decisions. An idea is institutionalized when it is built into the language, logic, values, social relations, or—as Mary Douglas put it—when it finds “its rightness in reason and in nature” (Douglas 1986, 45). Second, institutionalization manifests itself through practices, actions, preformed roles, and shaped identities. To understand the real meaning of cannabis, we need to look at what people do in their everyday lives—that is, how cannabis companies apply for licenses, how licensing agencies decide who gets a license, how landlords decide who gets a space, how consumers choose where to buy cannabis, how the police oversee the activity of illegal businesses, and so forth. Finally, the institutionalized phenomenon is represented through material reality, such as cannabis dispensaries, testing laboratories, greenhouses, licensing agencies, legal documents, licenses, permits, etc.

Social phenomena can be institutionalized to a different degree (Cherlin 1978; Zucker 1977). Complete institutionalization means that individuals experience an institution as an objective reality and take it for granted (Berger and Luckman 1966). In California, cannabis is not understood as a dangerous drug anymore. It is something else, but what exactly? Why distinguish between medical and recreational cannabis, given that it is the same herb, grown in the same conditions, and distributed by the same people? Does the persistence of the black market affect the

¹³ As Avner Greif points out, institutions are not a monolithic entity. It is an integrative concept comprising cognitive, coordinative, informational, and normative elements that jointly generated a regularity of social behavior by enabling, guiding, and motivating it (Greif 2006: 151).

institutionalization of legal cannabis? To understand the real status of cannabis nowadays, one should answer such and other questions. The idea of (legal) cannabis is not crystallized yet, and its vocabulary is still in a formative stage. For example, recently, activists and state officials began using the term “adult-use cannabis” instead of “recreational cannabis.” Such wording supposedly sounds more neutral and legitimate, deemphasizes the pleasure component, and denies the possibility of adolescent use.

My research contributes to an understanding of institutional change. The legalization of cannabis is unfolding before our eyes at this very moment. It is a great opportunity to observe the process of institutional change in action, rather than post factum. Instead of examining what *caused* an institutional change in the past, I focus on what *enables* it right now, namely, what kind of background understandings, practices, and organizations make the legalization of cannabis possible (Abend 2020). According to Rao et al. (2003), institutional change is characterized by the transformations in institutional logics (i.e., belief systems that serve as guidelines for practical action) and governance structures (i.e., laws and regulations). In the case of cannabis legalization, social movements were the most important motors of institutional and ideational change; their actions eventually led to the dissolution of old beliefs systems and governance structures and the necessity to create new ones. Since 2015, California has passed seven statutes and propositions regulating different aspects of cannabis-related activities and elaborating on the idea of cannabis. To be naturalized and reproduced in the future, these new understandings of cannabis come to be positively validated in the environment (Glaeser 2011).¹⁴ The real meaning of cannabis has to be defined by continuous interaction between regulators, local authorities, market actors, and society

¹⁴ In Political Epistemics, Andreas Glaeser (2011) defines three forms of validation: (1) recognition, i.e., checking our understandings against others; (2) corroboration, i.e. experience of success or failure of our actions; and (3) resonance, i.e., consistency with our values, desires, and knowledge.

in general. When I say that cannabis legalization is the project under construction, I mean that institutional elements are not yet equilibria (Greif 2006): power relations, roles, identities, potential benefits are still being validated and clarified.

1.5. Theoretical considerations

My research lies at the intersection of cultural criminology and lawmaking perspective. The primary focus of cultural criminology is the meaning, representation, and power in the contested construction of crime (Ferrell et al. 2008). Cultural criminology incorporates, on the one hand, traditional sociological perspectives (sociology of deviance and labeling theory) and, on the other hand, postmodern theories (Ferrell 1999). The concept of crime embodies a dynamic notion: it is defined as a project under construction, which is shaped by interaction, encoded with collective meaning, and attached to a particular social context. This view is essential for understanding several problems in my research, such as the criminalization of cannabis and stigmatization of its users through the 20th century, the role the mass media and power structures in the social control of illicit substances, the reasons and implications of the war of drugs, etc. Similarly, this approach helps to investigate the nature of the legalization process—the reverse mode of criminalization—and understand the construction of “legal cannabis”, i.e., how it is being depenalized, decriminalized, destigmatized, and deracialized.

As for the lawmaking perspective, the following ideas are informative for the current study: (a) Gusfield’s distinction between the instrumental and symbolic functions of law; and (b) the ‘gap studies’ exploring the discrepancy between claims held out for law and its actual effects (Nelken 1981). According to Gusfield (1963; 1967), lawmaking is not only a means of social control but also a symbol of cultural ideals and norms. Symbolic aspects of law are concerned with public morality and defining the line between right and wrong, appropriate and inappropriate, normal and

pathological. In analyzing a legislative act as symbolic, we are oriented towards the meaning people attach to it rather than its instrumental functions. Legal rules are not automatically created and enforced; they result from a moral enterprise undertaken by individuals engaged in defense of their status position and the enforcement of their ethical standards (Becker 1963). The temperance movement, for instance, was the response of the old middle class to a changing status system and a perceived loss of moral authority (Gusfield 1963). The government acted as a prestige-granting agency glorifying the values of one group and demeaning those of another. Similar to other culture wars, cannabis regulation in the 20th century reflects a general clash over cultural values between the progressive and conservative camps (Hunter 1991). In this project, I analyze cannabis legalization through the lens of symbolic politics, cultural dominance, and moral authority.

The gap studies allow us to move beyond national-level explanations and empirically investigate the local factors—social, cultural, political, or economic—that affect policy implementation. As Mona Lynch has argued, law as practiced is significantly shaped by local norms and culture (Lynch 2011, 674). Although the adoption of federal and state regulations predicts homogeneous outcomes across the jurisdiction, there are significant variations at the county and city levels. The notion that legal change happens through ground-up—rather than top-down—processes has gained popularity in socio-legal scholarship recently (Goodman et al. 2015; Jenness & Grattet 2005; Lynch 2011; Lynch & Omori 2014; Page 2013; Verma 2015). The case of cannabis legalization offers another illustration of how social and political culture affects local decision making. This study focuses on the law-before (Verma 2015) and the law-in-between (Jenness and Grattet 2005) processes exploring the adoption and enforcement of morality policies at the city level. Specifically, it explains the gap between public input on cannabis legalization and actual political decisions.

This project covers several gaps in the existing literature. First, most studies focus on the legalization of cannabis for *medical* use. The legalization of cannabis for *recreational* purposes has a very different rationale behind it, but since it is a relatively new phenomenon, it has not been fully explored yet.

Second, cannabis legalization is a subject that attracts the attention of economists, policy analysts, psychologists, biologists, but rarely socio-legal scholars. Criminologists are exclusively interested in how the legalization of cannabis affects crime rates—increases, decreases, or does not change them (Brinkman & Mok-Lamme 2019; Chu & Townsend 2019; Contreras 2017; Hughes et al. 2019; Hunt et al. 2018; Kepple & Freisthler 2012; Lu et al. 2019; Maier et al. 2017; Morris et al. 2014; Shepard & Blackley 2016; Zakrzewski et al. 2020). Sociologists focus on public attitudes to cannabis, deviance and stigma, identities, or the market formation (Chemerinsky et al. 2015; Dioun 2017; Hathaway 2004; Hathaway et al. 2001; Kamin 2017a; Kamin 2017b; Kjellberg and Olson 2017; Lashley and Pollock 2020; Parker et al. 2002; Parker 2005; Shildrick 2002; Shiner and Newburn 1997; Sznitman 2008). However, there is no comprehensive socio-legal analysis of how cannabis shifts from an illicit drug to a legal intoxicant, how the idea of legal cannabis is constructed and institutionalized, or, in short, how cultural, social, and legal change happens.

Third, the traditional gap studies focus on the discrepancy between the law-in-the-books and the law-in-action. In other words, scholars are interested in how the initial idea of legislators is implemented in practice. However, there is no single “gap” but multiple types of gaps at different levels of the decision-making process (Verma 2015). The present study investigates a gap between people’s expectations (what citizens voted for) and the adopted policies (what local governments permitted). This perspective is especially important when we analyze morality policies, such as the legalization of abortions, same-sex marriages, gambling, prostitution, or recreational drugs.

Fourth, a large body of literature focuses on the symbolic qualities of law: the symbolic role of drug legislation (Becker 1963; Himmelstein 1983; Morgan 1978; Stolz 1992); the symbolic meaning of “crime control” in political campaigns (Oliver & Marion 2008; Marion 1994); the symbolic character of capital punishment (Stolz 1983); the symbolic goals of anti-abortion campaign (Clarke 1987), and so forth. However, all these studies center on prohibitionist legislation while the permissive morality policies, like cannabis legalization, were not on the radar of the symbolic politics studies. The present study covers this gap in the literature.

2. LITERATURE REVIEW

2.1. The dominant approach to the drug problem

There is no single definition of the “drug problem.” The term may simultaneously refer to the mere use of illegal drugs, drug use by teenagers, the abuse of drugs, drug-induced behavior that harms others, or domestic and international drug trafficking (Elwood 1994). The polysemy of the “drug problem” is itself a problem for researchers. The two main traditions in the literature on drugs are the constructionist and the objectivist. The latter examines drugs as objective phenomena that can be measured, counted, and classified (Spillane 2000, 3). This approach is popular among medical scholars, medical practitioners, psychologists, policy advocates, and legislators. The objectivists typically speak about “drug problems” in the plural and employ it as an umbrella term for drug use, drug abuse, drug addiction, drug trafficking, drug selling, etc. The constructionist approach is common among sociologists, socio-legal scholars, political scientists, journalists, and policymakers who see the drug problem as a product of political campaigns and social concerns. The basic premise of the constructionist literature is that drugs have an identity beyond pharmacology. To a large extent, these two traditions ignore each other, and their mutual neglect limits our understanding of drugs as a problem: the idea of drugs refers at once to a social construct, a chemical substance, and a legal fiction (Ibid, 2).

Although the current socio-legal literature mostly relies on the constructivist approach, I suggest that we also should not rule out individual experiences that shape the understanding of drugs. In this study, I define the drug problem as: (a) various ways in which *societies* deal with drugs, i.e., define its meaning, produce competing discourses, establish forms of control and treatment, etc.; and (b) various ways in which *individuals* experience and respond to drug control,

i.e., resist social and institutional pressure, challenge the existing modes of control, mobilize for change, deal with stigma, shape alternative understandings of drugs, etc.

The drug problem was on the radar of social scientists for many decades. In the 1960s, drug use became a politically contentious matter. Following the general resentment about drugs, scholarly literature contributed to the policy agenda by questioning the social and historical roots of drug regulation (Himmelstein 1983). Typically, scholars framed the drug problem through two perspectives—sociology of deviance (Becker 1963; Duster 1970; Hunter 1991; Gusfield 1963; Himmelstein 1983) and crime control studies (Beckett 1997; Elwood 1994; Garland 2001; Simon 2007; Alexander 2012). Sociology of deviance described drug regulation as a moral enterprise, and crime control studies—as an essential element of the war on crime. Both approaches complemented each other and provided macro-level, outcome-based explanations of the US’s history of drug regulation. Macro-level explanations—which still prevail in the sociological and socio-legal literature on drugs—are based on several theoretical propositions: (a) the drug problem is socially and politically constructed; (b) drug laws are a product of symbolic struggles that define the borderline between deserving (moral) and undeserving (immoral) social groups; (c) the stakes of the war on drugs are the accumulation of power and status by the elites; (d) the public discourse on the drug problem is shaped by the mass media. Later, I discuss how these features are manifested in the “told” history of cannabis criminalization.

2.2. The history of cannabis criminalization

According to Emile Durkheim (1895), normality and pathology are defined in relation to social context; that is, what is normal for a particular society in a given historical period may be pathological in other circumstances. Throughout history, human beings have been using plants—e.g., tobacco, alcohol, poppy seeds, coffee beans, tea leaves, sugar cane, coca leaves, cocoa beans,

or cannabis—to alleviate pain and distress. Some of those plants were socially constructed as dangerous, immoral, and deviant, and therefore fell under the state authorities’ control. Other plants, in contrast, were valued for their healing properties and potential to provide energy, alertness, or relaxation (Taylor et al. 2016, 461). In this section, I describe how cannabis from a legal healing herb became one of the most dangerous drugs in the course of the US’s twentieth century.

2.2.1. Mexican drug, 1930-1950s

The criminalization of cannabis is one of the most mysterious and contested episodes in America’s war on drugs. In the scholarly literature, the history of drug regulation is often described as a moral enterprise directed against certain ethnic, racial, social, political, and other “non-American” groups. To understand how cannabis from a harmless intoxicant became a perilous drug, it is important to look at the cultural origins of cannabis legislation. According to Katherine Beckett, the association between drugs, crime, and racialized images of dangerous classes has characterized anti-drug campaigns throughout American history (1997, 46). The first anti-drug law restricting the use of opium was adopted in California in 1875 as a reaction to massive Chinese immigration and the fear of job competition (Ahmad 2011). Similarly, the federal prohibition of opium in Canada at the beginning of the 20th century was a racialized project against Chinese immigrants (Malleck 2015). The first major campaign against cannabis started in the Southwest during the Great Depression when Mexicans were blamed for high unemployment rates (Beckett 1997).

Until the 1910s, cannabis was a legitimate and innocent plant used for industrial, therapeutic, and recreational purposes. It had deep roots in Asian and European countries as a healing herb and a source of fiber. In the 1850s, cannabis became available in American pharmacies and was included in the 3rd edition of *The Pharmacopeia of the United States* as medicine helping with rheumatism, tetanus, epidemic cholera, hysteria, and mental depression. Until the “reefer madness” era, the word

“marijuana” was unknown in the US (Gieringer 1999): pharmacists knew the plant by its botanic name *cannabis sativa*¹⁵, and recreational users referred to it as “hashish” or “Indian hemp.” There were no laws in Europe and Northern America regulating access to cannabis.

Anti-alien sentiment in the United States grew in the mid-1880s as a response to social problems associated with mass migration (Ngai 2003, 75). The Mexican Revolution (1910-1920) caused thousands of immigrants to flee to the United States for safety and work. At the time, cannabis use was flourishing in Mexico, and Mexican laborers brought the plant into the US as a cheaper and more accessible substitute for alcohol and tobacco (Lee 2012). Before Mexican immigration, Americans consumed cannabis mainly in chewable or liquid form, while Spanish-speaking foreigners introduced a new form of consumption—smoking a mix of dried cannabis buds and tobacco.¹⁶

Like immigration, cannabis use was highly racialized: the main target of policymakers was not smoking, but smokers. The advent of the Depression made Mexican workers unwelcome and heightened anti-Mexican sentiment. The growing number of unemployed Mexicans were perceived as a welfare and crime problem, and jailing Mexicans on cannabis charges became part of the general attempt to reduce the labor surplus (Himmelstein 1983, 28). The media and state officials popularized the term “marijuana”—a Spanish word used by farm workers—that tied the public perception of cannabis to “dangerous” Mexican migrants (Dioun 2017, 159). Most Americans were not even aware that “Mexican marijuana” and “cannabis paste they get in the pharmacy” were essentially the same substance.

¹⁵ Swedish botanist Carl Linnaeus, the father of the modern plant taxonomy, denominated it *Cannabis sativa* in 1793.

¹⁶ Similarly, in the 1980s, powder cocaine was associated with white users, the drug treatment, and the possibility of recovery. But after the war on drugs was waged, this frame was replaced by poor non-white users of crack cocaine, and the need for law and order responses (Alexander 2012, 105).

The concern about Mexicans generated a new ideology about cannabis: since the Anglos perceived Mexicans as criminal types, cannabis also became associated with violence (Himmelstein 1983, 51). African Americans were the second-largest group consuming cannabis (Bender 2013, 361). Both minorities were blamed for violent crimes committed against the white population, the worst of which was considered the seduction of white girls. By the 1930s, cannabis was gradually framed as an evil plant whose consumption damaged the brain and induced violent behavior. The image of cannabis as a “killer weed” justified the prohibition of cannabis at the state and federal level.

2.2.2. *Harry Anslinger, the Godfather of America’s war on drugs*

According to Howard Becker, wherever rules are created and applied, we should expect to find people attempting to establish their code of right and wrong (1963, 145). The Federal Bureau of Narcotics (FBN), created in 1930, and its head Harry Anslinger played a pivotal role in criminalizing cannabis. Cannabis was not covered by the Harrison Act of 1914, which regulated the nonmedical use of narcotics because pharmaceutical manufacturers confronted the criminalization of such a seemingly harmless drug (Gieringer 1999).¹⁷ Instead of adding cannabis to the Harrison Act, the FBN issued a special prohibitive taxing scheme—the Marihuana Tax Act of 1937—which established onerous licensing rules, imposed high excise taxes, and introduced harsh penalties to discourage cultivation, distribution, and consumption of cannabis.¹⁸

From the mid-1930s until the early 1960s, the FBN shaped public beliefs about cannabis: it defined what was true about the drug and how it should be handled (Himmelstein 1983, 137).

¹⁷ The Harrison Narcotics Drug Act, Pub.L. 63-223, 38 Stat. 785, approved December 17, 1914. Link: https://www.naabt.org/documents/Harrison_Narcotics_Tax_Act_1914.pdf.

¹⁸ The Marihuana Tax Act, Pub.L. 75-238, 50 Stat. 551, enacted October 1, 1937. Note that the word “marihuana” has a specific spelling, with a “h”, which can be found in many subsequent regulatory acts. Link: <https://www.loc.gov/law/help/statutes-at-large/75th-congress/session-1/c75s1ch553.pdf>

Anslinger propagated myths about the criminogenic and psycho-pathological character of the plant. In particular, he claimed that continued use of cannabis produced mental disorders and physical deterioration, blamed doctors for intentionally overdosing patients, stymied all scientific studies on the plant, and repulsed any competing ideas that confirmed cannabis's harmlessness (Anslinger 1943). The impact of the La Guardia Report¹⁹ in 1944—which refuted that cannabis use results in insanity and criminal behavior—was limited because the FBN successfully restricted its distribution. The mass media and anti-cannabis propagandistic movies were at the service of Anslinger's campaign giving cannabis bad publicity and sowing fears among the American public. Fabricated stories had a tremendous effect, and in 1941, cannabis was excluded from *The Pharmacopeia of the United States*. Doctors and pharmacists could not withstand Anslinger's attack and defend their professional monopoly over drug testing, prescription, and distribution, and were ultimately forced to hand it over to state officials. Later, the American Medical Association and the American Pharmaceutical Association joined the crusade against cannabis.

In 1951, the Boggs Act²⁰ strengthened the Marijuana Tax Law. Louisiana Congressman Thomas Boggs, who thought that drug laws were too lenient, sponsored a package of tough anti-drug laws establishing the same punishment for all narcotics. For the first time, cannabis and heroin were lumped together. Cannabis possessors could be sentenced to 2 to 5 years in prison for a first offense, 5 to 10 for a second offense, and 10 to 20 for subsequent offenses. Repeat drug offenders were denied parole considerations (Lee 2012). In 1956, the passage of the Narcotics Control Act superseded the Boggs Act, and the minimum for a first offense increased to 5 years. The FBN gained

19 Mayor of New York City, Fiorello La Guardia, appointed a committee of doctors, sociologists, and psychologists to assess how harmful cannabis was. The committee concluded that cannabis did not influence the basic personality structure of the individual but increased feelings of relaxation, disinhibition and self-confidence.

20 The Boggs Act, Pub.L. 82-255, 65 Stat. 767, enacted November 2, 1951. Link: <https://www.govinfo.gov/content/pkg/STATUTE-65/pdf/STATUTE-65-Pg767.pdf>.

tremendous power: by the end of the 1950s, it comprised 2% of the total law enforcement officers but was accountable for 17.6% of the federal prison population (Anslinger 1964, 199).

According to Himmelstein (1983), the role of the FBN in cannabis criminalization was more complicated than most authors suggest. The FBN became a dominant actor in shaping public beliefs and policies when states have already limited access to cannabis. In the early 1930s, the FBN was not interested in national cannabis control and was not aggressive or expansionistic. Although it is commonly thought that cannabis prohibition began with the Marihuana Tax Act of 1937, some US states took pre-emptive administrative measures to limit access to cannabis (Gieringer 1999). By 1937, most states had already passed anti-cannabis laws, and various senators and members of Congress had proposed federal anti-cannabis legislation. Drawing on an established image of cannabis as the “killer weed,” the FBN enhanced—rather than created—the cannabis problem (Himmelstein 1983, 138).

The “Mexican hypothesis” also requires further elaboration: to what extent are anti-Mexican sentiments responsible for cannabis criminalization? In his thorough analysis of the origins of cannabis prohibition in California, Dale Gieringer (1999) shows that cannabis prohibition resulted from bureaucratic initiatives prompted by the Progressive Era ideology. California was the first state that started the anti-cannabis campaign in 1913 by including cannabis in the Poison Act, which prohibited the sale and possession of certain substances except with a doctor’s prescription. At the time, the law did not receive any public coverage because recreational use of cannabis was largely unknown in California. Although the Poison Act’s passage coincides with the Mexican revolution and the mass migration of Mexican citizens to the US, the prejudices against ethnic minorities were not a significant factor in anti-cannabis policies in the 1910s. The connection between cannabis and Mexican communities appeared later when Mexican immigrants themselves were recognized as a

“problem.”²¹ According to Gieringer, the forbiddance of cannabis was a logical extension of prohibitionist principles and the technocratic rationale of the Progressive Era bureaucrats. Even without Mexican immigration, the California government was well on its way to outlawing cannabis.

Neither were Mexicans the main object of concern in the passage of the Marijuana Tax Act in 1937. As Himmelstein shows, cannabis’s association with Mexican laborers and other lower-class groups influenced anti-cannabis legislation in less direct ways than it is often thought (Himmelstein 1983, 141). When the FBN began talking about the federal regulation of cannabis, the image of youthful victims has replaced that of violent Mexican users in the public discussion. The concern was with what cannabis can potentially do to young people who can be seduced and ruined by the drug. In other words, by the end 1930s, the main goal was not to punish Mexicans but to save the youth.

2.2.3. The hippies’ drug, 1960-1970s

From the late 1950s, cannabis and its users were seen in new terms. The focus of cannabis policies shifted to new social groups that did not fit the definition of “good” citizenship—first to jazz players and poets, then to hippies and rock stars, and finally to social and political activists. Cannabis smoking increased among the white middle-class, including college students, and was no longer a chiefly Mexican and African American drug. The large-scale spread of cannabis use to middle-class youth led to a reevaluation of the drug’s dangers and to pressure for its decriminalization (Himmelstein 1983). As more young people experimented with cannabis, they came to realize that it did not turn them into miserable addicts but gave a gentle euphoria and relaxation. The difference

21 In 1925, California enhanced the punishment for illegal sale and possession of cannabis by up to 6 years in prison. By 1930, the number of cannabis arrests reached 60% of all arrests in Los Angeles and 26% statewide (Gieringer 1999).

between lived experience and official anti-cannabis propaganda raised a general skepticism toward state authority (Lee 2012). Considering the growing awareness about the harmful effects of alcohol and tobacco consumption, the draconian measures against cannabis looked increasingly arbitrary and unreasonable. Cannabis supporters believed that prohibitory policies violated their constitutional rights to privacy and freedom of choice and insisted that consuming cannabis for recreational and medical purposes was an individual's choice, not the government's business. Thus, the social background of cannabis users changed the perception of cannabis.

State authorities viewed cannabis as a symbol of the counterculture and a catalyst for political change (Barcott 2015). Student activism started as an on-campus movement but soon went off campus and merged with other social movements (women's rights, sexual minorities' rights, antiwar protests, etc.). Conservatives systematically linked civil rights movements to calls for law and order, arguing that the philosophy of civil disobedience was a leading cause of crime (Alexander 2012, 40-41). Hippies were dangerous not due to their violence but due to their nonconformity. The 1969 *Life* article—known for its first use of the phrase “sex, drugs, and rock”—portrayed protesters as unconventional drug addicts whose life-style was “antithetical in almost every respect to that of conventional America.”²²

The middle-class position of cannabis users affected cannabis laws by altering typical stereotypes about consumers and generating new arguments against the existing laws. The public saw cannabis smokers not as violent criminals but as someone's kids who happened to commit deviant acts. The adverse effects most commonly attributed to cannabis use were amotivational syndrome, passivity, and lack of achievement. Thus, from the mid-1960s, cannabis was no longer

²² “Can It Happen Here?” by Edward Kern, *Life* magazine, October 17, 1969, p. 77.

Link: <https://books.google.com/books?id=JFAEAAAAMBAJ&printsec=frontcover&hl=ru#v=onepage&q&f=false>

described as a “killer weed” that spoils human nature but as a “drop-out drug” that destroyed users’ motivation (Himmelstein 1983). Since cannabis users were primarily threats to themselves rather than others, the focus of cannabis regulation should be shifted from a “public safety” perspective to a “public health” perspective (Ibid, 126).

The Kennedy administration was seriously thinking about the decriminalization of cannabis. Held in 1963, the White House Conference on Narcotics and Drug Abuse brought to attention that the existing penalties for cannabis possession were too cruel (Lee 2012, 77). Following the event, President Kennedy issued an executive order creating the Advisory Commission on Narcotics and Drug Abuse to evaluate federal programs and prevent the abuse of narcotics. The Commission made several recommendations for improving the federal government’s role in drug policies, including civil commitment for cannabis possession as an alternative to imprisonment, and dismantling of FBN²³ (Ardery et al. 2011). Following Kennedy’s course on drug policies, President Johnson passed the Narcotic Addict Rehabilitation Act (1966)²⁴ that allowed convicted criminals who were drug abusers to enter rehabilitation programs rather than be incarcerated. Nevertheless, the federal decriminalization of cannabis did not come to fruition. Instead, in the 1970s, the war on cannabis picked up steam, disregarding the previous governments’ achievements.

2.2.4. Cannabis as a Schedule I drug

On October 27, 1970, Congress passed the Controlled Substance Act (CSA),²⁵ which placed all drugs into a schedule, according to its potential for abuse and medicinal value. Drugs were divided

23 The President’s Advisory Commission on Narcotic and Drug Abuse Final Report, November 1963.

Link: https://archive.org/stream/presidentsadviso00pres/presidentsadviso00pres_djvu.txt

24 Narcotic Addict Rehabilitation Act, Pub.L. 89-793, issued November 8, 1966. Link: <https://www.govinfo.gov/content/pkg/STATUTE-80/pdf/STATUTE-80-Pg1438.pdf>.

25 The Controlled Substances Act (CSA), Title II of the Comprehensive Drug Abuse Prevention and Control Act. Pub.L. 91-513, 84 Stat. 1236, enacted October 27, 1970. Link: <https://www.naabt.org/documents/Controlled-Substances-Act.pdf>.

into five categories. Along with heroin and LSD, cannabis was reduced into a class of drugs with the highest potential for abuse and no medical value (Schedule I). Since cannabis was often presented as a major cause of heroin addiction, those two drugs became closely connected in public opinion and fell into the same scheduling scheme. According to §802 (16) of the CSA, the term “marihuana” means “all parts of the plant *Cannabis sativa* L., whether growing or not; the seeds thereof; the resin extracted from any part of such plant; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds or resin.” In other words, the CSA criminalized not only a psychoactive component of cannabis (THC) but an entire plant, including CBD (cannabidiol that does not have any psychotropic effects but has great medical properties) and hemp (industrial cannabis).

Drugs became the public enemy number one for President Nixon, who launched “a massive assault against drug abuse” and pledged “the most intensive law enforcement war ever waged”²⁶ in order to gain political advantage and satisfy the public demand for restoring social order. The “war” rhetoric of the campaign against drugs shaped the American public’s beliefs about the drug problem and related policy resolutions (Elwood 1994). The Controlled Substance Act was Nixon’s response to radical protestors and was aimed at “stigmatizing youth protest, antiwar sentiment, rock’n’roll music, and other expressions of cultural ferment” (Lee 2012, 120). Nixon believed that by attacking cannabis smokers, he would eradicate the counterculture and civil rights movements. He spread the idea that people go out on the streets not because they protest against the Vietnam war but because they are on drugs (Barcott 2015).

²⁶ President Nixon’s Republican Party Platform, August 21, 1972. The American Presidency Project, UC Santa Barbara. Link: <https://www.presidency.ucsb.edu/documents/republican-party-platform-1972>.

The designation of cannabis as a Schedule I drug was supposed to be a temporary measure. The Controlled Substances Act prescribed the creation of the National Commission on Marihuana and Drug Abuse to assess the real physical and psychological harm of cannabis. Chaired by former Pennsylvania Governor Raymond Shafer, the Commission became “one the most legendary fact-finding bodies ever conceived” (Barcott 2015, 38). Called “Marijuana: A Signal of Misunderstanding,” an 1184-page report debunked every myth that the federal government had been claiming for forty years—the study found that cannabis caused no addiction, no compulsion to use heavy drugs, no brain damage, no violent behavior, and so on. The Shaffer Commission conducted more than fifty research projects and dozens of hearings and eventually came to the conclusion that the threat of cannabis was overdramatized. The authors of the report declared that cannabis use was not a major public health concern, and thus the government did not have the competency to invade the privacy of the citizen’s life: “We believe that the criminal law is too harsh a tool to apply to personal possession even in the effort to discourage use. [...]. The actual and potential harm of use of the drug is not great enough to justify intrusion by the criminal law into private behavior, a step which our society takes only with the greatest reluctance. We believe that government must show a compelling reason to justify invasion.”²⁷

But the report was too permissive for Nixon, and so he immediately rejected it. As he said to a reporter during a press conference in 1972: “I have read the report. [...]. I am in disagreement. I was before I read it, and reading it did not change my mind. I oppose the legalization of marihuana and that includes its sale, its possession, and its use. I do not believe that you can have effective

²⁷ “A Marijuana: A Signal of Misunderstanding”, the official report of the National Commission on Marihuana and Drug Abuse. New American Library, 1972, p.139. Link: https://archive.org/stream/marihuanasignalo00unit/marihuanasignalo00unit_djvu.txt.

criminal justice based on a philosophy that something is half legal and half illegal. That is my position, despite what the Commission has recommended.”²⁸

Cannabis remained a Schedule I drug and was considered unsafe, even under a doctor’s supervision (Lee 2012, 123). Instead of decriminalizing cannabis, Nixon increased the size and presence of federal drug control agencies. As he announced in the 1972’s Republican Party Platform, the budget for drug abuse prevention and treatment has increased from \$46 million to over \$485 million.²⁹ A year later, Nixon launched a new law enforcement division, the Drug Enforcement Administration (DEA), which replaced the FBN. By the mid-1970s, the DEA had 10,000 agents throughout the world. As a result, cannabis arrest rates almost doubled from 1972 to 1974.³⁰ In 1974, Nixon resigned, but the drug war remained “mainstream of American politics” (Ibid, 134) and, with President Reagan in charge, turned into a real fanatic war.

2.2.5. Escalating of the war on drugs, 1980-1990s

The “governing through crime” model emerged as a solution to political problems, which followed John F. Kennedy’s assassination (Simon 2007). Growing socio-economic inequality, the decline of traditional values, and the higher crime rates produced anxiety about social democracy and gave rise to more conservative views among the middle class (Garland 2001). Such transformations generated a demand for effective crime control and allowed the state to build a heavy-handed approach to crime (Ibid, 98). In the new political context, any objective could be defined in punitive terms and framed in the language of public threat. As Jonathan Simon argues, “Among the major

28 The President’s News Conference, March 21, 1972. The American Presidency Project, UC Santa Barbara. Link: <https://www.presidency.ucsb.edu/documents/the-presidents-news-conference-95>.

29 President Nixon’s Republican Party Platform, August 21, 1972. The American Presidency Project, UC Santa Barbara. Link: <https://www.presidency.ucsb.edu/documents/republican-party-platform-1972>.

30 Beckett, K. & Herbert, S. The Consequences and Costs of Marijuana Prohibition. ACLU Washington. Link: <https://faculty.washington.edu/kbeckett/The%20Consequences%20and%20Costs%20of%20Marijuana%20Prohibition.pdf>.

social problems haunting America in the 1970s and 1980s, crime offered the least political and legal resistance to government action” (Simon 2007, 31). Crime became the lens through which other problems were “recognized, defined, and acted upon” (Ibid: 14) and came to function as a rhetorical legitimation for social and economic policies that punish the poor (Garland 2001, 101-102). The reverse side of the security society was the mass-scale incarceration of non-violent offenders, of which the overwhelming majority were drug users. Thus, the drug problem became both a target and a tool of the war on crime.

Launched by President Nixon, the war on drugs had been further escalated by almost every president since (Simon 2007, 30). Just as Nixon had dismissed the Shaffer Report, Reagan ignored a 1982 National Academy of Science’s research, which found no evidence that cannabis use leads to increased aggression or causes morphological changes in the brain. The authors of the report insisted that more research and federal funding was needed to understand the potential risk to human health associated with cannabis use: “Without this new information, the present level of public anxiety and controversy over the use of marijuana is not likely to be resolved in the foreseeable future.”³¹ In their view, a drug that was currently used by a third of American high school seniors deserved more study.

However, the Reagan administration believed that the demand for cannabis could be curbed by eliminating supplies. Drug addiction was seen as the inability to control oneself, and so, the solution to the drug problem involved encouraging personal moral fortitude and enhancing punishment rather than investing in social programs (Elwood 1994). Instead of being treated as a medical concern, the drug problem has entered criminal discourse and became an explanation for

31 Institute of Medicine 1982. Marijuana and Health. Washington, DC: The National Academies Press, p. 167-168. Link: https://download.nap.edu/cart/download.cgi?record_id=18942.

criminal behavior. State officials argued that drug addicts commit the majority of street crimes in order to pay for their drugs (Beckett 1997, 39). By associating drug use with violent crimes, the federal government made the war on drugs an integral part of American life (Simon 2007).

Reagan granted the DEA and other federal agencies extraordinary powers to battle against cannabis and other drugs (Lee 2012, 139). Congress passed anti-drug abuse laws in 1986 and 1988, which established draconian mandatory minimum prison terms for the sale and possession of drugs and incentivized the state enforcement of drug violations (Campbell and Shoenfeld 2013, 1396). The elimination of judicial discretion through mandatory sentencing laws forced judges to impose longer sentences for drug offenses. In addition, millions of dollars, training, military intelligence, technical support, and financial incentives were provided to states willing to wage war on drugs (Alexander 2012, 73-78). As a result, in the late 1980s, drug offenders represented the largest segment of the American penal population, and cannabis accounted for the majority of drug arrests and convictions.

Remarkably, neither drug abuse rates nor public opinion were the primary impetus for the campaign against drugs. The war on drugs was waged in the 1980s when the reported incidence of drug use was declining (Becket 1997). Between 1979 and 1990, the number of cannabis, cocaine, and hallucinogen users decreased by 23%, 32%, and 52% respectively (Hawdon 2001, 420). The percentage of Americans identifying drug abuse as the nation's most important problem had also dropped—from 20% in 1973 to 2% in 1982 (Becket 1997, 55). Public concern rose back in the mid-1980s, after Reagan declared the war on drugs, and reached its maximum after President Bush's national address in 1989 in which he focused exclusively on the drug crisis.

If Reagan declared war on drugs as substances stating that individuals could not be blamed for their addictions, Bush took the “war” metaphor seriously and confined the enemy to specific

groups of American citizens, i.e., urban ethnic minorities (Elwood 1994). The political rhetoric on drugs had strong racial connotations and reinforced the image of the poor as morally depraved (Beckett 1997). As Michelle Alexander argues in *The New Jim Crow*, the drug war had little to do with public concerns about drugs and much to do with public concerns about race (2012, 49).³² The metaphor of “war” suggested the existence of an enemy who is accountable for the problems and whose position should be attacked (Elwood 1994, 23).³³

According to James Morone, the right enemies and a good panic are two crucial elements of anti-drug politics (2003, 476). The mass media played an essential role in keeping public anxiety about drugs alive and intact. Privileged access to the mass media helped the political elites to place drugs at the center of the national political agenda and reinforce the image of punishment and control as the best solution to the drug problem (Beckett 1997). To a great extent, the press and television adopted the presidential definition of drugs: although some journalists and activists were critical of the government’s solution to the drug problem, they did not question the use of the “war” metaphor and thereby reinforced the existing perspective (Elwood 1994). Businesses, public organizations, and ordinary citizens have embraced the rhetoric of US presidents and mass media, holding urban ethnic minorities responsible for the creation of the drug problem and accountable for its resolution (Ibid).

The result of these rhetorical battles was more generous funding of law enforcement agencies and the growth of the prison population. Law enforcement agencies’ budgets increased

32 According to Alexander (2012), the success of the civil rights movement in the 1960s disrupted the nation’s racial equilibrium. Working-class whites felt threatened by the sudden progress of African Americans and necessity to compete on equal terms with them for jobs and status (Ibid: 46). In search for a new racial order that had to be formally race-neutral, white conservatives fell back on the criminal justice system and the rhetoric of “law and order.” Conservative political elites exploited racial hostility for political gain without making explicit reference to race (Ibid: 48). Reagan color-blind rhetoric on crime, taxes, and welfare was clearly understood by white voters as having a racial dimension.

33 The “war” metaphor was powerful, because it provided the perspective through which people could understand the drug problem (Elwood 1994). Both cannabis use and gun use were discussed in terms of possible threat and freedom, but the regulation of cannabis use was described as “war on drugs”, while the regulation of gun use was referred to as “gun control” (Forman 2017, 51). Thus, declaring war on drugs, the government asked all citizens to be intolerant of drugs or its users.

from \$8 million in 1980 to \$95 million in 1984; DEA anti-drug spending grew from \$86 million in 1981 to \$1,026 million in 1991; FBI anti-drug allocations grew from \$38 to \$181 million during that same period. Simultaneously, the National Institute on Drug Abuse's budget was reduced from \$274 million to \$57 million from 1981 to 1984 (Alexander 2012, 49-50).

By the late 1980s, leading roles in the tough-on-crime movement were not exclusively in the conservative camp (Ibid, 55). The Democratic Party also embraced the conservative rhetoric advocating for stricter anti-crime and anti-drug laws. President Clinton escalated the war on drugs beyond what conservatives could imagine a decade earlier. Convictions for drug offenses were most critical cause of the rise in the prison population. Between 1979 and 1994, the percentage of state inmates convicted for non-violent drug offenses increased from 6% to 30%, and the percentage of federal inmates—from 21% to 60% (Beckett 1997, 89).

Cannabis played a special role in the war on drugs: between 1990 and 2002, cannabis arrests increased by 113 %, while overall arrests decreased by 3% (King and Mauer 2005). Of the 450,000 increase in drug arrests, 82 % was for cannabis, and 79% was for cannabis possession alone. Few cannabis arrests were for serious offending, while most of the drug offenders had no history of violence or significant selling activity and were arrested for possession of small amounts of cannabis. People of color were disproportionately affected by cannabis arrests: African Americans represented 14% of cannabis users, but 30% of arrests (Ibid). The racial disparities in cannabis arrests resulted from stop-and-frisk practices and “broken windows” policing in impoverished urban areas. Confined to the ghetto and lacking any political power, the minorities of color have always been the primary police surveillance targets (Alexander 2012, 123-124). Thus, seemingly race-neutral factors—such as location—operated in a highly discriminatory fashion.

Nowadays, cannabis use for recreational and medical purposes is becoming more mainstream. According to Gallup, support for legalizing cannabis grew from 12% in 1970 to 68% in 2020.³⁴ As Simon ironically comments, “We will perhaps have arrived at the ‘tipping point’ when baby boomers are more anxious about access to medical marijuana for their chemotherapy than if their kids are lighting up after school” (2007, 11). Even though cannabis has been to a great extent legitimate in the eyes of large parts of the population, the dynamics of governing through crime has not changed. While state cannabis laws gradually become more permissive, federal law enforcement remains punitive. According to FBI statistics, in 2017, cannabis was still responsible for over 40% of all drug arrests. The racial consequences also remained despite the advance of legalization: African Americans are more likely to be arrested for driving under the influence of cannabis, possession of cannabis by youths, and public consumption of cannabis (Bender 2016, 703).

2.3. The criminalization of cannabis as a moral crusade

What can we take from the “told” history of cannabis? As I show above, the sociological and socio-legal literature presents the criminalization of cannabis as a moral issue. Many studies provide evidence that the war on cannabis was a moral crusade that undermined the medical professionals, discredited scientific research, and spread fears among the population. In this constructivist approach to the drug problem, anti-cannabis rhetoric functions as a currency in political campaigns: the purpose of the war on cannabis was not to counter actual drug crime or drug abuse but to respond to white middle-class anxiety towards immigrants, minorities of color, or political activists. By performing a symbolic—rather than instrumental—role (Gusfield 1963), anti-cannabis legislation

³⁴ <https://news.gallup.com/poll/323582/support-legal-marijuana-inches-new-high.aspx>

drew a line between “normal” and “pathological” substances and between deserving and undeserving citizens.

Sociology of deviance defines several essential characteristics of morality policies.³⁵ First, moral laws are centered around *controversial* questions on which it is difficult to reach a compromise. These are a product of culture wars upon which individuals project their ideals of good life (Hunter 1994). Since different groups have opposing and even mutually exclusive concepts of virtue, moral issues tend to recur now and then and rarely come to an ultimate resolution. Second, moral laws seek to establish a set of values that *dominate* at their present time. According to James Hunter, laws are not just about what we can and cannot do; laws “contain a moral story that proclaims the ideals and principles of the people who live by them” (Ibid, 18). Through lawmaking, societies create “a particular nomos, a normative universe that draws distinctions, discriminates, judges, excludes and includes” (Ibid, 19). Third, passing moral laws involves the work of “*moral entrepreneurs*,” the rule creators and rule enforcers who invest their efforts in constructing a new meaning of goodness (Becker 1963). Moral crusaders believe that what they do is good for others and that by improving morality, they help people live a better life (Gusfield 1955). Moral entrepreneurs can have differing agendas—prohibitionist, abolitionist, humanitarian, traditionalist, liberal, etc.—but their ultimate goal is to change the existing rule. Fourth, morality policies are often difficult to enforce because the policy’s objective is symbolic and offers no clear operationalization (Fairbank 1979; Gusfield 1963). The application of moral laws does not affect actual behavior—for

35 Other examples of morality regulations discussed in the literature are the regulation of prostitution (Rio 1991), abortion (Rapp et al. 2014; Roh & Berry 2008; Hunter 1994; Luker 1984; Tooley 1983; Dillon & Savage 2006; Mouw & Sobel 2001), gambling (Frey 1984), liquor (Gusfield 1963; Hunter 1970), same-sex marriage (Dillon & Savage 2006; Fradella 2002), pornography (Potter & Potter 2009), illegal immigration (Chauvin & Carces-Mascarenas 2012), and school discipline (Rousmaniere et al. 2013).

example, it does not decrease drug consumption rates—but instead shies it away from public display, encouraging the development of the black market.³⁶

We tend to think about moral politics as banning certain activities rather than allowing them. This research, on the contrary, focuses on the legalization of cannabis as an example of *permissive* morality regulation. The moral dilemma that characterizes the current cannabis debate can be described as “social expectations vs. core individual rights.” As the history of cannabis criminalization shows, prohibition stood as a symbol of the general system of values with which the conservative white majority was identified. The Protestant ethics measured men’s moral worthiness in terms of productivity: any activity distracting an individual from being productive is a waste of time³⁷ (Fairbanks 1975). Using cannabis for pleasure is immoral not only because it can affect an individual’s physical well-being but also because it represents a particular lifestyle and attitude toward work and social responsibilities. In turn, the legalization rhetoric centers on the discussion over the limits of state intervention in the private behavior of citizens (Ibid). The US Constitution guarantees the right to privacy and non-interference by the state in personal matters, and the California Constitution lists a right to privacy among the inalienable rights (Blumenson and Nilsen 2010; Pfeifer 2011).³⁸

The history of cannabis criminalization shows that ideas and moral visions have been a decisive factor in the adoption of anti-cannabis legislation. Currently, California is in a transition period when cannabis use is slowly getting normalized in public perception but continues to be

36 Despite the aggressive punishment of possession and distribution of cannabis, cannabis prices fell continuously during the 1990s, and its use and availability have increased. This suggests that the war on drugs had no measurable impact on the actual behavior of cannabis distributors and consumers (King and Mauer 2005).

37 According to Weber (1992 [1930]), for Protestants, the waste of time is “the first and in principle the deadliest of sins (...) Loss of time through sociability, idle talk, luxury, even more sleep than is necessary (...) is worthy of absolute moral condemnation (...) (E)very hour lost is lost to labour for the glory of God” (p.104).

38 It is worth noting that moral justifications for the medical and recreational use of cannabis are different. The proponents of medical cannabis emphasize the therapeutic qualities and cannabis and its harmlessness, while recreational use is justified by the constitutional right to pursue happinesses, economic arguments, racial injustices of the criminal justice system, etc. Some of these justifications will be discussed in the subsequent chapters.

illegal and pathological from the federal government's perspective. This ambiguity impedes the formation and establishment of a new universal meaning of legal cannabis. Analyzing the context of the war on drugs is important for understanding the departure point of this ideational change. However, as I argue in the next section, in order to apprehend today's status of cannabis, we should turn away from the macro-level explanations and shift the attention to local actors and on-the-ground processes.

2.4. The limitations of the crime control paradigm

The crime control paradigm is preponderant in the socio-legal literature on drugs. The social history of cannabis in the US is often recorded as a top-down, event-based analysis, which focuses on capstone legislations, elite actors, and political intentions. From this perspective, the war on drugs results from the deliberate actions of the state officials and the mass media against marginalized groups. Although these views are extremely valuable for understanding the deep historical forces of mass incarceration, the focus on top-down processes may sometimes overshadow other possible interpretations of the drug problem. By devoting much attention to the public debates over the dangers of cannabis, these studies tell us a great deal about political agendas but relatively little about the role of medical professionals, pharmacists, manufacturers, associations, businesses, schools, families, local authorities, cannabis users and distributors in defining cannabis. Drugs are not only a criminal justice issue but also a societal problem, a medical problem, a moral problem, a market problem, and so on. As Joseph Spillane points out, much of the action happens “on the street, in the daily interactions among sellers, users, families, doctors, police, and jailers” (Spillane 2000, 4). As I argue further, the prevailing orthodoxy often fails to understand criminalization as a complex dynamic process with several levels of action and thus casts aside many essential questions.

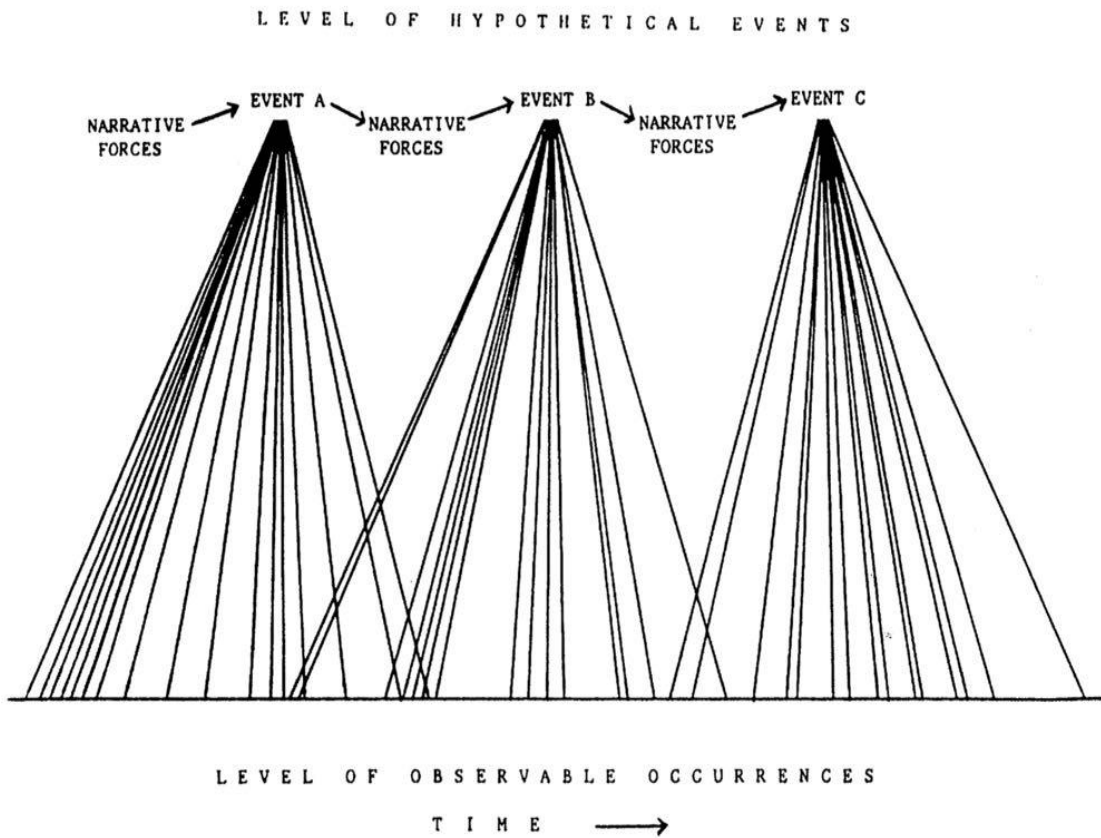
One voice that is consistently missing in the constructivist approach to the drug problem is the voice of drug addicts and their immediate environments. As Michael Fortner (2014) argues, the existing perspectives on the war of crime tend to minimize the agency of African Americans who are typically portrayed as victims of the power of racial order and reactionary Republican politics. The New Jim Crow's thesis focuses on white power and black powerlessness, which renders black politics invisible and obscures the causes of mass incarceration (Ibid, 253). According to Fortner, many scholars treat actual crime as fiction rather than lived experience. To cover the theoretical gaps, he investigates the role of the "black silent majority" in adopting punitive legislation, namely the Rockefeller drug laws in New York City in 1973. His study provides several critical analytical implications. First, we cannot study the drug problem out of context without exploring how local institutions and local processes influenced the framing of public concerns and policy responses (Ibid, 276). Second, aggregated statistics give little information about attitudes to crime and drugs. As Fortner demonstrates, white districts in New York City experienced significantly lower violent crime rates, drug addiction, and deaths due to drugs than black areas. The devastating effect of the drug and crime problem on black communities raised great concerns among the black population and led to higher support of anti-drug and anti-crime policies. Evidence from California reveals similar patterns: in the 1970s, whites in Los Angeles were more concerned with pollution and noise than crime, while black citizens listed better crime control as the number one issue (Ibid, 267-268). This picture contradicts the popular notion in socio-legal studies that whites supported punitive policies more than blacks. By focusing on white victimization and black criminalization, researchers neglected the activism of the urban black middle class, which created incentives for local politicians to respond to demands for greater punitive policies (Ibid, 276).

James Forman advances a similar argument showing that working- and middle-class black communities did not support the decriminalization of cannabis. The history of cannabis is often presented as a part of the war on drugs. However, as Forman (2017) rightly notices, the anti-drug campaign aimed at heavier drugs. Nixon's declaration of drugs as the nation's largest enemy coincided with the first attempts to decriminalize cannabis at the state level by making possession of small amounts of cannabis a civil fraction rather than a criminal offense. The widespread knowledge about the minimal risks of cannabis use boosted decriminalization movements in many states. Since the pro-cannabis movements' leaders were overwhelmingly white, cannabis decriminalization was framed as a question of civil liberties and individual autonomy rather than racial justice. In Washington, D.C., the black community took cannabis decriminalization with skepticism as a policy that protects young whites and oppresses young blacks. White teenagers could smoke cannabis without jeopardizing their future because their middle-class cocoon could shield them from the consequences of drug use. But, poor black teenagers had much less room for error because they would risk graduating from school or finding a job (Ibid, 39). In other words, to the African American communities, the drug problem was not just a hypothetical threat. The 1960s the heroin epidemics had instilled a real sensibility for the drug problem and taught the members of black communities that addiction could destroy families, schools, and entire neighborhoods.

Another particularity of the crime control perspective is the reliance on law and legislation as a sole historical marker of change (Spillane 2000, 4). The "told" history of cannabis prohibition is often plotted as a sequence of events leadings from one capstone legislation to another. Such an approach overemphasizes the role of formal laws in triggering social and institutional change. In reality, legislation itself does not cause change; its scope, significance, and relevance are determined in the process of interpretation and further implementation. To understand when, where, and how

change happens and what role the law plays in the process, we need to look at local phenomena and on-the-ground practices. The event-based perspective fails to recognize that the passage of legislation is the continuation of a process that begins before and lasts after its adoption (See Fig. 1).

Figure 1. Events and occurrences (borrowed from Andrew Abbott)³⁹



The legal prohibition of cannabis is not merely a political project organized by a cohesive group of elite actors but a multilevel, complex, and dynamic social process. Formal legislations affirm rather than cause social and cultural changes, especially when the primary function of law is symbolic. For example, the legalization of the medical use of cannabis in California in 1996 did not affect cannabis

³⁹ Abbott, A. (1991). The order of professionalization: An empirical analysis. *Work and occupations*, 18(4), 355-384, p. 360.

arrest rates. The number of arrests for cannabis possession was steadily growing until 2010 and decreased five-fold in one year after the passage of SB-1449, which reclassified the possession of small amounts of cannabis as a misdemeanor (see Appendix 1). Thus, the legalization of medical cannabis symbolized the public affirmation of new social norms and ideals, but it did not change law enforcement practices. The SB-1449, on the contrary, affected people's behavior in a more direct and instrumental manner, but its adoption would not be thinkable without the preceding cultural shift. On Fig. 1, the legalization of the medical use of cannabis in California (Proposition 215) would be a constructed event, while the adoption of the SB-1449 would be on the level of observable occurrences that followed the event.

Yet another limitation of the criminal justice perspective is its focus on the national trends, federal mass media, or the general public. It is important to remember that the early regulatory efforts happen at the local level. When scholars use the term "public" (the public thinks, the public wants, the public is outraged), they often refer to "national" in its scope, impact, or character (Hunter 1994, 231). According to James Hunter, public debate should mean not national but local debate "among people who live and work in relative proximity to each other and who care about their common neighborhoods and communities, towns, cities, and regions; and within institutions that are prominent and integrated into the communities where these people live" (Ibid, 232). There is a vast territory of social life between national culture and individual meanings, which is often overlooked in the canonical socio-legal literature on drugs. The focus on local processes allow us to see that criminalization and legalization were happening at the same time; that the debate on the decriminalization of cannabis took place before the full-fledged war on drugs (Forman 2017); that African Americans supported cannabis legalization at the lower rates but eventually had higher rates of incarceration for cannabis arrests (Forman 2017; Fortner 2014); that the decriminalization efforts

of the Kennedy, Johnson, and Ford administration were not temporary and incidental but had long-lasting effects and eventually resulted in cannabis legalization; that many legislative proposals failed and did not become “events” but affected the future legislations; that 2/3 of California cities supported cannabis legalization, but only 1/3 of them allowed legal cannabis businesses (a paradox, which I discuss in Chapter 2).

2.5. The legalization of cannabis as ideational change

In this section, I focus on the history of cannabis legalization in California. In particular, I describe the role of social movements in legalizing medical and recreational cannabis, their failures and victories, tactical repertoires, political threats, and discursive opportunities. As I discussed above, cannabis prohibition and cannabis legalization are not separate processes; these are two dialectically united phenomena that interact, contradict, negate, and reaffirm each other.

Socio-legal scholars, who are interested in cannabis as a criminal justice issue, often overlook the fact that control does not exist without resistance and that criminalization and legalization are two sides of the same coin. It is impossible to understand lawmaking processes without considering the work of mobilized groups of citizens challenging the unfair laws and shifting agendas of resourceful players. As I show below, defining the “drug problem” is not a prerogative of mighty actors or institutions. Some less powerful actors can create and promote alternative narratives about drugs and drug users (rehabilitative, abolitionist, medicinal, etc.) and ultimately succeed in changing the governing norms and public opinion. The ongoing cannabis legalization in California offers a clear illustration of how social movements can become a local source of power and foster ideational change.

2.5.1. How change became possible

California has been a pioneer in both criminalizing and decriminalizing cannabis. It was the first state to prohibit recreational use of cannabis in 1913 and the first to allow its medical use in 1996. Pro-cannabis social movements emerged in response to the Controlled Substance Act that classified cannabis as a Schedule I drug (i.e., a substance with no medical use and a high potential of abuse). According to Andreas Glaeser (2011), change becomes possible when the state fails to positively validate people's understandings of the social world. Understandings contribute significantly to the stabilization of political institutions, but for this to happen, they need to be continuously validated. There are three modes of understanding based on: interpretations, emotions, and senses. In the case of cannabis, the de-fetishization of the prohibitionist policies started in the 1960s, when new scientific evidence, dissatisfaction with authorities, and people's own experience challenged the domain of unquestioned background assumptions about cannabis and its users.

The first objection to the prohibitionist assumptions came from the scientific community, which provided a new interpretation of cannabis. Although Nixon disowned the Shafer Commission's report (1972), which called for the decriminalization of cannabis possession, its results were spreading in society, along with the La Guardia Report of 1944. From the 1970s, scientific evidence proving the medical benefits of cannabis and demystifying its deleterious effects was multiplying, but the government continued to ignore it. The scientific community was calling for thorough research of the chemical properties, pharmacological qualities, and therapeutic applications of cannabis (Mikuriya 1973). More and more studies had shown the possible benefits of cannabis use. However, the scientific evidence was constantly downplayed by the federal authorities and the National Institute of Drug Abuse, who continued to fixate on presumed adverse effects of cannabis (Lee 2012, 146). For instance, the Reagan administration ignored the National

Academy of Science's (NAS) report published in 1982,⁴⁰ which questioned the effectiveness of full prohibition and recommended removal of criminal sanctions. Under the democratic Clinton presidency, a study co-authored by Harvard Medical School and Yale University showed the efficacy of cannabis for a wide range of ailments.⁴¹ Yet, once again, scientific findings did not change the anti-cannabis course of the political establishment; on the contrary, the drug-war budget doubled, and the record number of Americans were arrested on cannabis charges in those years (Ibid, 235).

The second challenge to the prohibitionist status quo was a growing dissatisfaction with the US drug policy and the defiance of state authority. Cannabis use became a form of protest, a central symbol of the counterculture, and a ritual that demonstrated the willingness of young Americans to run risks with their peers (Anderson 1981, 55). Many college students began smoking cannabis to protest the war in Vietnam. The government responded with harsher enforcement of drug laws: cannabis-related arrests rose from 18,000 in 1965 to 220,000 in 1970. That inevitably amplified protest movements. According to Patrick Anderson, the legalization movement began on August 16, 1964, when a young man walked into a police station in San Francisco, lit a cannabis joint and asked to be arrested (Anderson 1981, 55). Later that year, his lawyer launched the Legalize Marijuana organization (LeMar), which sponsored the first pro-cannabis demonstration in America. In sum, the legalization movement was developing in response to political threats, confronting the mythology of "reefer madness" and persuading Americans that the time had come to change political priorities and put an end to the incarceration of young people for using a mild intoxicant (Ibid, 57).

40 An Analysis of Marijuana Policy. National Research Council (US) Committee on Substance Abuse and Habitual Behavior. Washington, D.C.: National Academies Press, 1982. Link: <https://www.ncbi.nlm.nih.gov/books/NBK217607/>

41 Grinspoon, Lester, and James Bakalar. 1997. "Marijuana, The Forbidden Medicine." Yale University Press.

The third challenge to the prohibitionist discourse arose at the level of individual senses. An increasing number of people who used cannabis realized that it was no more dangerous than alcohol. The fact that cannabis was classified as the most dangerous drug, causing more damage than cocaine, opium, or methadone, sounded preposterous to those who had experienced cannabis effects. Thus, less and less people believed in the myths propagated during the anti-cannabis campaign. In 1975, psychiatrist and social activist Tod Hiro Mikuriya wrote: “Marijuana use in America is reminiscent of the era of Prohibition, in that almost 30 million people have smoked pot and the police of the 180 million other Americans are trying to prevent them from doing so. Despite vigorous efforts of society to regulate by deterrent legal sanctions, they have obviously failed. The use continues to escalate. In fact, marijuana has become a permanent part of American society. Since those who try and continue to use pot find it enjoyable, and many more people are trying it all the time, marijuana use is clearly here to stay. The time has passed when prohibition against personal use and possession should have been repealed” (Mikuriya 1975, 236).⁴²

All three factors—scientific evidence, dissatisfaction with authorities, and personal experience—made Americans more susceptible to the proclaimed dangers of cannabis. And this, in turn, raised political dissidence.

2.5.2. NORML and the depenalization of cannabis

In the 1970s, many social activists felt that the decriminalization and legalization of cannabis were just “around the corner.” Not only scientists and activists but also some state actors favored the depenalization of cannabis. The National Organization for the Reform of Marijuana Laws

42 Tod Hiro Mikuriya was one of the main proponents of the therapeutical use of cannabis. While employed in the National Institute of Mental Health, he discovered the nineteenth century’s archival documents which indicated that cannabis has been used as a therapeutic substance for centuries (Lee 2012: 124). Unable to change the system from within, Mikuriya joined the grassroots movements and launched a pro-cannabis organization Amorphia in the Bay area in California (Lee 2012: 126).

(NORML) became the main voice of the pro-cannabis movement. Founded in 1970 (the same year as the Controlled Substance Act) by Georgetown law graduate Keith Stroup, the organization brought together a group of young lawyers, scientists, civic leaders, and even politicians to fight for cannabis reform (Anderson 1981, 3).⁴³

From the very beginning, NORML was a public-interest lobby that represented the interests of cannabis users, focusing on individual rights and the social harm caused by incarceration for minor drug offenses. Although its ultimate goal was the complete legalization of cannabis, in the 1970s, NORML focused mainly on the depenalization of cannabis and its removal from the list of Schedule I controlled substances. A catalyst of the national pro-cannabis movement, NORML scored its first victory in 1973 when Oregon has ended criminal penalties for smoking cannabis. Over the decade, several more states—including California—have followed suit. In 1976, California approved the Moscone Act,⁴⁴ which made possession of small amounts of cannabis a civil instead of a criminal offense. That was the beginning of cannabis decriminalization in California: felony arrests for cannabis decreased fourfold—from 99,587 in 1974 to 19,284 in 1976 (Aldrich & Mikuriya 1988, 76).⁴⁵

In subsequent years, both the number of organizations working on pro-cannabis issues and the pressure imposed on the federal government increased. In 1977, President Carter asked Congress to decriminalize the possession of small amounts of cannabis at the federal level (Forman 2017). But his plan never came to life due to the scandal discrediting his drug advisor Peter Bourne and the emergence of the grassroots parents' organizations, which were building strong opposition to

43 High Times magazine, launched three years after and wholly devoted to recreational drugs, became the main media supporter of the pro-cannabis movement.

44 The California Senate Bill 95, passed in July 1975.

45 California's first attempt to legalize cannabis was the 1972 California Marijuana Initiative (CMI), which stipulated that no one over the age of eighteen could be punished for growing, transporting, possessing, or using cannabis in California (Lee 2012: 129). Although the proposition did not pass at the state level, it revealed the unrecognized level of public support of cannabis in San Francisco (52 percent) and Berkeley (70 percent), two cities, which soon became meccas of the pro-cannabis movement.

cannabis decriminalization. In 1986, the Drug Enforcement Administration (DEA) finally agreed to review a petition filed by NORML and the American Public Health Association that asked to recognize the medical value of cannabis and remove it from Schedule I classification (Lee 2012, 201). After careful investigation, the DEA's chief administrative law judge Francis L. Young stated that cannabis "has been accepted as capable of relieving the distress of great numbers of very ill people [...] and it would be unreasonable [...] for DEA to continue to stand between those sufferers and the benefits of this substance."⁴⁶ The judge permitted the transfer of cannabis from Schedule I to Schedule II so that cannabis could be legally available for patients. However, the DEA director ignored such recommendations (Lee 2012, 203).

Throughout the 1980s and 1990s, the federal government and the media launched the largest anti-drug and anti-cannabis campaign. In this cultural context, the pro-cannabis movements did not have any political or discursive opportunities to bring about legal change. To a great degree, the success of social movements depends on their ability to "offer frames that tap into a hegemonic discourse" (McCammon et al. 2007, 726). Cannabis activists had nothing to offer; their claims did not resonate with ideas widely accepted in the broader society. The situation has changed with the AIDS epidemic, which provided discursive opportunities for politically effective framing.

2.5.3. Medical cannabis: from a sinful substance to a health cure

The narrative that cannabis could be medicine is not new; it has existed for centuries, despite the efforts of the federal drug enforcement to suppress it. But in the 1980s and 1990s, the medical conception of cannabis had reemerged and developed into a powerful moral agenda (Lashly and Pollock 2020, 471).

46 Young, Francis. Opinion and Recommended Ruling, Findings of Fact, Conclusions of Law and Decision of Administrative Judge. In the Matter of Marijuana Scheduling Petition, Docket No. 86-22. Drug Enforcement Administration, p. 67. Link: <http://www.medicalcannabis.com/wp-content/uploads/young.pdf>.

Robert Randall, a young college professor from Washington, D.C., was the Rosa Parks of the medical cannabis movement (Lee 2012, 140-141). In 1976, he sued the federal government for the right to use cannabis to treat his glaucoma. His doctor testified that the use of cannabis significantly decreased eye pressure, one of the primary symptoms of glaucoma, which kept Randall from going blind (Barcott 2015, 46). In 1978, D.C. Superior Court established an important legal precedent: Randall won his case and became the first legal cannabis smoker since cannabis prohibition in 1937. However, Randall's victory did not solve the problem of obtaining cannabis legally. He was not allowed to grow cannabis for himself and filed a petition demanding that the government provides him enough cannabis from the federal experimental farm at the University of Mississippi (Lee 2012, 142). His victory forced the Food and Drug Administration to establish the Compassionate Investigational New Drug Program, which provided government-grown cannabis for seriously ill patients. However, the program was limited to a small number of patients since many people who had received medical approval were rejected by the program (Russo et al. 2002, 7). By 1991, only 15 patients were enrolled in the program.

Randall's legal precedent was a landmark victory, and social movements continued to exploit the medical discourse in the following years. Pro-cannabis activists crafted the image of cannabis as a compassionate palliative for seriously ill people and the image of cannabis users as patients, not criminals (Dioun 2017, 161). However, such a medical frame was not very successful until the AIDS epidemic in the 1980s, which made medical cannabis an urgent issue and provided first discursive and later political opportunities for the movement. Many AIDS patients experienced wasting syndrome, and cannabis helped them stimulate appetite, retain weight, and prolong lives. As Cyrus Dioun argues, "the death and devastation of the AIDS epidemic made it necessary to discuss previously unmentionable topics" (Dioun 2017, 162). From 1980 to 1995, over 500,000

AIDS cases and over 300,000 AIDS deaths have been reported in the US. San Francisco was at the forefront of both the AIDS crisis and the medical cannabis movement. By 1993, 4% of the city's population were living with AIDS (Dioun 2017).

The outbreak of the AIDS crisis challenged the illegal status of cannabis: now, law-abiding AIDS patients had to take illegal actions that were previously unthinkable, i.e., to purchase an illicit drug on the black market to ease pain and restore appetite (Ibid, 164). The cause seemed greater than harm, and it raised sympathy and support for AIDS patients among the population. AIDS patients first tried the path that Robert Randall has opened for them: they applied to the Compassionate Investigational New Drug Program to obtain government-supplied cannabis, but the number of applications was so large that the government stopped accepting new applicants in the early 1990s (Ibid, 166). Unable to get cannabis through legal channels, AIDS patients were pushed to the illegal market where medical cannabis activists developed informal institutions that delivered illegal products to legitimate consumers (Ibid, 167).

In 1991, Dennis Peron, an illegal cannabis dealer and gay rights activist, drafted and organized the passage of the San Francisco medical cannabis initiative (Measure P), which recommended the State of California and the California Medical Association to include cannabis in the list of available medicines and not penalize doctors for prescribing it.⁴⁷ The proposition did not have the force of law but simply declared the city's support of medical cannabis. The ballot passed with 79 percent of the vote. The backing of the city administration encouraged Peron to launch the San Francisco cannabis buyers' club, whose main goal was to provide *safe* access to *quality*-controlled medicine so that patients would no longer have to resort to the black market (Lashlly and

⁴⁷ Proposition P, San Francisco Ballot Initiative, adopted on August 28, 1992. Link: http://www.marijuanalibrary.org/Proposition_P_Nov_1991.html

Pollock 2020, 454). Initially founded in a small apartment in the Castro district, the club was moved to a five-story warehouse near the San Francisco Civic Center in 1995 (Lee 2012, 236). To join the buyers' club, one had to provide a photo ID and a doctor's recommendation; senior citizens were granted automatic admission. The social aspect of the buyers club was no less important than the medical one: it encouraged members to socialize and form support networks, which significantly improved the quality of their lives.

The palliative conception of cannabis was integral to gaining public support for Proposition 215 in California in 1996 (Dioun 2017, 171). By reinforcing the framing of cannabis as a remedy for the sick and dying, social movements gave legitimacy to the use of an illegal product and pushed local governments to recognize the medical qualities of a Schedule I drug. Patients' testimonials were central to identifying cannabis as medicine and reducing its stigma. As Lashlly and Pollock point out, "(s)tories [...] were designed to challenge stereotypes about who smoked cannabis and to appeal to the societal values of compassion and the belief that individuals should have reasonable access to treatments that reduce their suffering" (Lashlly and Pollock 2020, 451).⁴⁸ The idea of medical cannabis incorporated positive elements from the healthcare category while simultaneously dissociated from stigmatizing labels of the black market: cannabis patients are not high, they are medicated (Ibid).

In 1995, the San Francisco cannabis buyers' club hosted weekly meetings of grassroots activists who worked on a full-scale ballot campaign. The movement consisted of cannabis clubs' owners, hospice organizers, lawyers, harm-reduction activists, doctors, leaders of pro-cannabis organizations, and other "seasoned activists in a grassroots reform movement" (Lee 2012, 239). In

⁴⁸ For example, the medical cannabis activists used television advertisements featuring a 67-year-old nurse who talked about her husband's experience with cannabis while undergoing chemotherapy (Lashlly and Pollock 2020, 451).

November 1996, California voted in favor of Proposition 215 (the Compassionate Use Act), which ensured the right of patients to obtain cannabis for treating serious illnesses (including AIDS, cancer, glaucoma, arthritis, chronic pain, anorexia); guaranteed protection to patients and doctors from criminal prosecution; and encouraged the federal and state government to provide safe and affordable distribution of cannabis.⁴⁹

Several circumstances can explain why the medical cannabis movement succeeded in the passage of Proposition 215. First, many AIDS patients were politically active and integrated in communities receptive to the civil rights agenda. According to Veronica Terriquez (2015), the recognition and activation of multiple identities by social movements may catalyze intersectional mobilization and facilitate participation and commitment among marginalized groups. The medical cannabis movement was a spillover of the gay rights movement, whose members strongly favored cannabis law reform. Both movements were guided by the same basic principle: people should not be punished for personal lifestyle matters (Lee 2012, 225). Emerging in an era of increasing visibility and acceptance of the LGBTQ movement, the medical cannabis movement empowered its members to disclose not only their sexual orientation but also their use of stigmatized substances.

Second, from the very beginning, the movement's main goal was to win legal recognition of cannabis. Even though the pro-cannabis community occasionally staged boycotts, demonstrations, cannabis giveaways, smoking in public, and other forms of nonviolent civil disobedience,⁵⁰ they were seeking reform through legal and bureaucratic processes. Their strategy was to decouple state law from federal law (Ibid, 239). Activists had a moderate agenda, which shaded away the recreational component of cannabis: Proposition 215 did not legalize cannabis and did not contradict

⁴⁹ California Proposition 215, approved on November 5, 1996. Link: <http://www.hr95.org/Prop215.html#215text>

⁵⁰ For example, Mary Jane Rathbun, known as "Brownie Mary", was baking as many as 15,000 cannabis brownies a month and giving them for free to AIDS patients. In 1993, Peron and Brownie Mary coauthored a book with recipes of cannabis edibles.

the federal legislation; it merely allowed physicians to recommend cannabis and patients to use it (Ibid, 240). Tod Mikuriya, a pro-cannabis activist from the physicians' camp, carefully drafted the language of the initiative.

Third, although the AIDS crisis created political and discursive opportunities to shift public opinion about cannabis and cannabis users, the passage of Proposition 215 would not be possible without money. The opinion polls showed that the majority of the population were in favor of medical cannabis, but for the proposition to qualify as a ballot measure, the organizers had to gather more than 400,000 valid signatures in 150 days. The medical cannabis initiative got the attention of George Soros, Lawrence Rockefeller, and other investors, who were ready to contribute large sums of money to the cause. Substantial funding professionalized the movement: Peron was replaced with a professional campaign manager, and the movement's headquarters was moved from the Bay Area (associated with the AIDS crisis and gay communities) to Santa Monica (a luxurious white community near Los Angeles).

2.5.4. The backlash of Proposition 215

The broad language of Proposition 215 was both a blessing and a curse. On the one hand, it helped the initiative to pass because the narrative was not in direct conflict with the federal law; on the other hand, it did not guarantee real protection to cannabis patients. Proposition 215 created a medical necessity defense for people arrested for cannabis, but it did not prevent them from being arrested or prosecuted. It was the responsibility of an individual to claim that (s)he has the right to use cannabis.⁵¹ Another gap in Proposition 215 was that it had almost no details regarding how a

51 The medical necessity argument did not always work in courts, especially for cannabis cultivators and providers. In 2001, the Supreme Court ruled that the Controlled Substance Act had priority over Proposition 215 and that California's medical cannabis patients and caregivers could not use the medical necessity exception to grow and distribute cannabis. Link: <https://supreme.justia.com/cases/federal/us/532/483/>.

medical cannabis system should operate and how patients should obtain their cannabis (Kamin 2017a). Activists who drafted Proposition 215 were more concerned with legitimizing a state of affairs than ensuring that patients could avail themselves of cannabis in the future (Hymes 1997, 65). Finally, most of the regulation was left to the county level and thus resembled a patchwork quilt, with disparate standards and rules. Such regulatory and enforcement loopholes made cannabis patients vulnerable to state and federal prosecution (Kamin 2017a, Kamin 2017b, Kjellberg and Olson 2017).

The passage of Proposition 215 was met with strict resistance from the federal government (Mello 2012, 660). Barry McCaffrey, Clinton’s director of the office of National Drug Control Policy, threatened to revoke the license to any physician who prescribed cannabis to a patient due to its Schedule I status. Although the American Medical Association backed up a physician’s right to discuss cannabis therapy with a patient, many doctors shifted away from recommending cannabis to their patients (Lee 2012, 253).⁵²

Local and federal authorities continued to raid medical cannabis dispensaries and private homes, seize cannabis, and arrest patients and caregivers. The backlash from law enforcement only intensified social mobilization. Founded in 2002, Americans for Safe Access (ASA) became a nationwide support group for the emerging medical cannabis industry (Lee 2012, 306). ASA activists monitored the law enforcement activity, maintained a database of legal cases involving cannabis, and developed emergency response strategies for cannabis patients and providers (Ibid). They also recorded police raids and held demonstrations at DEA offices. Moreover, ASA attorneys

⁵² In 2002, in *Conant vs Walters*, the Ninth Circuit Court of Appeals has affirmed the right of physicians to recommend cannabis as a medicine. However, it did not save a long-time supporter of medical cannabis Tod Mikuriya. In 2003, the California Medical Board—a regulatory agency, which acted in the interests of law enforcement agencies—sentenced him to five years of medical practice probation for “gross acts of negligence” for recommending his patients cannabis without thorough examination (Ibid, 314). Link: <https://law.justia.com/cases/federal/appellate-courts/F3/309/629/506182/>.

filed suits against California cities and counties that banned medical cannabis facilities and against the California Highway Patrol, forcing it to allow the intrastate transit of cannabis.⁵³

In 2010, California passed Senate Bill 1449, which made the possession of no more than 28.5 grams of cannabis a misdemeanor that shall be punished by a fine of no more than \$100.⁵⁴ If Proposition 215 was mostly a symbolic gesture that manifested a cultural change, SB 1449 was instrumental in its function (Gusfield 1963). Proposition 215 had quite an adverse effect on law enforcement agencies—after 1996, the number of cannabis arrests continued to grow, reaching its peak in 2008-2009 (see Appendix 1). SB 1449, on the contrary, influenced the behavior of state officials in a more instrumental manner and finally achieved what Proposition 215 failed to do. The number of arrests dropped significantly in just one year—arrests for cannabis possession dropped from 56,000 arrests in 2010 to 10,000 in 2011. Arrest rates for cannabis sales remained stable for a few more years until the passage of Proposition 64, which explicitly legalized cannabis sales—after that, they dropped from 7,600 in 2016 to 2,200 in 2017 (see Appendix 1).

For several years after the passage of Proposition 215, the situation with medical cannabis in California remained unsettled. Guidelines were provided only in 2003 when Senate Bill 420 finally clarified the scope of Proposition 215 (Rosenberg 2018). In particular, SB 420 established a state-regulated identification card program and allowed patients to form “collectives” to grow and distribute cannabis. The new adjustments created a space for the development of the legal cannabis industry. Collectives often worked as storefront dispensaries, and, even though they could only provide cannabis for suggested donations, these “donations” worked as retail prices (Kjellberg and

⁵³ In 2003, the Ninth Circuit Court of Appeals established an important legal precedent by determining that the 1970 Controlled Substances Act could no longer be applied to the intrastate, noncommercial cultivation and possession of cannabis for personal medical purposes recommended by a physician (McCabe 2004, 558). Link: <https://casetext.com/case/raich-v-ashcroft>

⁵⁴ https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=200920100SB1449

Olson 2017, 104). In 2015, California issued the Medical Marijuana Regulation and Safety Act (MMRSA), which imposed very specific rules on medical cannabis businesses, including regulations for cultivation, manufacturing, testing, distribution, transportation, and dispensing. According to Sam Kamin, “it was an indication [...] that the state was finally getting serious about regulating the marijuana industry” (2017a, 19).

The symbolic meaning previously attached to cannabis was changing as the substance was placed in a context of increasing legitimacy (O’Brien 2013, 433). By 2016, the California medical marijuana market had grown to over 700,000 patients (Dioun 2017, 171), and many people knew medical cannabis patients among their friends or neighbors. New cannabis dispensaries attracted a different type of cannabis users, which contrasted with the traditional “stoner” stereotypes (Kjellberg and Olson 2017, 109). Cannabis providers employed medical symbols and terminology, gave detailed information on the chemical composition and potency of various cannabis strains, incorporated scientific (or more often pseudo-scientific) knowledge, and deemphasized the negative effects of cannabis products. Oaksterdam University, a trade school for cannabis businesses, was founded in 2008 in Oakland; within three years of its launch, it had more than 13,000 students (Lee 2012, 356). In 2009, the California Board of Equalization imposed a state sales tax on dispensary operators, which signaled that cannabis companies should be treated on par with other legal businesses. These and other practical developments professionalized the field of medical cannabis and established an infrastructure that promoted the image of cannabis as a morally acceptable commodity. By 2016, 49% of Americans replied that both medical and recreational use of cannabis should be legal, and 35% thought that only medical use of cannabis should be legal.⁵⁵

⁵⁵ Pew Research Center, American Trends Panel, 2019. Link: https://www.pewresearch.org/wp-content/uploads/2019/11/FT_19.11.08_Marijuana_Topline-For-Release.pdf

2.5.5. Proposition 64 and the development of the legal cannabis market

Although the primary goal of Proposition 215 was to provide safe access to cannabis for seriously ill people, *de facto* the majority of users consumed it recreationally (Kjellberg and Olson 2017, 105; O'Brien 2013, 436). Gaining victory with medical cannabis, California activists jumped on the opportunity to fight a longer-term campaign aimed at full legalization. The first attempt to legalize cannabis for recreational (adult) use was under the Obama administration in 2010. Although California's citizens rejected Proposition 19 (the Regulate, Control, and Tax Act), its 46% support indicated that the tide was turning (Kjellberg and Olson 2017, 102).⁵⁶

California's Proposition 64 was considered in a more favorable context. Throughout the 2010s, the media became increasingly supportive of cannabis legalization (Lashly and Pollock 2020, 467): documentaries produced by CNBC, CNN, and Discovery Channel, as well as articles published in the mainstream magazines, called for an end of cannabis prohibition and helped to normalize it. Also, the spread of the Internet made it much easier to share information and educate citizens. From 2012 to 2014, three states (Washington, Oregon, and Alaska) and the District of Columbia had legalized the recreational use of cannabis, which provided a big morale boost to California's activists. In 2013, the Obama administration gave the green light to the legal cannabis market by passing the Cole Memorandum, which constrained the federal government from enforcing federal cannabis laws in states that legalized cannabis for medical or/and recreational use. In other words, the federal government acknowledged the states' lead in matters related to drug enforcement and allowed them to treat cannabis as a regulatory rather than a criminal matter (Kamin 2017a: 18).

⁵⁶ <https://www.jdsupra.com/post/fileServer.aspx?fName=721b15ea-4746-4d31-813d-bee0f1f4cf2b.pdf>.

Similarly, the Marijuana Control and Regulation Act of 2010, introduced by a Democrat Member Tom Ammiano, died at the desk. http://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=200920106AB9

Several groups opposed the legalization of the recreational use of cannabis, the strongest of which were the pharmaceutical and alcohol industries, police unions, private prison corporations, and parents' organizations. Interestingly, some medical cannabis growers and distributors also opposed legalization fearing that it would drive down prices and attract big businesses (Kjellberg and Olson 2017, 103). Despite its opposition, Proposition 64 (the Adult-Use Marijuana Act) passed in 2016 with a record support rate—57.13%. A year later, California issued the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA), which created the general framework for regulating medical and recreational cannabis-related activities. Among other things, the Act introduced important conceptual amendments; namely, it changed “marijuana” to “cannabis” throughout California law. These regulatory and terminological innovations reflected a clean break with the prohibition era stereotypes and placed cannabis in a new context of a safe and available intoxicant.⁵⁷

To advance the legalization of cannabis for recreational use, social movements employed the economic argument. Cannabis-related economic activities are thriving in California, the most populous state with the nation's largest illicit and legal cannabis market. According to the CATO Institute, in 2008, California could have raised \$351.8 million from legal cannabis (Miron and Waldock 2010: 10). By bringing actors from the black market to the taxed and licensed marketplace, the state can raise billions in annual tax revenue and create jobs for thousands of people. The economic justification of cannabis legalization was compelling: if people were going to use it anyway, why not tax it? Other important arguments favoring full legalization were: reducing law enforcement and incarceration costs;⁵⁸ alleviation of the drug war in Mexico; breaking with racial

57 It is no coincidence that California activists crafted the idea of regulating cannabis like wine. Link: [https://ballotpedia.org/California_Regulate_Marijuana_Like_Wine_Initiative_\(2012\)](https://ballotpedia.org/California_Regulate_Marijuana_Like_Wine_Initiative_(2012)).

58 Only in 2008, California had spent almost one billion US dollars to the prohibition of cannabis (Miron and Waldock 2010, 5).

disparity of the war on drugs; consumers' protection through quality control and regulation; defense of individual rights and freedoms; and so forth.

The legalization of recreational cannabis is a nascent field of study, which has more questions than answers. Today, it looks that the economic framework has been most influential in the recreational cannabis campaign. With this project, I intend to shed some light on how the legalization of recreational cannabis became possible in California and which frameworks contributed the most to legal change. To answer these questions, I interview people who have a direct bearing on the institutionalization of the idea of recreational cannabis at the local level, i.e., licensed and unlicensed cannabis growers and distributors, social activists, city officials, representative of licensing agencies, and law enforcers.

2.6. The current status of cannabis: a legal limbo

Today, cannabis is the transitional period characterized by a search for a new legitimate meaning. According to Victor Turner, a liminal stage means being “at once no longer classified and not yet classified” (Turner 1967, 96). In the case of cannabis, it means that it is no longer illegal but not yet legal; no longer criminalized but not yet legalized; no longer intolerable but not yet entirely acceptable.

As cannabis consumption slowly and tentatively gains legitimacy, it also shows some harbingers of its institutionalization. The binary rhetoric on cannabis—i.e., the medical and recreational perspectives—reflects a lack of a dominant narrative about it (Zolotov et al. 2018). For example, many physicians do not have a consolidated perspective on whether cannabis is a medicine or not. On the one hand, they want to abide by professional norms and exclude dubious substances from clinical practice; on the other hand, they want to help patients by relieving their pain and suffering (Ibid, 8). A similar ambivalence exists on the regulatory level. California's cities have

discretion over whether to permit recreational cannabis, and many are still debating what to do. Thus, even if recreational cannabis became legal in some parts of California, it remained illegal in others, as well as on federal property. The persistence of the black market is yet another marker of ambiguity: due to high taxation, many cannabis providers choose not to obtain a license and remain in a shadow area.⁵⁹

The socially uncertain state of cannabis partly arises out of its lasting conceptualization as a criminal justice issue. The federal prohibition of cannabis continues to jeopardize the position of every person involved in its cultivation and distribution in California. On December 2, 2020, the United Nations Commission on Narcotics removed cannabis from the list of most dangerous drugs.⁶⁰ Two days later, the US House of Representatives approved the MORE Act (Marijuana Opportunity, Reinvestment and Expungement), which should decriminalize cannabis at the federal level and remove it from the list of controlled substances.⁶¹ Both legislations are important symbolic gestures, but the future of cannabis in the US remains unclear. The federal enforcement agencies are not yet ready to accept cannabis legalization, and sometimes one step forward leads to two steps back.⁶²

Although the recognition of medical benefits of cannabis use is more widespread now than decades ago, cannabis abuse is rarely perceived as a public health issue (like smoking or alcoholism, for example). All psychoactive substances that alter physical and mental processes in the human

59 <https://hightimes.com/news/dozen-unlicensed-los-angeles-dispensaries-slapped-with-tax-evasion/>

60 <https://www.cnn.com/2020/12/02/health/un-reclassifies-cannabis-scn-trnd/index.html>

61 <https://www.congress.gov/bill/116th-congress/house-bill/3884>

62 For example, in 2014, Congress passed the Rohrabacher-Farr Amendment, which protected cannabis patients and businesses by preventing the Department of Justice from interfering with state medical laws and spending federal funds to prosecute cannabis-related activities. However, it did not have the intended impact due to its incorrect interpretation. In 2015, the Department of Justice issued the Memorandum stating that the Amendment protects local officials who license and regulate cannabis businesses from federal prosecution, but cannabis growers, retailers, and consumers remain a target. In 2018, the Trump administration rescinded the 2013 Memorandum and other Obama-era legislation which prevented federal prosecutors from enforcing cannabis laws in states where it is legal. Links: <https://apnews.com/article/19f6bfec15a74733b40eaf0ff9162bfa;> https://www.scribd.com/fullscreen/273620932?access_key=key-CRAM4tkllhesIM1Xmpri&allow_share=true&escape=false&view_mode=scroll; [https://www.congress.gov/congressional-record/2014/05/29/house-section/article/H4968-2.](https://www.congress.gov/congressional-record/2014/05/29/house-section/article/H4968-2)

body require a special system of control, and cannabis is not an exception. The question is: Which social institutions should be responsible for regulating cannabis? In different countries, cannabis sale, use, and abuse is regulated by the healthcare system, welfare institutions, religion, law enforcement, or the market. In the current US context, it comes under the jurisdiction of law enforcement agencies and courts and is viewed from a bureaucratic rather than a professional logic. Federal prohibition of cannabis encourages social stereotypes and impedes ideational change, which is necessary for moving cannabis from criminal justice to the medical, commercial, or recreational discourse. Drug testing in workplaces, widespread anti-cannabis campaigns, the concentration of dispensaries in marginal zones, the stigmatization of cannabis users, the unavailability of banking and legal services, the prohibition of interstate trade, and, of course, the federal prosecution—all these points indicate the heavy symbolic load attached to cannabis use, which means that cannabis is far from being normalized and institutionalized in California.

Based on this information, some people might question whether the passage of Proposition 64, which legalized cannabis for recreational use, was premature. In this project, I argue that the adoption of formal regulation is only one in an ongoing series of episodes contributing to a broader cultural transformation. Asking whether the legalization of cannabis was premature is not relevant if we understand legalization as a process of gradual, incremental change. Such an approach allows us to see how the idea of cannabis is historically constructed through social interactions, strategic political decisions, adaptations, innovations, or even unintended consequences. It also provides a perspective on particularities and paradoxes of public morality, or, better to say, a moral background of contemporary American society (Abend 2014).

3. THE NORMALIZATION OF CANNABIS IN CALIFORNIA: STATISTICAL ANALYSIS

3.1. The normalization thesis

3.1.1. Is cannabis use normal?

The increased tolerance of cannabis use, which we observe in recent decades, is often referred to as “normalization.” Saying that cannabis is becoming normalized means that the substance is available and accessible, consumption rates are increasing, and that there is greater social and cultural accommodation of its use (Parker et al. 2002). Since the 1990s, cannabis had undergone a significant transformation in public perception. The perceived risk of cannabis is decreasing, along with the cultural anxiety and negative labels attached to it, and its users are less inclined to guard information about their consumption (O’Brien 2013, 437). The tone of media coverage of cannabis-related issues also becomes more favorable (Lynch 2020). Opinion polls detect broader acceptance of cannabis use: according to Gallup, the support of cannabis legalization grew from 12% in 1969 to 68% in 2020 (see Appendix 1).⁶³ Many Americans (65%) believe that smoking cannabis is morally acceptable (compare it to 78% who say that drinking alcohol is morally acceptable).⁶⁴ In 1969, only 4% of Americans said they had tried cannabis; in 2017, that figure grew to 45%.⁶⁵ The rates of cannabis and tobacco consumption rose at a similar pace (12% and 15% correspondingly); however, among young adults aged 18 to 29, cannabis is significantly more popular than tobacco (22% and

63 <https://news.gallup.com/poll/323582/support-legal-marijuana-inches-new-high.aspx>.

64 <https://news.gallup.com/poll/235250/say-consuming-alcohol-marijuana-morally.aspx>.

65 <https://news.gallup.com/poll/214250/say-tried-marijuana.aspx>.

14%, respectively).⁶⁶ Availability and access to legal cannabis are also growing: as of December 2020, the recreational use of cannabis is permitted in 15 states and its medical use in 36 states.

Yet, despite broader social tolerance, the cannabis issue remains controversial. First, its continuing federal illegality poses a threat of legal sanctions on those using or distributing cannabis under state law. As Sam Kamin (2017b: 108) points out, “legalized” cannabis continues to operate in an unstable gray area. When the commodity is prohibited at the federal level and legalized at the local level, there might be considerable confusion regarding how governmental, market, educational, and other institutions should treat it (King and Mauer 2005). In particular, what the true dangers of cannabis use are and how to effectively distribute institutional resources to address these dangers (Ibid). People engaged in cannabis activity still risk losing their jobs, parental rights, and many federal benefits (such as student loans, subsidized housing, or research grants) (Chemerinsky et al. 2015, 79; Kamin 2017b, 108). For example, the Drug-Free Workplace Act of 1988 requires employers who are federal contractors⁶⁷ to maintain a drug-free workplace and prohibits the use and possession of illegal substances. Because the federal government classifies cannabis as an illegal drug, employers in California feel incentivized to impose drug testing at the workplace to comply with the law, even though the Act neither directly demands nor authorizes it (Mello 2012; Tunnel 2004).⁶⁸ As of now, the attempts to challenge the discriminatory policies against employees using cannabis for medical purposes have been unsuccessful.⁶⁹

⁶⁶ <https://news.gallup.com/poll/261569/marijuana-similar-new-lower-rate-cigarette-smoking.aspx>

⁶⁷ A federal contractor is defined as: a) any organization that receives a federal contract of \$100,000; or b) any organization receiving a federal grant of any size.

⁶⁸ Unlike alcohol or cocaine, cannabis is detectable in users' urine weeks after the last use of the substance, and it is therefore impossible to differentiate current impairment from previous use.

⁶⁹ See, for example, the California's case *Ross v. Raging Wire Telecom., Inc.* (2008), where the Supreme Court decided that employers do not need to accommodate use of medical cannabis and that employers may take illegal drug use into consideration in making employment decisions (Mello 2012: 662).

Second, cannabis users continue experiencing stigma and social disapproval. Many studies show that notwithstanding the normalizing trends, cannabis-related stigma is conspicuous and strongly affects cannabis users' identity formation (Hathaway 2004; Hathaway et al. 2011; Room 2005; Pennay and Moore 2009; Shiner and Newburn 1997; Sznitman 2008). That cannabis is no longer "deviant"—at least in some social circles—does not make it "normal" either (Hammersley et al. 2001, 148). Cannabis users employ various strategies to distance themselves from labels and familiar stereotypes about cannabis use and its relation to crime, deviance, sickness, etc. (Hathaway et al. 2011; Shiner and Newburn 1997).⁷⁰ Since the 1960s, civil rights movements are fighting for the "normalization" of cannabis use under the banner of recognition of dignity and pride within difference (Sznitman 2008, 452). Despite widespread tolerance and the success of the legalization movement, cannabis use still challenges the dominant values and remains on the margins of the mainstream culture. In 2019, 86% of cannabis supporters believed that cannabis helps people who use it for medical reasons, and only 35% agreed that cannabis use is not harmful.⁷¹ Moreover, cannabis use has potential social consequences—from disapproval by family members to termination of a labor contract.

3.1.2. *Is the legal cannabis market normal?*

The majority of studies focus on cannabis users and *individual* stigma (O'Brien 2013; Hathaway 2004; Hathaway et al. 2011; Parker et al. 2002; Parker 2005; Pearson 2001; Pennay and Moore

⁷⁰ Cannabis users and advocates engage in two types of normalizing activities. Assimilation normalization refers to the processes through which cannabis users manage their "deviant" behavior, demonstrating their ability to control their drug use so that it does not interfere with socially approved activities (Penny and Moore 2009, 559). They accept mainstream representation of drug use as stigmatized activity and do not attempt to challenge it. Transformational normalization refers to the processes through which drug users resist or redefine what is considered to be "normal" in terms of drug use, either at the formal level by advocating changes in policies or at the discursive level by offering alternative readings of drugs (Ibid). It is similar to Goffman's distinction between normalization and normification. In *Stigma* (1963), Goffman presents two forms of managing stigma: the "normalization" model assumes that stigmatized individuals are treated as if they do not have a stigma, that is, the society totally accepts deviance and redefines normality. In contrast, the "normification" model suggests that stigmatized individuals assimilate to societal expectations by changing their behavior and attempting to pass as normals (Hathaway et al. 2011).

⁷¹ <https://news.gallup.com/poll/258149/medical-aid-top-reason-why-legal-marijuana-favored.aspx>

2009; Shildrick 2002; Shiner and Newburn 1997; Sznitman 2008). This project instead underscores the importance of *organizational* stigma by bringing attention to actors who are involved in cannabis legalization at the level of practice. I argue that normalization happens not only through changes in public morality and consumption practices but also through establishing new institutions and new social relationships. For example, the legalization of recreational cannabis brought about a variety of new organizational forms, such as licensing agencies, recreational cannabis dispensaries, microbusinesses, testing labs, cannabis cafes and restaurants, cannabis law firms, and so on. These institutions gave rise to new relationships—between cannabis companies and licensing agencies, landlords, law enforcers, lawyers, local communities, or consumers.

Like individuals, organizations, or whole markets can also experience stigma, which forces them to exist in the shadows. The passage of Proposition 64 did not put cannabis on a par with other legitimate and tolerated intoxicants (like coffee, tobacco, or alcohol). Instead, it placed the emerging legal cannabis market abreast of other markets of morally questionable goods, for which attaining legitimacy is a crucial and pressing issue (such as gambling, prostitution, pornography, etc.). For example, while alcohol can be enjoyed at bars, restaurants, or sporting events, there is no public place to consume cannabis lawfully (Kamin 2017a, 36). Moreover, due to incompatibility between state and federal legislation, cannabis companies do not have access to professional services necessary for businesses to function. Banks, attorneys, insurance companies, potential investors, and others are concerned with breaking federal law. As a result, the cannabis market is a cash-based trade that needs enhanced security services (Kjellberg and Olson 2017, 113; Chemerinsky et al. 2015, 79). Similarly, landlords are reluctant to let their properties to cannabis operations due to the risk of federal seizures (Kjellberg and Olson 2017, 113). Since the traditional professions are cautious about engaging with legal cannabis, a pool of “special” cannabis doctors, creditors, and

attorneys has emerged. These specialists are often considered marginal within their professional groups.

Cannabis dispensaries manage the effect of industry stigma by dismantling the harmful stereotypes and distancing from the “black” market. In particular, they incorporate the language, symbols, and values associated with the healthcare system (i.e., “patients”, “medicine”, “caregivers”, “healing”, “wellness”, etc.); promote themselves as responsible and caring providers (i.e., focus on testing, labeling, and quality control); craft their professional image as experts in pain and anxiety (i.e., by demonstrating scientific and pseudo-scientific knowledge about potency and chemical composition of cannabis plants); imitate normal businesses (i.e., through internal design, product presentation, hiring practices, etc.); deemphasize potential dangers of cannabis use (manufacture of non-psychoactive and smoke-free alternatives, such as edibles, capsules, tinctures, or only-CBD products) (Lashley and Pollock 2020; Kjellberg and Olson 2017); and so on. Despite these efforts, the cannabis industry is not yet fully destigmatized.

3.2. The conceptual model

How can we quantify the current stigma of the legal cannabis industry and understand the extent to which it has been removed? Different theoretical perspectives can give a clue on how to test the normalization hypothesis and measure the effect of organizational stigma.

In *The Rules of Sociological Method* (1895), Emile Durkheim makes a distinction between normal and pathological based on how often individuals encounter different kinds of events. In other words, the criterion of frequency determines whether we call a phenomenon “normal” or “pathological”: normal things are the ones more widespread and common to find. Currently, only one-third of California cities allow cannabis-related activities within their borders, and therefore we can infer that cannabis companies are still a pathology rather than a statistical norm. Durkheim’s

main vulnerability is his disinterest in the social agents' perspective and the systematic neglect of power (Lukes 1982). There are many rare social facts, but some become pathological based due to their infrequency, and others do not. Why is that so? To tailor the Durkheimian theory and make it more suitable for my empirical analysis, I incorporate Mary Douglas's idea of pollution and power.

Rather than speaking about pathological forms, Douglas (1966; 1968) focuses on marginal conditions. Her basic premise is that objects, practices, behaviors, and ideas that do not fit the existing social classifications are considered polluting, impure, and even dangerous and thus should be separated (i.e., put "out of place"). Managing spatiality is a technique of power that allows the legitimate authority to reject "inappropriate" elements and protect what it deems normal, natural, and right. In this paradigm, space is not value-free but constructed through politics and power relations. Take, for example, racial segregation, building the wall to isolate immigrants, hot spot policing, skid rows, mental hospitals, jails and prisons—in all these cases, devaluation of individuals involves their spatial separation.

Socio-spatial stigmatization is a mutually constitutive process, in which places inherit the stigma of persons, but persons also can be stigmatized through their interaction with places (Takahashi 1997, 910). For instance, concentrating homeless shelters into specific areas of a town (skid rows) tends to reinforce the stigmatized understanding of such areas. In similar ways, the stigma attached to a homeless shelter extends to individuals using it.⁷² Those who live in areas with a high concentration of "disordered" facilities, practices, and individuals tend to oppose them physically, ideologically, and discursively (Smith 2009; Takahashi 1997). For example, in his research of addiction treatment clinics in Toronto, Christopher Smith shows that residents perceive

⁷² It is important to emphasize that the transference of stigma interacts with the characteristics of individuals. Stigmatization might be reinforced if an individual fits a stereotypical image of a stigmatized person (in terms of race, gender, socio-economic status and other attributes). Individuals who do not reflect the stereotype will not receive an immediate and permanent labeling (Takahashi 1997: 910).

these facilities as a threat to the productive places and try to enforce certain socio-spatial borders (Smith 2009).

Previous research showed that medical cannabis dispensaries were more likely to be located in less desirable parts of a neighborhood, characterized by high poverty level, unemployment, and homelessness (Morrison et al. 2014; Kepple & Freisthler 2012). However, we know very little about the recreational cannabis facilities: Are they perceived as a “matter out of place”? Do they blur, contradict, and otherwise confuse the moral and social order of the communities?

This study investigates the extent to which cannabis is normalized in California. Normalization is a barometer of changes in social behavior and cultural perspectives (Parker 2002, 943). Drawing from the Thomas theorem—stating that if men define situations as real, they are real in their consequences—I suggest that if cannabis is conceived as legitimate, it will not be pushed to the geographical and/or social margins. By the same token, if it is viewed as dangerous and illegitimate, then cannabis dispensaries will be regarded as sites of contagion, which are to be marginalized and isolated.

I conduct a regression analysis to identify factors that explain variations in cannabis practices at the city level. In particular, I examine the relationship between the support of cannabis legalization in California cities and the number of cannabis licenses issued by local governments. Following the normalization theory, I expect that cities whose residents supported cannabis legalization are more likely to permit legal cannabis dispensaries within their borders. If residents view cannabis as legitimate and socially acceptable, local governments will favor cannabis-related activities on their territories. I also expect homogeneity in the characteristics of cities whose citizens supported cannabis legalization and those that permitted cannabis businesses. For example, if cities whose residents voted for cannabis legalization have a higher percentage of the middle and upper

class, then cities that *de facto* legalized cannabis would also have a higher percentage of the middle and upper class.

Since cannabis businesses create jobs and bring tax revenues to city budgets, local governments have strong incentives to permit cannabis-related activities, especially when most citizens favor legalization. But imagine situations in which citizens voted for cannabis legalization, but governments forbade any cannabis businesses, or, on the contrary, citizens did not support the legalization, but governments adopted pro-cannabis policies. These examples demonstrate the dissociation between the public's wishes and the government's deeds and cast doubts on the legitimacy of cannabis in a given jurisdiction. As I discussed earlier, cannabis users and distributors bear a stigma that can potentially extend to other people and places. Prosperous communities may decide to distance themselves from the possible harm of cannabis stigma and forbid any cannabis-related activities (even if their citizens supported the legalization). In contrast, for economically disadvantaged communities, financial benefits may outweigh the harm of stigma and reinforce the marginalization of places with already limited resources.

I look at the adoption of pro-cannabis regulation as an example of morality policies, through which local governments draw a boundary between “pure” and “polluted”, “ordered” and “disordered”, “safe” and “dangerous.” To get a more nuanced picture of the legalization and normalization processes, it is important to understand the moral-economic rationale behind decision making at the city level. The question is not only whether cannabis is legal, but where, how, and to what degree it is legal.

3.3. The empirical model

The goal of the quantitative analysis is to reveal variations in local regulation practices and define factors impeding or fostering the adoption of permissive cannabis policies at the city level. By

exploring which cities are more likely to allow cannabis businesses, this research contributes to understanding the relationship between legitimacy and legality and helps determine the current status of cannabis in California. Moreover, the focus on city-level data provides an insight into how boundaries of normality vary across local contexts. Acting as moral entrepreneurs, local governments rely on principles of the politics of pollution and create a cognitive map of acceptable and non-acceptable places (Smith 2009).

Previous studies have highlighted the importance of religiosity, economic development, political competition, community composition, organizational perviousness, and historical legacies in explaining moral policy outcomes (Fairbanks 1979; Rapp et al.; Rio 1991; Meier 1994; Minkenbergh 2002; Morgan and Meier 1980; Roh & Berry 2008; Dillon & Savage 2004; Jenness & Grattet 2005; Verma 2015). This research takes a different path and sets out to clarify the relationship between changes in public attitudes (the ideational normalization) and the adoption of morality policies (the institutional normalization). I posit that greater social and cultural accommodation of cannabis can explain permissive cannabis policies only to a certain degree. Socio-economic characteristics of communities and their racial composition also matter.

3.3.1. Dependent variable

The dependent variable represents local governments' openness to the legal cannabis business, or *legality* of cannabis in a city. It is calculated as the total number of cannabis licenses issued in a city in 2018 and 2019. At the moment, three state agencies grant cannabis licenses:

1. The Bureau of Cannabis Control, the newly established agency issuing retail, distribution, testing, and microbusiness licenses.
2. The Department of Food and Agriculture issuing cultivation licenses.
3. The Department of Public Health issuing manufacture licenses (edibles).

In total, these bodies grant 20 different types of licenses.⁷³ Proposition 64 has passed in 2016, and the licensing authorities began issuing commercial cannabis licenses on January 1, 2018. Since then, more than 20,000 cannabis licenses were issued throughout California (12,947 in 2018 and 8,222 in 2019). In 2018 and 2019, the Bureau of Cannabis Control issued 6120 licenses, the CDFA issued 14076 licenses, and the CDPH issued 973 licenses (Tab. 1; see also Appendix 4).

Table 1. Total number of cannabis licenses issued in California in 2018 and 2019

	BCC	CDFA	CDPH	Total
<i>2018</i>	3466	9467	14	12947
<i>2019</i>	2654	4609	959	8222
<i>Total</i>	6120	14076	973	21169

Licensing agencies collect information at the individual level.⁷⁴ For the current project, I aggregate the number of issued licenses at the city level, which excludes any personal identification from the dataset (such as the licensee’s name, phone number, and email). The reasoning behind aggregating data at the city level (not at the county level) is that according to the Medical and Adult Use Cannabis Regulation and Safety Act (MAUCRSA, 2017), cities have the full power and authority to enforce cannabis regulation and complete responsibility for any regulatory function relating to the licensees within the city limits.⁷⁵ Local jurisdictions decide whether cannabis businesses will be legal on their territories or not, define which types of cannabis activity to allow (retail, distribution, cultivation, testing, etc.), and establish regulatory schemes for activities involving growing or selling cannabis.⁷⁶

73 For the types of licenses, see MCRSA, Ch.5, 26050a. Link: https://leginfo.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=10.&title=&part=&chapter=5.&article=

74 The information on the issued cannabis licenses is public and available online. The licensing agencies collect the following data: a license number, legal business name, city and county, license type (medical/recreational; temporary/permanent), license status (active/revoked/expired), and issue and expiration dates.

75 https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB94.

76 County legislation is applied only to unincorporated territories. In other words, a county may ban cannabis-related economic activities but cities within this county can still permit legal cannabis businesses. Approximately 30% of cannabis licenses were issued for unincorporated areas in 2018 and 2019. Since unincorporated territories are excluded from my analysis, the total of 13659 cannabis licenses will be used in the further analysis.

Before applying for a cannabis license, an applicant has to obtain a permit from the city administration that would enable him/her to conduct commercial cannabis activity. The permit does not guarantee each applicant a cannabis license, but it gives him/her the green light to advance to the final stage and submit the application to a licensing agency.⁷⁷

The dependent variable has three different measures: the total number of cannabis licenses, the number of cultivation cannabis licenses (issued by California Department of Food and Agriculture), and the number of sale and distribution cannabis licenses (issued by the Bureau of Cannabis Control). I suggest that factors explaining the permissiveness of local governments towards cannabis cultivation and cannabis distribution are not exactly the same. Cultivation primarily occurs in private spaces (remote sites or indoors) and thus is hidden from the public eye. On the contrary, retail is associated with public display: shop-windows, street signs, and advertising boards make cannabis dispensaries visible and accessible. I expect that the public display of cannabis will be more stigmatized than its private cultivation.

3.3.2. Independent variables

Support of legalization. The most obvious factor that predicts the adoption of pro-cannabis legislation is the *legitimacy* of cannabis-related economic activities among city residents. Other studies showed that public opinion plays an important role in determining policy outcomes (Burstein and Linton 2002; Agnone 2007). In this study, I theorize that the support of cannabis legalization will have a strong positive effect on the adoption of pro-cannabis legislation at the city level. Public support is measured as the percentage of votes for Proposition 64, which was on the November 8,

⁷⁷ For any type of a state license, an applicant should provide the following information: (1) conviction and arrest information for the Department of Justice; (2) letter from a landowner demonstrating that she/he permits commercial cannabis activities on the property; (3) evidence that the location complies with zoning rules (schools, parks, etc.); (4) permit from the city that enables applicants to conduct commercial cannabis activity. Some cities grant a limited number of permits (distributing them through the lottery system); others do not impose any caps on the number of licenses.

2016 California General Election ballot. Proposition 64 asked citizens whether they support or oppose legalizing recreational cannabis for persons aged 21 or older under state law and establishing certain sales and cultivation taxes. It was approved by 57% of California residents, with variation from 35% to 83% at the city level.

Table 2. Support of cannabis legalization and the number of licenses issued in California cities

<i>Support for Proposition 64 (50% and more)</i>	<i>Any cannabis licenses issued in 2018-2019</i>		Total
	No	Yes	
No	104	30	134
Yes	192	156	348
Total	296	186	482

The normalization of cannabis is a gradual process, and we cannot expect it to progress at the same pace in different localities. But we can assume that cities whose residents supported cannabis legalization will be more likely to pass pro-cannabis laws. As seen in Tab. 2, 72% of California cities (348 out of 482) supported the legalization of cannabis in 2016, but only 45% of them (156 out of 348) legalized cannabis-related economic activities within their borders. Moreover, of those cities whose residents did not support Proposition 64, 22% eventually permitted cannabis companies, despite the lack of public support (see Appendix 2 for the city and county maps). There is an obvious gap between people’s preferences and governments’ actions, which should be explained.

Before turning to the description of other independent variables, I should address the issue of moral hypocrisy. Greater cultural acceptance of cannabis does not necessarily translate into moral acceptance of its sale and use. In particular, we do not know whether people who supported legalization are amenable to cannabis dispensaries in their neighborhoods—i.e., we cannot exclude

the NIMBY phenomenon (Not In My Backyard). The general population may support the legalization of recreational cannabis for a variety of reasons. The willingness to legalize cannabis may follow a pragmatic logic: decriminalizing cannabis generates tax revenues, creates jobs, and diminishes law enforcement costs. People may also support legalization because it gives an opportunity to begin repairing the damages caused by the criminal justice system in the past. Moreover, it may be perceived as a progressive move that fits general liberalizing trends, including same-sex marriage, abortion, pre-marital sex, drinking, gambling, and so on. And yet, people may be moral hypocrites: they may support the idea of cannabis legalization and act in discord with it by opposing the location of cannabis dispensaries in their backyards. The statistical analysis cannot account for these nuances and, thus, simplifications are inevitable.⁷⁸

For the purposes of this analysis, “legitimacy” means tolerance of cannabis use rather than its total acceptance; it is what people are ready to declare publicly rather than act upon. Legitimacy is a necessary but not sufficient condition for legality.⁷⁹ What other factors can explain the responsiveness of local governments to morally controversial issues?

Hypothesis 1: Cities whose residents supported cannabis legalization are more likely to permit legal cannabis businesses within their borders.

Socio-economic prosperity / the middle and upper class. As I mentioned before, the majority of cities (55%) whose residents supported Proposition 64 did not allow legal cannabis businesses within their territories. What do cities that eventually allowed cannabis companies have in common?

⁷⁸ One of the possible ways to account for such limitations is to obtain city-level data on how many people agree to have cannabis dispensaries near their homes. But, unfortunately, these data are not available.

⁷⁹ Legitimacy is the best guarantee of the stability and predictability (Suchman 1995). If cannabis is legitimate, then city governments will permit cannabis businesses without fear of public resistance and opposition.

I suggest that the socio-economic characteristics of cannabis supporters—the city’s electorate—may explain the adoption of pro-cannabis legislation.

Opinion polls and surveys show that people with higher education and income, i.e., the middle and upper social class, are the main proponents of cannabis legalization. In the 1970s, rates of college graduates supporting the legalization of cannabis were fourfold greater than those who did not graduate from high school (see Appendix 3 for historical data). Nowadays, the disparity is not as striking but still significant: 76% of college graduates and 64% of those without a bachelor’s degree support cannabis legalization.⁸⁰ People with higher household income (\$100,000 and above) are also more likely to favor the legalization of cannabis than people with lower household income (\$40,000 and less)—74% and 67%, respectively.⁸¹

Table 3. The index of socio-economic prosperity (Factor Analysis—Varimax Rotation)

Variable	Factor “Socio-economic Prosperity”
% of citizens with a bachelor’s degree	0.7427
% of citizens below the poverty line	-0.4101
Median income in a city	0.6458
Average home value in a city	0.7896

To avoid the multicollinearity problem between economic and social variables, I carried out a factor analysis and created the index of socio-economic prosperity. It is composed of the following variables: (1) the percent of citizens with a bachelor’s degree, (2) the percent of citizens below the poverty line, (3) the median household income in a city, (4) the average home value in a city (Tab. 3). The index of socio-economic prosperity should be read as follows: the larger the index, the higher proportion of middle and upper class in a city.

⁸⁰ <https://news.gallup.com/poll/323582/support-legal-marijuana-inches-new-high.aspx>

⁸¹ <https://news.gallup.com/poll/323582/support-legal-marijuana-inches-new-high.aspx>

Hypothesis 2: Cities with a higher index of socio-economic prosperity are more likely to permit legal cannabis businesses within their borders.

Consumers. According to the National Survey on Drug Use and Health (2017-2018), young people are the main consumers of cannabis. 35% of those who used cannabis in the past year are adults aged 18 to 25.⁸² This percentage is even higher for California: 14% of people aged 12 to 17 and 39% of people aged 18 to 25 used cannabis in the past year; 7% and 25% of corresponding age groups used cannabis in the past month.⁸³ Young adults have always been on the frontline of cannabis legalization. According to Gallup, 79% of people aged 18 to 29 and 75% of people aged 30 to 49 support cannabis legalization. Older age groups approve the legalization of cannabis at lower rates: 60% for adults aged 50 to 64, and 55% for adults aged 65 and older⁸⁴ (see Appendix 3 for historical data).

Hypothesis 3: Cities with a higher percentage of young adults aged 20 to 29 are more likely to permit legal cannabis businesses within their borders.

Racial composition. According to James Forman (2017), in the 1970s-80s, African American communities supported cannabis legalization at much lower rates than white communities, despite the disparities in cannabis arrests and convictions. If cannabis legalization was a symbol of freedom for the white population, for black communities, it meant greater consumption of substances by the youth who already had difficult times finding jobs or graduating from school. The devastating consequences of the 1960's heroin epidemic and the belief that cannabis served as a gateway to harder drugs led the majority of black citizens to oppose cannabis legalization. The

82 <https://www.samhsa.gov/data/sites/default/files/reports/rpt23235/2k18SAEExcelTabs/NSDUHsaePercents2018.pdf>

83 <https://www.samhsa.gov/data/sites/default/files/reports/rpt23235/2k18SAEExcelTabs/NSDUHsaePercents2018.pdf>

84 <https://news.gallup.com/poll/323582/support-legal-marijuana-inches-new-high.aspx>

General Social Survey, which collects data at the national level, shows a different picture: until the mid-1980s, the rates of cannabis support were higher among African Americans, but in the 1990s and 2000s, whites, on average, expressed greater support for legalizing cannabis (see Appendix 3 for historical data). Nowadays, the difference between the two groups is negligible: in 2018, 63.8% of African Americans and 62.4% of whites supported the legalization of cannabis. However, the Hispanic population expresses significantly less support—50.7%. Therefore, we can expect that cities with a higher percentage of the Hispanic population will be less likely to support cannabis legalization.

Hypothesis 4: Cities with a higher percentage of the Hispanic population are less likely to permit legal cannabis businesses within their borders.

Financial health. Financial incentives can also influence the decision to legalize cannabis. The legalization of morally dubious goods and activities allows governments to improve their budgetary earnings through licensing, collecting taxes, and avoiding expenses on ineffective enforcement of symbolic policies (Rio 1991). The legal cannabis industry has a tremendous potential to generate tax revenues and create employment opportunities. In 2018 and 2019, California had collected more than \$1 billion in taxes only at the state level.⁸⁵ Cities can also impose their local taxes, which can run up to 15% . Cities do not have to report local tax revenues; money collected from cannabis taxes goes to parks, ambulances, police cars, etc. We can expect that cities with financial problems will be more motivated to permit legal cannabis companies than financially healthy cities. In this analysis, I use the variable “fiscal score”, which is calculated by the California Policy Center and is based on: (1) the ratio of a city’s general fund balance to its

⁸⁵ <https://www.forbes.com/sites/bencurren/2020/07/29/california-cannabis-and-taxes-a-shining-city-on-the-coast/?sh=3e0dbe0aaae0>

expenditures; (2) the ratio of long-term obligations to total revenues; (3) the ratio of actuarially determined pension contributions to total revenues; (5) change in local employment; and (6) change in property values.

Hypothesis 5: Cities with a lower fiscal score are more likely to permit legal cannabis businesses within their borders.

Law enforcement climate. Criminologists, who are interested in the effect of cannabis legalization on crime rates, come to controversial results. Some studies find that cannabis legalization increases violent crime rates; others—that it reduces or has no significant effect on crime rates. I ask a different question: Are communities with high crime rates more or less likely to legalize cannabis? The registered crime rates may represent both the police discretion to enforce certain policies and the real dangers associated with criminal activity. For this project's purposes, this distinction is not important; what matters is whether the declared rates of violent crime is associated with the adoption of pro-cannabis legislation. City governments may be resistant to the legal cannabis business, reasoning that it will attract heavy drug users and increase crime rates. They may also think that revenues generated from taxation of legal cannabis businesses may be used to finance law enforcement agencies and fight violent crimes. Since criminological studies traditionally use crime rates as a dependent variable in explaining the effects of cannabis legalization, I expect to find the association between violent crime rates and the adoption of pro-cannabis legislation, regardless of the direction of this relationship.

Hypothesis 6: Violent crime rates are associated with the adoption of pro-cannabis legislation.

To summarize, I measure public support as the percent of votes for Proposition 64 in 2016; middle and upper class as the index of socio-economic prosperity; consumers as the percent of the

population in age 20-29; racial composition as the percent of the Hispanic population; financial health as cities' fiscal score; and law enforcement as the number of violent crimes per capita. Two control variables are the total population and the population density. I aggregated data from five different sources: American Community Survey (2018); California Policy Center (2015); Presidential Elections (2016); California Cannabis Portal (2018 and 2019); FBI statistics (2016) (Tab. 3). All data are collected at the city level.⁸⁶ The regression equation is the following:

$$\begin{aligned}
 \text{legality} = & \beta_0 + \beta_1 \text{support} + \beta_2 \text{middle and upper class} + \beta_3 \text{consumers} \\
 & + \beta_4 \text{racial composition} + \beta_5 \text{fiscal health} + \beta_6 \text{law enforcement} \\
 & + \beta_7 \text{density} + \beta_8 \text{population} + u
 \end{aligned}$$

3.4. Results

Since only 38% of California cities allowed cannabis companies, the dependent variable has many zeros. To account for excessive zeros and overdispersion, I use a negative-binomial regression, which allows the variance to exceed the mean and is appropriate for analyses with a count outcome variable.⁸⁷ Table 4 reports the estimated coefficients of the negative binomial regression models. Model 1 contains all cannabis licenses issued in California cities in 2018 and 2019. Model 2 tests hypotheses only for licenses issued by the California Department of Food and Agriculture

⁸⁶ The empirical model has several limitations. The first limitation is scarce amount of data collected at the city level. Numerous studies on moral regulation highlight the importance of religious affiliation in explaining morality policies. However, unfortunately, I cannot include the religious variables in the analysis, because no reliable data on church attendance or religious preferences exist at the city level. Similarly, cannabis arrest rates could be a better measure of the law enforcement climate than violent crime rates, but these data are not available. Second, due to multicollinearity concerns, I had to exclude some other important variables from the final model. One of the best predictors of cannabis legalization is political party affiliation. According to Gallup, 83% of American Democrats and 48% of Republicans support cannabis legalization. In fact, the percent of registered Democrats is highly correlated with the support of Proposition 64. However, including political affiliation in the model significantly increased the variance inflated factor (VIF), which led to the exclusion of the variable from the final model. The same was true for: (a) the violent crime rates and property crime rates, and (b) percentage of white population and percentage of Hispanic population. With the remaining variables, the variance inflated factor is less than 2.0. Third, I removed outliers from my dataset that fell outside three standard deviations of the feature variable; it was applied to city population and fiscal score.

⁸⁷ I also tried other models, namely creating a logged version of the dependent variable (number of cannabis licenses) and using a hierarchical logistic model (where "0" is no licenses; "1" is up to 20 licenses, and "2" is 20 and more licenses). All the models showed similar results. I decided to use with the negative binomial regression because it is best suited for overdispersed count variables.

(cultivation licenses). Model 3 tests hypotheses only for licenses issued by the Bureau of Cannabis Control (sale licenses).

Table 4. Summary of Dependent and Independent Variables (City-Level Statistics)

Description	Measurement	Source	Mean	St. dev.	Min	Max
Dependent variables	Total number of cannabis licenses in a city	California Cannabis Portal, 2018, 2019	26.17	108.97	0	1085
	Number of sale licenses in a city (issued by the Bureau of Cannabis Control)	California Cannabis Portal, 2018, 2019	9.11	41.92	0	726
	Number of cultivation licenses in a city (issued by CDFR)	California Cannabis Portal, 2018, 2019	15.46	86.42	0	1037
Independent variables	% of votes for Proposition 64	Presidential Elections, 2016	55.50	7.82	35	83
	Index of socio-economic prosperity	American Community Survey, 5-year est., 2018	0.00	0.82	-1.16	3.19
	% of population aged 20 to 29	American Community Survey, 5-year est., 2018	13.48	4.50	0.10	36.8
	% of Hispanic population	American Community Survey, 5-year est., 2018	36.66	25.75	3.05	97.98
	Fiscal score of a city	California Policy Center, 2015	89.48	12.91	29.95	100
	Number of violent crimes per 1000 citizens	FBI Statistics, 2016	257	649	0	6190
Controls	Total population in a city	American Community Survey, 5-year est., 2018	59867	108766	167	140193
	Density of population in number of citizens per sq. m	American Community Survey, 5-year est., 2018	4381	3409	67	23341

The analysis demonstrates that cities whose residents supported cannabis legalization are more likely to permit cannabis-related activities within their borders (Model 1-3). It is not surprising since, as I mentioned above, 45% of cities supporting cannabis legalization allow legal cannabis companies. The main question is: What other city properties are associated with the adoption of pro-cannabis legislation? Opinion polls show that the middle- and upper-class representatives, young adults, and non-Hispanic citizens support cannabis legalization at higher rates than other social groups. I ran a separate model regressing the percent of support for Proposition 64 on the index of economic prosperity, percent of people aged 20 to 29, and percent of the Hispanic population (see Appendix 5). The results confirm that the support of cannabis legalization is associated with a higher index of economic prosperity, a larger percentage of young adults, and a lower percentage of the Hispanic population. This association is significant at the 0.01 level.

However, as we see in Table 4, cities that eventually allowed legal cannabis companies, on the contrary, are more likely have a lower index of economic prosperity (Model 1-3), a lower percentage of young population (Model 1-2), and a higher percentage of the Hispanic population (Model 3). The disparity between the demand (white middle-class communities) and supply (poor minority communities) offers an intriguing puzzle. Economically prosperous cities, on average, express higher support of cannabis legalization, but it does not mean that they are more likely to permit legal cannabis companies within their borders. Moreover, there are significant differences between licenses issued for sale and cultivation. Cultivation licenses are more likely to be issued in cities with a lower percentage of the young population, which can be explained by the fact that these are mostly rural remote areas, and young adults live in more urbanized places. Sale licenses are associated with three other factors: a higher percentage of the Hispanic population, a lower city's fiscal score, and higher violent crime rates.

Table 5. The Number of Cannabis Licenses Issued in California Cities in 2018 and 2019, Net of Covariates, City-Level Analysis

	(1) Model 1 (all licenses)	(2) Model 2 (only cultivation licenses)	(3) Model 3 (only sale licenses)
Public support (votes for Proposition 64)	0.2456*** (0.0347)	0.2644*** (0.0431)	0.1875*** (0.0209)
The index of economic prosperity	-1.5247*** (0.4375)	-1.7208*** (0.5061)	-0.8311*** (0.3006)
% of Hispanic population	0.0168* (0.0089)	0.0201 (0.0129)	0.0176*** (0.0059)
% of young adults (aged 20 to 29)	-0.0708** (0.0341)	-0.1178*** (0.0383)	0.0028 (0.0027)
City's fiscal score	0.0036 (0.0124)	0.0052 (0.0169)	-0.0224** (0.0090)
Violent crimes per 1000 citizens	0.0489 (0.0749)	0.0465 (0.0901)	0.1221** (0.0531)
The density of population (citizens per sq mile)	-0.0001 (0.0000)	-0.0001** (0.0001)	-0.0000 (0.0000)
Total population	0.0000*** (0.0000)	0.0000** (0.0000)	0.0000*** (0.0000)
_cons	-10.7662*** (2.0205)	-12.1547*** (2.3369)	-8.8836*** (1.6427)
/lnalpha	2.0693*** (0.0980)	2.7041*** (0.1111)	1.7935*** (0.1092)
Obs.	419	419	419
Pseudo R ²	0.0453	0.0353	0.0763

There is substantial evidence in the findings that socio-spatial stigmatization of cannabis persists despite its legalization. Places whose citizens grant legitimacy to cannabis might not be ready to publicly display cannabis within their territories. Potential tax revenues and employment opportunities are not worth the moral trade-off for middle- and upper-class communities. For example, Santa Monica and Laguna Beach residents were among the strongest supporters of

cannabis legalization—75% and 62% of cannabis support, respectively—but their city governments banned any cannabis-related economic activities. Both Santa Monica and Laguna Beach are predominantly non-Hispanic and wealthy.⁸⁸

In contrast, economically and socially disadvantaged cities have to rely on potential tax revenues and jobs generated by legal cannabis businesses and, thus, permit cannabis companies even without public support. Take, for example, Calexico and Firebaugh, whose citizens did not support cannabis legalization (46% and 42%, respectively), but city governments permitted cannabis companies. Both cities are predominantly Hispanic (97% and 92%) and poor (25% and 30% of the population below the poverty line). Irvine and Santa Ana—cases that are familiar to most UCI residents—are yet another example of the disparity between supply and demand. Irvine residents supported cannabis legalization at higher rates than Santa Ana residents (55% and 52%, respectively). However, Santa Ana permitted all kinds of cannabis-related economic activities and has more than 20 cannabis dispensaries, and Irvine allowed only cannabis testing labs. Remarkably, Irvine has 9.7% of the Hispanic population, and Santa Ana—77.3%.

3.5. Discussion

As Max Weber observes, the relations between legality and legitimacy are somewhat complicated. Changes in the law-on-the-books do not always coincide with changes in public perceptions. In 2016, residents of two-third of California cities supported the legalization of recreational cannabis, but only one-third of them eventually permitted cannabis companies. This disparity between public support and government actions expresses the ambiguity of the current status of cannabis in California.

88 In Santa Monica, 16% of the population are Hispanic, and 10.7% are below the poverty line; in Laguna Beach—8.4% and 6.6%, respectively (American Community Survey, 2017, 5-year estimate).

In *Outsiders*, Howard Becker (1963) defines three types of social control of cannabis use: (a) limiting supply and access to the drug; (b) keeping nonusers from discovering that one is a user; (c) defining the act as immoral. Since Becker published his book, cannabis has been depenalized, decriminalized, and finally legalized in California. Although the situation has significantly improved in terms of supply and access to cannabis, the stigmatization of cannabis use is still a pressing issue in the legal cannabis market.

The war on drugs generated various misconceptions about cannabis, which detrimentally affected public perceptions. First, despite scientific research showing that cannabis is no more harmful than nicotine or alcohol, some people still believe that cannabis is a gateway drug to heavier substances that induces criminal activity and violence.⁸⁹ Second, although most people recognize the medicinal benefits of cannabis (for treating cancer, glaucoma, pain, anxiety, etc.), they continue to disfavor the recreational use of cannabis, perceiving it as a non-conforming and risky behavior and its users as weak and non-productive members of society. Finally, people who tolerate the recreational use of cannabis in private spaces do not always accept its public display and consumption. Agreeing with legalization as a concept, Californians are not ready to embrace it entirely and allow dispensaries in their own neighborhoods—this occasionally leads to their obtaining court rulings against cannabis-growing operations.⁹⁰

The drug problem cannot be adequately understood without examining the underpinning issues of poverty and disadvantage (Seddon 2006, 680). There is nothing inherently criminogenic about drugs, nor drugs necessarily relate to poverty. Stigmatization of drug use is a product of a culture in which the consumption of pleasurable intoxicants is deemed intolerable and punishable.

⁸⁹ The largest anti-cannabis movement participants are Parents Opposed to Pot (POPPOT), Citizens Against Legalizing Marijuana (CALM), Smart Approaches to Marijuana (SAM)

⁹⁰ <https://www.latimes.com/politics/la-pol-ca-marijuana-year-anniversary-review-20181227-story.html>

Drug use is a heavily moralized territory, and the lower social strata suffer worse outcomes than more affluent people for the same drug-related behavior (Room 2005, 143). The literature on the history of drugs portrays drug regulation as a moral tale, in which the “blurry lines between us and them, privileged and repressed, strong and weak, keep getting rewritten as the boundaries between good and evil” (Morone 2003, 3). Existing at all social levels, drug use is recognized as a problem in specific social contexts—namely, it is clustered in the communities suffering already from multiple socio-economic difficulties (Seddon 2006, 691). Even if the number of cannabis arrests is declining every year,⁹¹ Hispanics and African Americans continue to be disproportionately arrested. In California, in 2019, Hispanics accounted for 41.7% of cannabis felony arrests, African Americans for 22.3%, and whites for 21.3%.⁹² Despite the fact that cannabis consumption rates are higher among whites, they are less likely to be arrested for cannabis-related offenses (the percent of cannabis-related felony arrests in all drug arrests is 2.6% for whites, 10.1% for Hispanic, and 7.6% for African Americans).⁹³

The idea behind socio-spatial control is that deviance should be contained within designated territories, i.e., if objects, practices, and behaviors do not fit the existing social order, they are to be spatially excluded. In this chapter, I tested the reverse hypothesis, i.e., if things are geographically put out of place, it means that they are viewed as socially undesirable and inappropriate. The statistical analysis shows that city governments act as moral entrepreneurs (Becker 1963) when deciding whether they want to forbid or allow legal cannabis businesses. The prohibition era

91 In California, cannabis felony arrests dropped from 7,949 in 2016 to 2,086 in 2017 (lost four times) after the passage of Proposition 64 (see Appendix 1).

92 As for cannabis misdemeanors, in 2019, Hispanics accounted for 49.6% arrests, African Americans for 13.5%, and whites for 22.2%
<https://data-openjustice.doj.ca.gov/sites/default/files/2020-06/Crime%20In%20CA%202019.pdf> (Tab. 31)

93 As for misdemeanors, in 2019, the percent of cannabis-related arrests in all drug arrests is 3.2% for whites, 5.6% for Hispanic, and 3.1% for African Americans
<https://data-openjustice.doj.ca.gov/sites/default/files/2020-06/Crime%20In%20CA%202019.pdf> (Tab. 31)

stereotypes continue to influence the development of the legal cannabis market: most jurisdictions decide to keep aloof from spoiled identities and tainted places associated with cannabis use, even at the cost of not reaping financial rewards. On the contrary, economically disadvantaged communities with a larger Hispanic population are more likely to permit cannabis dispensaries because: (a) they have higher financial incentives, and (b) they have lower reputational risks. Since these communities are already marginalized and associated with crime, disadvantage, and social exclusion, having legal cannabis dispensaries will not exacerbate their stigmatization.

Bibliography

- Abend, Gabriel. 2014. *"The Moral Background: An Inquiry into the History of Business Ethics."* Princeton University Press.
- Abend, Gabriel. 2020. "Making Things Possible." *Sociological Methods & Research: 1-40.*
- Abend, Gabriel. 2020. "Making Things Possible." *Sociological Methods & Research: 1-40.*
- Abbott, Andrew. 1991. "The Order of Professionalization: An Empirical Analysis." *Work and Occupations*, 18 (4): 355-384.
- Abbott, Andrew. 2016. *"Processual Sociology."* The University of Chicago Press.
- Agnone, Jon. 2007. "Amplifying Public Opinion: The Policy Impact of the US Environmental Movement." *Social Forces*, 85 (4): 1593-1620.
- Ahmad, Diana L. 2011. *"The Opium Debate and Chinese Exclusion Laws in the Nineteenth-Century American West."* University of Nevada Press.
- Aldrich, Michael R., and Tod Mikuriya. 1988. "Savings in California Marijuana Law Enforcement Costs Attributable to the Moscone Act of 1976—A Summary." *Journal of Psychoactive Drugs*, 20 (1): 75-82.
- Alexander, Michelle. 2012. *"The New Jim Crow: Mass Incarceration in the Age of Colorblindness."* The New Press.
- Allen, Chris. 2007. *"Crime, Drugs and Social Theory: A Phenomenological Approach."* UK: Ashgate Publishing.
- Anderson, Patrick. 1981. *"High in America: The True Story Behind NORML and the Politics of Marijuana."* The Viking Press.
- Anslinger, Harry. 1943. "The Psychiatric Aspects of Marijuana Intoxication." *The Journal of the American Medical Association*, 121 (3): 212-213.
- Anslinger, Harry. 1964. *"The Protectors."* New York: Farrar, Straus and Company.
- Ardery, Tina, Brooke Hill, Stephanie Kline, and Jared Dempsey. 2011. "President's Advisory Commission on Narcotics and Drug Abuse." In *Encyclopedia of Drug Policy*, edited by M.A.R. Kleiman & J.E. Hawdon. SAGE Publications.
- Barcott, Bruce. 2015. "Weed the People: The Future of Legal Marijuana in America." Time Home Entertainment.
- Becker, Howard. 1963. *"Outsiders: Studies in the Sociology of Deviance."* New York: The Free Press.
- Beckert, Jens, and Matias Dewey. 2017. "Introduction: Social Organization of Illegal Markets." In *Dual Markets: Comparative Approaches to Regulation*, edited by Savona, E., Kleiman, M., Calderoni, 1-36. Springer.
- Beckett, Katherine. 1997. *"Making Crime Pay: Law and Order in Contemporary American Politics."* Oxford University Press.

- Bender, Steven. 2013. "Joint Reform?: The Interplay of State, Federal, and Hemispheric Regulation of Recreational Marijuana and the Failed War on Drugs." *Albany Government Law Review*, 6: 359-396.
- Berger, Peter, and Thomas Luckmann. 1966. *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. New York: Garden City.
- Blumenson, Eric and Eva Nilsen. 2010. "Liberty Lost: The Moral Case for Marijuana Law Reform." *Indiana Law Journal*, 85: 279–300.
- Bock, Alan. (2000). *Waiting to Inhale: The Politics of Medical Marijuana*. Santa Ana, CA: Seven Locks Press.
- Brinkman, Jeffrey, and David Mok-Lamme. 2019. "Not in My Backyard? Not So Fast. The Effect of Marijuana Legalization on Neighborhood Crime." *Regional Science and Urban Economics*, 78.
- Burstein, Paul, and April Linton. 2002. "The Impact of Political Parties, Interest Groups, and Social Movement Organizations on Public Policy: Some Recent Evidence and Theoretical Concerns." *Social Forces*, 81 (2): 380-408.
- Campbell, Michael C., and Heather Schoenfeld. 2013. "The Transformation of America's Penal Order: A Historicized Political Sociology of Punishment." *American Journal of Sociology*, 118 (5): 1375-1423.
- Chauvin, Sebastian, and Blanca Garcés-Mascareñas. 2012. "Beyond Informal Citizenship: The New Moral Economy of Migrant Illegality." *International Political Sociology*, 6 (3): 241-259
- Chemerinsky, Erwin, Jolene Forman, Allen Hopper, and Sam Kamin. 2015. "Cooperative Federalism and Marijuana Regulation." *UCLA Law Review*, 62 (1): 74–122.
- Cherlin, Andrew. 1978. "Remarriage as an Incomplete Institution." *American Journal of Sociology*, 84 (3): 634-650.
- Chu, Yu-Wei Luke, and Wilbur Townsend. 2019. "Joint Culpability: The Effects of Medical Marijuana Laws on Crime." *Journal of Economic Behavior & Organization*, 159: 502-525.
- Clarke, Alan. 1987. "Moral Protest, Status Defence and the Anti-Abortion Campaign." *The British Journal of Sociology*, 38 (2): 235-253.
- Contreras, Christopher. 2017. "A Block-Level Analysis of Medical Marijuana Dispensaries and Crime in the City of Los Angeles." *Justice Quarterly*, 34 (6): 1069-1095.
- Dillon, Michele, and Sarah Savage, S. 2006. *Values and Religion in Rural America: Attitudes Toward Abortion and Same-Sex Relations*. Carsey Institute, Issue Brief No.1: 1-10.
- Dioun, Cyrus. 2017. "Making the Medical Marijuana Market." In *The Architecture of Illegal Markets: Towards an Economic Sociology of Illegality in the Economy*, edited by J. Beckett and M. Dewey, 159-176. Oxford University Press.
- Douglas, Mary. 1966. *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. Routledge & Kegan Paul.
- Douglas, Mary. 1968. "Pollution." *International Encyclopedia of the Social Sciences*, 12: 336-342.
- Douglas, Mary. 1986. *How Institutions Think*. New York: Syracuse University Press.

- Durkheim, Emile. 1982 [1895]. *"The Rules of Sociological Method."* Translated by W.D. Halls. New York: The Free Press.
- Duster, Troy. 1970. *"The Legislation of Morality: Law, Drugs, and Moral Judgement."* New York: The Free Press.
- Elwood, William N. 1994. *"Rhetoric in War on Drugs: The Triumphs and Tragedies of Public Relations."* Praeger.
- Fairbanks, James D. 1975. "Politics, Economics, and the Public Morality: State Regulation of Gambling, Liquor, Divorce, and Birth Control." Ph.D. Dissertation, The Ohio State University.
- Fairbanks, James D. 1979. "Politics, Economics, and the Public Morality: Why Some States are More 'Moral' Than Others." *Policy Studies Journal*, 7 (4): 714–721.
- Ferrell, Jeff. 1999. "Cultural Criminology." *Annual Review of Sociology*, 25: 395–418.
- Ferrell, Jeff, Keith Hayward, and Jock Young. 2008. *"Cultural Criminology: An Invitation."* SAGE Publications.
- Forman, James. 2017. *"Locking Up Our Own: Crime and Punishment in Black America."* Farrar, Straus and Giroux.
- Fortner, Michael J. 2014. *"Black Silent Majority: The Rockefeller Drug Laws and Politics of Punishment."* Harvard University Press.
- Fradella, Henry F. 2002. "Legal, Moral, and Social Reasons for Decriminalizing Sodomy." *Journal of Contemporary Criminal Justice*, 18 (3): 279–301.
- Frey, James H. 1984. "Gambling: A Sociological Review." *The ANNALS of the American Academy of Political and Social Science*, 474:107.
- Garland, David. 2001. *"The Culture of Control: Crime and Social Order in Contemporary Society."* The University of Chicago Press.
- Gieringer, Dale H. 1999. "The Forgotten Origins of Cannabis Prohibition in California." *Contemporary Drug Problems*, 26 (2): 237-288.
- Glaeser, Andreas. 2011. *"Political Epistemics: The Secret Police, the Opposition, and the End of East German Socialism."* University of Chicago Press.
- Goodman, Phillip, Joshua Page, and Michelle Phelps. (2015). "The Long Struggle: An Agonistic Perspective on Penal Development." *Theoretical Criminology*, 19 (3): 315-335.
- Greif, Avner. 2006. *"Institutions and the Path to the Modern Economy: Lessons From Medieval Trade."* Cambridge University Press.
- Guinier, Lani, and Gerald Torres. 2014. "Changing the Wind: Notes Toward a Demosprudence of Law and Social Movements." *Yale Law Journal*, 123: 2740-2804.
- Gusfield, Joseph R. 1955. "Social Structure and Moral Reform: A Study of the Woman's Christian Temperance Union." *American Journal of Sociology*, 61 (3): 221-232.
- Gusfield, Joseph R. 1963. *"Symbolic Crusade: Status Politics And The American Temperance Movement."* University of Illinois Press.

- Gusfield, Joseph R. 1967. "Moral Passage: The Symbolic Process in Public Designations of Deviance." *Social Problems*, 15 (2): 175-188.
- Hammersley, Richard, Richard Jenkins, and Marie Reid. 2001. "Cannabis use and Social Identity, Addiction." *Research & Theory*, 9 (2): 133-150.
- Hathaway, Andrew. 2004. "Cannabis Users' Informal Rules for Managing Stigma and Risk." *Deviant Behavior*, 25 (6): 559-77.
- Hathaway, Andrew, Natalie Comeau, and Patricia Erickson. 2011. "Cannabis Normalization and Stigma: Contemporary Practices of Moral Regulation." *Criminology and Criminal Justice*, 11 (5): 451-69.
- Hawdon, James E. 2001. "The Role of Presidential Rhetoric in the Creation of a Moral Panic: Reagan, Bush, and the War on Drugs." *Deviant Behavior*, 22 (5): 419-445
- Himmelstein, Jerome. 1983. "*Strange Career of Marijuana: Politics and Ideology of Drug Control in America.*" Praeger.
- Hughes, Lorine, Lonnie Schaible, and Katherine Jimmerson. 2019. "Marijuana Dispensaries and Neighborhood Crime and Disorder in Denver, Colorado." *Justice Quarterly*, 37(3): 461-485.
- Hunt, Priscilla, Rosalie Liccardo Pacula, and Gabriel Weinberger. 2018. "High on Crime? Exploring the Effects of Marijuana Dispensary Laws on Crime in California Counties." *IZA Discussion Papers*, No. 11567.
- Hunter, James Davison. 1991. "*Culture Wars: The Struggle to Control the Family, Art, Education, Law, and Politics in America.*" Basic Books.
- Hunter, James Davidson. 1994. "*Before the Shooting Begins: Searching for Democracy in America's Culture Wars.*" Free Press.
- Hymes, Jayson A. 1997. "Proposition 215—The California Medical Marijuana Initiative—From the Perspective of a Participant in the Campaign." *Journal of Pharmaceutical Care in Pain & Symptom Control*, 5 (2): 61-67.
- Jeness, Valerie, and Grattet Ryken. 2005. "The Law-In-Between: The Effects of Organizational Perviousness on the Policing of Hate Crime." *Social Problems*, 52 (3): 337-359.
- Kamin, Sam. 2017(a). "Marijuana Regulation in the United States." In *Dual Markets: Comparative Approaches to Regulation*, edited by Savona, E., Kleiman, M., Calderoni, 105-119. Springer.
- Kamin, Sam. 2017(b). "What California Can Learn from Colorado's Marijuana Regulations." *McGeorge Law Review*, 13: 13-42.
- Kepple, Nancy, and Bridget Freisthler. 2012. "Exploring the Ecological Association Between Crime and Medical Marijuana Dispensaries." *Journal of Studies on Alcohol and Drugs*, 73 (4): 523-530.
- King, Ryan S., and Marc Mauer. 2006. "The War on Marijuana: The Transformation of the War on Drugs in the 1990s." *Harm Reduction Journal*, 3 (6): 1-17.
- Kjellberg, Hans, and Olson, David. 2017. "Joint Markets: How Adjacent Markets Influence the Formation of Regulated Markets." *Marketing Theory*, 17 (1): 95-123.

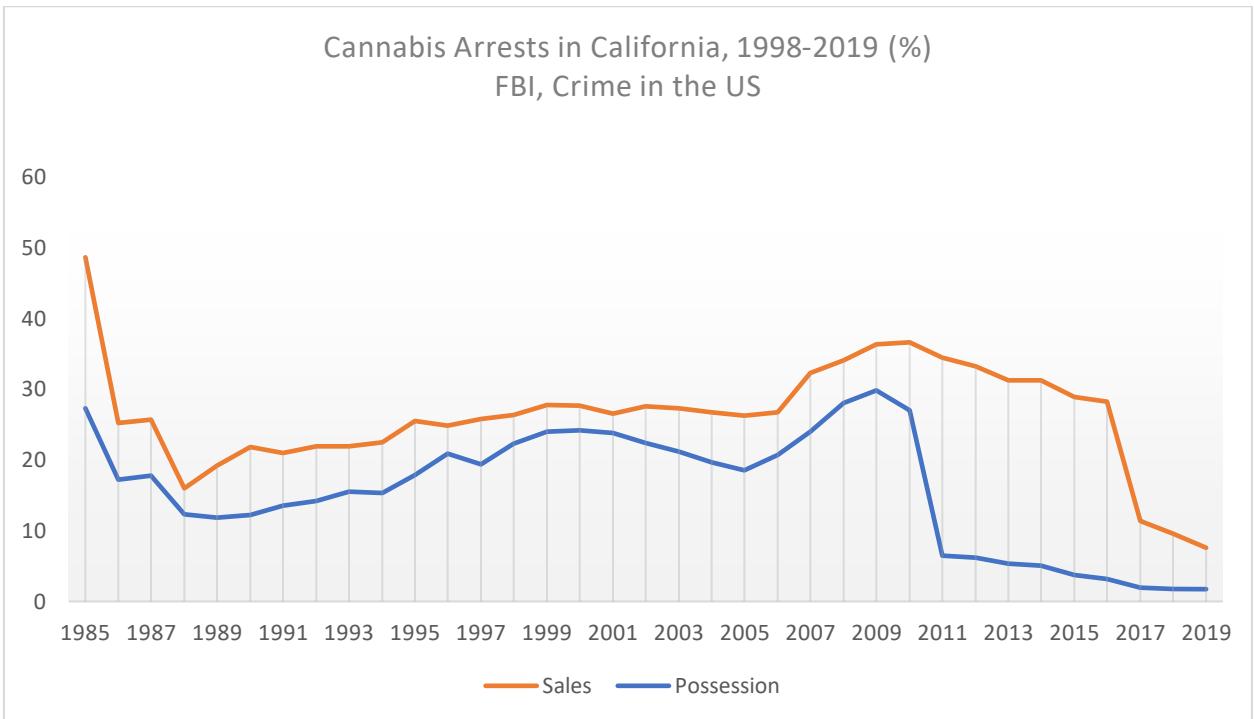
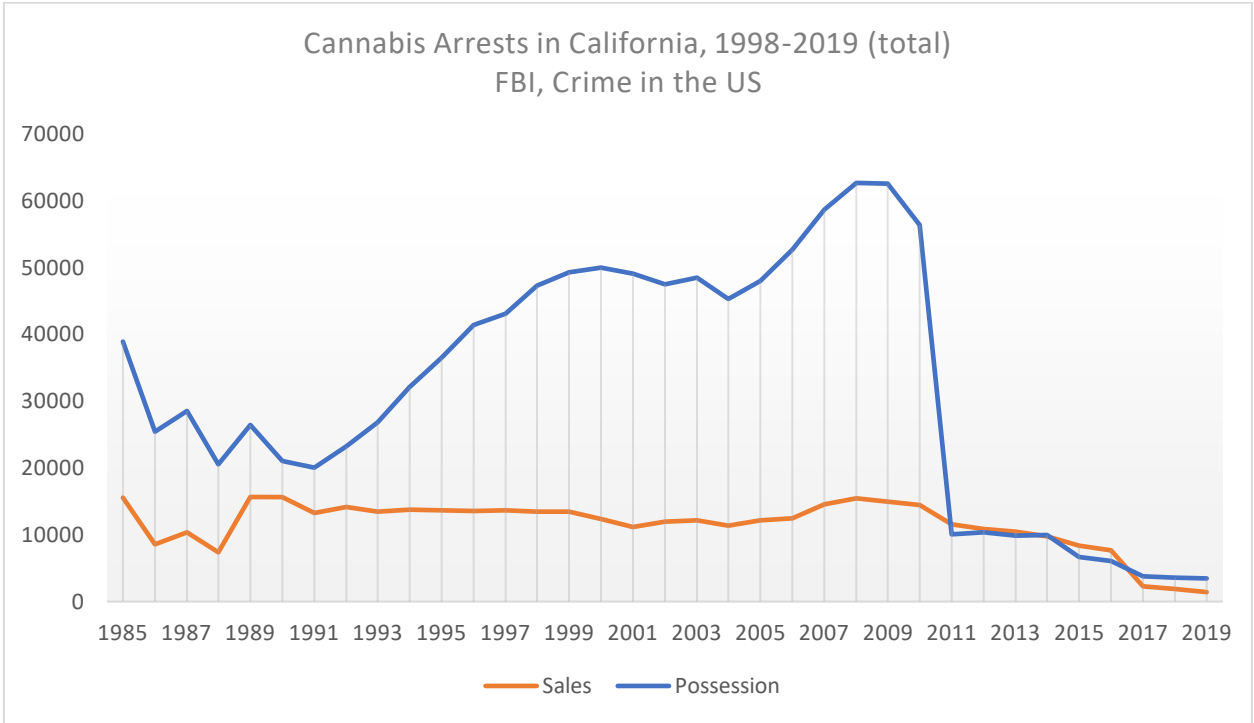
- Lashley, Kisha, and Timothy G. Pollock. 2020. "Waiting to Inhale: Reducing Stigma in the Medical Cannabis Industry." *Administrative Science Quarterly*, 65 (2): 434-482.
- Lee, Martin. 2012. *Smoke Signals: A Social History of Marijuana—Medical, Recreational, and Scientific*. New York: Scribner.
- Lu, Ruibin, Dale Willits, Mary K. Stohr, David Makin, John Snyder, Nicholas Lovrich, Mikala Meize, Duane Stanton, Guangzhen Wu, and Graig Hemmens. 2019. "The Cannabis Effect on Crime: Time-Series Analysis of Crime in Colorado and Washington State." *Justice Quarterly*: 1-31.
- Luker, Kristin. 1984. *Abortion and the Politics of Motherhood*. University of California Press.
- Lukes, Steven. 1982 [1895]. "Introduction." In Durkheim E. *The Rules of Sociological Method*. Translated by W.D. Halls, 1-27, New York: The Free Press.
- Lynch, Michael. 2020. "Themes and Tones of Cannabis News Reports and Legalization Outcomes." *Media, Culture & Society*: 1-12.
- Lynch, Mona. 2011. "Mass Incarceration, Legal Change, and Locale: Understanding and Remediating American Penal Overindulgence." *Criminology and Public Policy*, 10 (3): 673-698.
- Lynch, Mona, and Marisa Omori. 2014. "Legal Change and Sentencing Norms in the Wake of Booker: The Impact of Time and Place on Drug Trafficking Cases in Federal Court." *Law & Society Review*, 48 (2): 411-445.
- Maier, Shana, Suzanne Mannes, and Emily L. Koppenhofer. 2017. "The Implications of Marijuana Decriminalization and Legalization on Crime in the United States." *Contemporary Drug Problems*, 44 (2): 125-146.
- Malleck, Dan. 2015. *When Good Drugs Go Bad: Opium, Medicine, and the Origins of Canada's Drug Laws*. UBC Press.
- Marion, Nancy. 1994. "Symbolism and Federal Crime Control Legislation, 1960-1990." *Journal of Crime and Justice*, 17 (2): 69-91.
- McCabe, Tammy L. 2004. "It's High Time: California Attempts to Clear the Smoke Surrounding the Compassionate Use Act." *McGeorge Law Review*: 545-560.
- McCammon, Holly J., Courtney Sanders Muse, Harmony D. Newman, and Teresa M. Terrell. 2007. "Movement Framing and Discursive Opportunity Structures: The Political Successes of the US Women's Jury Movements." *American Sociological Review*, 72 (5): 725-749.
- Mello, Jeffrey A. "Employment and Public Policy Issues Surrounding Medical Marijuana in the Workplace." *Journal of Business Ethics*, 117 (3): 659-666.
- Mikuriya, Tod. 1973. *Marijuana Medical Papers*. Oakland, California: Medi-Comp Press.
- Minkenber, Michael. 2002. "Religion and Public Policy: Institutional, Cultural, and Political Impact on the Shaping of Abortion Policies in Western Democracies." *Comparative Political Studies*, 35 (2): 221-247.
- Mooney, Christopher, and Mei-Hsien Lee. 1995. "Legislative Morality in the American States: The Case of Pre-Roe Abortion Regulation Reform." *American Journal of Political Science*, 39 (3): 599-627.

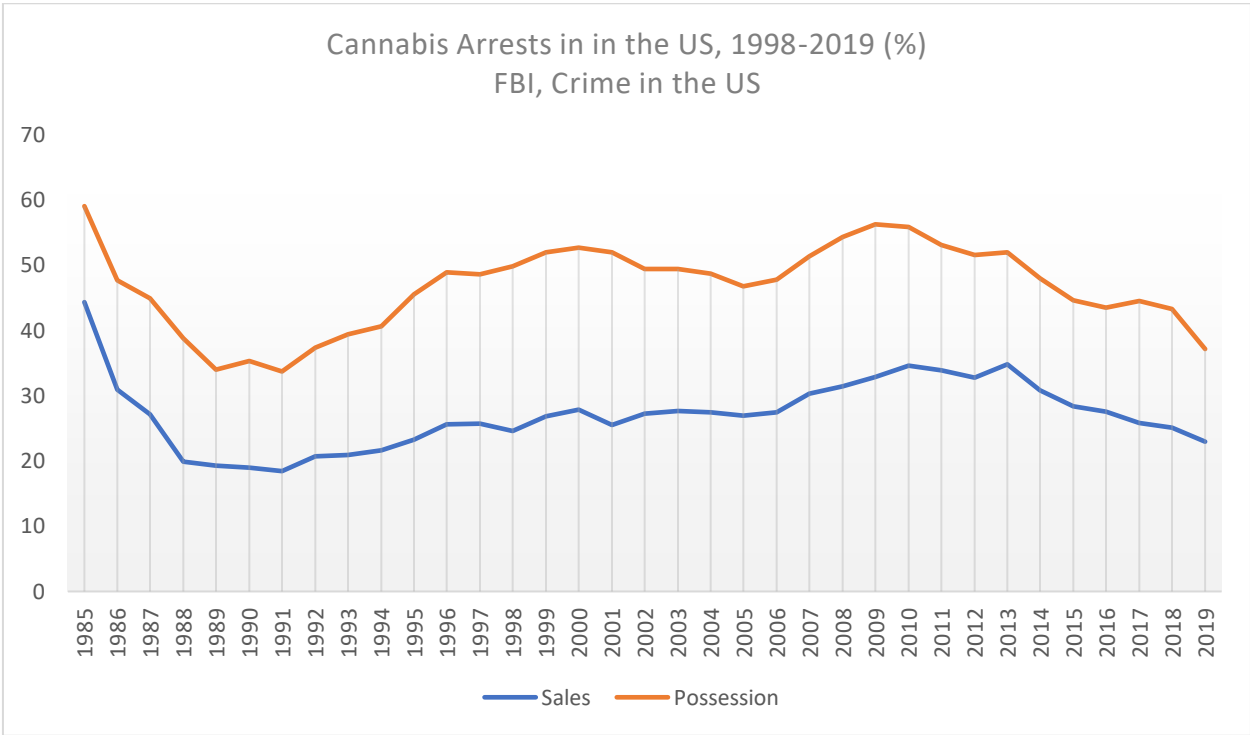
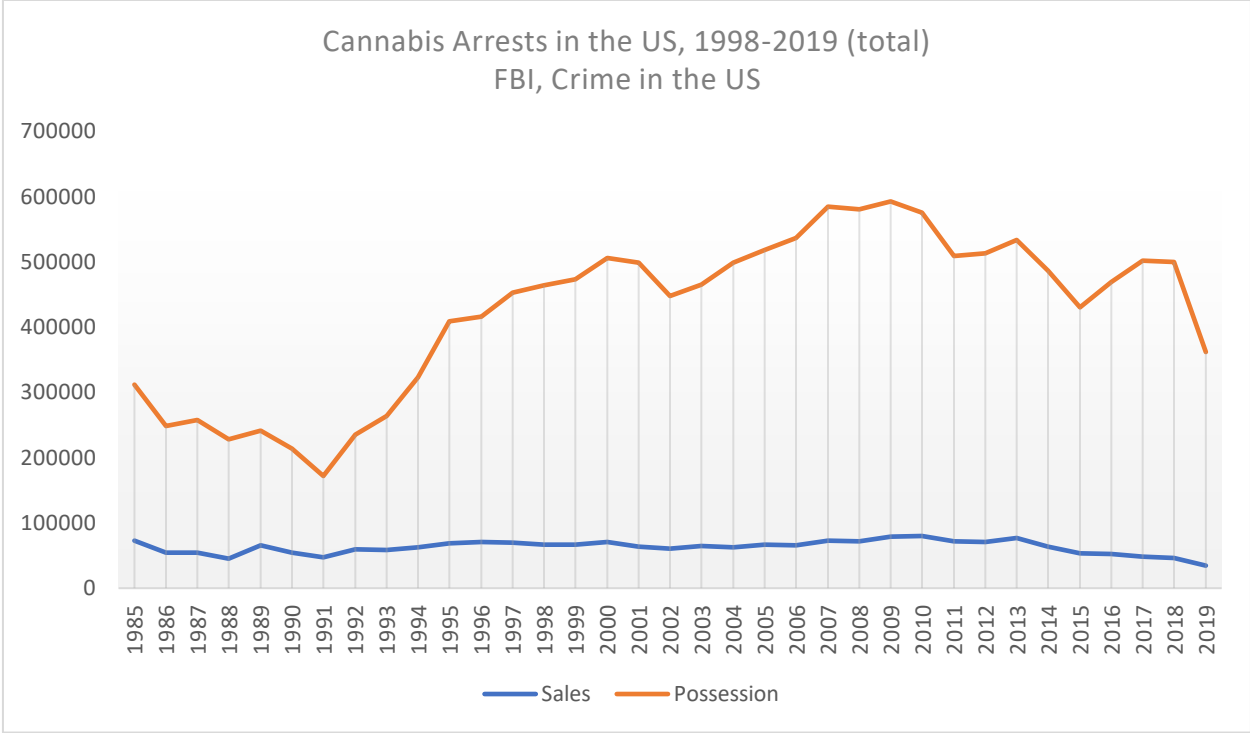
- Morgan, Patricia A. 1978. "The Legislation of Drug Law: Economic Crisis and Social Control." *Journal of Drug Issues*, 8 (1): 53-62.
- Morone, James. 2003. *Hellfire Nation: The Politics of Sin in American History*. Hew Haven and London: Yale University Press.
- Morris, Robert, Michael TenEyck, James Barnes, and Tomislav Kovandzic. 2014. "The Effect of Medical Marijuana Laws on Crime: Evidence From State Panel Data, 1990-2006." *PloS one*, 9 (3).
- Morrison, Chris, Paul J. Gruenewald, Bridget Freisthler, William R. Ponicki, and Lillian G. Remer. 2014. "The Economic Geography of Medical Cannabis Dispensaries in California." *International Journal of Drug Policy*, 25 (3): 508-515.
- Mouw, Ted, and Michael Sobel. 2001. "Culture Wars and Opinion Polarization: The Case of Abortion." *American Journal of Sociology*, 106 (4): 913-943.
- Nelken, David. 1981. "The Gap Problem in the Sociology of Law: A Theoretical Review." *Windsor Yearbook of Access to Justice*, 1: 35.
- Ngai, Mae M. 2003. "The Strange Career of the Illegal Alien: Immigration Restriction and Deportation Policy in the United States, 1921-1965." *Law and History Review*, 21 (1): 69-108.
- O'Brien, Patrick K. 2013. "Medical Marijuana and Social Control: Escaping Criminalization and Embracing Medicalization." *Deviant Behavior*, 34 (6): 423-443.
- Oliver, Willard, and Nancy Marion. 2008. "Political Party Platforms: Symbolic Politics and Criminal Justice Policy." *Criminal Justice Policy Review*, 19 (4): 397-413.
- Page, Joshua. 2012. "Punishment and the Penal Field." *The SAGE Handbook of Punishment and Society*, 152-166. London: SAGE.
- Parker, Howard, Lisa Williams, and Judith Aldridge. 2002. "The Normalization of 'Sensible' Recreational Drug Use: Further Evidence From the North West England Longitudinal Study." *Sociology*, 36 (4): 941-964.
- Parker, Howard. 2005. "Normalization as a Barometer: Recreational Drug Use and the Consumption of Leisure by Younger Britons." *Addiction Research & Theory*, 13 (3): 205-215.
- Pearson, Geoffrey. 2001. "Normal Drug Use: Ethnographic Fieldwork Among an Adult Network of Recreational Drug Users in Inner London." *Substance Use & Misuse*, 36 (1-2): 167-200.
- Pennay, Amy, and David Moore. 2010. "Exploring the Micro-Politics of Normalisation: Narratives of Pleasure, Self-Control and Desire in a Sample of Young Australian 'Party Drug' Users." *Addiction Research & Theory*, 18 (5): 557-571.
- Pfeifer, Daniel J. 2011. "Smoking Gun: the Moral and Legal Struggle for Medical Marijuana." *Touro Law Review*, 27: 339-377.
- Potter, Roberto H., and Lindy A. Potter. 2009. "The Cyberporn and Child Sexual Predator Moral Panic." In *Constructions of Deviance: Social Power, Context, And Interaction (6th edition)*, edited by Patricia A. Adler and Peter Adler, 155-165. Thomson Wadsworth.
- Rao, Hayagreeva, Philippe Monin, and Rodolphe Durand. 2003. "Institutional Change in Toque Ville: Nouvelle Cuisine as an Identity Movement in French Gastronomy." *American Journal of Sociology*, 108 (4): 795-843.

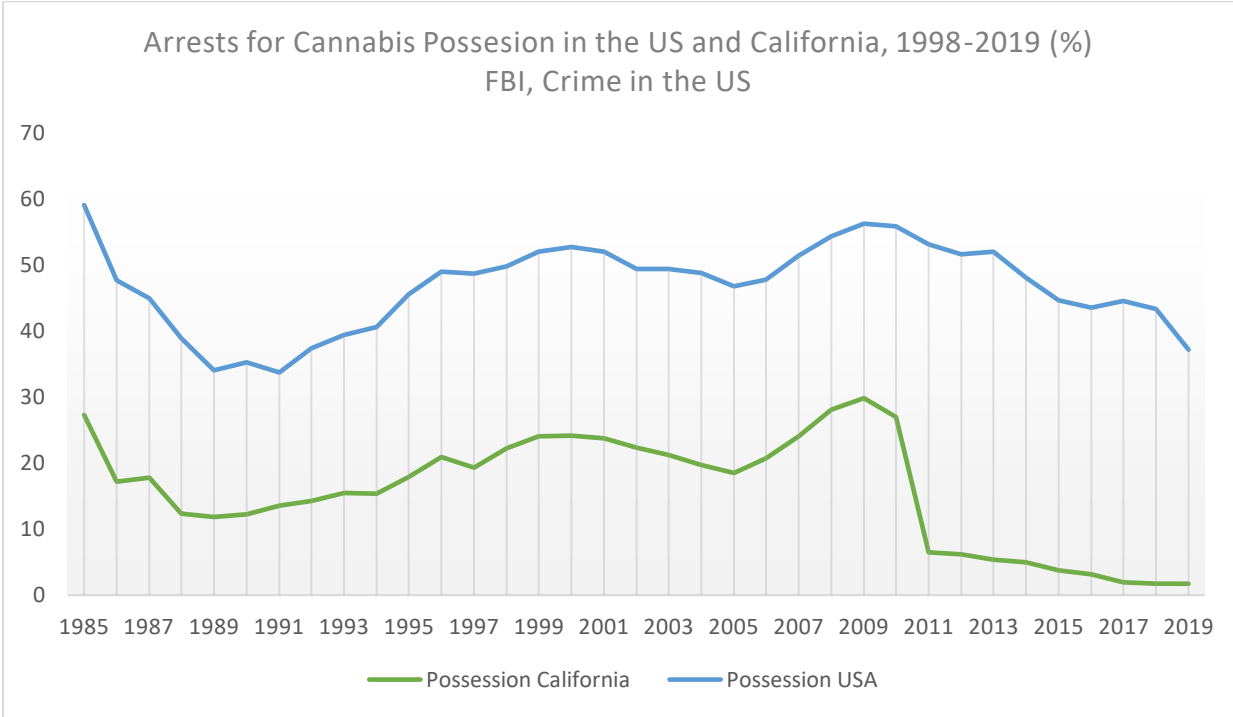
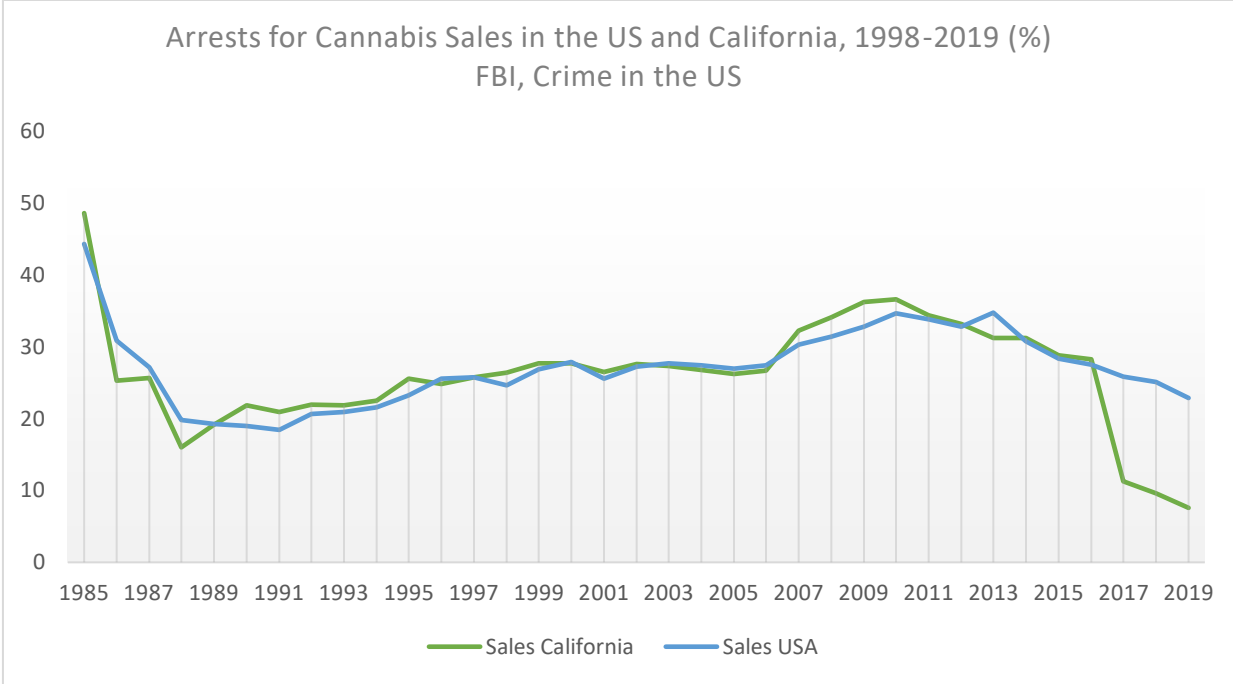
- Rapp, Carolin, Richard Traunmüller, Marcus Freitag, and Adrian Vatter. 2014. "Moral Politics: The Religious Factor in Referenda Voting." *Politics and Religion*, 7 (2): 418–443.
- Rio, Linda M. 1991. "Psychological and Sociological Research and the Decriminalization or Legalization of Prostitution." *Archives of Sexual Behavior*, 20 (2): 205–218.
- Roh, Jongho, and Frances S. Berry. 2008. "Modeling the Outcomes of State Abortion Funding Referenda: Morality or Redistributive Policy, or Both?" *State Politics and Policy Quarterly*, 8 (1): 66–87.
- Room, Robin. 2005. "Stigma, Social Inequality and Alcohol and Drug Use." *Drug and Alcohol Review*, 24 (2): 143-155.
- Room, Robin, Benedikt Fischer, Wayne Hall, Peter Reuter, and Simon Lenton. 2010. "*Cannabis Policy: Moving Beyond Stalemate*." Oxford University Press.
- Rosenberg, Ettie. 2018. "Interpretation of California's Marijuana Regulations after Proposition 64 and Pharmacy Practice Roles in Medical Marijuana Dispensing against Federal Enforcement Risks." *Journal of Contemporary Pharmacy Practice*, 65 (1): 14-21.
- Rousmaniere, Kate, Kari Dehli, and Ning De Coninck Smith. 2013. "*Discipline, Moral Regulation, and Schooling: A Social History*." Routledge.
- Russo, Ethan, Mary Lynn Mathre, Al Byrne, Robert Velin, Paul J. Bach, Juan Sanchez-Ramos, and Kristin A. Kirlin. 2002. "Chronic Cannabis Use in the Compassionate Investigational New Drug Program: An Examination of Benefits and Adverse Effects of Legal Clinical Cannabis." *Journal of Cannabis Therapeutics*, 2 (1): 3-57.
- Seddon, Toby. 2006. "Drugs, Crime and Social Exclusion: Social Context and Social Theory in British Drugs–Crime Research." *British Journal of Criminology*, 46 (4): 680-703.
- Shepard, Edward, and Paul R. Blackley. 2016. "Medical Marijuana and Crime: Further Evidence From the Western States." *Journal of Drug Issues*, 46 (2): 122-134.
- Shildrick, Tracy. 2002. "Young People, Illicit Drug Use and the Question of Normalization." *Journal of Youth Studies*, 5 (1): 35-48.
- Shiner, Michael, and Tim Newburn. 1997. "Definitely, Maybe Not? The Normalisation of Recreational Drug Use Amongst Young People." *Sociology*, 31 (3): 511-529.
- Simon, Jonathan. 2007. "*Governing Through Crime: How the War on Crime Transformed American Democracy and Created a Culture of Fear*." Oxford University Press.
- Smith, Christopher. 2010. "Socio-Spatial Stigmatization and the Contested Space of Addiction Treatment: Remapping Strategies of Opposition to the Disorder of Drugs." *Social Science & Medicine*, 70 (6): 859-866.
- Spencer, Martin. 1970. "Weber on Legitimate Norms and Authority." *The British Journal of Sociology*, 21 (2): 123-134.
- Spillane, Joseph. 2000. "*Cocaine: From Medical Marvel to Modern Menace in the United States, 1884-1920*." Baltimore and London: The Johns Hopkins University Press.
- Stolz, Barbara Ann. 1983. "Congress and Capital Punishment: An Exercise in Symbolic Politics." *Law & Policy*, 5 (2): 157-180.

- Stolz, Barbara Ann. 1992. "Congress and the War on Drugs: An Exercise in Symbolic Politics." *Journal of Crime and Justice*, 15 (1): 119-136.
- Suchman, Mark C. 1995. "Managing Legitimacy: Strategic and Institutional Approaches." *Academy of Management Review*, 20 (3): 571-610.
- Sznitman, Sharon Rødner. 2008. "Drug Normalization and the Case of Sweden." *Contemporary Drug Problems*, 35 (2-3): 447-480.
- Takahashi, Lois M. 1997. "The Socio-Spatial Stigmatization of Homelessness and HIV/AIDS: Toward an Explanation of the NIMBY Syndrome." *Social Science & Medicine*, 45 (6): 903-914.
- Taylor, Stuart, Julian Buchanan, and Tammy Ayres. 2016. "Prohibition, Privilege and the Drug Apartheid: The Failure of Drug Policy Reform to Address the Underlying Fallacies of Drug Prohibition." *Criminology & Criminal Justice*, 16 (4): 452-469.
- Terriquez, Veronica. 2015. "Intersectional Mobilization, Social Movement Spillover, and Queer Youth Leadership in the Immigrant Rights Movement." *Social Problems*, 62 (3): 343-362.
- Tooley, Michael. 1983. *Abortion and Infanticide*. Oxford: Clarendon Press.
- Trounstein, Jessica. 2009. "All Politics Is Local: The Reemergence of the Study of City Politics." *Perspectives*, 7 (3): 611-618.
- Tunnell, Ken D. 2004. *Pissing on Demand: Workplace Drug Testing and the Rise of the Detox Industry*. NYU Press.
- Turner, Victor. 1967. *Betwixt and Between: The Liminal Period in Rites de Passage. In the Forest of Symbols: Aspects of Ndembu Rituals*. Cornell University Press.
- Verma, Anjuli. 2015. "The Law-Before: Legacies and Gaps in Penal Reform." *Law & Society Review*, 49 (4): 847-882.
- Zakrzewski Jr. William J., Andrew P. Wheeler, and Andrew P. Thompson. 2020. "Cannabis in the Capital: Exploring the Spatial Association Between Medical Marijuana Dispensaries and Crime." *Journal of Crime and Justice*, 43 (1): 1-15.
- Zolotov, Yuval, Simon Vulfsons, Dana Zarhin, and Sharon Sznitman. 2018. "Medical Cannabis: An Oxymoron? Physicians' Perceptions of Medical Cannabis." *International Journal of Drug Policy*, 57: 4-10.
- Zucker, Lynne G. 1977. "The Role of Institutionalization in Cultural Persistence." *American Sociological Review*, 42 (5): 726-743.

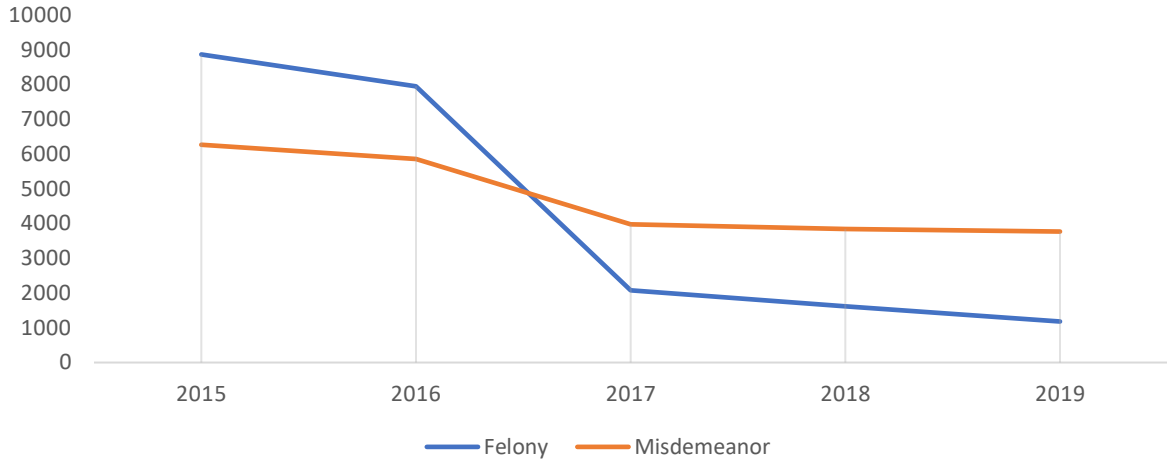
Appendix 1. Statistics on Cannabis Arrests



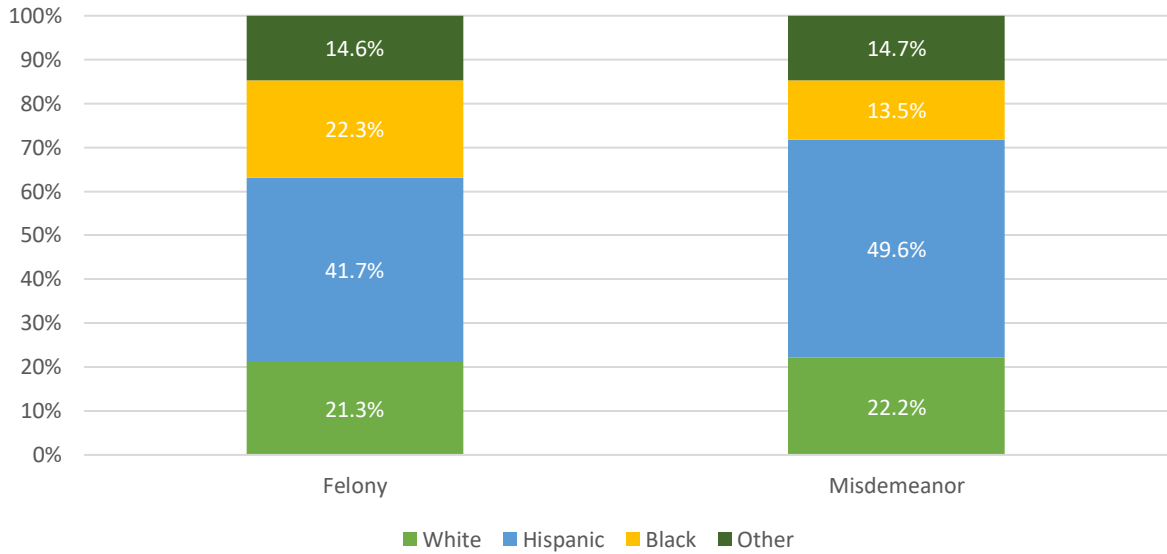




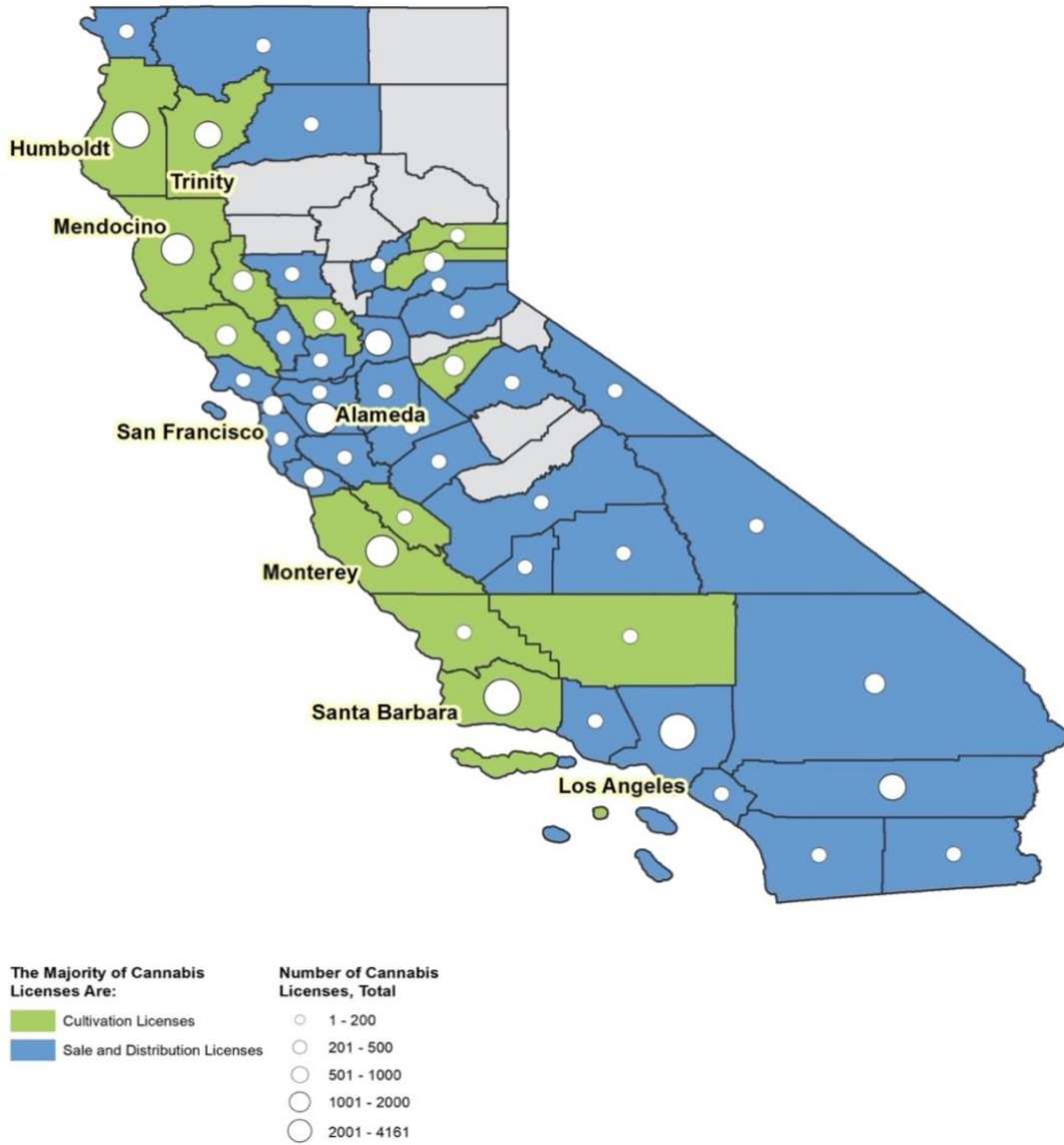
Cannabis arrests in California, 2015-2019
California Justice Department



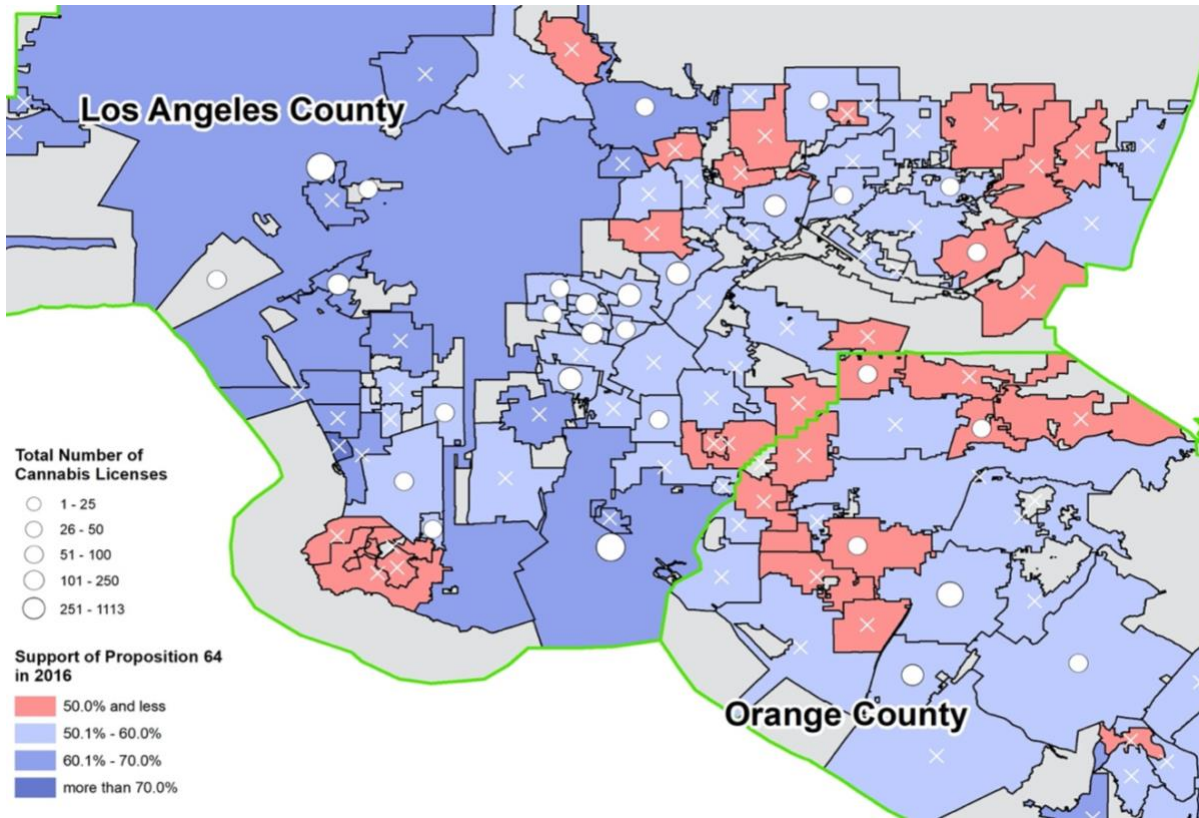
Racial composition in cannabis arrests in California, 2019
California Justice Department



*The Types of Cannabis Licenses Issued in California Counties in 2018 and 2019**

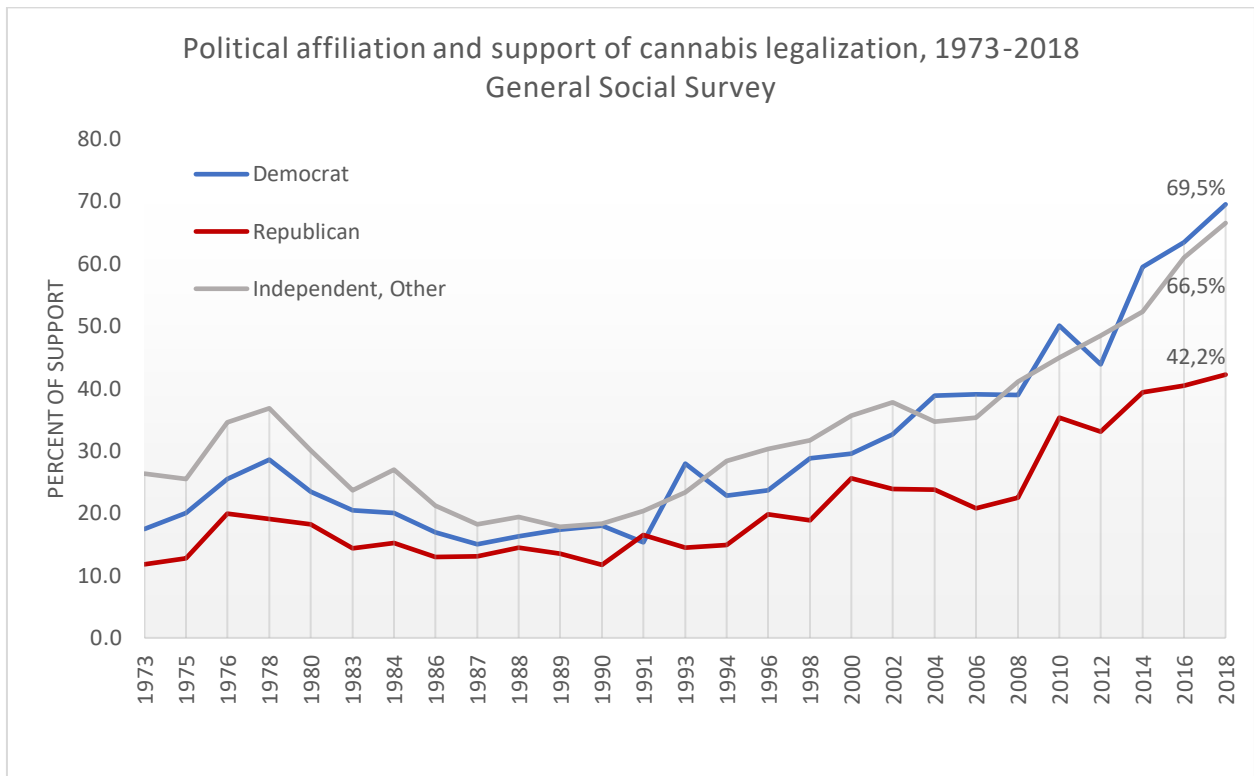
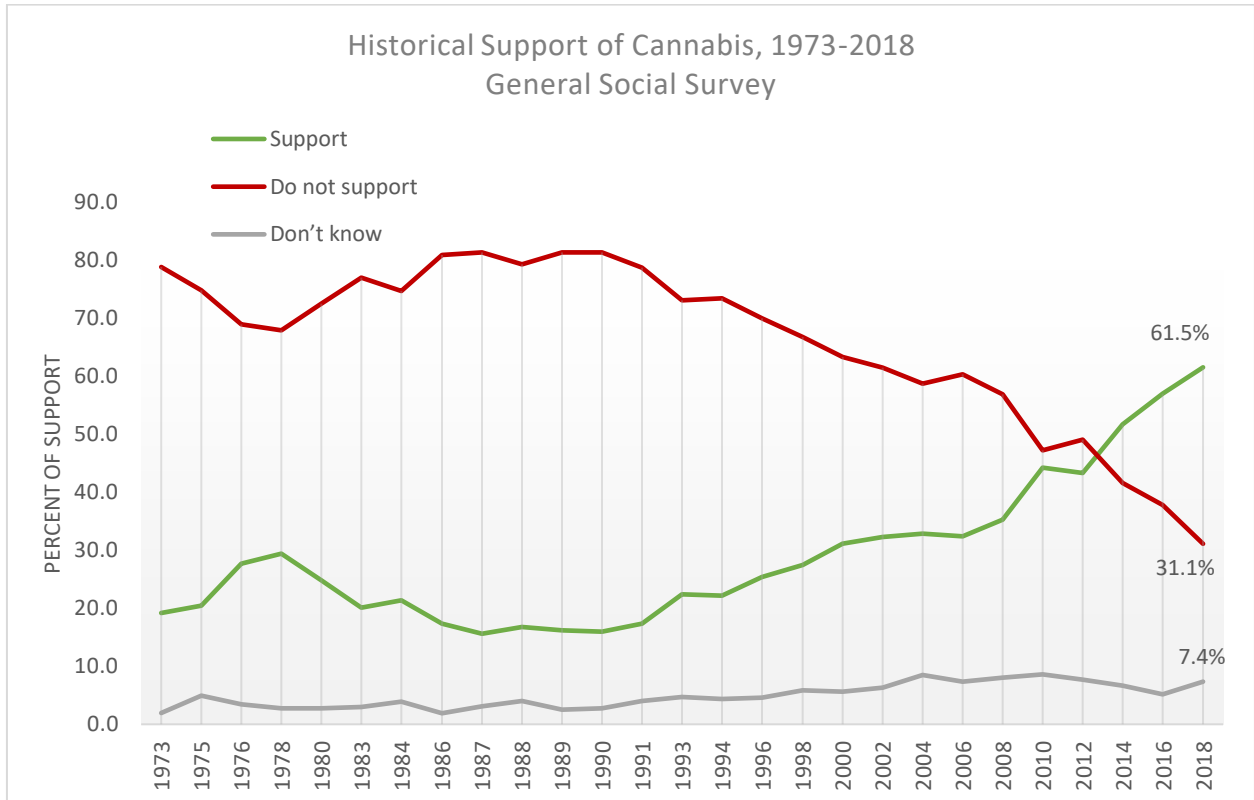


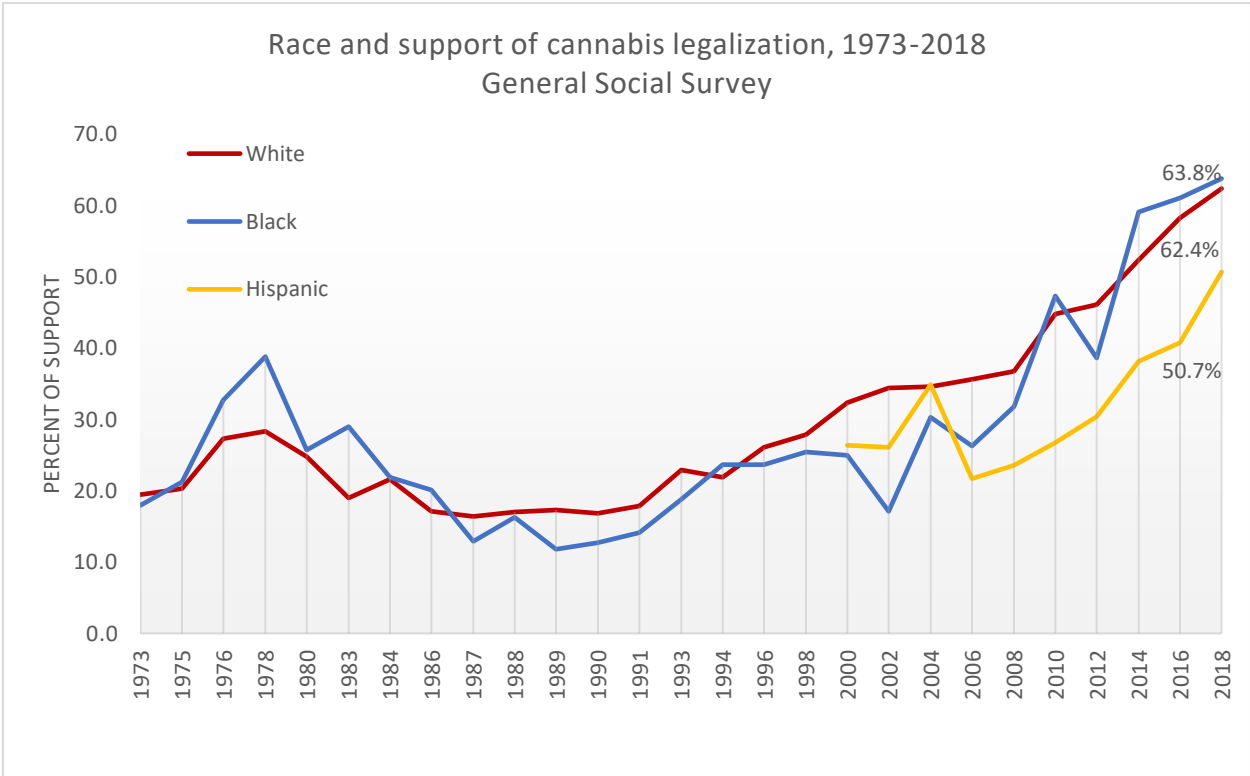
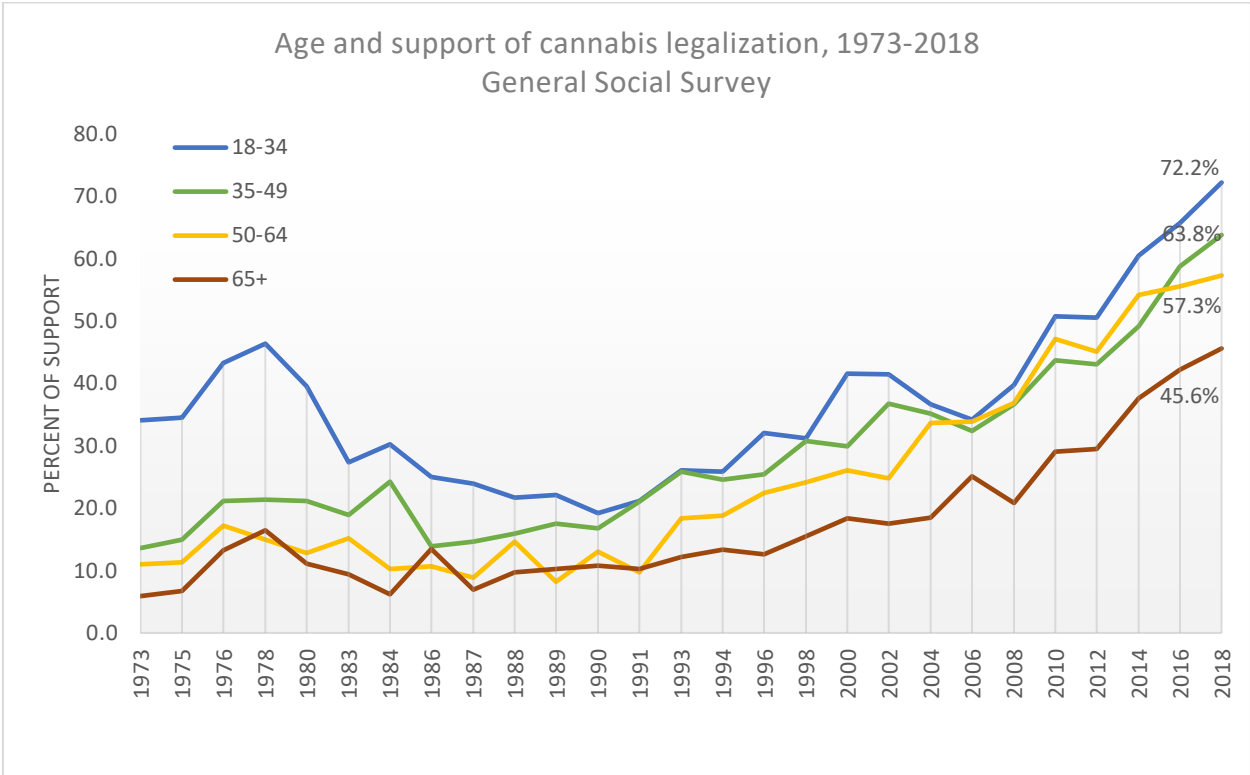
The Support for Cannabis Legalization and the Total Number of Cannabis Licenses Issued in California Cities in 2018 and 2019 (Los Angeles and Orange Counties)

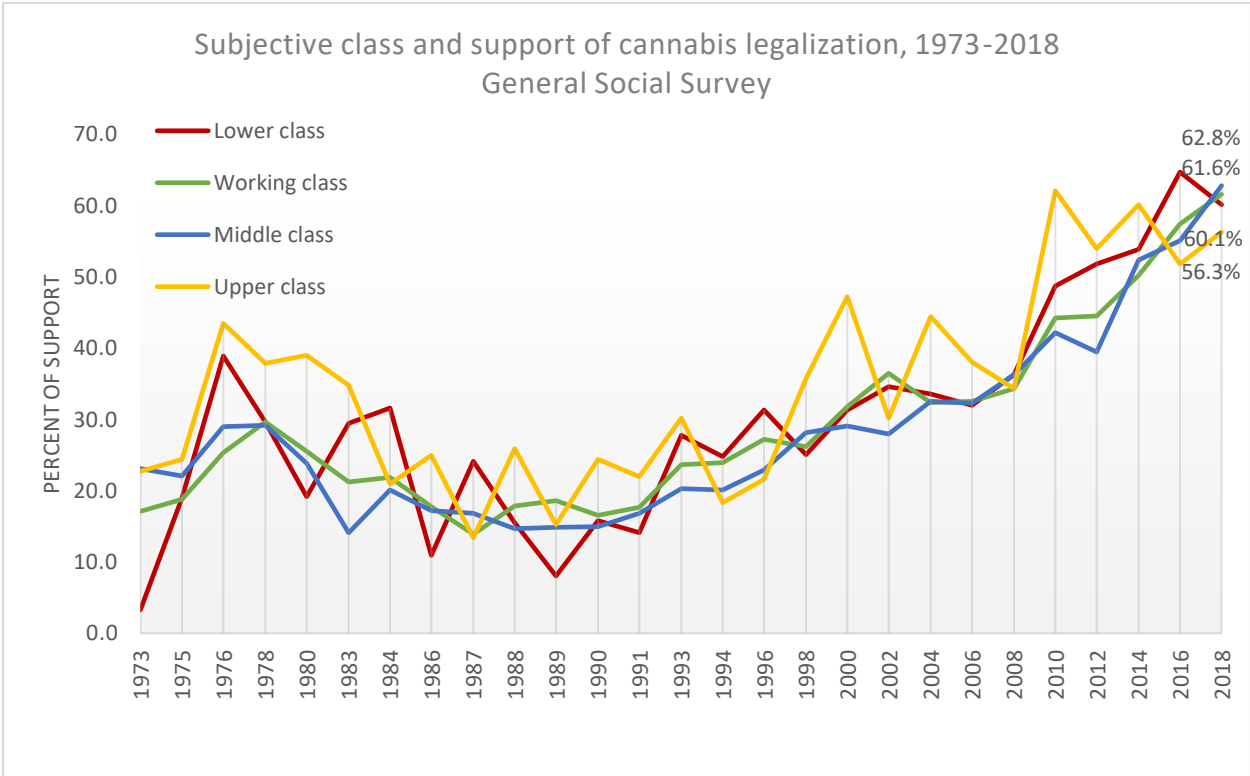
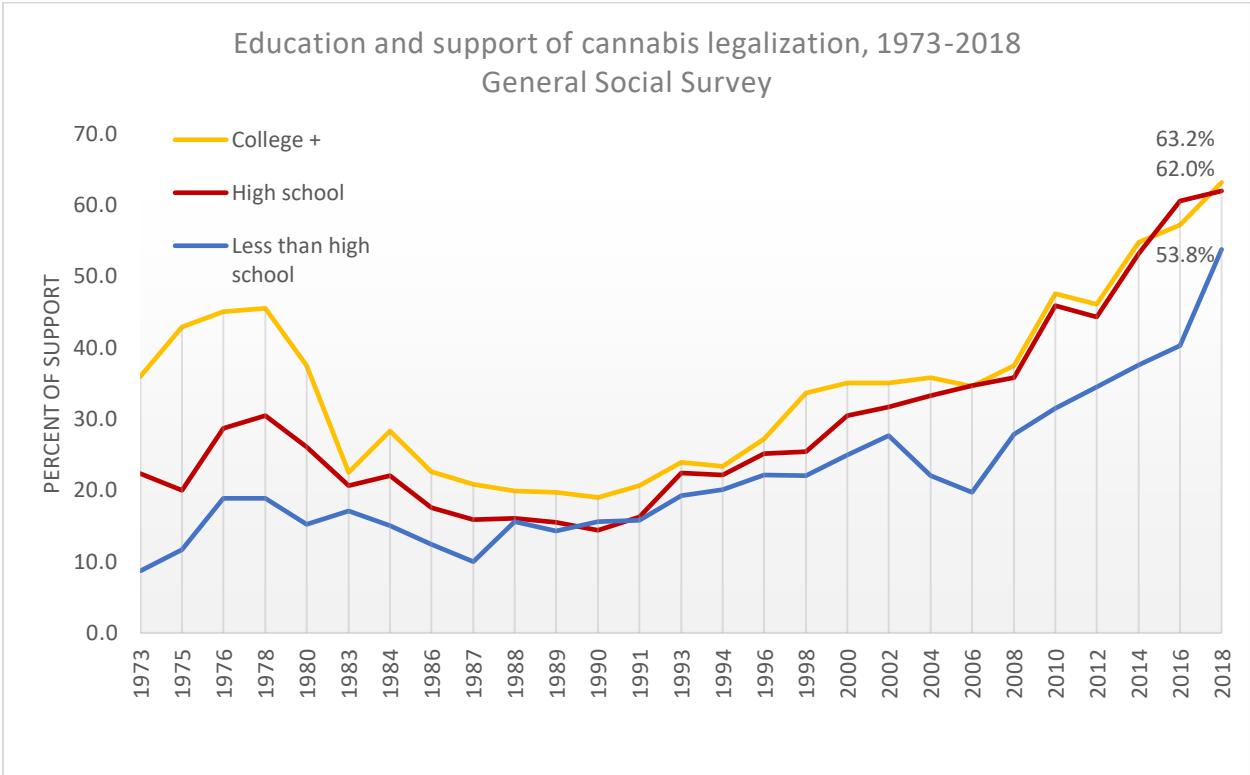


*The white cross signifies that a city does not have cannabis licenses issued in 2018 and 2019.

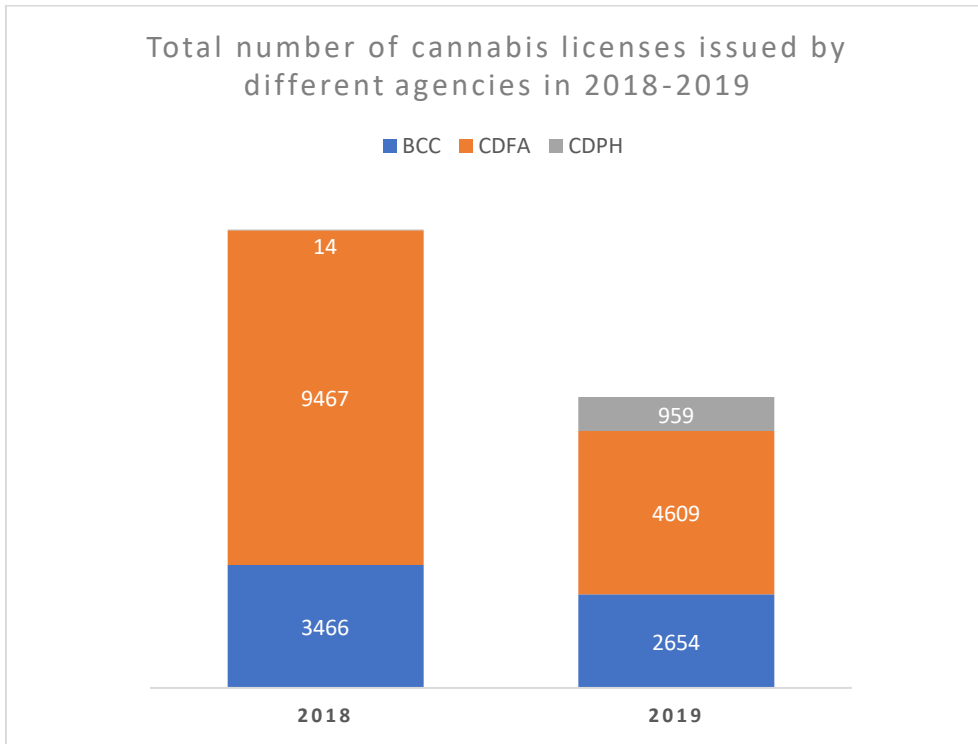
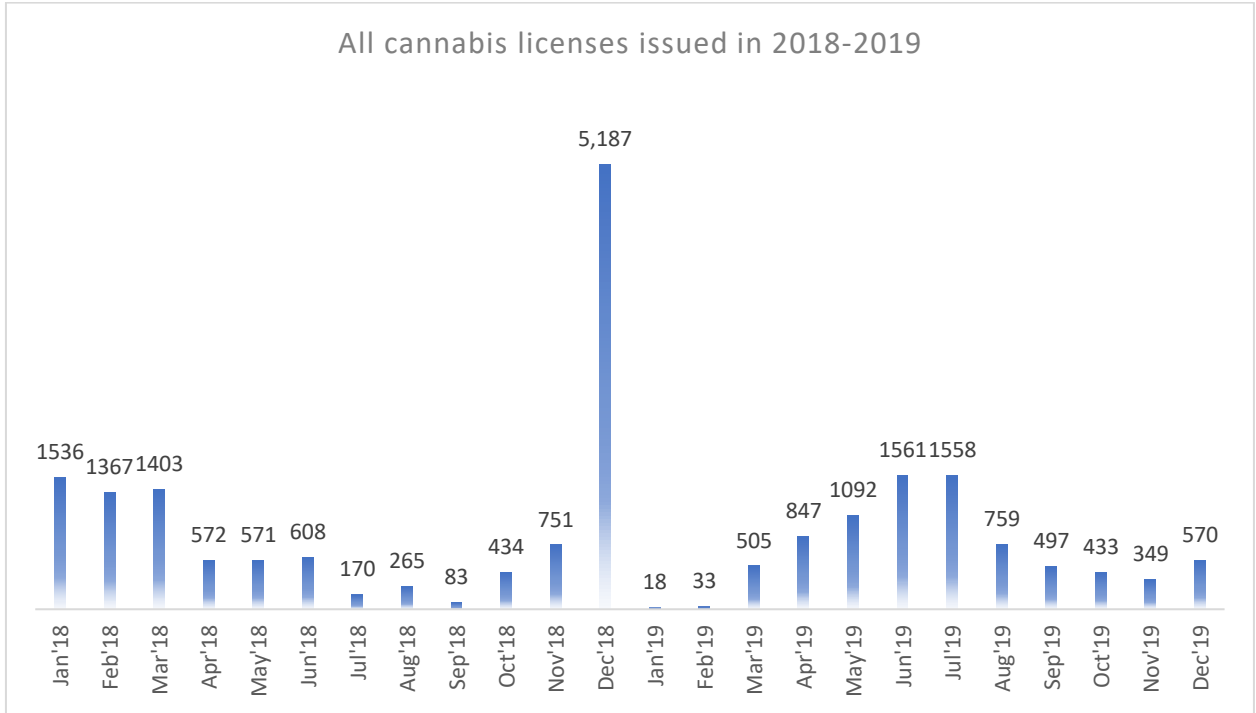
Appendix 3. Support of cannabis legalization among different social groups

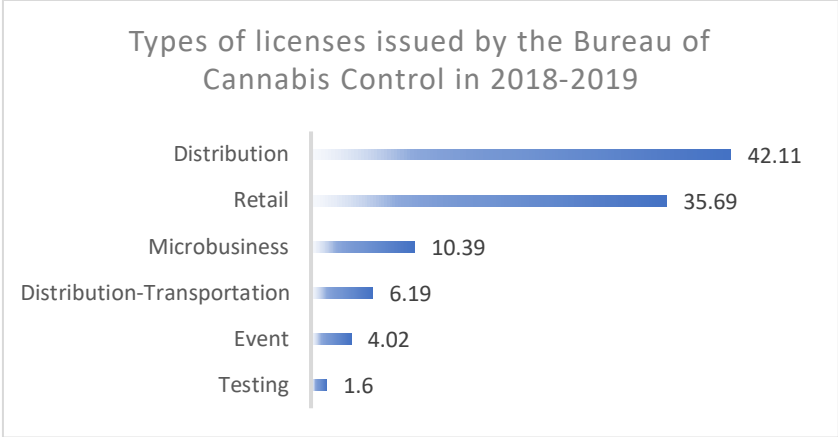






Appendix 4. Cannabis licenses issue in California





Appendix 5. Regression model with the support of cannabis legalization as a dependent variable, Net of Covariates

	(1) Model_1	(2) Model_2
The index of economic prosperity	3.3807*** (0.6633)	4.1897*** (0.7290)
% of Hispanic population	-0.0719*** (0.0167)	-0.0773*** (0.0174)
% of population aged 20 to 29	0.3730*** (0.0868)	0.3359*** (0.0876)
City's fiscal score		-0.0677** (0.0264)
Violent crimes per 1000 citizens		0.6281*** (0.1319)
Population density	0.0003** (0.0001)	0.0003*** (0.0001)
Total population	0.0000 (0.0000)	-0.0000 (0.0000)
_cons	51.6870*** (1.1914)	55.9857*** (2.8863)
Obs.	461	419
R-squared	0.2532	0.3291

Standard errors are in parenthesis

*** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

Regression line

