OHIO PATIENT NETWORK

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THE PEOPLE HAVE SPOKEN
Medical Marijuana Polling 1996-2002

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Executive Summary

To illustrate that the medical use of marijuana, also known as cannabis, is overwhelmingly supported by the public and that, consequently, policy toward it should change, the Ohio Patient Network has identified and reviewed over sixty scientific surveys of the American public conducted from December 1996 through April 2002.

Key findings of this review include:

- Since the passage of California Proposition 215 in 1996, **sixty-six** separate, scientific polls and studies have been conducted about medical marijuana both nationwide and in more than thirty states, representing the opinions of more than **50,000** respondents. (p. 4)

- Of those respondents, more than **two-thirds** (68%) aggregately support the medical use of cannabis. Those who oppose medicinal cannabis represent only one quarter of the populace. (p. 4)

- Favorable public opinion toward medical marijuana has **increased significantly** over the past six years. (p. 7)

- Polls taken prior to medicinal cannabis ballot initiatives successfully predict their passage every time. (p. 7)

- When the news covers medical marijuana, the public tracks it more closely than most other health issues. (p. 10)

- An estimated **nine million** people in the United States use cannabis medicinally. (p. 18)

- Over the last ten years, nearly **one-quarter of a million** people in the United States have been arrested on medical-marijuana-related offenses. (p. 18)

- The public believes the reports of patients and health professionals regarding the therapeutic value of cannabis; this widespread support should compel lawmakers to shift the policy on the issue. (p. 9)

- Democrats who "strongly favor" candidates who endorse medical cannabis outnumber those who "strongly oppose" it by **seven to one**. Republicans who "strongly favor" such candidates outnumber those "strongly opposed" by **two to one**. (p. 11 & 12)

- As many as **two thirds** of the voting populace will reward candidates who support medicinal cannabis. Fewer than one in four voters would more likely cast their ballot for a candidate that supports its prohibition. (p. 9)

- The depth and breadth of support for medical marijuana represents a major opportunity for the political party that chooses to seize it. By supporting this issue, the party can solidify its own base while assuming leadership on an issue that also enjoys substantial cross-party and general public support. (p. 12)

This report also matches polling data to election results in order to create an easy-to-understand model of possible election outcomes if this issue receives Democratic Party or Republican Party support. Third parties will seize this opportunity, if major parties do not, and either achieve similar results or tip an election, as they have already done.

In addition, this report includes a brief history of medicinal cannabis and highlights the impact of its prohibition both numerically and through personal accounts.

Many times, representatives of the Ohio Patient Network and groups like it have asked legislators and public officials to hear and act on their concerns, and many times, the response has been silence. OPN hopes that by collecting, tabulating, and reporting the findings of these sixty-six polls, current and prospective government officials will understand that the public has spoken on this issue. The time has come to legalize the medical use of marijuana.

THE PEOPLE HAVE SPOKEN
Medical Marijuana Polling 1996-2002

Imagine you are a politician. Your aide bursts into your office and declares, "I have a terrific issue for you! In over sixty separate surveys, it consistently polls favorably with voters at two-thirds or better regardless of questioning. It's never loses an election and, in fact, almost always wins bigger than the Reagan landslide of 1984 (59%/41% Reagan/Mondale). A sizable percentage even base how they vote on it." Picturing your bright political future, you eagerly ask, "What IS this issue?" Your aide replies, "medical marijuana." A silence so quiet settles in your office that you can hear dust rustle in the corner.

The sad fact is that this scenario has likely been repeated in thousands of political offices through out the United States over the past six years. Recently, the legal battle for the right to use cannabis medicinally has shifted from the very successful initiative process to the legislative process. Progress is still slow.

This report illustrates the groundswell of support for the medical use of cannabis, popularly known as marijuana. The report will overview the findings of sixty-six separate public opinion polls on the subject, review many of the questions asked in them, ascertain respondents' demographics and party affiliation, define the political implications, and illustrate why this issue is so important in the public mind. The public has spoken on the issue of medicinal cannabis. This is what it says.

What Do These Polls Say Generally?

Aggregate totals. Since November 1996, after the passage of Proposition 215 in California, the Ohio Patient Network counted 66 separate public opinion polls concerning the medical use of marijuana. These polls represent the opinions of more than 50,000 people in thirty states. Ten come from nationwide samples. The aggregate favorable percentage for the medical uses of marijuana across all polls equals 68% with 25% opposed and 7% "other." Essentially, these polls consistently show that over two thirds of the public supports the medical use of marijuana, while only one quarter opposes it.

In 1998, The Harvard School of Public Health conducted a similar analysis that was published in the *Journal of the American Medical Association* (#11). The study reviewed the results of 47 surveys taken between 1978 and 1997 and arrived at a similar conclusion: more than 60% of the public supports the "legalized use of marijuana for medical purposes."[1]

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[1] "The Public and the War on Illicit Drugs*," Journal of the American Medical Association.* Harvard School of Public Health. March 1998. <http://jama.ama-assn.org/issues/v279n11/abs/jph71000.html>

In addition, the 1999 National Academy of Sciences Institute of Medicine (IOM) report, *Marijuana and Medicine: Assessing the Science Base*, agreed that

> "Public support for patient access to marijuana for medical use appears substantial; public opinion polls taken during 1997 and 1998 generally reported 60-70 percent of respondents in favor of allowing medical uses of marijuana." [2]

Number and type of respondents. The number of respondents per survey ranges from 400 to 3,977. Generally, poll numbers hover in the neighborhood of 1,000, producing margins of error between 2.6% and 6% usually at the 95% confidence level.

The most common respondents are "adults" and "voters/registered voters," meaning that the polling firm sought to question only these kinds of individuals. Physicians form the respondent base in two studies: one from May 2001 at the Rhode Island Hospital (#45) and one on Medscape (#48) in August of 2001. The former poll found that 50% of physicians thought marijuana should be available by prescription to those who need it. Only 25% were opposed with another 25% unsure. Conversely, 81% of physicians in the latter poll favored the "decriminalization of marijuana for medical purposes" with only 19% opposed.

Types of studies. Almost all studies are telephone surveys with the exception of an exit poll conducted by Fairbank, Maslin, Maulin & Associates in November 1998 (#20). After leaving their polling places, voters were questioned about Initiative 59, which would have legalized marijuana for medicinal purposes in the District of Columbia. This survey showed that this issue would have passed overwhelmingly, although the U.S. Congress blocked its implementation.

Geography and timing. Over the past six years, polls have been fairly evenly disbursed among various geographic regions of the United States. Ten surveys questioned national samples, with more national surveys conducted in 1997 than in any of the other years.

Not surprisingly, the prevalence of polls follows legislative or initiative activity. For example, in 1998 when five states (Alaska, Arizona, Oregon, Nevada, and Washington) passed medical marijuana ballot initiatives, studies were fielded in four of them (Alaska, Arizona, Oregon, and Nevada) the month before the election. Similarly, ballot initiatives in Colorado, Maine, and Nevada were all preceded by public opinion polls that predicted their success.

The passage of Hawaii's medical marijuana bill in June 2000 was likely the result of a February 2000 poll (#31) reporting that 77% of respondents favored such legislation.

Since September 11, 2001. The favorable climate for medical marijuana appears to have grown since September 11, 2001. The only national poll fielded since then (#50 by Zogby International), shows that the common two-thirds pro-

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[2] Janet E. Joy, Stanley J. Watson, Jr., and John A. Benson, Jr. *Marijuana and Medicine: Assessing the Science Base,* Division of Neuroscience and Behavioral Research, Institute of Medicine. Washington DC: National Academy Press. 1999. <http://www.nap.edu/html/marimed/ch1.html>

medical marijuana plurality opposes the use of Federal law enforcement agencies to close patient cooperatives.

Other state polls reflect much higher favorable ratings for medicinal cannabis. The highest percentage belongs to a survey by Chamberlain Research Consultants for Is My Medicine Legal Yet (IMMLY) (#54) of Wisconsin in which 80% voiced support for passage of a medical marijuana law by the Wisconsin legislature. Similarly, 77% of Nevada voters (#63) say they support the state's recently implemented medical marijuana initiative. It was approved twice by voters, once in 1998 (59%/41%) and again in 2000 (65%/35%).

2002 may represent a banner year for medical marijuana polling. By the end of March, sixteen separate polls have been conducted on this issue, including the Ten Sate Poll (#56-65) of voters in ten Western states and polls in Connecticut (#55), Maryland (#52), New Hampshire (#66), New Mexico (#51), Vermont (#53), and Wisconsin (#54). Consequently, with favorable percentages equaling almost three-quarters of respondents, bills have been introduced in the Maryland, Vermont, and Connecticut legislatures.

Polling Sponsors and Research Firms. The organization sponsoring the most polls is the Marijuana Policy Project at thirteen. However, these thirteen include the recent Ten State Poll. Other organizations that have sponsored multiple surveys include KUSA (Denver) and the Lindesmith Center.

Research firms who have conducted multiple studies include the Lucas Organization (13, all for the Marijuana Policy Project); Survey USA (5, all for KUSA Denver); Fairbank, Maslin, Maulin & Associates (3); Mason Dixon Research (3); Princeton Research Associates (2); and Zogby International (2).

What Questions Were Asked?

The exact line of questioning used in the surveys was located for about half of the sixty-six polls. In earlier studies, questions related mostly to whether or not patients should be legally permitted to use cannabis or whether physicians should be able to prescribe it. As polling on this issue has evolved, so has the questioning.

Ballot initiatives. In 1998, as citizens of Arizona were preparing to vote on Proposition 300, pundits became concerned that voters did not understand the issue. A poll was subsequently fielded by the Survey Research Laboratory at Northern Arizona University (#15). It questioned whether voters were likely to vote "yes" or "no" on the upcoming initiative, with "no" favoring medicinal cannabis. The poll correctly predicted the winning margin of 57%, and the "no" vote restored to physicians the right to prescribe marijuana and other Schedule I drugs under state law.

After passage of the Arizona initiative, citizens were again asked in May of 1999 (#27) whether they favored or opposed Federal sanctions against doctors who prescribe medical marijuana, such as license revocation. The percentage opposed – favorable to medical marijuana – had risen to 66%.

Survey questions that asked specifically about upcoming ballot initiatives were also fielded in Colorado (#34), Nevada (#33 and #16), and Oregon (#18),

returning respective favorable percentages of 67%, 63%, 52%, and 59%. Each of these polls foretold its initiative's success with the respective voting percentages of 54%, 65%, 59%, and 55%, showing that polls taken prior to medicinal cannabis ballot initiatives successfully predict their passage every time.

Highest and lowest values. The question, which garnered the highest favorable response, comes from a South Dakota poll conducted in January 2001 by Creative Broadcast Systems (#35). In it, respondents were asked if they thought that patients who use marijuana should be arrested and sent to prison. A resounding 95% said "no."

The next highest percentages come from the Medscape poll of physicians (#48) where 81% favored the "decriminalization of marijuana for medical purposes (palliative care in HIV/AIDS, cancer, glaucoma, etc.)." A similar 80% of Wisconsin voters (#54) believe that their state legislature should pass a law to allow seriously or terminally ill patients to use marijuana for medical purposes if supported by their physician.

The lowest pro-medical marijuana percentages – the only ones under 50% – belong to two questions, one about voting and one about cultivation. The poll, which took aim at candidate support, asked if respondents were more or less likely to vote for candidates who championed medicinal cannabis. The Maryland Poll (#52) of 2002 found that 37% of respondents would be more likely to vote for pro-medical cannabis candidates while only 18% were less likely. This poll is believed to be responsible for over fifty Maryland State legislators stepping forward to sponsor a medical marijuana bill.

The other least favorable survey percentage belongs to a December 1998, Eastern Montana College study (#21) that asked if respondents favored or opposed the medical cultivation of marijuana. Seventy-three percent opposed while only 21% supported. A similar question in the March 2002 Ten State Poll, of which Montana (#60) was a part, queried respondents concerning whether or not they would support an initiative to allow clinics or non profit agencies to purchase marijuana from farmers and sell it to seriously ill patients. This study found 65% now favor the medical cultivation of marijuana.

Trendable questions. Almost all of the 66 surveys reviewed in this study were conducted disparately, and as a consequence, the data cannot be used to establish trends over a specific period of time. There are two exceptions.

The first involves two studies: one in March 2001 by the Princeton Research Associates for the Pew Research Center for the People and the Press (#38) and the other in March 1997 by Chilton Research for ABC News and Discovery News (#3). In both surveys, the same question was asked, "Regardless of what you think about the personal non-medical use of marijuana, do you think doctors should or should not be allowed to prescribe marijuana for medical purposes to treat their patients?" Seventy-three percent in the former survey stated that it "should be allowed, versus 70% in the latter. Though this slight upward shift is not greater than the margin of error (+/-4.5%), the downward movement in those who said it "should not be allowed" from 27% in 1997 to 21% in 2001 is a significant 6%.

The second trendable question comes from the Virginia Quality of Life Survey conducted by the Virginia Tech Center for Survey Research (#46, 32, 28,14, and 4). This study has reviewed the attitudes of Virginians annually since 1992 and, for trending purposes, frequently asks the same question year after year. Since 1997, the percentage of those who "Strongly agree" or "Somewhat agree" that "doctors should be legally allowed to prescribe marijuana for medical use" has risen from 69% to its 2001 level of 75%. Because this gain of six points exceeds the +/- 3.4 to 4.4% margins of error for the studies, this gain in favorable public opinion toward medicinal cannabis is significant.

<u>Wording of questions</u>. In a few surveys, the wording of the question likely influenced results. Generally, polling firms phrase questions as neutrally as possible in order to accurately reflect the perceptions of the target population. Researchers know that prompting respondents or pre-conditioning their answers affects the outcome of the research. However, some pollsters utilize more sophisticated approaches to wording to gain insight into the nuances of an issue. Others, unhappy with an issue's support, try to force their own views by purposefully qualifying responses.

The 2001 Maryland Poll (#44) shows how sophisticated questioning can reveal an issue's nuances. The first part of the question makes statements about the suffering of cancer and AIDS patients. The question's second part articulates the concerns some have about undermining the "War on Drugs" or sending the wrong message to children. After these two statements, respondents were asked to choose between allowing physicians to prescribe marijuana for AIDS and cancer patients or maintaining possession of marijuana as a criminal offense in all cases. As predicted, favorable percentages for some demographic groups like women (62%) were lower than those for men (70%) showing that public opinion on medical marijuana can be affected by underlying concerns particularly about children.

Another question asked shortly after passage of Proposition 215 uses a qualifier to ascertain the level of public support for medicinal cannabis even though it lacks regulatory approval. In February 1997, a Lake Research study conducted for the Lindesmith Center (#2) queried, "Conclusive tests on the possible medical uses of marijuana have not been completed. Would you favor or oppose making marijuana legally available for medical uses, even though testing has not been completed?" Sixty percent of registered voters favored its use without complete testing, while 30% opposed.

Two polling organizations appear to have qualified survey questions in order to elicit the responses they wanted. With the purpose of defeating proposed drug policy reform legislation in New Mexico, Protect New Mexico hired the Republican polling firm, McLaughlin and Associates (#48), to query likely New Mexico voters. When told that a federal study showed drug use among teens increased in states where marijuana penalties have been eased – a statement of questionable truth – 67% of the respondents opposed the decriminalization of marijuana and 39% said they would be less likely to vote for candidates who favor medical marijuana bills. Unfortunately, the goal of defeating this legislation was achieved.

The conservative Family Research Council (#5) used similar tactics in 1997 with the hope that voters would reject medical marijuana initiatives, which none did. While finding that almost three out of four people surveyed claimed to be open to the use of marijuana as a medicine if patients believed it would relieve their condition, the poll's sponsor suggested that support dropped "as respondents were given information about potential uses for pot." As the sponsor stated, "When told that marijuana would be available for virtually any condition (as California's Proposition 215 would allow), 69 percent of those surveyed would be less likely to support legalization for medical use. When told about the availability of other, legal therapies, 55 percent became more likely to oppose marijuana as medicine. Seventy-three percent of adults were either concerned or outraged that much of the push for legalizing the use of marijuana as 'medicine' comes from organizations devoted to pushing outright legalization of the drug."

Another interesting aspect of this study was the inclusion of 200 adolescent respondents. According to the sponsor, the teens polled in this survey appeared more wary of marijuana as medicine than adults, saying "more than half (52 percent) of adolescents polled fear that allowing the medical use of marijuana will encourage more illicit recreational use, while only 37 percent of adults aged 33-49 have similar concerns."[3]

Voter support. Questions concerning voter support for legislators who endorse medical cannabis have been asked with much greater frequency in 2002.

This line of questioning first appeared in the February 2001 survey of Bernadillo County, New Mexico, residents (#37) by Delta-9. Thirty-five percent of respondents indicated that medical cannabis, along with hemp and general marijuana possession penalties, represented important factors in how they vote. Similar percentages appeared one year later in the Maryland Poll (#52).

More recent surveys, even though only months apart, have seen this percentage rise sharply. Respondents to the Ten State Poll (#56-65) were asked, "If your own state legislators or members of Congress vote for a bill to allow seriously ill patients to use medical marijuana with the approval of their physician, would you be more likely or less likely to vote for these elected officials in a November general election?" An astounding 68% cumulatively answered "More likely," with only 23.2% saying "Less likely." If no other finding in this review piques the interest of lawmakers, this one should. Fewer than one in four voters will more likely cast their ballot for a candidate that supports the current prohibition of medicinal cannabis. As many as two thirds of the voting populace will reward candidates who embrace this issue.

Medicinal value. One interesting question from an Erney, Busher and Associates survey of Franklin County/Columbus, Ohio, voters (#13) published in April 1998 asked, "Marijuana relieves pain for very ill patients. Do you think this statement is True most of the time, True some of the time, or False?" Cumulatively, a surprising 80% (24% True most of the time/ 56% True some of the time) believe this statement is true, while only 20% say it is false. This finding should have an important impact on the medical marijuana movement. It shows

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[3] PRNewswire. "FRC Poll Finds That, With Information, Americans Reject Marijuana as Medicine." June 18, 1997. <http://www.mapinc.org/drugnews/v97/n178/a04.html>

that the public believes the reports made by patients and health professionals about marijuana's medicinal value.

With so much of the public agreeing on the fundamental core of the medical marijuana argument – marijuana does have medicinal value – lawmakers should be the focus to engender a policy shift on this issue. Further, as one of America's premiere test markets, Columbus, Ohio, is considered by many to be a bellwether for the State of Ohio and even the U.S. because its demographics closely mirror both geographic regions as a whole. This poll reveals the core belief that bolsters the overwhelmingly favorable percentages seen in so many other studies.

Paying attention. A final survey whose line of questioning has important public policy implications comes from Princeton Research Associates, the Kaiser Family Foundation, and the Harvard School of Public Health (#47). This June 2001 study asked respondents about major health issues covered in the news between April 25th and May 25th, 2001. One such issue was the May 2001 Supreme Court ruling on the distribution of marijuana for medicinal purposes by the Oakland Cannabis Buyers Club. Twenty-one percent of respondents said they followed this issue "very closely," with another 33% responding, "fairly closely." For a total of 54%, this health issue was eyed more closely than any other health issue for the time period. While medical marijuana may not be the most closely tracked issue the country, it does make the headlines. When the issue is in the news, more than 50% of Americans follow it, possibly showing more interest in it than most other health issues. In essence, the public is watching and paying attention.

What about Demographics and Party Affiliation?

Many of the poll numbers and percentages in this report are derived from press releases or newspaper articles. As a consequence, the underlying cross tabulations of the data that would show age, sex, income level, or party affiliation is largely missing. For a few studies, though, underlying data are available.

Demographics. Available surveys are split as to whether men are more pro-medicinal cannabis than women. At 82%, the 2002 IMMLY (#54) study gave women the edge in agreeing that Wisconsin should have medical marijuana legislation. Only 13% of women opposed this action. Men in this survey favored these laws by a slightly less 79%, with almost 20% opposing.

On the other hand, the 2001 Maryland Poll (#44) found that 70% of men, but only 62% of women believed that doctors should prescribe marijuana to AIDS and cancer patients. Conversely, 25% of men and 31% of women felt its possession should remain a crime. The dramatic reversal of percentage of women favoring medicinal marijuana likely lies in question wording.

Blacks and whites appear to be more or less equal in their support of this issue. At 39% vs. 30%, the 2002 Maryland Poll (#52) found whites a little more likely to vote for pro-medical marijuana candidates than blacks. But at 66% vs. 67%, whites and blacks are about equal in their belief that physicians should be able to prescribe marijuana (as opposed to any possession remaining a criminal offense) in the annual Maryland survey fielded one year earlier (#44).

As might be expected, younger people are more apt to be in favor of medical marijuana than their older counterparts. The Delta-9 study of Bernadillo County voters (#37) found that 88% of Gen X'ers (18-39 years old) and 80% of Baby Boomers (40-59) agreed that New Mexico legislators should widen patient access to marijuana. The favorable percentage fell to 57% for the WW II generation.

The March 2002 New Hampshire survey (#66), on the other hand, revealed that the age range most resistant to allowing the medicinal use of marijuana is 40-49 years old with 18% in strong opposition. A main parenting age, particularly of teenagers, this cohort's disdain may reflect concerns about teen drug abuse.

Party affiliation. Not surprisingly, Democrats are more in favor of medicinal marijuana than Republicans, a fact that is born out in the Ten State Poll (#56-65), the Chamberlain Research/IMMLY survey (#54), and the Maryland Poll ((#52 & #44). In almost all areas and with respect to almost all questions, the spread between Republicans and Democrats is at least 10%, if not closer to 20%.

Surprisingly though, the Republican view of medical marijuana in all of these polls is favorable by 50% or more. In the Ten State Poll, Republican support for medical marijuana laws in the states that have them exceeds two-thirds. In states without such laws, Republican support for passing them equals almost 60%. However, Democrats favor such legislation by margins of 75% or better. Interestingly, Independent support for medical marijuana falls about 5% short of Democratic support, meaning that those who call themselves Democrats are slightly more apt to be in favor of medicinal cannabis than Independents, but much more likely to be in favor of it than Republicans.

Opposition to medical cannabis follows a similar trend with respect to the Republican/Democrat split. In the IMMLY poll (#54), only 13% of Democrats were opposed to the Wisconsin State Legislature passing a law to allow seriously ill patients to use marijuana, while 18% of Republicans took a similar stand.

History also reinforces the lag between Democratic and Republican support for medical cannabis. The CBS News Telephone Poll (#6) conducted nationwide in 1997 found that 64% of Democrats thought that doctors should be allowed to prescribe small amounts of marijuana for patients suffering from serious illness. Fifty-seven percent of Republicans agreed with this claim. However, unlike the Ten State Poll, this study found Independent support at 66% exceeding that for Democrats.

Strength of support. Because percentages of support and opposition are often grouped together, how strongly respondents hold their opinions isn't clear unless support and opposition numbers are split according to strength. Those who answer "much more likely" or "much less likely" as opposed to simply "more likely" or "less likely" are believed to hold their opinions more strongly and be more apt to act upon them.

To illustrate the impact of strength of support, the Ten State Poll (#56-65) as a sum found that 36% of Republicans would be "much more likely" to vote for elected officials who embrace medical marijuana as opposed to only 16% who say they would be "much less likely." Hence, twice the number of Republicans

hold strong beliefs in favor of medicinal cannabis, than Republicans who feel strongly opposed to it.

If Republican support is high, the Democratic endorsement of medical cannabis is unambiguously rock solid. More than 50% of Democrats are "much more likely" to vote for champions of the issue, with another 17.2% simply "more likely." In sum, over three-quarters of Democrats will likely cast their ballots in favor of pro-medical marijuana candidates. With only about 7% "much less likely" to vote for such officials, Democrats strongly in favor of medicinal cannabis candidates outnumber those strongly opposed by seven to one.

Clearly, the depth and breadth of support for medical marijuana represents a major political opportunity. Through it, political parties can solidify their own bases while assuming leadership on an issue that also enjoys substantial cross-party and general public support.

What are the Political Implications of Medical Marijuana?

The use of marijuana as medicine is at odds with most laws in the United States. Possession, cultivation, and distribution of marijuana violate federal law. With various degrees of severity, all states have statues on their books that prohibit these activities. This is what made the passage of Proposition 215 by California voters in 1996 a milestone. Under Prop 215, marijuana activities that are illegal under Federal law – possession, cultivation, and distribution – are legal under state law providing that the patient has a physician's recommendation. Eight other states – Alaska, Arizona, Colorado, Hawaii, Maine, Nevada, Oregon, and Washington – have followed with similar legislation, all by ballot initiative passed with wide majorities except for Hawaii where the change was by legislative action. In the past five years, 20% of the U.S. population has had a chance to vote on medical marijuana, with overwhelming majorities in favor of allowing medical use.

Because of its illegal status and reputation shaped by years of negative propaganda, marijuana has found itself at center stage in the "War on Drugs." This policy toward substance abuse is based in part on discouraging children from entering the gateway to more addictive and dangerous substances through marijuana. In 1999, the National Academy of Sciences Institute of Medicine's *Marijuana and Medicine: Assessing the Science Base* not only dispelled the gateway theory but also gave credence to medical uses of the plant.

Thus, from 1996 onward, momentum has been building to legitimize marijuana as medicine. Survey after survey shows that favorable public opinion is growing. Failed legislation shows that lawmakers have a way to go. There may be consequences to this inaction.

Voter apathy. The Carter Center in Atlanta has monitored many elections in third world countries such as East Timor and Zambia where the turnout rate of eligible voters has exceeded 80% or better. In contrast, the Committee for the Study of the Electorate, part of the Graduate School of Political Management at George Washington University, estimates that only 67% of eligible Americans are registered to vote and that only 51% actually cast ballots in the 2000 Presidential race. In states such as Arizona, Georgia, Nevada, and Texas, voter turnout dropped below 45%. Consequently, the winning candidate, President George

Bush, received less than 25% of the total eligible vote. It becomes clear, then, that winners of such elections may only serve the 25% that put them in office instead of the 75% who share another view. This disparity reinforces feelings by some individuals that their vote does not count.

Voter apathy becomes even more real when politicians not only fail to advance a cause in which their constituents believe, but instead, actively work against it. Such has been the case with medical marijuana time and again. Democrat officials, in particular, who must have sensed constituent support for medicinal cannabis, either sat silently or actively advanced provisions of the Drug War that led to the abuse of patients in the course of enforcing drug laws. Some potential voters, believing that they can't affect change, do nothing, including cast their ballot.

The third party movement. Third parties forming around wedge issues are nothing new on the political landscape. Ross Perot in the 1992 Presidential campaign and John Anderson in 1980 prove that those outside the two major parties can impact elections.

The Committee for the Study of the American Electorate estimates that, in states where voters designate their party affiliation, registration in Democratic Party has declined 30% since the 1960s, dropping its ninth consecutive Presidential election year to about 33% of eligible voters. The Republican registration level approximates 24%. On the other hand, registration for third parties or as independents rose for the tenth consecutive presidential year to 17% of those eligible to vote.

Two "third" political parties have platforms that specifically oppose the prohibition of marijuana as medicine: the Green Party and the Libertarian Party.

Item #13 of the Green Party's 2000 Platform on healthcare specifically opposes arresting anyone for the "cultivation, transportation, distribution or consumption of medicinal marijuana."

The Libertarian Party's statement condemning the War on Drugs lies at #4 on its list of twenty-three Individual Rights. Recently, the party has increased its focus on drug policy, particularly marijuana prohibition. In 2001, during a year-long strategic planning process, the Libertarian National Committee adopted the following goal, "The Libertarian Part will focus resources to achieve the repeal of drug prohibition at the federal level by 2010." Campaigns that reflect this commitment include an ad in the *New York Times* condemning the Bush Administration's attempt to tie drugs to terrorism and the online campaign, NoJailForPot. The NoJailForPot.com petition demands that by December 25, 2004, the government stop arresting or jailing anyone for any non-violent activity related to the use, possession, cultivation, transportation, or sale of marijuana.

Fielding more than 1,430 candidates in the 2000 election, many at the local and state level, the Libertarian Party appears to be positioning itself to pick up the public support that Democrats and Republicans are forfeiting by remaining silent on issues like medicinal cannabis. As Curtis Gans, Director of the Committee for the Study of the American Electorate, said,

> "It is clear that both major parties are losing the allegiance of a sizable portion of the citizenry and that threatens the cohesion of American politics. The Democrats have failed to find a thread of advocacy that unites its 'New' Democrat wing with its traditional wing, and the Republicans are perceived as too far right of the American center. And both, in their conduct in the public policy debate and in the stalemate on important issues, are producing increasing voter disdain. If the major parties do not address these problems, the future may well produce either a viable third party challenge or a resumption of the trend of increasing disengagement from the political process." [4]

Unfortunately, a search of the Democratic National Committee's web site yielded no references to either "marijuana" or "cannabis." This held true for the sites in such large states as Texas, Ohio, and even California, a state where this issue probably receives more public attention than in any other. Republicans also don't mention marijuana. With their president's apparent popularity – 80% of Ohioans approve of the job president George Bush is doing as president according to an April 2002 University of Cincinnati Institute for Policy Research study – it is unlikely they will depart from the policy positions, especially ones appealing to their conservative core, which got them to the White House.

Elections lost. There is accumulating evidence that those voting a pro-medical marijuana line have gained success in defeating ardently anti-cannabis candidates. DRCNet detailed results of several recent California elections in its March 8, 2002 edition of *This Week Online with DRCNET*. The first was the stunning primary defeat of Richard Riorden by conservative Republican newcomer, Bill Simon. Riorden, the Bush Administration's choice to face incumbent California Governor Gray Davis in the fall, reportedly told reporters, when asked about medical marijuana, that he supported the federal law banning it. In addition, avowed marijuana foe, Sheriff Dennis Lewis of Humbolt County, lost his position to challenger, Gary Philip, while Butte County Sheriff Scott Mackenzie, known as a marijuana hard-liner who bragged about his record pot seizures, was defeated by Perry Reniff. As noted with Proposition 215, medical marijuana activism that starts in California has a habit of moving eastward.

In addition, Students for Sensible Drug Policy (SSD) launched an intensive campaign to defeat U.S. Representative, Mark Souder (R-IN), author of the Higher Education Act (HEA) that denies financial aid to students who have drug convictions. This law poses a particular hardship for patients who want to improve their lives through education, but become entangled in the criminal justice system when caught with their illegal medicine.

The notorious 2000 Presidential election could represent the beginning of medical marijuana's political influence. With 49.97% of the vote, President George Bush took the State of Ohio, including its 21 electoral votes, from rival, Al Gore (46.46%), by only 3.51%. With percentages of 2.5% going to Ralph Nader (Green Party), 0.3% to Harry Browne (Libertarian Party), and 0.8% to other independents, Bush did not actually win a majority of the Ohio vote. He fell short by 1,479 votes. Obviously, the margin that gave Ohio to the Republicans was very slim indeed.

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[4] Committee for the Study of the Electorate. "Battleground State Mobilization Efforts Propel Voter Turnout Slightly Upward in Historic but Disturbing Election." November 10, 2001. <http://www.gspm.org/>

During the campaign, Al Gore "waffled" on issues like medical marijuana, supporting it at a December 1999 New Hampshire television forum, but opposing it in an MTV interview about six weeks before the election.

George Bush, perhaps understanding the underlying political power of this issue, only commented that he "supported states rights." To some, this may have signaled that a Bush Administration would leave California Proposition 215 alone. That may well have been enough to hand the Republicans the White House by shifting the marginal vote to Bush or independents and away from Gore in key battleground states like Ohio and Florida.

Elections won. A very recent New Hampshire poll (#66) highlights the impact medicinal cannabis could have in the 2004 presidential election. Vermont Governor Howard Dean is apparently considering a run for the presidency on the 2004 Democratic ticket. A bill that would protect seriously ill patients from arrest if they grow and use their own marijuana with the approval of their physician is being debated by the Vermont legislature. One New Hampshire polling question asked respondents whether they would be more or less likely to vote for Governor Dean for president if he signs the Vermont medical marijuana bill. About 30% of survey respondents say they would be "much more likely" to vote for him, while 20% said they would be "much less likely" to do so. When the "somewhat" percentages are added, the split becomes roughly 50% "more likely" versus 33% "less likely." Looking at just the Democrats, though, the combined "more likely" number rises to over 70%. But, while almost 40% of GOP respondents would be "more likely" to vote for Governor Dean for President if he signs the Vermont bill, 50% would be "less likely," with the party's conservative core at 33% "much less likely." This issue "makes no difference" to only 16% of New Hampshire voters.

The Vermont medicinal marijuana legislation is particularly significant because Governor Dean strongly opposes it. To unify his party for a national campaign, a presidential candidate cannot take a stance that reflects the views of no more than 10% of his own party, that is largely favored by his opposition, and that, from numerous surveys, lacks significant public support.

Other political races, such as those for the governor of states like Ohio, California, and Wisconsin, may represent additional opportunities for parties to solidify their political base behind an issue that is of great interest to so many of their members and the public.

Voting model. To illustrate possible vote redistribution based on the strength of the medicinal marijuana vote, two simple models have been developed, one for the Democrats and one for the Republicans. Using an easy-to-understand concept like the 80/20 rule, this model shows possible vote migration to either of the major political parties based on their endorsement of medical marijuana and the strength of voter support for the issue as illustrated by the average ratings for Question 2 of the Ten State Poll (#56-65). (Please see Appendix I, Appendix II, and Appendix VII)

This model is based on voter turnout for a major election such as a presidential or governor's race in a larger state like Ohio -- around 3.5 million. The percentage party split among the Democrats (33%), Republicans (24%), and

Independents/Other (17%), as determined by the Center for the Study of the American Electorate, is then applied to this number. Because the Center's percentages reflect all eligible voters, "No Party Affiliation" represents those in states that do not require party registration.

Strength of support assumes that voters who feel strongly about an issue are more likely to act on it. Consequently, applying the simple 80/20 rule, 80% of those who feel "very strongly" about an issue may cast their ballot according to it, while perhaps only 20% of those feel "somewhat strongly" will do the same. Applying this concept to the two models and using the Democratic Party model (Appendix I) as an example, eighty percent of the 39.1% of Republicans who are "much more likely" to cast their ballot for candidates who endorse medicinal cannabis will switch parties to vote for the Democrat (262,752), but only 20% of their "somewhat less likely" counterparts will do the same (34,944). For the purpose of the model, this logic applies to both sides of the issue.

The model clearly shows that the strength of support for medicinal cannabis makes it a winning issue for the major political party that endorses it. While the Democratic Party would come out slightly ahead of the Republican Party with such a position, both parties would gain a substantial plurality of the voting populace. Interestingly, if the Republicans were to take the lead on medicinal cannabis, assuming the Democrats stayed with its prohibition, they would only lose about 17% of their party members to the Democrats, while at the same time gaining almost 50% of the Democratic vote. On the other hand, if the Democrats back medical marijuana and the Republicans do not, the Democrats stand to lose only 8% of their own vote, but gain 35% of the Republican vote. With lower overall registration, the actual damage to the Republicans could be greater.

What is "Medical Marijuana" and Why is it Important?

A brief history of medical marijuana (cannabis). The use of marijuana in some form has occurred for 10,000 years. Records show that the Chinese cultivated "Ma" (cannabis hemp) for fiber, medicine, and herbal use by the 27th century BC. From the 8th to the 18th centuries AD, Arab physicians and scientists utilized the medicinal properties of cannabis hemp to treat wide variety of conditions and illnesses including ear and skin diseases, epilepsy, and pain.

During the mid-1800s, cannabis became an accepted therapy by Western medicine. By the beginning of the 20th Century, more than 100 papers on it had been published by physicians in Western medical literature, and it was a recognized treatment for over 100 separate ailments. Marijuana was officially removed from in the U.S. Pharmacopoeia in 1942 after passage of the Marijuana Tax Act of 1937. This legislation severely limited the ability of physicians to prescribe the compound, and as a result, the American Medical Association became one of the most vocal opponents of the ban. In 1937, it foretold of today's battle by saying,

> "The obvious purpose of and effect of this bill [Marijuana Tax Act] is to impose so many restrictions on the medicinal use [of cannabis] as to prevent such use altogether. ... It may serve to deprive the public of the benefits of a drug that on further research may prove to be of substantial benefit."[5]

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[5] National Association for the Reform of Marijuana Laws (NORML). "Medical Use." May 2002.
<http://www.norml.org/index.cfm?Group_ID=3376>

Marijuana's illegal position was solidified after Congress passed the 1970 Controlled Substances Act, which placed it on Schedule 1 in the same category with heroin and LSD, drugs deemed to have high potential for abuse and no accepted medical use.

In 1978, after a young cancer patient named Lynn Pierson brought marijuana's medicinal value to the attention of the New Mexico State legislature, the nation's first law concerning medical cannabis was overwhelmingly passed. Many other states, including conservative ones like Florida and Louisiana, followed New Mexico's lead, and by December 1991, Massachusetts Governor William Weld signed the nation's thirty-fourth state law recognizing marijuana's potential as medicine. All of these laws gained wide bipartisan support. Essentially, by 1991, 87% of legislators in 34 states had voted to end the prohibition of medical marijuana. However, many state efforts were effectively thwarted by federal drug agencies.

During the mid-1970s, Robert Randall, who suffered from severe glaucoma, found that cannabis relieved visual halos produced by the disease. In 1977, after painstakingly documenting the inability of conventional medicine to control his symptoms, Randall became the first patient to obtain government-supplied cannabis from what was to become known as the Compassionate IND program. Cultivated at the University of Mississippi, the marijuana was rolled and packaged at the Research Triangle Institute in North Carolina under the supervision of the National Institute of Drug Abuse. By 1991, the program had 13 patients enrolled in it.

As the AIDS epidemic spread in the 1980s, patients began to find that marijuana countered wasting syndrome and the nausea and vomiting that accompanied powerful AIDS drugs. Facing an onslaught of new applications from AIDS patients, the Public Health Service under the first Bush Administration closed the Compassionate IND program to new patients in 1992. Seven surviving patients currently remain in this program and receive marijuana for their medical conditions from the Federal government each month.

Frustrated by the closure of the Compassionate IND program and the federal obstacles that were placed in the way of implementing state programs, a group of California medical marijuana activists wrote Proposition 215 and placed it on the California ballot in the fall of 1996. The initiative passed by a margin of 56%/44%. Since then, similar initiatives have been passed in Alaska, Arizona, Colorado, Maine, Nevada, Oregon, and Washington, all by significant margins. Maine, Nevada, and Oregon have successfully implemented programs.

In spite of the political battlefield, research into the medical use of marijuana is expanding. British pharmaceutical company, GW Pharmaceuticals, has several cannabis-based medicines in Phase III of clinical trails. Indications include pain from spinal cord injury, Multiple Sclerosis, cancer, and nerve damage. Approval and launch in Europe are expected in 2004, but it may be ten years or more before this medicine passes through the approval process in the United States to once again become available on prescription basis.

Cannabis is being studied for the treatment of numerous other diseases and conditions including glaucoma, dementia, Tourettes syndrome, and wasting syndrome from AIDS/HIV. Emerging research suggests that cannabis may also act as a neuro-protectant in brain injuries and safeguard the body from some malignant tumors.

Medical marijuana patient numbers and arrests. The *Uniform Crime Report* published annually by the Federal Bureau of Investigation reported that 734,000 people were arrested in the United States for marijuana-related offenses in 2000, the most recent year for which data is available. 646,042 of these arrests were for possession only, while 88,456 involved "sale/manufacture," a category that includes cultivation. Since 1990, nearly 5.9 million Americans have been arrested on marijuana charges.

In February 2002, *The Ottawa Citizen* reported that a poll by Price Waterhouse-Coopers for Health Canada placed the use of medicinal marijuana by Canadians age 15 and over at about 4% of the country's population. Assuming that 4% is an accurate figure for medical marijuana use in the U.S. – many argue that this figure is too low – and applying it to the U.S. population over age fifteen (an estimated 219,088,000 people) reveals that almost nine million Americans use cannabis medicinally. Multiplying this 4% times the 734,000 marijuana arrests in 2000 indicates that roughly 29,000 individuals whose use of cannabis was likely medicinal were arrested that year, equaling about 600 per state. This number is probably much larger in more populous states like New York, Pennsylvania, Texas, and Ohio. Applying this calculation to all marijuana arrests in the last ten years finds that nearly one-quarter of a million people in the United States have been arrested on marijuana-related offenses that are medicinal in origin. The magnitude of these numbers shows the reason for activist outrage over the issue and the public's interest in addressing it.

As stated earlier, marijuana cultivation, possession, and distribution violates Federal law as well as the laws of all states. Penalties vary considerably. In Oklahoma, simple marijuana possession can result in a year in prison, but in states like Ohio, Nebraska, or Colorado, which have decriminalized marijuana, the penalty for less than 100 grams is a civil citation with a $100 fine. Some states also revoke drivers' licenses with marijuana arrests, a major problem for patients with mobility problems. Cultivation and distribution are almost always more serious offenses.

In addition, a marijuana arrest can leave a patient with a criminal record, and as a result, trouble finding and keeping employment often follow. Under the Higher Education Act, also mentioned earlier, conviction for possession of even a small quantity of marijuana disqualifies the patient from receiving federal college loans. Patients with a marijuana convictions can also lose Workers Compensation benefits, federal housing, assistant dogs, visiting nurses, voting rights, and even their own children. The harsh marijuana penalties and sanctions inspired by the "War on Drugs" have had a devastating effect on patients whose only crime is to find relief in a medication that is currently non-approved.

The human side of medical marijuana. Statistics and data obscure the very human side of the medicinal marijuana. The stories of Dan Asbury, Louis Covar, Jr., and Will Foster, each of whom was arrested for marijuana, illustrate clearly

why there is overwhelming support for this issue and why large percentages of the public believe our country's position on it must change.

In July 1980, Toledo, Ohio, resident, Dan Asbury, fell from a fence and broke his back, rendering him a quadriplegic paralyzed from the chest down. For years, doctors prescribed pain medications for the burning sensation in his legs, but nothing worked. Then in 1983, a friend, who was also a quadriplegic, suggested that he try marijuana. It helped relieve both the physical and emotional pain resulting from his condition. Because of marijuana's expense and unreliable availability, Asbury decided to grow his own medicine, which became a patch of about a dozen plants in his back yard. A neighbor complained, and when police investigated, Asbury was arrested. He was subsequently convicted in March of 1995 of trafficking in marijuana, a fourth degree felony in the State of Ohio, in spite of the fact that no customers, scales, or money were presented as evidence. To this day, Asbury remains on probation.

Another quadriplegic, Louis E. Cover Jr., who used cannabis to relieve painful muscle spasms, illustrates the great disparity in marijuana laws. In March 1999, Cover, a Georgia resident, was sentenced to seven years of probation for felony marijuana possession. In January 2000, claiming they had received numerous anonymous complaints and seen people coming and going from Cover's home, police obtained a search warrant. They only found about 1.25 ounces of marijuana. However, it was enough for the judge in the case to revoke his probation and send him to prison. According the Georgia Department of Corrections, his special care will cost almost $260 per day. Over the course of his seven-year sentence, the price tag will exceed $660,000. As a final insult, using the marijuana conviction, the District Attorney of Richmond County, Georgia, filed a civil forfeiture claim against Covar's father who purchased the home next to his own in order to care for his son.

One of the most egregious medical marijuana cases belongs to Will Foster from Oklahoma. An Army veteran, college graduate, computer programmer, business owner, and father of three, Foster had an all-American background. He also used marijuana to relieve the chronic pain caused by rheumatoid arthritis. Late in 1995, acting on a tip that Foster was selling methamphetamine, police broke into his home and tore it apart in front of his terrified 5-year old daughter. Instead of finding meth, police uncovered Foster's marijuana garden of about 70 plants concealed in an old bomb shelter. According to expert testimony provided by his defense, this would have been about the right number for someone who used cannabis daily to control pain. But the prosecution exaggerated the amount of usable marijuana, and in 1996, Foster was sentenced to 93 years in prison. Declaring that the sentence "shocks our conscience," the Oklahoma State Appeals Court reduced it to 20 years in 1998, making Foster eligible for parole. Twice in 1999, the Oklahoma Pardon and Parole Board unanimously recommended Foster's release, only to twice have it turned down by Oklahoma governor, Frank Keating. Foster was finally set free in 2001 after serving four and a half years.

As a result of his ordeal, Foster, along with James Dawson, established Adopt a Green Prisoner, an outreach program to help medical cannabis patients and prisoners like Dan Asbury, Louis Cover, Jr., Roy Sharpnack, Patrick Elmore, and many others who run afoul of U.S. marijuana laws.

What Does this Study Conclude?

What will history say about a country that touts its democracy, but pursues a policy counter to the will of over two-thirds of its people? How will our children reconcile that, in their name, we made the victims of this policy the "least among us:" the weak, the sick, and the dying? How far are we as a nation willing to go to keep them from using unapproved medicines? Should the United States government continue its war on medical marijuana? The therapeutic use of cannabis represents one of the great political, social and moral issues of our time, and the answers to the questions posed by it are clear in the public mind.

By resounding margins, the public supports the medical use of marijuana. By and large, it sees the medicinal benefit of the plant and follows health issues surrounding it closely. The public's support for it has grown significantly over the past six years, and appears to be even stronger since September 11, 2001. Fundamentally, the public **does not** want medical marijuana patients arrested and sent to prison, and it does not support the efforts of the Bush Administration to shut down the California patient cooperatives. It can accept marijuana's use as medicine without immediate FDA approval.

The gravity of this problem can be seen in the estimated number of arrests involving the medicinal use of marijuana: nearly 250,000 in the last ten years. Understanding the injustice behind this number, numerous states have passed legislation recognizing marijuana's potential as medicine, and voters in eight states have approved ballot initiatives legalizing its medicinal use. The Federal government, though, has thwarted implementation of these laws.

The shift of voter registrations away from the major parties coupled with the strength of support for the issue indicates that the public is looking for a political solution to this problem. With an overwhelming majority of their members backing medicinal cannabis, either of the two major parties is in a position to take the lead on it. The party that endorses this issue stands to not only unify their own party, but also attract a substantial number of opposing party members and independents who also feel strongly about it. However, if both major political parties continue on the previous course of medical marijuana prohibition, third parties will seize this issue and its overwhelming public support, thereby accelerating the decline in overall party registrations. Essentially, the major parties have much to gain by endorsing the medicinal use of marijuana, but also much to lose if they do not.

Americans are a kind and generous people, with a legacy of caring for the "least among us." Through their answers on these polls they are making it clear that they want to perpetuate this tradition and will vote their consciences to do so. The public has spoken on the issue of medical marijuana. The next time politicians are approached by their aides or constituents about it, hopefully silence will no longer follow.

"Nothing so directly threatens the stability of the State, then, as the present marijuana laws, yet the State persists in the suicidal course of trying to enforce them." Charles A. Reich, *The Greening of America*, 1970.

Methodology. To be included in this study, polls had to meet the following criteria:

- **Occur after November 1996**. This was the month in which California voters passed Proposition 215. This single event launched medical cannabis into the national spotlight and laid the groundwork for today's political battle.

- **Utilize the principles of scientific polling**. Polls qualified as "scientific" are usually taken from a randomly selected subgroup of the population being surveyed. Because the selection is random, the subgroup is thought to be representative of the population as a whole. Indicators of a scientific poll include references to a "margin of error" and "confidence levels."

- **Fielded in the United States**. Polling concerning medicinal marijuana has been active in Canada as well as the United States. In February 2002, *The Ottawa Citizen* reported that study, conducted by Price Waterhouse-Coopers for Health Canada, showed that over 85% of Canadians feel marijuana should be available medically. Another statistic reported in this survey – that 4% of marijuana use is medicinal – was pulled from this study to compute number of medical marijuana user in the United States and the ten-year arrest figure for medical marijuana offenses. Outside of this computation, all polls taken outside the United States have been excluded from this analysis.

- **Asked a question pertaining to the medical use of marijuana.** Some polls in this report are stand-alone surveys in which a polling firm is hired by a sponsor to conduct a study of medical marijuana only. The Ten State Poll (#56-65) by the Lucas Organization for the Marijuana Policy Project represents one example of a stand-alone poll. In other cases, such as The Virginia Quality of Life Survey by the Virginia Tech Center for Survey Research (#46, 32, 28, 14, and 4), a multiple question survey may contain one question about medical marijuana among others that are unrelated. For the purposes of this report, both kinds of studies are termed "polls."

Many organizations invite visitors to their Web sites by creating online polls, and a frequent topic is medical marijuana. For example, a 1998 CNN Internet poll, that gathered nearly 25,000 respondents, claimed that 96% "support(ed) the use of marijuana for medical purposes." While such a high percentage is heartening to those who share similar views, these results hold little more than publicity value. The underlying reason goes to the heart of scientific polling. For results to be valid, a sample should represent its population, and this doesn't happen when a single respondent can answer multiple times, when a respondents' relative location can't be deduced, or when controls can't be placed on demographic factors like age or race. Scientific Internet polling is only in its infancy. Thus, almost all Web-based polls are respondent-driven and therefore, not scientific.

To locate the polls that comprise this study's 66-member list, OPN members began with a search of the Media Awareness Project (MAP), which archives newspaper, magazine, and Web articles on drug policy going back to 1992. After this initial review, which garnered numerous poll references, searches were conducted on the Google, Lycos, and other search engines. Web sites for such

drug policy reform organizations as the National Organization for the Reform of Marijuana Laws (NORML), the Marijuana Policy Project (MPP), the Drug Reform Coordination Network (DRCNet), and the Drug Policy Alliance (formerly, the Lindesmith Center and Drug Policy Foundation) were checked as were the Web pages of such medical marijuana opponents as the Family Research Council (FRC) and the Office of National Drug Control Policy (ONDCP). Sites for the major polling organizations and their trade groups were also referenced. Essentially, the World Wide Web is the source for the polling data listed in this report.

To create this report, a database containing the polls was created from which several tables have been generated. In addition, cross tabulations by party from MPP's Ten State Poll and subsequent survey of New Hampshire voters (#66) have been formatted into the tables that accompany this analysis.

While OPN feels that it conducted a thorough search of the Web for medicinal cannabis polling information, the data do have a few missing pieces. These holes are marked by "??" in the database and resulting tables. OPN feels that these missing data do not substantially detract from the overall findings. In fact, patching these holes only gives the data more power, not less. OPN welcomes any comments concerning these numbers and invites interested parties to provide information that fills the gaps.

Appendix III, which lists polls in descending order by date, numbers them from 1 to 66 beginning in 1996. It also contains only one percentage for polls in which two or more questions were asked. When creating this table and inputting the favor/oppose percentages for medical marijuana, OPN looked for the question that came closest to asking whether respondents favored or opposed the medical use of marijuana generally speaking. This also meant that polls, in which only one medical marijuana-related question was asked, defaulted to the only reported percentage.

One analysis technique used in this report aggregates all poll numbers into summary totals. OPN understands that sampling techniques and questioning vary from survey to survey and that summarizing disparate data can call into question assumptions gleaned from making cross-the-board calculations. However, such aggregations do provide a benchmark for summarizing the state of medical marijuana in the U.S. With an issue that rarely polls favorably at less than 50%, the very few polls whose favorability rate dips below half (Poll #52 and 51 – both related to voting) actually weight the data downward, meaning that the aggregate approval for medical marijuana may actually be higher.

One group of polls that can be analyzed aggregately and retain their scientific underpinning is the Ten State Poll (#56-65) conducted in March 2002. Approximately 1,000 people in each of ten Western states were asked the same five questions during the same time frame. For this report, each of these polls was counted separately because each had a separate margin of error and confidence level. However, their similarity allows data analysis of the same questions not only at the state level, but also aggregately and cumulatively.

Another data caveat that should be noted is grouping. Many surveys did not evoke simple yes/no responses. Some questions asked survey participants to

categorize their responses into "Strongly support (or agree), somewhat support, somewhat oppose, strongly oppose (or disagree), and not sure/no opinion." With the exception of Appendix IV, this report groups all of the "support/agree" into one total and all "oppose/disagree" into another even if qualified by "somewhat." All "No answer/Not sure/No opinion" answers were placed in the "other" response column. The reason for this grouping goes back to California Proposition 215 and the other medical marijuana initiatives passed since then. Initiatives ask voters to only to signal approval or disapproval. Votes aren't qualified. Aggregating all of the polling percentages along with placing a clear dividing line between support and opposition may provide some insight as to what the outcome might be if a medical cannabis initiative were to be voted on nationwide.

While telephone surveys by far remain the most common method of scientific public opinion polling, the advent of such technologies as Caller ID that individuals use to screen calls can bring into question the reliability of these kinds of studies especially when their results stand on narrow margins. Scientific polling rests on the principle that random samples are representative of a larger population, and when respondents choose whether or to not to simply answer the phone, the omission of their opinions obviously renders the sample less representative. The problem of selective answering that has emerged with Caller ID and other new technologies applies to all telephone polling, not just those dealing with medical marijuana.

Also, findings from the Erney, Busher & Associates poll of Columbus, Ohio, voters (#13) indicated an additional problem with telephone surveys, this one focused directly on the issue. Interviewers who conducted the survey reported a higher than average hang-up and refusal-to-answer rate and an obvious reluctance by respondents to answer all questions. Respondents who fail to answer completely or clearly, again, impact the reliability of the study.

Even with these problems and caveats, because so many studies have arrived at the same conclusion, the preponderance of favorable responses to the issue of medical cannabis isn't diminished by anomalies in methodology.

Why OPN conducted this study. Members of the Ohio Patient Network (OPN) have repeatedly called upon members off the Ohio House of Representatives and Ohio Senate to introduce and pass the Ohio Medical Marijuana Act 2002. While overtures were mostly met with polite silence, a few legislators did volunteer that, if polls showed public support, they might go along.

Like most non-profit organizations, OPN has a limited budget and relies exclusively on volunteers. The group doesn't have money to pay for polling. However, several group members had been collecting news clippings about medical marijuana polls taken in the past several years. The idea began to gel within the group that this collection could be transformed into a report to vividly illustrate to legislators, the media, and the public how popular and powerful this issue is.

The Ohio Patient Network makes no claim to be unbiased about the therapeutic use of cannabis. In fact, OPN's position on medical marijuana is made clear in the group's mission statement:

> "The Ohio Patient Network is a coalition of patients, caregivers, medical professionals, concerned citizens and organizations who support the compassionate use of cannabis for various medicinal purposes. Our mission is to disseminate information among patients, caregivers, medical professionals, and attorneys, as well as to educate legislators and the public."

However, the group also believes that accuracy, fact, and science reinforce its position. Medical science is on the side of marijuana, with new therapeutic uses and benefits announced regularly. Now, we can also show that the public by a wide margin is also on the side of medical cannabis. This is why we chose to analyze scientific polling. The facts show clearly that the people have spoken. OPN hopes politicians are listening.

About the author. Mary Jane Borden is a writer, artist, and activist in drug policy reform from Ohio. She is a co-founder of the Ohio Patient Network and currently serves as its Treasurer and Director of Public Relations. She also holds the position of Business Manager with DrugSense/MAP.

Borden received a B.A. from Otterbein College and an MBA from the University of Dayton. She also earned the Accredited in Public Relations (APR) certification from the Public Relations Society of America (PRSA).

For nine years, Borden worked for Adria Laboratories, now part of Pharmacia, first as Market Research Analyst and later as Senior Analyst. At the time, Adria was one of the leading marketers of cancer chemotherapeutic agents in the United States. Borden conducted numerous studies for Adria product and executive management, including a forecast of the growth in the AIDS population through 2002 using a multiple regression analysis, a review of all compounds in Phase III of clinical trials worldwide, and a complete overview of the geriatric pharmaceutical market.

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