

“Up in Smoke”: Shaping Attitudes Toward Legalizing Marijuana in Ohio

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The legalization of marijuana for recreational and medicinal use has become a controversial topic in recent elections including Ohio’s Proposed Constitutional Amendment “Issue 3” in November, 2015. As Ohio lawmakers continue to explore this issue, we sought to investigate how a variety of background characteristics (i.e., demographics, past exposure to and marijuana use, and media use), individual differences (i.e., locus of control and self-efficacy), and beliefs (i.e., political ideology and religious beliefs, attitudes about the benefits/harms of marijuana) and the Theory of Planned Behavior can be used to predict attitudes toward legalizing marijuana and likelihood to vote in favor of legalization (for medicinal and/or general use).

Introduction

Legalizing marijuana – for recreational and/or medicinal use – has become more than a controversial topic in this country over the past few years. In November 2015, Ohioans defeated “The Ohio Marijuana Legislative Initiative” – commonly referred to as Issue 3 – a bill that would have created a constitutional amendment to legalize recreational marijuana use, by a 2-1 margin, but still attracted the attention of Ohio lawmakers (Associated Press, 2016; Ballotpedia, 2015). Several political groups including The Ohio House of Representatives, Ohioans for Medical Marijuana and Grassroots Ohio have announced their own initiatives to move forward (Borchardt, 2016a; Sanner, 2016).

With controversial legislation coming – in some form or another -- it is important to know how Ohio voters view this issue. How have they formed their opinions? How did they vote on Issue 3, and how does this contribute to how they may vote on new ballot initiatives in 2016? Likewise, what social and psychological factors might predict their voting behavior? As we will describe, much of the research on the legalization of marijuana has been focused on its health risks and benefits and not on people’s attitudes toward it. In short, the research has been policy-focused and largely atheoretical. In this study, we seek to use a popular theory in social psychology, the Theory of Planned Behavior (Ajzen, 1991), to help us examine the theoretical underpinnings (e.g., locus of control, self-efficacy) that shape voters’ attitudes toward the legalization of marijuana.

Review of Related Literature

It is critical for social and political scientists, communication practitioners, politicians, and the voting public that we better understand the shared public opinion toward marijuana use and legislation. Thus, in this study we focus on how attitudes toward marijuana use and legalization are formed, through which channels individuals gather and communicate information about marijuana, and how individuals’ attitudes may influence their intention to vote for or against legalization of marijuana in a variety of forms. In order to conduct a thorough and theory-based investigation into this complex issue, it is important to first examine the history of marijuana use as well as its criminalization.

History of Marijuana Use, Acceptance, and Politics

Research has shown that marijuana use for medicinal purposes can be traced back to 2737 B.C. when doctors, and even emperors, in Asian and European countries were prescribing the drug as a means to relieve pain. In the early 1900s, marijuana was a main ingredient in prescription drugs and could be bought over the counter as

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a means to relieve pain symptoms, and treat symptoms of rapid weight loss and loss of appetite (Clark, Capuzzi, & Fick 2011). However, marijuana was not used recreationally in the United States until the early 20th Century. It is also believed that mass immigration into the U.S. after the Mexican Revolution of 1910 introduced marijuana use in the U.S., and sparked more recreational use of marijuana (PBS Frontline, n.d.).

After the Great Depression, fear rose about marijuana being linked to violence. The Marijuana Tax Act eventually criminalized the recreational use of marijuana, and the Drug Enforcement Administration (DEA) classified marijuana as a substance with an addictive nature (Siff, 2014). Likewise, many physicians doubted its medicinal benefits, particularly because there was no finite way to measure its dosage or potency (Clark, Capuzzi, & Fick 2011).

Coupled with increased research on the medical pervasiveness of marijuana has come some legislative changes. As of today, 25 states and the District of Columbia have legalized marijuana use in some form, with five permitting recreational use (Borchardt, 2016b). Within the states that have legalized marijuana for recreational use, consumers are only allowed to purchase from licensed retailers. Physicians are also limited in how they may prescribe the drug (Clark, Capuzzi, & Fick 2011).

Had Issue 3 passed in November, Ohio would have been the first state to legalize medicinal and recreational use simultaneously, and have done so via an amendment to the Ohio Constitution. Many speculated that its likely cause of defeat was because of what was deemed a “marijuana monopoly” because the state would allocate resources to particular growers. In fact, users would only have been able to purchase marijuana grown on ten predetermined parcels already owned including land owned by Cincinnati-born pop star Nick Lachey, former Cincinnati Bengals player Frostee Rucker, and descendant of former President William Howard Taft, Woody Taft (Ballotopedia, 2015; Peters, 2015). Critics of the legislation, including country music star Willie Nelson, a long-time proponent of legalizing marijuana, said the proposed monopoly was just another attempt to saturate the market with “Big Pot,” or few big large corporations controlling the market (Hylton, 2015).

Marijuana’s Future in Ohio

On September 8, 2016, House Bill 523, a law that legalized medical marijuana to patients with physician-approved medical conditions went into effect (The Ohio Legislature, 2016), but patients’ access to medicinal marijuana will not be hashed out until late 2017, reports suggest (Borchardt, 2016c; Marijuana Policy Project, 2016). Nevertheless, it seems likely that Ohioans will encounter legislation to legalize recreational use in the future, or to make medicinal marijuana more accessible to more people. Yet it remains unclear how and when voters may face another ballot initiative. What is clearer is that the legalization of marijuana has been and remains a controversial issue, and that attitudes toward it often differ depending on its intended use.

Legalization: For, Against, and Somewhere in Between

As mentioned above, attitudes toward marijuana legalization seem to center upon three shared beliefs. Some feel that it should be legalized because it has medicinal benefits, and within that group, there is a sub-divide between those who think that it should be made legal solely for medicinal purposes. Likewise, others believe that it is a dangerous drug that is not only addictive, but may lead users to experiment with other, more dangerous drugs (e.g., cocaine, heroin).

Potential Benefits of Marijuana Legalization

Many physicians argue that medical marijuana has many benefits when used properly. Thus far, researchers have found two active channels in marijuana that have medicinal applications. Some physicians argue that it can help in the treatment of a variety of conditions including: epileptic seizures, glaucoma, muscle spasms, anxiety, arthritis, Alzheimer's, Crohn’s disease, and Dravet’s Syndrome (Loria, 2014). In addition to medical benefits, some scholars have begun to investigate other positive effects of marijuana use.

One of the most recent claims about the benefits of marijuana use has to do with it replacing the use of other “vice” substances. In fact, Anderson and Caumont (2014) found that since legalization in Colorado and Washington, the use of other vice substances has decreased. Nevertheless, Kleiman (2014) argues that marijuana and other substance use go hand-in-hand. Kleiman warns: “If we legalize marijuana or any other drug, either we

will have a private industry whose profits depend on creating and maintaining addicts, or we will have a public bureaucracy whose revenues depend on creating and maintaining addicts” (para. 71).

Another benefit observed is the tax benefits that result from marijuana sales. In Colorado alone, following legalization, marijuana taxes contributed nearly \$66 million to the state budget (Sullum, 2016). However, this could increase black market sales among individuals who cannot afford or will not pay for the higher-priced subsidized product (Bindel, 2014). In addition to the potential benefits of marijuana usage are several claims about its dangers.

Dangers of Marijuana Use

Nogueira (2015) indicates that one of the common myths associated with marijuana use is that it is a gateway for more powerful, “hard core” drugs. In his article, he details an interview with Carl Hart, an associate professor in the departments of Psychology and Psychiatry at Columbia University as well as a research scientist in the Division of Substance Abuse at the New York Psychiatric Institute. Essentially, Hart explains that characterizing marijuana as a “gateway” drug isn’t necessarily true, yet he does acknowledge that most cocaine or heroin addicts have used marijuana before they became addicted to the hard drugs. He contests that vast majority of marijuana users have never used hard core drugs and never go on to use them. As Hart argued, “The last three presidents of United States used marijuana before they became president. Therefore, marijuana is a gateway drug to the White House” (Nogueira, 2015, p. 16).

Other researchers have made similar claims. A study by Shukla (2013) asked “hard” drug users to describe their experiences with alcohol, tobacco, marijuana, and any other illicit drugs in order of first exposure. Their findings suggested that 80% of participants began using “vice” substances along with either alcohol or tobacco, and about 33% of all participants reported using another drug prior to their first use of marijuana. Only 9% percent of participants reported using marijuana before any other drug including alcohol or tobacco.

As aforementioned, much of the research surrounding marijuana use and particularly specific support for its use (e.g., via legislation) has been largely atheoretical in that there is not a universally-accepted model for predicting both marijuana use and support for legalizing it.

Theoretical Underpinnings of Marijuana Use and Support for its Use

The Theory of Planned Behavior. Ajzen’s (1991) Theory of Planned Behavior, an extension of Fishbein and Ajzen’s Theory of Reasoned Action (1975) in that it included volitional control, aims to explain and predict how people form and act out behaviors. The theory suggests that individuals’ behaviors are guided by three influences: behavioral beliefs, normative beliefs, and control beliefs. First, form attitudes toward specific behaviors, and the potential consequences of said behaviors. In addition, individuals consider the normative beliefs of others. In other words, these constitute the larger societal beliefs of others toward the behavior in question. Finally, individuals consider the amount of control they have over executing the behavior. These beliefs work in concert to form a behavioral intention, which is influenced by the actual control one as over the intended action and leads to the actual behavior.

The Theory of Planned Behavior has been used in countless social scientific studies that examine a variety of behaviors including: smoking, drinking, dieting, proper eating, safe sex practices, exercising, and healthy lifestyle maintenance (Godin & Kok, 1996). Given its relevance to examining a variety of behaviors -- including those that are health-related --, it is important to look at the theory in the context of marijuana use and attitudes toward legalization. If one were to have a more positive attitude toward the use of marijuana, if they were in a setting which would allow them easy access to the substance or they weren’t likely to be caught, and being that the current social norms are in favor of marijuana legalization, then the individual would be more likely to participate in the usage in certain social contexts and circumstances (Hames, Evangelini, Harrop, di Forti, 2012).

TPB and marijuana use. The Theory of Planned Behavior (TPB) is certainly valuable to understanding why people make decisions to make behavioral choices in a variety of contexts (Conner & McMillan, 1999), and can certainly explain why people might use -- or support the use of -- marijuana despite it being illegal throughout much of the country. The majority of research using the theory to predict marijuana usage suggests that one’s friends may be the most important predictor. Malmberg, Overbeek, Vermulst, Monshouwer, Vollebergh, and Engels (2012) found that positive attitudes toward marijuana and approval from one’s social circle are the most important factors an individual considers when choosing to use marijuana, a finding that has been corroborated by several other

studies (Bashirian, Hidarnia, Allahverdipour, & Hajizade, 2012; Hohman, Crano, Siegel, & Alvaro, 2014; Kam, Matsunaga, Hecht, & Ndiaye, 2009). Likewise Findings by Hames, Evangeli, Harrop, and Di Forti (2012) suggest that the subjective norm may alone be the best predictor of marijuana use. In essence, it seems that one's attitude toward marijuana taken together with his or her peer group's attitude is an important predictor in determining whether an individual will use marijuana. This is important to consider given that other factors (e.g., the legal status of marijuana) may be considered. It also is important to note that an individual's decision to use the substance may differ from whether he or she would vote to support its legalization.

TPB and voting. The Theory of Planned Behavior has been used in several voting studies, and is especially relevant in investigating the voting intention and action among young people. As past research suggests, voter turnout among the 18-24 age bracket is often much lower than in other age groups (Blais, 2000; Highton & Wolfinger, 2001; Schlozman, 2002). However, there have been claims that more young people than usual turned out to vote in favor of Issue 3, despite it being an "off" year in politics (i.e., not a presidential election). In fact, college polls from taken around the state at the time suggest that the majority of college students supported legalization (Mansfield, 2015; Mullin, 2015). But the "enthusiasm gap" (i.e., the enthusiasm to go out and vote despite it being a non-presidential election year) was not enough to get the initiative passed, perhaps because of claims that college-aged students who showed up to vote were able only to cast provisional ballots (i.e., their votes did not count because of improper registration, etc.) (Nelson, 2015, para. 6). Thus, given that there may be new marijuana legislation on the ballot in the future, it is important to examine more closely how young people's decision to vote is translated into an actual vote

Previous findings indicate that voting behavior is easy to predict if the intention to vote is known because it is relatively easy to do (Netemeyer, Burton, & Johnson, 1991). Past research on voting intention and behavior among young people suggest that these individuals will vote if they believe they have the ability to vote as well as the knowledge to make a decision and the support from others in their social circle (Glasford, 2008). Thus, this suggests that the decision to actually go out and vote depends on a multitude of factors, both social and psychological.

Social and Psychological Factors

The social and psychological constructs that affect the opinions toward marijuana, in regards to the public eye and its potential legalization, are imperative to understanding the reasoning behind human behavior. Among these factors are one's belief in the power of control (locus of control) and the belief in one's ability to succeed (self-efficacy) are two constructs that elaborate on the effects of marijuana and human behavior.

Locus of Control. One important personality trait, locus of control, has been described as "the general belief that one's behavior can have an impact on the environment and that one is capable of controlling outcomes through one's own behavior" (Maddux, 1995, p. 22). In other words, locus of control describes the extent to which individuals feel they are in control of their daily lives (Rotter, 1966). Internally controlled (i.e., "internals") individuals tend to believe they control their behaviors and outcomes, while externally controlled (i.e., "externals") individuals tend to believe their lives are controlled largely by other forces such as luck and chance. Understanding how locus of control may shape behaviors associated with marijuana use and with supporting marijuana use (e.g., by voting in favor of legislation) are extremely important to this research. Here, we focus primarily on how locus of control has been used in both substance use and voting research. Locus of control has been examined in a variety of contexts, including shaping people's susceptibility to substance use.

Armitage (2003) suggested that individuals' personal health beliefs may shape their substance use. In fact, those who valued their health more -- and who thereby exhibited more internal locus of control -- were less likely to use drugs. On the contrary, individuals who attributed their health to professionals (e.g., physicians) were more likely to engage in drug related activities. Likewise, Currie, Perlman, and Walker (1977) also found a significant relationship between internal locus of control and low levels of marijuana use. Their findings suggest that internals are more goal-oriented and active, and attribute using marijuana to being passive and non-productive. By contrast, Cox and Luhrs (2002) found no significant difference between internals and externals on substance use (including alcohol and drug use).

Overall, locus of control is an important variable to consider when examining frequency levels and attitudes toward legalization of marijuana. What remains unclear is how locus of control might predict marijuana use and

support for legalization (in some form) as past research has been either contradictory or has not examined marijuana specifically.

Self-Efficacy. Another salient individual difference that was part of this study's model is self-efficacy. Self-efficacy is a concept that has been described as "the conviction that one can successfully execute the behavior to produce the [favorable] outcomes" (Bandura, 1977, p. 193). Thus, those who believe their behaviors can produce desired outcomes are high in self-efficacy, and those who do not have much faith in their ability to behave in a way that leads to a desired outcome are low in self-efficacy. Past findings on self-efficacy suggests that those who are low in self-efficacy are more likely to be heavily reliant on marijuana, and smoke regularly (Walker, Neighbors, Rodriguez, Stephens, & Roffman, 2011), but that there may be other mediating factors including attitudes toward marijuana and its use and peer pressure (Hohman et al., 2014). This is likely because individuals who believe their behavior will lead to intended consequences opt to avoid substances that may diminish this feeling of confidence that one is in control of his or her actions.

In addition to examining how self-efficacy may contribute to substance use, it also has been an important construct for understanding voting behavior. This study suggests that, among first-time voters (e.g., traditional college-aged students), who have obviously not had experience in the electoral process, a high level of self-efficacy is a positive predictor of voter turnout (Condon & Holleque, 2013).

In this study, we examined how self-efficacy may help us to understand how self-efficacy, past marijuana use, past voting behavior, and future voting intention (specifically on marijuana legislation) may work in concert.

Sources of Attitudes Toward Marijuana [Legalization]

Also of interest to researchers and lawmakers alike are the origins of public opinion toward drug use (specifically marijuana) as well as attitudes toward its legalization (for medicinal, recreational, or both purposes). It is important to know via which channels individuals gather information that may help to shape these attitudes. In this section, we examine sources of socialization (e.g., education programs, news, and social media) of information about drug use and legalization as well as how tuning into these channels might impact public opinion formation.

Education Programs. Often the first source of formal education about substance use happens in elementary schools. More specifically, school-based drug prevention programs have become an integral part of an adolescent's education. Perhaps the most widely used is the Drug Abuse Resistance Education (D.A.R.E.) program. D.A.R.E. is offered to students in the last grades of elementary school to boost their knowledge about drugs and the resistance to drugs. Findings by Ennett, Tobler, Ringwalt, and Flewelling (1994) indicate that D.A.R.E. has an impact on the knowledge and social skills but lacked in education of the usage of marijuana or related substance likely because of the students' demographics (e.g., community type, age). Similar programs offered in schools and communities begin the foundation for young adolescents and students to create their own perceptions of marijuana and other related drugs. But what still remains in question today is whether these prevention techniques are effective in both the short and long term? Likewise, school education programs are not the only source of information for learning about drugs.

Mass Media. Perhaps the most popular place to learn about just about anything – including drugs and drug use – is in mainstream media, namely television news (Saad, 2013). However, with the increasing popularity of social media suggests that many adults (but especially young people) get the majority of their news from social media (Anderson & Caumont, 2014). Certainly there is no argument that social media has played a huge role in politics and in political discourse and involvement. Past research suggests that social media use contributes to greater political involvement and may make people feel less cynical towards politics because they feel their perspectives are being heard (Hanson, Haridakis, Wagstaff-Cunningham, Sharma, & Ponder, 2010). And, if people feel as if someone is listening, they are much more likely to participate in the political process.

While social media clearly serves as a place for public discourse, it is also important to examine how individuals use it to shape their perceptions. As previously mentioned, social media contributes to less cynicism toward politics as well as motivates political participation. But how effective is it (compared to traditional media sources) for disseminating messages about marijuana use and legislation? Moreover, who is receiving these messages? As Yang and DeHart (2016) argue, "political marketing campaigns might be more effective and efficient if they are designed to target social media users who have used social media as a platform to discuss any political or social issue" (p. 10).

In 2015, Issue 3 failed despite having a huge advertising budget and several celebrity backers. Because of the popularity of social media -- particularly among young people -- advertising on Facebook, Twitter, and Instagram may have been a good place for disseminating information about the bill, but it is unclear where people gathered information about Issue 3, and how their media use may have helped them to form opinions. Thus, the role of [social] media in the Issue 3 campaign remains unclear.

Summary of the Review of Related Literature

In essence, the controversial nature of recreational marijuana use and legalization of that use, coupled with legalization of medicinal marijuana in 2016, puts this issue at forefront of the minds of young voters. Still, it remains unclear what form of legislation voters may see in the future (e.g., how it will be regulated). In addition, it remains unclear whether there is a difference in public opinion toward medicinal and recreational use -- and its legalization. How are voters influenced to form their opinions? Clearly, the decision to use marijuana and the decision to vote in order to legalize it are influenced by a variety of factors including general attitudes toward marijuana and the political process (e.g., its legalization), individuals' feelings about the control that they have over their lives and the outcomes of their decisions, and the sources of information from which voters obtain their information. Thus, in this study, we seek to use the Theory of Planned Behavior to better predict how young voters in particular have formed their opinions as well as how they may decide to vote for or against legalization in some form.

Hypotheses and Research Questions

Hypotheses

Past research suggests that one's latitude of accepting marijuana use is linked to his or her past experience with marijuana in that those who use marijuana are also more likely to support its legalization (Currie, Perlman, and Walker, 1977). Thus, we posit the following:

H1: Individuals who use marijuana with greater frequency are more likely to favor its legalization.

Locus of control, an individual difference that suggests individuals are either more internally or more externally controlled, has been examined in the context of substance use, including marijuana use. Past findings indicate that those who are more internally-controlled (i.e., individual believes they have control over their life) are less likely to use substances like drugs and alcohol (Currie, Perlman and Walker, 1977). Given these findings, we predict the following:

H2: Internally-controlled individuals are less likely to engage in marijuana use.

Past research suggests that individuals who are low in self-efficacy would be more likely to be reliant on marijuana. Thus, we pose the following:

H3: Individuals who are higher in self-efficacy are less likely to use marijuana.

Previous research also suggests that individuals who are high in self-efficacy believe they are capable of controlling external influences, and are more likely to vote because they have a heightened sense of political interest and active sense of civic duty (Blais, Labbé, & Vincent, 2010). Therefore, we can assume that individuals who are high in self-efficacy are more likely to believe their actions make a difference. Thus, they would be more likely to vote in general, but also less likely to vote in favor of legalizing marijuana. Given these assumptions, we posit the following:

H4a: Individuals who are high in self-efficacy are less likely to support legalizing marijuana.

H4b: Individuals who are high in self-efficacy are less likely to vote in favor of legalizing marijuana (medicinal or general).

Past findings suggest that one's beliefs about the medical benefits of marijuana are related to his or her beliefs about its legalization. In fact, a study by Sznitman & Bretteville-Jensen (2015) indicates that the belief that cannabis has medical benefits is most closely related to support for medical cannabis legalization. Therefore, we pose the following hypothesis:

H5: Individuals who believe marijuana has beneficial medicinal purposes will be more likely to support legalization that would legalize marijuana.

Likewise, we anticipate that past vote on Issue 3 would serve as an indicator of an individual's likelihood to vote for legalizing marijuana in the future in that those who voted against Issue 3 would be less likely to vote for future legalization. Thus, we hypothesize the following:

H_{6a}: Individuals who voted against Issue 3 would be less likely to vote in favor of legalizing marijuana for medicinal use.

H_{6b}: Individuals who voted against Issue 3 would be less likely to vote in favor of legalizing marijuana for general use.

In addition, numerous studies suggest that the Theory of Planned Behavior is a useful model for predicting specific behaviors when the attitude toward the behavior, the subjective norm, and volitional control are included (Ajzen, 1991). Thus, we posit the following:

H7: Attitude toward using marijuana, perceptions of others' attitudes toward using marijuana, and volitional control over using marijuana will positively predict frequency of marijuana use.

Finally, we predict that the model also will predict likelihood to vote in favor of legalizing marijuana for both medicinal and general use:

H8a: Attitude toward voting to legalize marijuana, perceptions of others' attitudes toward voting to legalize marijuana, and volitional control over voting to legalize marijuana will positively predict the likelihood of voting in favor of legalizing marijuana for medicinal use.

H8b: Attitude toward voting to legalize marijuana, perceptions of others' attitudes toward voting to legalize marijuana, and volitional control over voting to legalize marijuana will positively predict the likelihood of voting in favor of legalizing marijuana for general use.

Research Questions

In addition to our hypotheses, we pose several research questions that we hope will help to illuminate some of the factors that help to shape individual attitudes toward marijuana legislation as well as how these attitudes might shape their voting behavior.

According to Hanson et al., (2010), research has shown that social media use contributes to greater political involvement. Many adults (especially young people) get their news from social media and opinion leaders use it to advocate issues they support (American Press Institute, 2015). Of course, Issue 3 was widely advertised and discussed via social media channels, but we are not entirely clear whether young voters accessed this information via social media channels nor how their media choices may have influenced their attitudes toward legalization. Thus, we pose the following questions:

RQ1a: Are more frequent social media users more likely to support future legislation to legalize marijuana?

RQ1b: Are more frequent social media users more likely to vote in favor of legalizing marijuana (medicinal or general)?

What also remains unknown is how individual differences and past practices may help to predict support for marijuana legislation, whether it be for medicinal or recreational purposes. Thus, we pose the following research questions:

RQ2: How do locus of control, self-efficacy, frequency of past marijuana use, frequency of media use, political ideology, and religious beliefs predict support for legislation that would legalize marijuana?

In addition, we also are interested in how the aforementioned factors, coupled with support for legalizing marijuana may predict the likelihood that an individual will actually go out and vote for (or against) this legislation. Thus, we pose the following questions:

RQ3a: How do locus of control, self-efficacy, frequency of past marijuana use, frequency of media use, political ideology, religious beliefs, and support for legislation predict the likelihood that an individual would vote in favor of legalizing marijuana for medicinal purposes?

RQ3b: How do locus of control, self-efficacy, frequency of past marijuana use, frequency of media use, political ideology, religious beliefs, and support for legislation predict the likelihood that an individual would vote in favor of legalizing marijuana for general use?

Methodology

In order to collect information about perceptions toward marijuana use and legalization among the “new” (i.e., young) voter demographic of interest – Millennials – a survey was distributed via e-mail link to students at a private, residential college in southwest Ohio. A unique aspect of this study is that we surveyed traditional age students at a college offering one of two degrees in agriculture in the state. This demographic was particularly interesting because of the agriculture major population in that these students were divided on the issue of legalizing an illegal drug while simultaneously seeing it as a potential agricultural job opportunity. In fact, many higher education institutions offer courses about marijuana, including marijuana business (Binkley, 2015).

Students ($N = 268$) received the survey link via their official college e-mail address. The mean age of respondents was 20.9, and of the students who completed the survey, 59.3% were female and 37.7% were male. In terms of race, 86.9% were Caucasian, 6.3% were African American, 1.1% were Hispanic, 0.7% were Asian, 0.4% were Hawaiian Islander, and 1.1% reported being mixed race.

Measures

Locus of Control. To measure locus of control, we used an abbreviated version of Levenson’s (1974) scale in which respondents indicated how much they agree with 12 statements (1 = strongly disagree, 5 = strongly agree) that reflect chance control (“To a great extent my life is controlled by powerful happenings”), powerful others control (e.g., “I feel like what happens in my life is mostly determined by powerful people.”), and internal control (e.g., “I am usually able to protect my personal interests”) (Lindbloom & Faw, 1982) (reliabilities ranging from .74 to .79 (Hanson & Haridakis, 2009; Haridakis & Rubin, 2005; Rubin, 1993). Responses for the index were summed and averaged to create an overall locus of control score in which higher scores indicate greater internal control ($M = 3.69$, $SD = 0.49$).

Self-Efficacy. To measure respondents’ general self-efficacy, we used a measure from Schwarzer and Jerusalem (1995). To review, self-efficacy in essence is a concept that has been described as “the conviction that one can successfully execute the behavior to produce the [favorable] outcomes” (Bandura, 1977, p. 193). For each index, respondents were asked to indicate their agreement with each statement (e.g., “I can always manage to solve difficult problems if I try hard enough.”) using a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5

(strongly agree). Responses for the general index were summed and averaged to create an overall self-efficacy index ($M = 4.03$, $SD = 0.47$) where higher scores were associated with greater feelings of self-efficacy.

Media Use Type and Frequency. To measure media use, we used a measure adapted by Primack, Kraemer, Fine, and Dalton (2009) to quantify the number of hours during a typical day that respondents use a variety of media (e.g., social media, TV, music). We measured this in a range of hours where 0 = none and 5 = 11 or more hours. Overall, respondents reported using media for average of 3-5 hours per day ($M = 2.19$, $SD = 0.47$), with the majority of their time spent on social media. See Table 1.

Table 1

Media Use Frequency by Type

<i>Media Type</i>	<i>Mean</i>	<i>SD</i>
Checking/updating social media accounts	2.63	0.89
Watching television	2.11	0.80
Listening to music	2.82	1.04
Watching movies	1.90	0.79
Playing video games	1.58	0.99
Reading books/newspapers/magazines	2.05	0.86
Surfing the Internet	2.22	0.91
Overall use	2.19	0.47

Means and standard deviations for various media use across media type where 0 = none and 5 = 11 or more hours.

Political Ideology. To measure political affiliation, we used a 7-item scale Conservatism adapted from Mehrabian (1996). The measure required the participants to indicate the degree to which they agree with a series of statements about where respondents stand on political topics, as well as if they lean towards either conservative or liberal beliefs (e.g., I am politically more liberal than conservative). Responses were summed and averaged so that higher scores reflected greater conservatism ($M = 3.28$, $SD = 0.75$).

Religion. To measure religion, we used the 5-item Duke University Religion Index (Koenig & Büssing, 2010) to examine individuals' beliefs and religious practices. The measure includes a series of items about frequency of church attendance and religious practices (i.e., frequency of church attendance, measured on a 6-point Likert-type scale where 1 = never and 6 = more than once a week, which were summed and averaged so higher scores reflected more frequent religious activity), ($M = 3.39$, $SD = 1.48$) and religious beliefs (i.e., feel the presence of God, measured on a 5-point Likert-type scale where 1 = definitely not true and 5 = definitely true of me, which were summed and averaged in that greater scores indicated more traditional religious beliefs) ($M = 2.59$, $SD = 1.24$).

Past Experience with Marijuana. To measure past experience with marijuana, we modified an abbreviated version of a measure created by Presser, Rothgeb, Couper, Lessler, Martin, et. al. (2004). We asked a series of questions about past use, frequency of past use, and about past use by family and friends, on a 5-point Likert-type scale where 1 = never and 5 = every day ($M = 1.85$, $SD = 1.28$). We also asked one item about the likelihood that a respondent would use marijuana in the future, regardless of its legal status, also measured on a Likert-type scale where 1 = strongly disagree and 5 = strongly agree ($M = 2.29$, $SD = 1.43$).

Past Vote on Issue 3. In order to gauge support for Issue 3 as well as whether individuals voted in favor or against it, we asked two dichotomous questions about voting behavior in November 2015. Sixty-seven percent of respondents voted in favor of Issue 3 and 33% voted against it. Among those who voted against Issue 3, we also asked questions to tap why they opposed it measured on a 5-point Likert-type scale where 1 = strongly disagree and 5 = agree. Essentially, this was to get a sense of whether the "monopoly" was an important factor in opposing Issue 3.

Support for Legislation. To measure support for marijuana legislation, we combined and adapted two measures, one used by the Pew Research Center (2015) and one by Sznitman and Bretteville-Jensen. (2015),

underlined beliefs of cannabis use variables were tested. Again, to get a better sense of the nuances of opinions toward legalizing marijuana, we asked respondents to indicate the strengths of their beliefs about legalizing marijuana across several dimensions (e.g., whether it has medical benefits). A 5-point point Likert scale was used where 1 = strongly disagree and 5 = strongly agree, and then summed and averaged to obtain an overall support for legislation score ($M = 3.46$, $SD = 0.66$). See Table 2.

Table 2

Reason Opponents of Issue 3 Did Not Support the Legislation

<i>Reason for Opposition</i>	<i>Mean</i>	<i>SD</i>
I was opposed to the “monopoly” part of the issue that would allow only 10 parcels for growing marijuana for resale.	3.71	1.01
I was opposed to legalizing marijuana for medicinal use.	2.36	1.22
I was opposed to legalizing marijuana for recreational use.	3.43	1.44
I am unsure of/question the benefits of medicinal marijuana.	2.57	1.14
I would not support legalizing marijuana in any form.	2.85	1.38

Means and standard deviations for various reasons why respondents were opposed to Issue 3 where 1 = strongly disagree and 5 = strongly agree.

Theory of Planned Behavior Measures. In this study, we were interested in two different outcomes associated with the Theory of Planned Behavior: intention to use marijuana and intention to vote in favor of legalizing marijuana because we anticipate seeing future legislation on the ballot. We adapted scales by Ajzen (1985; 1991) and Marcoux and Shope (1997) for each of these components.

TPB and Using Marijuana. To examine attitudes toward using marijuana, we asked two questions regarding beliefs about the health consequences of using marijuana (i.e., harm to others and harm to oneself if using marijuana measured on a 5-point Likert-type scale where 1 = strongly disagree [about harmfulness] and 5 = strongly agree [about harmfulness]) ($M = 2.94$, $SD = 1.26$). In order to examine the subjective norm toward using marijuana we used a series of single-item measures asking respondents to indicate how harmful using marijuana would be from the perspective of a variety of constituent groups (i.e., peers, parents, physician, general public). ($M = 3.23$, $SD = 0.91$). Finally, to measure respondents’ perceived control over using marijuana, we asked a series of questions, all measured on a 5-point Likert-type (1 = low control and 5 = high control) scale about ability to say no (recoded so that higher scores indicated greater control over saying no), and ease of access to marijuana ($M = 2.62$, $SD = 0.80$).

TPB and Voting in Favor of Legalizing Marijuana. To examine attitudes toward voting to legalize marijuana (for both medicinal and general purposes, because, at the time of the survey, the Ohio Legislature had not yet passed House Bill 523), we asked respondents the degree to which legalizing marijuana would be harmful (i.e., harm to others and harm to oneself if legalized) ($M = 2.42$, $SD = 1.09$). In order to examine the subjective norm toward voting to legalize marijuana, we used a series of single-item measures asking respondents to indicate how voting in favor for legalization of marijuana would be from the perspective of a variety of constituent groups (i.e., peers, parents, physician, general public). These were all measured on a 5-point Likert-type scale ($M = 2.89$, $SD = 0.77$). Finally, to measure respondents’ perceived control over voting to legalize marijuana, we asked a series of questions (all measured on a 5-point Likert-type scale where 1 = low control and 5 = high control) about peer pressure to vote (recoded so that higher scores indicated greater control over saying no), and availability of voting mechanism ($M = 2.47$, $SD = .85$).

Results

Hypotheses

For the first hypothesis, we posited that individuals who use marijuana with greater frequency are more likely to favor its legalization. Results of a Pearson’s Product Moment Correlation analysis suggests that there is a

significant positive correlation between marijuana use and support for its legalization $r(232) = .61, p < .001$. Our hypothesis was supported.

For the second hypothesis, we suggested that internally-controlled individuals are less likely to engage in marijuana use. Results of a Pearson's Product Moment Correlation analysis suggests that there is significant negative correlation between marijuana use and locus of control $r(232) = -.155, p < .05$. Our hypothesis was supported.

For the third hypothesis, we proposed that individuals with higher self-efficacy are less likely to use marijuana. Results of a Pearson's Product Moment Correlation analysis suggests that there is no correlation between marijuana use and self-efficacy $r(226) = -.033, p = .614$. Our hypothesis was not supported.

For the first part of the fourth hypothesis, we suggested that individuals who are high in self-efficacy are less likely to support legalizing marijuana (i.e., for both medicinal or general use). The results of the Pearson's Product Moment Correlation analysis suggested that there was no significance between self-efficacy and the likeliness to support the legalization of marijuana $r(226) = -.05, p = .451$. Our hypothesis was not supported.

For the second part of the fourth hypothesis, we posited that the individuals who are high in self-efficacy are less likely to support legalization. The results of the Pearson's Product Moment Correlation analysis suggested that there was no significance between self-efficacy and the tendency to support legalization $r(225) = .025, p = .71$. Our hypothesis was not supported.

For the fifth hypothesis, we proposed that individuals who believed marijuana had beneficial medicinal purposes will be more likely to support legalization. Results of a Pearson's Product Moment Correlation analysis suggested that there was a significant positive correlation between individuals believing marijuana has beneficial medicinal purposes and support for legislation $r(232) = .72, p < .001$. Our hypothesis was supported.

The two-part sixth hypothesis proposed that individuals who voted against Issue 3 would be less likely to vote in favor of legalizing marijuana for medicinal use and for general use. An independent samples t-test revealed that there was a significant difference in the scores for reporting one would vote in favor of future legislation to legalize medicinal marijuana ($M = 3.31, SD = 1.45$) and for reporting one would vote against future legislation to legalize medicinal marijuana ($M = 4.15, SD = 12.1$); $t(199) = -4.32, p < .001$. Likewise, an independent samples t-test revealed that there also was a significant difference between likelihood to vote to legalize marijuana for general use ($M = 2.41, SD = 1.54$) and likelihood to vote against it ($M = 3.72, SD = 1.44$); $t(198) = -5.89, p < .001$. Our hypotheses were supported.

In addition, we tested the Theory of Planned Behavior to examine whether we were correct in hypothesizing that the model predicts marijuana use (H7). A regression analysis indicated that our model accounted for 48% of the variance in marijuana use $R^2 = .48, F(3, 223) = 67.71, p < .001$. Negative attitudes toward act of using marijuana ($\beta = -.48, p < .001$) and volitional control ($\beta = .54, p < .001$) were both significant predictors. Our hypothesis was supported.

Finally, we posited that the Theory of Planned Behavior was a predictor of likelihood to vote for legalizing marijuana for both medicinal (H8a) and general use (H7b). A regression analysis revealed that the Theory of Planned Behavior model accounted for 53% of the variance in likelihood to vote in favor of legalizing marijuana for medicinal purposes $R^2 = .53, F(3, 223) = 82.83, p < .001$. A negative attitude toward voting to legalize marijuana ($\beta = -.50, p < .001$), the subjective norm (i.e., perception that others did not favor voting to legalize marijuana) ($\beta = -.17, p < .01$), and volitional control ($\beta = .17, p < .001$) were all significant predictors. Likewise, a regression analysis to test whether the model would predict likelihood to vote in favor of legalizing marijuana for general purposes accounted for 68% of the variance $R^2 = .68, F(3, 223) = 159.44, p < .001$. A negative attitude toward voting to legalize marijuana ($\beta = -.64, p < .001$), the subjective norm (i.e., perception that others did not favor voting to legalize marijuana) ($\beta = -.16, p < .01$), and volitional control ($\beta = .14, p < .001$) were all significant predictors. Our hypothesis was partially supported. See Table 3.

Table 3

Summary of Regression Analysis for Predicting Respondents' Attitudes Toward Marijuana Legislation

Variable	<i>B</i>	<i>SE</i>	β	<i>t</i>
Locus of Control	-.10	.08	-.08	-1.29
Self-Efficacy	.12	.08	.09	1.50
Marijuana Use (Frequency)	.27	.03	.54***	10.52
Media Use	-.08	.07	-.06	-1.20
Conservatism	-.21	.05	-.24***	-4.43
Religious Beliefs	.06	.03	.19*	2.17

Note: $R = .69$, $R^2 = .47$, $F(6, 231) = 33.38$, $p < .001$.

* $p < .05$, ** $p < .01$, *** $p < .001$

Research Questions

For research question 1_a, we examined whether more frequent social media users were more likely to support future legislation to legalize marijuana (medicinal or general). The results of a Pearson's Product Moment Correlation analysis suggests that there is not a significant correlation between social media use and support towards marijuana legalization $r(232) = -.095$, $p = .146$.

For research question 1_b, we examined the relationship between social media use and likelihood to vote for legalization (medicinal and general). Results of a Pearson's Product Moment Correlation analysis suggests that there is not a significant relationship between social media use and likelihood to vote for legalizing marijuana for medicinal use $r(232) = -.002$, $p = .982$. There is also no significant correlation between social media use and likelihood to vote for legalizing marijuana $r(232) = -.011$, $p = .867$.

For our second research question, we were interested in what role the following factors played in predicting support for legalization of marijuana: locus of control, self-efficacy, frequency of past marijuana use, frequency of media use, political ideology, and religious beliefs. Results of a regression analysis $R^2 = .47$, $F(6, 225) = 33.81$, $p < .001$ revealed that frequency of past marijuana use ($\beta = .54$, $p < .001$), conservatism ($\beta = -.24$, $p < .001$), and religious beliefs ($\beta = .12$, $p < .05$) were all significant predictors. Respondents who were more frequent users were more likely to support legislation. Likewise, the more religious and more conservative the respondent was, the less likely he or she was to support legalization.

For Research Question 3_a, we considered the role that locus of control, self-efficacy, frequency of past marijuana use, frequency of media use, political ideology, religious beliefs, and support for legislation played in predicting the likelihood that an individual would vote in favor of legalizing marijuana for medicinal purposes. For the first analysis, the model accounted for 25% of variance in likelihood to vote to legalize marijuana for medicinal purposes $R^2 = .25$, $F(6, 220) = 12.29$, $p < .001$. Past use was a significant positive predictor ($\beta = .38$, $p < .001$) and conservatism was a significant negative predictor ($\beta = -.23$, $p < .001$). The inclusion of support for legislation on the second step added 20% to explained variance. The change in F was significant $R^2 = .46$, $F(6, 220) = 26.55$, $p < .001$. Support for legislation was a significant positive predictor ($\beta = .62$, $p < .001$). Past use and conservatism were no longer significant. See Table 4.

For Research Question 3_b, we considered the role that locus of control, self-efficacy, frequency of past marijuana use, frequency of media use, political ideology, religious beliefs, and support for legislation played in predicting the likelihood that an individual would vote in favor of legalizing marijuana for general use. For the first analysis, the model accounted for 43% of variance in likelihood to vote to legalize marijuana for general purposes $R^2 = .43$, $F(6, 219) = 26.98$, $p < .001$. Past marijuana use was a significant positive predictor ($\beta = .52$, $p < .001$), and conservatism was a significant negative predictor ($\beta = -.20$, $p < .001$). The inclusion of support for legislation on the second step added 29% to explained variance. The change in F was significant $R^2 = .70$, $F(6, 219) = 76.55$, $p < .001$. Support for legalization ($\beta = .73$, $p < .001$), past use ($\beta = .14$, $p < .01$), and media use ($\beta = .09$, $p < .05$), were all significant positive predictors. Conservatism was no longer significant. See Table 5.

Table 4

Summary of Regression Analysis for Predicting Respondents' Likelihood for Voting to Legalize Medicinal Marijuana

Variable	<i>B</i>	<i>SE</i>	β	<i>t</i>
Step 1				
Locus of Control	-.04	.19	-.01	-.20
Self-Efficacy	.19	.20	.07	.96
Marijuana Use (Frequency)	.41	.07	.38***	6.12
Media Use	.04	.17	.01	.24
Conservatism	-.41	.19	-.23***	-3.47
Religious Beliefs	.04	.07	.04	.61
Step 2				
Locus of Control	-.09	.17	.03	.55
Self-Efficacy	.05	.17	.02	.28
Marijuana Use (Frequency)	.05	.07	.05	.77
Media Use	.15	.15	.05	.98
Conservatism	-.14	.10	-.08	-1.35
Religious Beliefs	.03	.06	-.04	-.57
Support for Legislation	1.28	.14	.62***	9.18

Note: $R = .50$, $R^2 = .25$, $F(6, 226) = 12.29$, $p < .001$ for Step 1, $R = .68$, $R^2 = .46$, $\Delta R^2 = .44$, $F(7, 226) = 26.55$, $p < .001$ for Step 2.

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 5

Summary of Regression Analysis for Predicting Respondents' Likelihood for Voting to Legalize Marijuana for General Use

Variable	<i>B</i>	<i>SE</i>	β	<i>t</i>
Step 1				
Locus of Control	-.32	.20	-.10	-1.61
Self-Efficacy	.10	.20	.03	.51
Marijuana Use (Frequency)	.67	.07	.52***	9.73
Media Use	.16	.18	.05	.88
Conservatism	-.41	.12	-.20***	-9.38
Religious Beliefs	.08	.07	.06	1.07
Step 2				
Locus of Control	-.14	.14	-.04	-.94
Self-Efficacy	-.10	.15	-.03	-.71
Marijuana Use (Frequency)	.17	.06	.14**	2.98
Media Use	.31	.13	.09*	2.39
Conservatism	-.06	.09	-.03	-.62
Religious Beliefs	-.04	.05	-.03	-.67
Support for Legislation	1.76	.12	.73***	14.68

Note: $R = .65$, $R^2 = .43$, $F(6, 225) = 26.98$, $p < .001$ for Step 1, $R = .84$, $R^2 = .71$, $\Delta R^2 = .70$, $F(7, 225) = 76.52$, $p < .001$ for Step 2.

* $p < .05$, ** $p < .01$, *** $p < .001$

Discussion

In this section, we discuss the importance of our findings in helping to shed light on the factors that explain individuals' attitudes toward marijuana and its legalization. Our findings suggest that several factors contribute to one's attitudes toward both using and voting to legalize marijuana, and that the Theory of Planned Behavior offers a useful model in explaining attitude formation as well as the role that one's attitude plays in predicting subsequent behavior. Not surprisingly, the most important predictor of our respondents' planned voting behavior was their attitude toward marijuana and support for its legislation. Still, there was not a perfect relationship between support and voting likelihood, suggesting that other factors play a role and that there remains a gap between attitude and behavior, at least among some individuals. We know that these factors include locus of control, political ideology, religious beliefs, past experience with marijuana, and previous behaviors (e.g., voting in favor of Issue 3 during the November 2015 election), but others remain unknown.

The role of the aforementioned factors is important in that they help us create a more robust model to help predict how voters might approach another ballot initiative for recreational legalization or for more widespread medicinal use, given that medicinal marijuana was legalized during the fall of 2016 for patients with physician-approved medical conditions (Borchardt, 2016a). Our findings suggest that the majority of respondents not only voted in favor of Issue 3 (67%), but that they favor legalization, and would vote to legalize marijuana for medicinal use (58.2%, with 12.3% undecided) (49.8% said they would vote to legalize marijuana for general use, with 16.7% undecided). Most of them (74.7%, with 21% undecided) also believe marijuana has medical benefits, suggesting that they not only would agree with the passing of House Bill 523, but that they may support reducing the limitations of medicinal use if future legislation were to propose changes to the existing law. Moreover, our findings suggest that individuals who voted against Issue 3 are less likely to report that they would vote in favor of legalization for legalizing medicinal or general use than those who voted in favor of Issue 3. This is important in closing the attitude-behavior gap, and can be useful for those who are drafting legislation to amend House Bill 523 or to legalize marijuana beyond medicinal use. Clearly those with a vested interest in legalization share similar, strong attitudes about marijuana and are likely to behave in a way that reflects those attitudes (i.e., by not only using marijuana, but also by casting votes to legalize it).

Our findings that more conservative and religious individuals are less likely to favor legalization are certainly not surprising. Using marijuana and voting to legalize it, particularly for general use, still carries a stigma (Anderson & Caumont, 2014; Loria, 2014). We believe that this is, in part, because of the belief systems of these individuals, and conservatism and religious beliefs are inextricably linked in that more conservative people also hold more religious beliefs (Layman & Carmines, 1997) and may actually be stronger among individuals who are more politically engaged (Malika, Lelkes, Srivastava, Cohen, & Miller, 2012). While the individuals who completed the survey share polar political and religious beliefs, they are clearly interested in legislation and politics.

Also, it was not surprising that internally-controlled individuals are less likely to use marijuana as they have a tendency to wish to remain in total control of their actions and the ability to do so as well (e.g., not succumb to peer pressure), but what was surprising was that self-efficacy did not play a significant role. Perhaps this is because of how we operationalized self-efficacy in general terms as opposed to specifically relating to marijuana use and legislation. Regardless, we feel that these two remain important psychological constructs in predicting substance use and voting behavior (about said use).

What is also interesting is the role that media use plays in predicting the likelihood that individuals would vote in favor of general legalization. Heavier media users indicate they would vote to legalize marijuana, but only when we added support for legislation to our regression model. This is interesting, and is perhaps because heavier users who are also in favor of legislation are in favor of legalizing marijuana because of the messages they see in media. This is certainly not surprising given the amount of media attention legislation has received over the past year, particularly surrounding Issue 3. In fact, we believe heavy media users were much more likely to have been bombarded by "Pro" Issue 3 advertisements, specifically because of the supporters' advertising budget, and the familiarity of proponent spokespersons (e.g., Nick Lachey). In fact, ResponsibleOhio (i.e., the group backing Issue 3) spent more than \$21 million on advertising, compared to the \$2.2 million opponents spent (Borchardt, 2015b). In short, heavy media users were much more likely to be exposed to advertising advocating for legalization.

Finally, we think it is worth noting the discrepancy between Issue 3 supporters and non-supporters, and the variety of reasons opponents provided for not supporting Issue 3 (e.g., the “monopoly,” addiction, enforcement, health effects). This is something that should be considered among researchers and legislators, alike.

In essence, our findings are consistent with other studies using the Theory of Planned Behavior as a model for predicting the relationship between attitudes and behaviors. We also found that there are other important factors that may mediate marijuana use, and the likelihood to vote to legalize marijuana (for more widespread use), but that these deserve further investigation.

Limitations and Suggestions for Future Research

In this section, we describe some of the limitations of our study as well as offer suggestions for areas of future inquiry.

Limitations

This study used empirical evidence and an important theoretical to predict perceptions and behaviors associated with legalizing marijuana. Nonetheless, the study does present a few limitations, and these should be considered. First, our sample consisted of traditional-age students at a small, private, liberal arts college. College-age students have been widely-criticized for being apathetic about politics, and recent data suggests that fewer than half of them vote on a regular basis (Wexler, 2016). There are a number of unique characteristics of these students being that a number of them study agriculture and that they appear to be more politically conservative on the whole than other college students (but did struggle with seeing legalization as an agribusiness opportunity). Our sample also showed astounding support for Issue 3, a relatively high rate of past use, and a strong tendency to support legalization, suggesting that they may have had a vested interest in marijuana legislation. We felt then, that it was important to survey this population because of its distinctiveness. A simple random sample of a more general population is quite easy to do. By contrast, our sample offered data from a unique population’s perceptions and planned behaviors, and was deeply rooted in an important theory in social science: Ajzen’s (1991) Theory of Planned Behavior. Nonetheless, it is a convenient sample of college-age students.

In addition, our survey was quite lengthy, which contributed to a drop out of many respondents. Because of this, we included every response -- even partial responses -- in our analysis as respondents had the ability to skip questions. The 225 students who completed the study in its entirety offered meaningful data and a sufficient sample size for statistical power. Finally, this paper was a collaboration of students in an intermediate-level research class that produced a complex study, including several variables. This was in order for each contributor to share in the process and to have a meaningful role in this discovery.

Finally, we acknowledge that we conducted this survey after the failure of Issue 3 in November of 2015. It is important to note that while we did attempt to parse out reasons why respondents may have rejected Issue 3, the proposed Constitutional Amendment was written in a very unique way that essentially allocated growing and distribution resources to a predetermined group of investors (see above). We collected our data in the spring of 2016 while Ohio legislators were conducting their own investigation and subsequently drafting House Bill 523, which ended up legalizing medicinal marijuana, but limited it to physician-approved medical conditions. Nevertheless, we find that legalization remains a hot button issue, and that legislation is constantly evolving.

Suggestions for Future Research

Clearly, this study has contributed to helping social scientists and policymakers to better understand -- using empirical evidence -- how individual differences, social and psychological constructs, and past behaviors help to form attitudes toward and planned behaviors involving the legalization of marijuana (for medicinal and general use). Our findings also tested the veracity of the Theory of Planned Behavior in predicting both marijuana use and likelihood to support legalization, helping to add to the plethora of existing research that suggests that this is a meaningful theoretical model. We hope that future research will continue to use this theory to help explain and predict other behaviors.

Our findings suggest that there is a clear link between marijuana use and support for its legislation, and also shows that there are a few important individual differences that help to explain this relationship. Nevertheless, we

feel that there are other factors (e.g., income, career plans, personality traits, substance use) and populations (i.e., general population) that should be considered in future studies, especially now that Ohio has joined other states in legalizing medicinal marijuana (with the aforementioned constraints). In addition, our findings suggest that attitudes and behaviors are inextricably linked, but more research is needed to examine the nuances of the process through which an attitude leads to a behavior.

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