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The Logic of NIMBYism: Class, Race, and Stigma in the Making of California's Legal Cannabis Market

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This article explores how not-in-my-backyard (NIMBY) sentiments affect the imple-mentation of new cannabis laws in California cities. Despite increasing legality and grow-ing social tolerance, the actual status of cannabis remains controversial. Large segments of the population and local authorities remain uncomfortable with the use of cannabis and resist allowing cannabis facilities in their communities. I employ statistical analysis to understand why some jurisdictions move toward more permissive cannabis policies and others do not. The results show that, on average, socially and economically prosperous cities express higher support for cannabis legalization, but cannabis businesses are more likely to receive permits in cities that are socially and economically distressed. The disparity between demand (white middle-class communities) and supply (poor Hispanic communi-ties) demonstrates that stereotypes generated by the war on drugs have not disappeared after the passage of new cannabis laws and continue to perpetuate the marginalization of disadvantaged individuals and places.

INTRODUCTION

California holds a unique place in the history of cannabis legalization. In 1996, it became the first state to legalize cannabis for medical use and was one of the first states to legalize it recreationally in 2016. Passed with 57 percent voter approval, Proposition 64 permitted cultivation, distribution, sale, and possession of cannabis for non-medical use throughout the state and established a comprehensive regulatory framework.[1] Among other things, new legislation reduced penalties for cannabis-related offenses, authorized the expungement of criminal records, and developed social equity programs to provide resources and lower entry barriers for individuals impacted by the war on drugs. At the same time, Proposition 64 made it voluntary for cities and counties to decide whether they wanted to allow cannabis companies on their territories and gave local jurisdictions discretion over zoning, land use, and license requirements. Cities like San Francisco and Oakland embraced this newly legalized market and created a safe and supportive environment for business owners. But other places were far less welcoming. Whereas, in two-thirds of local jurisdictions, the residents supported Proposition 64, only 40 percent of municipalities have opted to allow commercial cannabis activity. This article uses regression analysis to understand which cities are more likely to support

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1. The Control, Regulate and Tax Adult Use of Marijuana Act, an initiative measure approved as Proposition 64 on November 8, 2016.

cannabis legalization and which cities are more likely to authorize legal cannabis facilities.

The case of cannabis legalization presents an ideal context to unpack the complex relationship between public opinion, local policy making, and social reform movements. As cannabis is gradually legalized across the United States, we also observe the intricacies of its normalization process. Proposition 64 brought about a variety of new organizational forms, such as licensing agencies, testing laboratories, professional cannabis associations, cannabis lounges, and restaurants. These organizations gave rise to new relationships—between business owners, landlords, licensing agencies, cannabis attorneys, law enforcers, and city administrators. One could expect that placing cannabis in a context of increasing legality would contribute to its normalization and destigmatization. However, the fact that cannabis is no longer illegal does not make it legitimate. Although most Americans do not consider cannabis to be a dangerous drug, neither do they uniformly perceive it as a safe relaxant.[2]

Cannabis is at once no longer illegal but not yet legal; no longer criminalized but not yet legalized; no longer intolerable but not yet entirely acceptable. To a large degree, it remains in a liminal stage, which Victor Turner (1967, 96) defined as being "at once no longer classified and not yet classified." There is no clear consensus about what cannabis is and what it is not, or, as Mary Douglas (1986, 45) could have put it, the idea of legal cannabis has not yet found its "rightness in reason and in nature." In some contexts, cannabis is still defined as a federally prohibited drug, and it affects how Proposition 64 is implemented locally. Thus, the question is not whether cannabis is legal in California but, rather, where, how, for whom, and to what degree.

This article examines the normalization of cannabis through the lens of critical theory. Cannabis legalization may provide important insights into how progressive social reforms harm individuals whose lives they promised to improve. Critical theory teaches us that people experience social transformations differently, and those on the margins typically find themselves in less favorable situations (Fineman 1995; Sherwood 2010; Choudhury 2015; Spade 2015; Zakaria 2021; Ballakrishnen, forthcoming). From the perspective of politically progressive citizens who supported the legalization of cannabis, Proposition 64 has provided safe and easy access to a wide range of tested cannabis products. However, such success stories may be misleading since underlying power structures and inequalities shape the implementation of the new cannabis laws.

I begin with a theoretical discussion of not-in-my-backyard (NIMBY) attitudes, race, and socio-legal studies. I propose a view on NIMBYism as a logic of socio-spatial stigmatization that is rooted in classism and racism. I further discuss the current state of cannabis in California and describe legal cannabis facilities as a "matter out of place" that violates the social and moral order of affluent communities (Douglas [1966] 1984). I then use regression analysis to understand which cities are more likely to support cannabis legalization and which cities are more likely to pass permissive cannabis ordinances. I test a normality thesis suggesting that, if people conceive cannabis as an acceptable substance, they will not push it out to the geographic and social margins. By the same token, if people view a cannabis facility as a site of contagion, they will

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2. In 2019, 86 percent of legal cannabis supporters believed that cannabis helps people who use it for medical reasons, and only 35 percent agreed that cannabis use is not harmful (Jones 2019).

be likely to oppose its presence in the community. The results show the logic of NIMBYism is embedded in how Proposition 64 is being implemented in California cities. I conclude the article by offering theoretical reflections on the progressive capacities of social justice reforms.

NIMBY, RACE, AND SOCIO-LEGAL STUDIES

In recent decades, the legal regulation of spaces has gained increasing attention among law and society scholars. Several studies have emphasized how zoning laws, trespass laws, segregation practices, banishment, court orders, and other legally imposed restrictions produce inequality and reshape our understanding of punishment (Herbert 1997; Capers 2009; Levi 2009; Beckett and Herbert 2010; Valverde 2011; Walby and Lippert 2012; Holmes 2019; Garriott 2020; Sylvestre, Blomley, and Bellot 2020). For example, Katherine Beckett and Steve Herbert (2010) focus on legally imposed forms of social exclusion that regulate access to and through places, such as trespass laws, park exclusion orders, and other legal forms of banishment. They demonstrate that the goal of such regulations is to limit the mobility and rights of disadvantaged social groups whose primary offense consists of being poor, homeless, or of color (34). Similarly, Marie-Eve Sylvestre, Nicholas Blomley, and Celine Bellot (2020) investigate how court-imposed territorial restrictions and other sentencing conditions (such as curfews or prohibition to demonstrate) impact the lives of marginalized people.

I suggest that, coupled with critical urban and race studies, NIMBY research can make a valuable contribution to socio-legal analyses of spatial regulation. In particular, NIMBY scholarship may help to reveal the rationale behind the legally imposed forms of spatial control that promote over-policing and increased surveillance of disadvantaged places and individuals. It may also explain why such stigmatizing laws are seen as possible and legitimate in the eyes of policy makers and citizens. Zoning rules, exclusion orders, and other territorial restrictions are motivated by NIMBY attitudes and the desire to protect property values and preserve neighborhood character. Xenophobia, criminal pathologization, and racial prejudice are at the heart of the legal regulation of spaces. By disclosing these sentiments, we can uncover the institutionalized forms of social ignorance in policy making and shed light on the power structures that uphold them.

NIMBY refers to the motivation of residents to defend their turf and oppose new facilities. The most cited definition in social science is that of Michael Dear (1992, 288), who described "NIMBY syndrome" as "the protectionist attitudes of and oppositional tactics adopted by community groups facing an unwelcome development in their neighborhood." NIMBY conflicts arise around a wide range of controversial facilities that people see as necessary but unwanted near their homes, such as low-income housing, drug treatment centers, homeless shelters, needle distribution services, prisons, asylum centers, nuclear facilities, wind farms, and landfill waste dumps.[3]

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3. Not in my backyard (NIMBY) is the most popular acronym for local campaigns against unwanted developments. Other related acronyms include: LULU (locally unwanted land uses), NIABY (not in anybody's backyard), NIMTOO (not in my term of office), BANANA (build absolutely nothing anywhere near anyone), NOPE (not on planter earth), CAVE (citizens against virtually everything), and PIYBY (please in your backyard).

The critical urban scholars who popularized the term in the 1990s conceptualized NIMBY conflicts in terms of environmental justice, elitism, and racial discrimination (Dear 1992; Bullard 1993; Cutter 1995; Lake 1996; Davy 1997). They portrayed NIMBY syndrome as a self-interested behavior of residents in affluent communities who oppose the construction of "noxious" facilities due to concerns about personal security or a decline in property values. Their primary focus was on the devastating effects that NIMBY sentiments bring to low-income and politically disempowered communities, such as over-concentration of hazardous facilities or limited access to public services. Race was a central factor in these analyses. It was proven that, while minorities of color bear a disproportionate share of the nation's pollution and contamination, zoning boards and planning commissions are stacked with white developers (Bullard 1993).

Over time, the term "NIMBY" has spread across disciplines and become an umbrella concept for any local conflict over land use.[4] Its focus on racialized relations and racial structures has become less articulated. Some scholars have conceptualized NIMBY in medical terms as a syndrome that has to be cured, looking for practical solutions to overcome the obstacles created by protectionist sentiments and oppositional tactics. Others have used it for descriptive rather than analytical purposes—as an epithet to generational conflicts between baby boomers and millennials or as a sign of disconnection between residents and developers. The history of homeownership and segregation was largely missing in these approaches.[5]

In this article, I argue that, instead of treating NIMBYism as a syndrome to cure, we should understand it as a socio-legal phenomenon rooted in classism and racism that manifests itself through the practices of spatial control. NIMBYism is a logic that allows property owners to exclude certain social groups and facilities due to perceived risks and dangers. NIMBY attitudes are not based on real people but, rather, on the assumptions of who they are and the hypothetical fears of what they would bring from "contaminated" places to the new neighborhood (Ben-Moshe 2020, 167).

Debates about space are always about power (Gent 2022, 143). Historically, land use regulations promoted the property rights of white homeowners at the expense of non-white civil rights (Tighe and Goetz 2019, 369). Because owning property has always been a primary source of wealth for white middle-class families, spatial gatekeeping was regarded as a legitimate and rational mechanism to protect neighborhoods from infrastructures that disrupt property value and threaten the quality of life (Tighe and Goetz 2019; Ben-Moshe 2020; Gent 2022). Legal means of socio-spatial control placed

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4. Social psychologists conceptualize NIMBY in terms of emotional attachment to a place that can be disrupted by new developments (Devine-Wright 2009). Social movement scholars and political scientists think of NIMBY as a principle of democratic participation through which citizen can voice their concerns about land use (Matthews, Bramley, and Hastings 2015; Hankinson 2018; Barton and Currier 2020). Environmentalists view NIMBY as a hindrance to sustainable development and green infrastructure (Burningham, Barnett, and Walker 2015). Economists and policy makers operationalize NIMBY as a predictor of a decline in home values and compare the costs and benefits of NIMBY developments (Wassmer and Wahid 2019). Urban scholars and sociologists characterize NIMBY as local confrontations that involve different types of actors, discourses, systems of justification, rationales, and risk factors (Oakley 2002; Schively 2007; Scally 2013; Davidson and Howe 2014; Eason 2017; Whittemore and BenDor 2019; Holleran 2021; Socia et al. 2021; Rouhani et al. 2022).

5. According to Liat Ben-Moshe (2020, 175–76), reliance on survey data is one of the key problems in NIMBY studies. By asking allegedly neutral questions about the acceptance of new facilities or people, scholars cement the idea that there is something fundamentally wrong with those facilities or people.

considerable power in the hands of property owners and segregated most American communities by class and race (Tighe and Goetz 2019). Today, the white middle and upper classes are still in a better position to take institutionalized action against new development proposals due to their access to economic and political resources. Even in progressive cities like San Francisco, planning commission meetings are dominated by older, white, and financially stable residents (McNee and Pojani 2022).

Thus, I define NIMBYism as existing at the intersection of (1) place, (2) class, (3) race, and (4) stigma. It is a principle that affords socio-spatial privileges to normative groups (that is, white middle- and upper-class individuals), operates within a dichotomy of normal/pathological and promotes indifference and disregard. "Backyard" is not only a physical place but also a metaphor for purity and safety (Davy 1997; Gent 2022). The logic of NIMBYism is closely related to the reproduction of middle-class whiteness and the articulation of "white spaces" as the cultural norm (Mills 1997; Wilton 2002; E. Anderson 2015; Brunsma, Kim, and Chapman 2020). Non-white residents are less able to choose where they live and are more likely to experience the effects of socio-spatial stigmatization and gatekeeping, which often results in the material exclusion of already marginalized people (Capers 2009; Keene and Padilla 2014; Gent 2022). Laws regulating public and private space are the main mechanism through which NIMBY attitudes are articulated. Critical urban studies have been instrumental in exposing the systemic racism that persists in many aspects of spatial regulation. Law-and-society scholars can draw on this scholarship to identify historical power structures and ideologies that reinforce zoning laws, trespass laws, vagrancy statutes, and other legal forms of geographic exclusion.

CANNABIS AS A "MATTER OUT OF PLACE"

The increased tolerance of cannabis use in recent decades is often referred to as normalization. Numerous empirical analyses have shown that the perceived risk of cannabis is decreasing, along with the cultural anxiety attached to it (Parker, Williams, and Aldridge 2002; Parker 2005; O'Brien 2013; Iannacchione, Ward, and Evans 2020). The tone of media coverage of cannabis-related issues has become more favorable (Lynch 2021). Public opinion polls detect broader acceptance of cannabis use: according to the General Social Survey, support for cannabis legalization grew from 12 percent in 1969 to 68 percent in 2020 (Brenan 2020; see Figure A1 in the Appendix). Cannabis consumption among Americans has increased from 4 percent in 1969 to 49 percent in 2021 (Jones 2021). The number of professional associations and events, as well as the range of cannabis products, are continually growing. Access to legal cannabis is also increasing: as of April 2023, the non-medical use of cannabis is permitted in twenty-one state, and its medical use is allowed in thirty-seven states.[6]

Despite the normalizing trends, cannabis consumers continue to experience the effects of drug stigma and employ various strategies to distance themselves from labels and familiar stereotypes about cannabis use and its relation to crime, deviance, and sickness (Shiner and Newburn 1997; Hathaway 2004; Room 2005; Sznitman 2008; Pennay and Moore 2010;

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6. The District of Columbia has legalized both medical and non-medical use of cannabis. Several states have permitted the use of low-THC products for medical reasons in limited situations. Only three states— Idaho, Kansas, and South Dakota—entirely outlaw cannabis.

Hathaway, Comeau, and Erickson 2011). The association between drugs and race is an essential element of cannabis stigmatization. Being present at all social levels, drug use is usually recognized as a problem when it is connected to specific social groups.[7] For decades, the political establishment and mass media have been linking drug use to moral deprivation, criminal behavior, poverty, and disorder and portraying racial and ethnic minorities as immoral criminals who threaten the pure society of hardworking white citizens (Elwood 1994; Beckett 1997; Reinarman and Levine 1997; Provine 2007; Alexander 2010; Vesely-Flad 2017). Stigmas generated by the war on drugs did not disappear, and they have continued to disproportionately affect communities of color even after drug arrest rates have declined (Quillian and Pager 2001; Sampson and Raudenbush 2004; Harris, Evans, and Beckett 2011; Linnemann and Kurtz 2014; Chiarello 2015; Askew and Salinas 2019).

Protectionist attitudes permeate much of the public policies and personal interactions in the cannabis space. According to Mary Douglas ([1966] 1984), objects, practices, and ideas that do not fit the existing social classifications are considered polluting, impure, and even dangerous and thus should be separated (that is, put "out of place"). Cannabis facilities are viewed as a "matter out of place" that blurs and contradicts the moral and social order of normative communities. The research shows that both medical and recreational cannabis dispensaries are more likely to be located in less desirable parts of a neighborhood (Boggess et al. 2014; Morrison et al. 2014; Németh and Ross 2014; Thomas and Freisthler 2017; Amiri et al. 2019; Firth et al. 2020; Matthay et al. 2022). The fear of hypothetical loitering, unwanted odors, increased crime, health impacts, or property value decline justifies defensive strategies that city governments and residents use against cannabis companies. Local authorities and citizens adhere to legal means, such as zoning regulations and nuisance laws, to relegate cannabis dispensaries to industrial areas and economically depressed neighborhoods occupied primarily by racial and ethnic minorities (Holmes 2019; Garriott 2020). Similar reactions are observed in relation to other drug facilities that supposedly contaminate healthy environments, such as overdose prevention centers (Rouhani et al. 2022), drug recovery homes (Eastman 1995) or needle distribution services (Davidson and Howe 2014).

This article examines whether Proposition 64 succeeded in normalizing cannabis and mitigating NIMBY effects or whether racial prejudices and drug stigmas continued to inform local political decisions and protect middle-class communities from "contaminated" facilities. The notion of normalization refers to the expansion of existing frameworks to accommodate marginalized individuals or practices. Although such conceptualization may be problematic, we can still use it as a starting point.[8] Becoming normal means entering the normative space—that is, being accepted by dominant actors and welcomed in their habitat. Thus, we can suggest that cannabis is normalized when white middle-class communities (1) support its legalization and (2) allow cannabis facilities in their backyards.

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7. According to Lois Takahashi (1997), if an individual fits a stereotypical image of a stigmatized person (in terms of race, gender, socioeconomic status, and other attributes), it will reinforce their stigmatization. At the same time, an individual who does not reflect the stereotype will not receive immediate and permanent labeling (Takahashi 1997, 910; see also Mohamed and Fritsvold 2010).

8. Ben-Moshe (2020) contests the normalization principle since it focuses on incorporating into the regular instead of changing the status quo. According to this critical view, normalcy is a colonial discourse that controls and normalizes bodies and is embedded with bourgeois, white, heterosexual norms (78).

CANNABIS IN CALIFORNIA: LEGALIZATION AS A PROJECT UNDER CONSTRUCTION

California has been a pioneer in both criminalizing and legalizing cannabis. It was the first state to prohibit the recreational use of cannabis in 1913 and the first to allow its medical use in 1996.[9] In the 1970s, the success of decriminalization campaigns made cannabis activists believe that legalization was just around the corner. However, it took several decades before selling and consuming cannabis became legal in California. Despite the growing medical evidence demystifying the deleterious effects of cannabis use,[10] the federal authorities continued to fixate on presumed adverse effects of cannabis consumption, increasing the drug-war budget and arresting record numbers of people on cannabis charges.

The outbreak of the AIDS crisis in the 1980s created political and discursive opportunities for the legalization of cannabis for medical use (Dioun 2017; Lashley and Pollock 2020). Passed in 1996, Proposition 215 (the Compassionate Use Act) ensured the right of patients to obtain cannabis for treating serious illnesses and encouraged local governments to create a safe and affordable system of cannabis distribution.[11] In practice, however, regulatory and enforcement loopholes of the new regulation made cannabis patients and caregivers vulnerable to state and federal prosecution (Hymes 1997; Vitiello 1998; Mello 2012). The initiative did not provide any details on how the system should operate and left most of the regulation to the city and county levels. Moreover, Proposition 215 met with strict resistance from the federal government.[12] In the 2000s, California authorities made several attempts to clarify the scope of Proposition 215 and to prevent people from being arrested.[13] But, to a large degree, this model—characterized by no apparent oversight and minimal state intervention—remained in place until January 2018 when Proposition 64 came into force.

On November 9, 2016, the majority of California residents supported the Adult Use of Marijuana Act (Proposition 64), which allowed individuals twenty-one and older to possess, use, cultivate, distribute, and sell cannabis for

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9. In 1907, California passed the Poison Act that made it illegal to sell or use cocaine and morphine without a prescription. In 1913, the law was amended to include cannabis (Gieringer 1999).

10. Such as the LaGuardia Report (Mayor's Committee on Marijuana 1944), the Shafer Commission's report (National Commission on Marihuana and Drug Abuse 1972), or the National Academy of Science's report (National Research Council 1982).

11. Proposition 215 was enacted by the means of the initiative process on November 5, 1996. It added a new section to the California Health and Safety Code to exempt cannabis patients and physicians from criminal prosecution.

12. For example, in 2001, the US Supreme Court ruled that the Controlled Substances Act, May 1, 1971, 84 Stat. 1236, had priority over Proposition 215 and that California's medical cannabis patients and caregivers could not use the medical necessity exception to grow and distribute cannabis. *U.S. v. Oakland Cannabis Buyers' Cooperative*, 532 U.S. 483 (2001).

13. Senate Bill 420 in 2003 established a state-regulated identification card program and allowed patients to form collectives to grow and distribute cannabis. Assembly Bill 390 in 2009 imposed a state sales tax on dispensary operators, which signaled that cannabis companies should be treated on par with other legal businesses. Senate Bill 1449 in 2010 made the possession of no more than 28.5 grams of cannabis a misdemeanor that shall be punished by a fine of no more than one hundred dollars. The Medical Marijuana Regulation and Safety Act—a set of Assembly Bill 266, Assembly Bill 243, and Senate Bill 643 signed into law on October 9, 2015—imposed very specific rules regarding the cultivation, sale, and distribution of medicinal cannabis.

non-medical use.[14] Within a year, California passed a number of laws that established a general regulatory framework for the cannabis industry.[15] These regulations changed "marijuana" to "cannabis" throughout the legal code, designed a uniform licensing system, imposed testing and labeling standards, and created a new agency to oversee the market. City governments had to explicitly state whether they permit or ban economic cannabis activity and specify the licensing and zoning requirements. Existing medical cannabis collectives had to obtain a license to continue their operations or shut down their activities.

Yet even though cannabis became legal throughout California, its *de facto* status has remained controversial. As Michael Polson (2021, 36) notes, the US cannabis market is a peculiar example of the coexistence of prohibition and legalization. Under the federal Controlled Substances Act (CSA), cannabis is still classified as a Schedule I narcotic with no accepted medical use and a high potential for abuse.[16] States are not obligated to cooperate with the federal government, but they cannot prevent federal agencies from enforcing the law.[17] The continuing federal illegality of cannabis poses a threat of legal sanctions to those using or distributing cannabis under state law (Chemerinsky et al. 2015; Kamin 2017a, 2017b; Kjellberg and Olson 2017). People who consume cannabis in California still risk losing their jobs, parental rights, and federal benefits (such as student loans, subsidized housing, or research grants).[18]

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14. The first attempt to legalize cannabis for recreational use was under the Obama administration in 2010. Although California's residents rejected Proposition 19, its 46 percent support indicated that the tide was turning (Kjellberg and Olson 2017, 102). The Adult Use of Marijuana Act was considered in a more favorable context. From 2012 to 2014, three states (Washington, Oregon, and Alaska) and the District of Columbia legalized cannabis for recreational use, which provided a big morale boost to California's activists. Moreover, in 2013, the federal government issued the Cole Memorandum, which discouraged the federal government from enforcing federal cannabis laws in states that legalized cannabis. (The Cole Memorandum was later rescinded by Jeff Sessions in 2018).

15. In 2017, to ensure harmonization of cannabis regulation, California combined two licensing schemes—medical and recreational use—by merging the Adult Use of Marijuana Act and the Medical Marijuana Regulation and Safety Act. Senate Bill 94 (2017) incorporated this change, creating a single comprehensive regulatory system.

16. Other examples of Schedule I drugs are heroin, LSD, and ecstasy. On October 6, 2022, the Biden administration pardoned all those convicted of federal offenses of simple cannabis possession and asked to initiate the process of rescheduling cannabis under the Controlled Substances Act. See Statement from President Biden on Marijuana Reform on October 6, 2022, *White House*, https://www.whitehouse.gov/briefing-room/statements-releases/2022/10/06/statement-from-president-biden-on-marijuana-reform/. However, it remains unclear how these policies will be implemented in practice (Demko and Zhang 2022).

17. Despite several attempts to resolve the conflict between federal and state laws, cannabis remains in legal limbo. Under the Trump administration, US Attorney General Jeff Sessions rescinded all Obama-era lenient policies toward cannabis. Currently, Congress debates over the Marijuana Opportunity and Reinvestment and Expungement Act, H.R. 3617, 117th Congress (2021–22), which decriminalizes cannabis and completely removes it from the list of controlled substances. On April 1, 2022, the House of Representatives approved the Act, but many experts are pessimistic about its passing in the Senate.

18. For example, the Drug-Free Workplace Act, June 1, 1988, 41 U.S.C. 81, which requires employers who are federal contractors to maintain a drug-free workplace and prohibits the use and possession of illegal substances. There were several unsuccessful attempts to challenge the discriminatory policies against employees using cannabis. In 2008's ruling, the California Supreme Court decided that employers do not need to accommodate the use of medical cannabis and can take illegal drug use into consideration when making employment decisions (*Ross v. Ragingwire Telecommunications, Inc.*, No. S138130). This case is still the law in California (Roosevelt 2019). In February 2021, California legislators once again introduced legislation (Assembly Bill 1256) that protects employees from cannabis testing, which is currently under consideration.

The federal prohibition is also the reason why local jurisdictions are in no haste to allow legal cannabis facilities. Proposition 64 authorized cities and counties to regulate cannabis within their limits, which resulted in an uneven regulatory environment, with disparate zoning and odor policies, taxation systems, and license distribution rules. But what is peculiar about California is that most city governments decided to opt out and forbid any cannabis-related enterprises on their territories.[19] Only 40 percent of cities permitted commercial cannabis activity, whereas the rest have passed restrictive ordinances. Cities that authorized cannabis companies imposed strict buffer zones and capped the number of licenses (Silver, Naprawa, and Padon 2020). As a result, cannabis providers were forced to compete for a limited supply of licenses assigned to specific geographic locations, and those with fewer resources found themselves on the losing end (Gibson 2022).

Obtaining a license and maintaining a legal status is a privilege that many cannabis providers cannot afford nowadays. One of the major problems is access to professional services. Banks, attorneys, insurance companies, potential investors, and landlords are often not ready to support companies selling a federally prohibited drug. Therefore, cannabis operators must either rely on cash and become an easy target for robberies or pay a premium for standard business necessities. Other obstacles include a tedious application process, excessive taxation, overregulation, and high expenses associated with adherence to state and city requirements. These adversities of the business environment induce many cannabis providers to operate illegally or semi-legally. According to some estimates, about 80 percent of cannabis in California is purchased from unlicensed dealers (Quelly and Welsh 2019; Blood 2022).

The persistence of racial disparities is another important characteristic of California's legal cannabis market. Statistical analyses indicate that, while the number of cannabis arrests is decreasing, racial disparities persist even in states that have legalized cannabis (Willits et al. 2022). In 2021, Hispanics accounted for 44.2 percent of cannabis felony arrests in California, African Americans for 14.6 percent, and whites for 19.3 percent (California Department of Justice 2021, Table 31). Moreover, there is evidence that white middle-class men become the primary beneficiaries of cannabis legalization due to their access to capital and relative immunity to stigmatization. Social equity programs designed to repair the damages caused by the war on drugs and reduce the institutional challenges for underrepresented minorities have proved inefficient.[20] Most jurisdictions that launched such programs created equality of access but did not consider other, more invisible forms of disadvantages predicated on social and economic capital (Levin 2020; Krupnick 2021; Reyes 2021). Criminal record expungement programs also do not work as expected. While white middle-class

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19. California is not the only state that gave substantial authority to local governments to regulate commercial cannabis. Colorado and Washington, which were the first states to legalize cannabis for non-medical use, also have broad variations in local regulatory approaches to cannabis—from all-out bans to unlimited outlets (Dilley et al. 2017; Iannacchione, Ward, and Evans 2020; Payan, Brown, and Song 2021; Matthay et al. 2022). However, compared to California, other states have been more permissive: by 2019, only about 50 percent of Colorado counties and 25 percent of Washington countries prohibited any cannabis facilities (Payan, Brown, and Song 2021).

20. On September 26, 2018, California's governor signed into law Senate Bill 1294, known as the Cannabis Equity Act. The intention behind this legislation was to incentivize local jurisdictions to establish social equity programs that assist applicants from communities that have been disproportionately impacted by the war on drugs. In 2022, thirty-five million dollars were allocated to support these initiatives at the local level.

entrepreneurs explore a new market niche for profit, thousands of people—disproportionately minorities of color—are still waiting for their cannabis charges to be removed (Feldman 2022).[21]

There are many ways in which cannabis is legal in California and many ways in which it is not. Instead of discussing cannabis legalization as a given fact, this article proposes to look at legalizing cannabis as a project under construction. I ask the following questions: does the ongoing construction of legality contribute to dismantling pre-existing drug-war stereotypes and cannabis normalization? Or do pre-existing drug-war stereotypes continue to inform public policies and propagate NIMBY sentiments? I suggest that socioeconomic characteristics of localities may serve as a barometer of cannabis normalization. White middle-class communities that express higher support for Proposition 64 should be more open to cannabis dispensaries. The concentration of legal cannabis facilities in socially and economically distressed cities—especially those with lower support of cannabis legalization—indicates the presence of NIMBY attitudes.

METHODS AND MEASURES

This article uses new data types to explore the relationship between public support and local opposition. The primary source of information is the register of all cannabis licenses issued in California.[22] Until recently, three state agencies granted cannabis licenses in California: (1) the Bureau of Cannabis Control issued retail, distribution, testing, and micro-business licenses; (2) the California Department of Food and Agriculture issued cultivation licenses; and (3) the California Department of Public Health issued manufacture licenses. In July 2021, the governor of California signed new legislation that assigned all cannabis licensing to a single agency, the Department of Cannabis Control (Assembly Bill 141). I use data from 2018 and 2019 to grasp the onset of cannabis legalization in California. In total, more than twenty-one thousand cannabis licenses were issued during that period (Table 1). The licensing authorities collect and publish information on individual applicants. For the purposes of this study, I aggregated the number of issued licenses at the city level.

My assumption is that public support of cannabis can explain the number of cannabis licenses issued in a city. Since cannabis businesses create jobs and bring tax revenues to city budgets, local governments have strong incentives to permit cannabis enterprises, especially when most residents favor legalization. Thus, we can expect that cities that favor Proposition 64 will be more inclined to adopt permissive cannabis policies. Moreover, we may suggest that there will not be significant difference

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21. The current expungement system is known to be cumbersome and expensive. On September 18, 2022, California government signed Assembly Bill 1706 that requires the Department of Justice to expedite the expungement of cannabis-related convictions.

22. Usually, researchers use the website *Weedmaps* to collect information about the location of cannabis facilities. However, such an approach focuses only on retail businesses but excludes companies that cultivate, distribute, manufacture, or test cannabis products. I instead obtained data from the official sources that collected and published information regarding all cannabis licenses issued in California. These data are public and available online. The register contains the following information on each license: a unique number, business owner name, company name, contact information, location, license type (recreational/medicinal/both), license status (active/revoked/surrendered/expired), and issue and expiration dates.

TABLE 1.
Total number of Cannabis licenses issued in California in 2018 and 2019

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

Note: Most licenses that were issued during the first year were provisional. Upon expiration of a temporary license, applicants could get a provisional license as long as they demonstrated compliance with state and local regulations.

in the socioeconomic characteristics of communities that support cannabis and those that have legalized it. I test the following set of hypotheses:

Hypothesis 1: *Cities with higher support for Proposition 64 are more likely to legalize cannabis.* Other studies show that public opinion plays a crucial role in determining policy outcomes (Burstein and Linton 2002; Agnone 2007). The legalization of cannabis is a gradual process, and we cannot expect it to progress at a similar pace in different localities. However, one can expect that cities with higher support for cannabis legalization will be more likely to adopt permissive cannabis policies.

Hypothesis 2: *Socioeconomically prosperous cities are more likely to (1) support and (2) legalize cannabis.* Public opinion polls show that the educated middle class is the leading proponent of cannabis legalization. In the 1970s, rates of college graduates supporting the legalization of cannabis were fourfold greater than those who did not graduate from high school (see Figure A2 in the Appendix). Nowadays, the disparity is not as striking but still significant: 76 percent of college graduates and 64 percent of those without a bachelor's degree support cannabis legalization (Brenan 2020). People with higher household incomes ($100,000 and above) are also more likely to favor cannabis legalization than people with lower household incomes ($40,000 and less)—74 percent and 67 percent, respectively (Brenan 2020). Thus, one might suggest that socioeconomic prosperity will be positively associated with cannabis support and the number of issued licenses.

Hypothesis 3: *Cities with a lower percentage of Hispanic population are more likely to (1) support and (2) legalize cannabis.* Racial and ethnic minorities think about politics through a racial frame and might have different opinions than whites on matters related to cannabis (Tate 2014). According to James Forman (2017), in the 1970s and 1980s, African American communities in Washington, DC, supported cannabis legalization at much lower rates than white communities, despite the disparities in cannabis arrests and convictions. For the white population, cannabis legalization was a symbol of freedom. In contrast, Black leaders knew that the world operates unjustly for racial minorities and have opposed legalization, anticipating the devastating effects it would have on their youth (39–40). National opinion polls reveal a similar picture: until the 2010s, whites, on average, expressed greater support for legalizing cannabis (see Figure A3 in the Appendix). Today, the difference

between whites and African Americans is negligible: in 2018, 61.7 percent of African Americans and 59.9 percent of whites supported the legalization of cannabis. However, the Hispanic population expresses significantly less support—45.5 percent (see Figure A3 in the Appendix). Therefore, one might anticipate that cities with a higher percentage of Hispanic population will be less likely to support and legalize cannabis.

Hypothesis 4: *Cities with a higher percentage of young adults are more likely to (1) support and (2) legalize cannabis.* Young adults have always been on the frontline of the cannabis movement (see Figure A4 in the Appendix). A recent poll found that 81 percent of people aged eighteen to twenty-nine and 71 percent aged thirty to forty-nine support cannabis legalization (Brenan 2020). At the same time, older white Americans are still more likely to rely on old-fashioned and laissez-faire racial prejudice and oppose cannabis legalization (Smith and Merolla 2020). Among people aged sixty-five and above, only 55 percent think that cannabis should be made legal (Brenan 2020). Young people are also the primary consumers of cannabis: 39 percent of California residents aged eighteen to twenty-five and 20 percent aged twenty-six and older used cannabis in the past year (National Survey on Drug Use and Health 2019–20). Thus, one might expect that cities with a higher percentage of young adults will be more likely to support and legalize cannabis.

Hypothesis 5: *Financially distressed cities are more likely to (1) support and (2) legalize cannabis.* Financial incentives can also influence the decision to permit cannabis businesses. The legal cannabis industry has tremendous potential to generate tax revenues and create employment opportunities. During the first two years of implementing Proposition 64, California has collected more than $2.3 billion in taxes only at the state level (California Department of Tax and Fee Administration 2021). Cities can impose their own taxes, which run up to 15 percent. One can predict that there will be an association between the financial health of cities and the decision to support and legalize cannabis.

I consider three different measures of a dependent variable: (1) the total number of cannabis licenses; (2) the number of cultivation licenses (issued by the California Department of Food and Agriculture); and (3) the number of retail licenses (issued by the Bureau of Cannabis Control).[23] Support for cannabis legalization is measured as the percentage of votes for Proposition 64. On November 8, 2016, the California General Election ballot asked residents whether they supported or opposed the legalization of cannabis for persons aged twenty-one and older under state law. The initiative passed with a 57 percent support rate, ranging from 35 percent to 83 percent at the city level. The index of socioeconomic prosperity is a combination of (1) the percentage of residents with a bachelor's degree; (2) the percentage of residents below the poverty line; (3) the median household income in a city; and (4) the average home value in a city. To avoid the multicollinearity problem between economic and social variables, I used factor analysis (see Table A1 in the Appendix). The index of socioeconomic

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23. I include both active and expired licenses in the analysis since I am interested in the intensity of cannabis legalization across local jurisdictions. I exclude unincorporated territories from the analysis since they are regulated by counties. Unincorporated territories account for 30 percent of all licenses issued in 2018 and 2019. The final dataset consists of 13,659 cannabis licenses issued for California cities in 2018 and 2019.

TABLE 2.

Descriptive characteristics of analytic sample

Variable	Mean (SD)	Min	Max	Source
Cannabis licenses issued in a city				
Total number	26.1 (108.8)	0	1185	California Cannabis Portal,
Only retail licenses	8.48 (40.3)	0	705	2018-19
Only cultivation licenses	15.4 (86.2)	0	1037	
Race				
%, White population	44.2 (25.1)	1.2	91.1	American Community
%, Hispanic population	36.8 (25.8)	3.1	98.0	Survey, 5-year est., 2018
%, African American population	3.6 (4.9)	0	41.1	
%, Asian population	11.4 (13.6)	0	67.7	
%, Other race	4.0 (2.3)	0	14.3	
Support				
%, votes for Proposition 64	55.5 (7.8)	35	83	Presidential Elections, 2016
Middle class				
Index of socio-economic prosperity	0.0 (0.8)	–1.56	3.20	American Community
				Survey, 5-year est., 2018
Age				
%, population aged 20 to 29	13.5 (4.5)	0.1	36.8	American Community
				Survey, 5-year est., 2018
Fiscal health				
Fiscal score of a city	89.3 (13.1)	30.0	100	California Policy Center,
				2015
Controls				
Total population (thou.)	59.6 (108.6)	0.1	1401.9	American Community
Population density (thou. per sq. m.)	4.4 (3.4)	0.02	23.3	Survey, 5-year est., 2018

prosperity should be read as follows: the larger the index, the higher the proportion of the educated middle and upper class in a city. Race is measured as the percentage of people who identify as white, Hispanic, African American, Asian, and other. Age is calculated as the percentage of the population aged twenty to twenty-nine. I measure financial health as a city's fiscal score.[24] Finally, since the demand and supply of cannabis directly depend on the size of a city (bigger cities will, on average, issue more licenses), I use total population and population density as control variables (Table 2). The regression equations are as follows:

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24. California Policy Center calculates cities' fiscal scores based on the following parameters: (1) the ratio of general fund balance to its expenditures; (2) the ratio of long-term obligations to total revenues; (3) the ratio of actuarially determined pension contributions to total revenues; (4) change in local employment; and (5) change in property values. Both fiscal score and socioeconomic prosperity are economic measures, but they have different interpretations. Socioeconomic prosperity represents cities' multiple advantages and disadvantages that have a permanent or long-lasting effect; it is a proxy of the educated middle class in a community. The fiscal score indicates the temporary budgetary problems that both poor and rich cities can experience; it is a proxy of organizational pressure.

TABLE 3.
Support of cannabis legalization and the issuance of cannabis licenses in California cities

Support for Proposition 64 (50% and more)	At least one cannabis license issued in 2018 and 2019		Total
	No	Yes	
No	104	30	134
Yes	192	156	348
Total	296	186	482

$$support = \beta_0 + \beta_1 racial\ composition + \beta_2 middle\ class + \beta_3 young\ consumers$$
$$+ \beta_4 fiscal\ health + \beta_5 population + \beta_6 population\ density + u$$

$$legalization = \beta_0 + \beta_1 support + \beta_2 racial\ composition + \beta_3 middle\ class$$
$$+ \beta_4 young\ consumers + \beta_5 fiscal\ health + \beta_6 population$$
$$+ \beta_7 population\ density + u$$

RESULTS

As Table 3 shows, support for cannabis legislation does not always translate into permissive cannabis policies. In California, 348 of 482 cities (72 percent) supported the legalization of cannabis in 2016, and only 186 of 482 (39 percent) issued at least one cannabis license. In total, 45 percent of municipalities whose residents supported legalization (156 of 348) eventually permitted cannabis companies within their borders, and 22 percent of municipalities whose residents did not support Proposition 64 (30 out of 134) eventually legalized cannabis. Thus, public support cannot fully explain why some jurisdictions move toward more permissive cannabis policies and others do not.

I hypothesized that the number of cannabis licenses would depend not only on public support of cannabis legalization but also on the socioeconomic characteristics of communities. If the implementation of cannabis laws was not affected by NIMBY sentiments, then there would not be any significant difference between cities that supported cannabis legalization and cities that permitted cannabis enterprises. Table 4 reports the estimated coefficients of the multiple linear regression explaining the public support for Proposition 64 (Models 1–4). On average, cities with a higher index of socioeconomic prosperity, a larger percentage of young adults, and a lower fiscal score were more likely to vote for Proposition 64 in 2016. Compared to cities with a higher percentage of white population, cities with a higher percentage of African American population and a lower percentage of Hispanic and Asian population were more likely

TABLE 4.

Support of Proposition 64, net of covariates, city-level analysis (N = 481)

	(1)	(2)	(3)	(4)
	Support	Support	Support	Support
Hispanic, %	–.1444***	–.0388**	–.0546***	–.0632***
	(.0176)	(.0186)	(.0197)	(.0199)
African American, %	.2373***	.3465***	.3267***	.3153***
	(.0608)	(.0617)	(.0594)	(.0571)
Asian, %	–.1603***	–.2105***	–.2124***	–.2064***
	(.0232)	(.0252)	(.0250)	(.0252)
Other race, %	.3344*	.6588***	.5635***	.5412***
	(.1775)	(.1527)	(.1601)	(.1593)
Socio-economic prosperity		4.852***	5.003***	5.0618***
		(.5990)	(.6132)	(.6134)
Age 20-29, %			.2023**	.1982**
			(.0845)	(.0853)
Fiscal score				–.0628***
				(0.0236)
Total population	.0023	.0022	.0012	.0003
	(.0019)	(.0017)	(.0019)	(.0019)
Population density	.7680***	.4788***	.4380***	.4575***
	(0.1076)	(0.1078)	(.1032)	(.1075)

Note: Robust standard errors are in parentheses *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

to support cannabis legalization. These results are consistent with the proposed hypotheses.[25]

Tables 5 and 6 explain the number of cannabis licenses issued in a city. Since only 40 percent of California cities have legalized cannabis, the dependent variable has many zeros. To account for over-dispersion, I use negative binomial regression. Table 5 displays coefficients for all types of cannabis licenses, and Table 6 displays coefficients separately for cultivation and retail licenses. The results demonstrate that cities with higher support for cannabis legalization are more likely to issue cannabis licenses

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25. The empirical model has several limitations. First, due to multicollinearity concerns, I decided not to use one of the best predictors of cannabis legalization—that is, political affiliation. According to the General Social Survey, 83 percent of American Democrats and 48 percent of Republicans support cannabis legalization (Brenan 2020). The percentage of registered Democrats is highly correlated with the support of the Proposition 64, and when I include the political affiliation in the model, it significantly increases the variance inflated factor and decreases the explanatory power of all models. Second, I excluded one outlier from the final dataset whose values fell outside three standard deviations (that is, the city with a population exceeding three million citizens). The final sample consists of 481 California cities. Third, I used multiple imputation by chained equations (MICE) to generate values for missing covariates—the index of socioeconomic prosperity and cities' fiscal score. There is no significant difference in the outcomes of the two models, one with imputed data and the other without.

TABLE 5.

Number of issued cannabis licenses, net of covariates, city-level analysis, 2018–19 (N = 481)

	(5)	(6)	(7)	(8)
	All cannabis licenses	All cannabis licenses	All cannabis licenses	All cannabis licenses
Support of Proposition 64, %	.1469*** (.0218)	.2207*** (.0301)	.2254*** (.0317)	.2256*** (.0321)
Hispanic, %	.0320*** (.0118)	.0080 (.0136)	.0109 (.0123)	.0090 (.0119)
African American, %	−.0344 (.0219)	−.0686*** (.0249)	−.0685*** (.0247)	−.0697*** (.0247)
Asian, %	−.0754*** (.0160)	−.0532*** (.0146)	−.0517*** (.0144)	−.0512*** (.0146)
Other race, %	.1893 (.1175)	.0345 (.1286)	.0534 (.1197)	.0365 (.1113)
Socio-economic prosperity		−1.446*** (.4341)	−1.4673*** (.4252)	−1.4636*** (.4293)
Age 20-29, %			−.0318 (.0343)	−.0314 (.0349)
Fiscal score				−.0054 (.0115)
Total population	.0053*** (.0012)	.0055*** (.0013)	.0057*** (.0013)	.0057*** (.0014)
Population density	−.0305 (.0442)	−.0000 (.0388)	.0045 (.0397)	.0058 (.0406)

Note: Robust standard errors are in parentheses *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

(Models 5–12; Tables 5 and 6). It is not surprising since, as I mentioned earlier, 45 percent of cities whose residents voted for Proposition 64 have passed permissive cannabis ordinances. The more important question is: what other factors account for variations in the number of cannabis licenses, after we control for public support rates?

The index of socioeconomic prosperity is one of the strongest predictors of the number of cannabis licenses issued in a city (Models 6–8, 10, and 12; Tables 5 and 6). However, contrary to expectations, poor communities are more likely to authorize cannabis facilities on their territories, regardless of public support rates. Racial composition is another crucial factor. The percentage of Hispanic population is of primary concern here since it is California's largest ethnic minority (almost 40 percent), which has been stereotypically connected to drug trafficking, cartel violence, and immigration control (Michelson and Tafoya 2014). Hispanic communities, on average, express lower support for cannabis legalization compared to white communities (Models 1–4; Table 4). However, municipalities with a higher percentage of Hispanic

TABLE 6.

Number of issued cultivation and retail cannabis licenses, net of covariates, city-level analysis, 2018–19 (N = 481)

	(9)	(10)	(11)	(12)
		Cultivation	Retail	Retail
	Cultivation licenses	licenses	licenses	licenses
Support of Proposition 64, %	.1351***	.2422***	.1490***	.1782***
	(.0292)	(.0422)	(.0173)	(.0218)
Hispanic, %	.0328**	.0070	.0431***	.0205**
	(.0156)	(.0167)	(.0078)	(.0085)
African American, %	–.0704***	–.1024***	.0246	–.0055
	(.0258)	(.0269)	(.0197)	(.0220)
Asian, %	–.0816***	–.0530**	–.0525***	–.0361**
	(.0227)	(.0216)	(.0145)	(.0149)
Other race, %	.1317	–.0297	.2758***	.1272
	(.1405)	(.1330)	(.0784)	(.0823)
Socio-economic prosperity		–1.723***		–.8468**
		(.5058)		(.3535)
Age 20-29, %		–.0655		.0233
		(.0459)		(.0231)
Fiscal score		.0006		–.0278***
		(.0160)		(.0087)
Total population	.0046***	.0048***	.0068***	.0067***
	(.0013)	(.0014)	(.0015)	(.0016)
Population density	–.0930	–.0604	–.0055	.0290
	(.0755)	(.0647)	(.0294)	(.0322)

Note: Robust standard errors are in parentheses *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

population are more likely to authorize commercial cannabis activity, as compared to those with a higher percentage of white population (Models 5, 9, 11, and 12; Tables 5 and 6).

When we control for the index of socioeconomic prosperity, the percentage of Hispanic population becomes statistically insignificant for cannabis licenses in general (Models 6–8; Table 5) and cultivation licenses in particular (Model 10; Table 6). A different situation is observed with retail businesses: the percentage of Hispanic population remains statistically significant, even after adjusting for socioeconomic disadvantage and cities' financial health (Model 12; Table 6). These findings indicate that the visibility of cannabis operations is a crucial factor in the decision-making process. Cultivation businesses usually operate on remote sites or indoors and are hidden from the public eye. Retail companies, on the contrary, tend to be located near high-traffic areas and are visible to potential customers and thus are more likely to be stigmatized. Cities' fiscal score is also statistically significant for retail licenses only

TABLE 7.
Validation of hypotheses

	Hypotheses	Expected Sign	Sign of the relation	Significance
H1	*Cannabis support →* *number of licenses*	Positive	Positive	High
H2(a)	*Socio-economic prosperity →* *cannabis support*	Positive	Positive	High
H2(b)	*Socio-economic prosperity →* *number of licenses*	Positive	Negative	High
H3(a)	*% of Hispanic population →* *cannabis support*	Negative	Negative	High
H3(b)	*% of Hispanic population →* *number of licenses*	Negative	Positive	Moderate (for retail licenses only)
H4(a)	*% of young adults →* *cannabis support*	Positive	Positive	Moderate
H4(b)	*% of young adults →* *number of licenses*	Positive	Positive/ Negative	Not significant
H5(a)	*City's financial score →* *cannabis support*	Negative	Negative	High
H5(b)	*City's financial score →* *number of licenses*	Negative	Negative	High (for retail licenses only)

(Model 12; Table 6). However, the sign of the relation is opposite of the predicted direction: cities with a lower financial score are more likely to permit cannabis retail companies. The percentage of young adults does not have any explanatory power (see Table 7 for all hypotheses and their validation).

Figure 1 presents a more detailed analysis of variations in racial composition and socioeconomic disadvantage in different types of cities. Generally, cities that did not support legalization but permitted cannabis businesses have a higher percentage of Hispanic population, a lower percentage of other racial and ethnic groups, and a lower index of socioeconomic prosperity (that is, below zero). At the same time, cities that supported legalization but did not authorize commercial cannabis activity are more likely to be associated with a larger percentage of white and Asian populations and a higher index of socioeconomic prosperity. These results are consistent with most recent analyses of California's cannabis policies that have found that jurisdictions with more white residents, higher median income, and less poverty are more likely to ban cannabis outlets (Matthay et al. 2022).

To conclude, there is substantial evidence in the findings that economically prosperous cities, on average, express higher support for cannabis legalization. Still, it does not mean that they will be more likely to permit legal cannabis businesses within their borders, notwithstanding possible tax revenues or employment opportunities. For example, Santa Monica and Laguna Beach residents are among the strongest supporters of cannabis legalization—75 percent and 62 percent of votes for Proposition 64, respectively; however, their city governments passed ordinances banning cannabis businesses. Both Santa Monica and Laguna Beach are
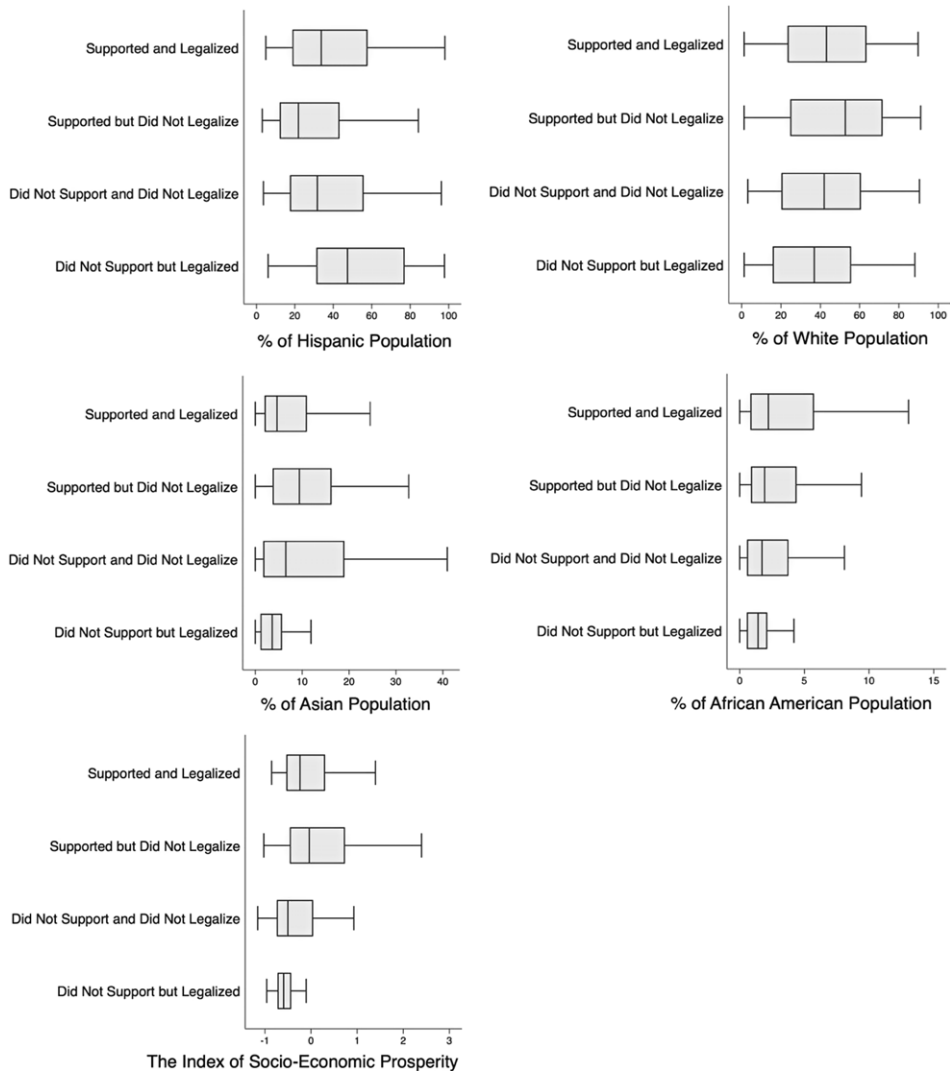
FIGURE 1.
Box plots of racial composition in different types of cities.

predominantly non-Hispanic (16 percent and 8.4 percent of the Hispanic population) and affluent communities (10.7 percent and 6.6 percent of residents below the poverty line). In contrast, in cities like Calexico and Firebaugh, where most residents did not support cannabis legalization (46 percent and 42 percent, respectively), city governments passed permissive cannabis regulations. Both cities are predominantly Hispanic (97 percent and 92 percent) and poor (25 percent and 30 percent of the population below the poverty line).[26]

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26. The data on Hispanic population and poverty are taken from the American Community Survey, 2017, 5-Year Estimates Data Profile, Tables DP03 and DP05, Census Data Search Tool, https://data.census.gov. The city-level support rates for Proposition 64 can be found in Staggs and Wheeler 2018.

DISCUSSION

This article builds on a long tradition of studies that examine managing spatiality as a technique of power that allows more resourceful social groups to reject inappropriate elements and protect what they deem normal, natural, and right (Douglas [1966] 1984; Dear 1992; Cutter 1995; Sibley 1995; Mills 1997; Takahashi 1997; Hubbard 2005; Smith 2010; Tighe 2012; E. Anderson 2015; Ben-Moshe 2020; Brunsma, Kim, and Chapman 2020; Gent 2022). I identify NIMBYism as a logic that exists at the intersection of place, race, class, and stigma and that is predicated on social ignorance and disregard. Drug use has always been a heavily moralized territory, and people of color have suffered worse outcomes than more privileged individuals for identical drug-related behavior (see, for example, Mohamed and Fritsvold 2010). There is nothing inherently criminogenic about drugs, nor does drug use necessarily relate to race and poverty. As other studies show, drug regulation is part of a broader civilizing process that has roots in social exclusion, isolation, and racial control (Becker 1963; Ben-Yehuda 1990; Beckett 1997; Reinarman and Levine 1997; Musto [1973] 1999; Steiner and Argothy 2001; Provine 2007; Wacquant 2009; Alexander 2010; Ahmad 2011; Omori 2013). Racialized rhetoric about drug use has guided the adoption and implementation of anti-cannabis laws throughout American history, and these conceptions have promoted NIMBY sentiments toward any drug-related facilities.

The goal of the statistical analysis was to understand whether, after the passage of Proposition 64, legal cannabis facilities became normalized or continued to be viewed as a "matter out of place." The results show that white middle-class cities, on average, express higher support for Proposition 64. The willingness to legalize cannabis may follow a pragmatic logic (easier access to cannabis, potential tax revenues, or lower law enforcement costs), a moral logic (repair the damages caused by the war on drugs), or a progressive logic (aligned with other liberal trends such as abortion rights, same-sex marriages, or pro-immigration policies). Yet people who agree that cannabis should be legal at the state level might not be ready to embrace this idea entirely and permit cannabis dispensaries in their communities. Affluent communities are more likely to ban cannabis dispensaries and distance themselves from the possible harms of cannabis stigma. In contrast, for poor communities of color, potential tax revenues and job opportunities may outweigh the harmful effects of stigmatization. These findings indicate that NIMBY sentiments continue to determine the implementation of cannabis laws in California.

The case of cannabis legalization demonstrates that we cannot adequately evaluate the success of a progressive legislation without examining how it represents the discourse of power and works with people who are often ignored in the legal space. Swethaa Ballakrishnen (forthcoming) suggests rethinking the periphery as a useful analytical category. The methodological intervention would be to assess the politics of inclusion from the perspective of non-dominant actors whose position in the field reflects relatively low degrees of wealth, prestige, or political capital. Cannabis activists have been fighting the issues of racial injustice, discrimination, and inequality for decades. It was believed that the full legalization of cannabis would provide an opportunity to repair the damages caused by anti-drug political campaigns. Part of this damage was the persistence of culturally intensive stereotypes about drug use that disproportionately

affected racial and ethnic minorities. The manifestation of NIMBYism and the concentration of legal cannabis facilities (especially retail businesses) in poor and predominantly Hispanic communities undermine the social justice goals that have been driving the cannabis movement.

The passage of new laws alone does not eradicate drug stigma or eliminate racism and the larger systems of power. As Martha Fineman (1995, 18) notes, the nature of law is conservative: instead of dissolving hierarchies, legal reforms often result in empowering dominant social groups and "make things worse for those they were designed to help." Despite ideological shifts, the practices of isolation, stigmatization, and control in dealing with cannabis continue to proliferate, disproportionately affecting those in less privileged positions. Punitive enforcement practices, drug testing at the workplace, zoning laws, dislocation of cannabis facilities to poor areas, racial disparities in cannabis arrests, and marginalization of cannabis users—all of these indicate that cannabis is far from being normalized, even in states that have legalized it for medical and non-medical use. As Jonathan Simon (2007, 11; emphasis added) noted in *Governing through Crime*, "[w]e will perhaps have arrived at the 'tipping point' when baby boomers are more anxious about access to medical marijuana for their chemotherapy than if their kids are lighting up after school. But even if crime becomes less central as a public obsession, it *may not change* the entrenched dynamic of governing thought crime." Fifteen years after Simon's quote, we still live in a society defined by criminalization and imprisonment, and it shapes how we think about cannabis use and cannabis users.

CONCLUSION

This article synthesizes different theoretical perspectives to enhance our understanding of NIMBYism as a logic that grants socio-spatial privileges to more resourceful actors. The idea behind socio-spatial control is that if objects, practices, or behaviors do not fit the existing social and moral order, they should be spatially excluded. I used regression analysis to evaluate the degree to which cannabis facilities are normalized in California. Normalization defaults to being accepted by normative actors and incorporated into their environments. I hypothesized that if white middle-class communities express higher support for the legalization of cannabis, they would be more likely to pass permissive cannabis ordinances. At the same time, the concentration of cannabis facilities in communities that did not support legalization and that already suffer from multiple socioeconomic difficulties would signify the persistence of drug-war stereotypes and the prevalence of NIMBY sentiments.

Other studies have provided sufficient evidence that cannabis facilities tend to be located in impoverished areas. This study goes further and looks at the dissociation between public support for cannabis legalization and actual cannabis policies. Proposition 64 provided all municipalities with a possibility to opt out of cannabis facilities. Although the vast majority of local governments supported the legalization of cannabis, only 40 percent of them permitted cannabis businesses within their jurisdiction. This disparity between state-level support and local opposition highlights the ambiguity of the current state of cannabis in California.

My findings suggest that NIMBY effects play an important role in the implementation of Proposition 64 by local jurisdictions. Affluent communities whose residents were among the strongest supporters of cannabis legalization decided to keep aloof from stigmas attached to cannabis businesses, even at the cost of not reaping financial rewards. In contrast, economically disadvantaged communities were more likely to legalize cannabis facilities due to higher financial pressures and lower reputational risks, even if the majority of their population voted against the legalization of cannabis. The association between race and stigma is stronger for retail than cultivation businesses, which is another illustration of NIMBYism. Retail companies are more likely to be located near residential, high-traffic areas, while cultivation companies are often hidden from the public eye. Since cultivation companies do not impose any hypothetical threats on property values, they seem more acceptable in white middle-class communities.

This article has demonstrated that to estimate the success of the cannabis reform movement, we need to focus on economically distressed communities that bear the main burden of drug stigma. As Michael Polson (2021) notes, the liberalization of economic activity does not in itself deliver social justice; instead, it often maintains the power relations that made the prohibition possible in the first place. Proposition 64 produced a fertile ground for NIMBY attitudes by creating and legitimizing a system in which commercial cannabis activity was banned until local jurisdictions decided otherwise. Predictably, most municipalities chose to opt out, especially those with higher property values. New cannabis policies disproportionately benefited individuals in advantaged positions who gained safe access to cannabis and employment opportunities without experiencing the adverse effects of labeling. At the same time, low-income and politically disempowered communities continued to bear a disproportionate share of drug stigma, which perpetuated their marginalization and defeated the success of social justice reforms.

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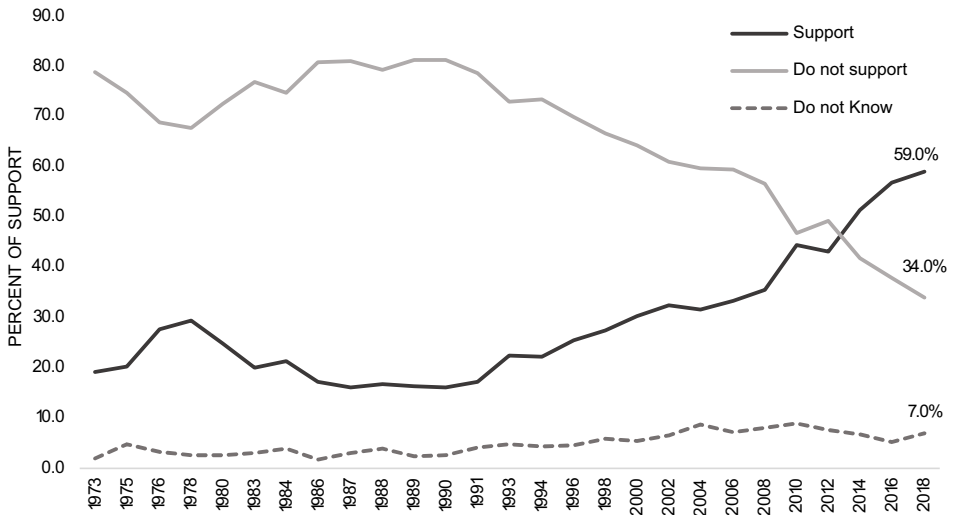
APPENDIX

FIGURE A1.
Support for cannabis legalization, 1973–2018: GSS Data Explorer (“Do you think the use of marijuana should be made legal or not?”).
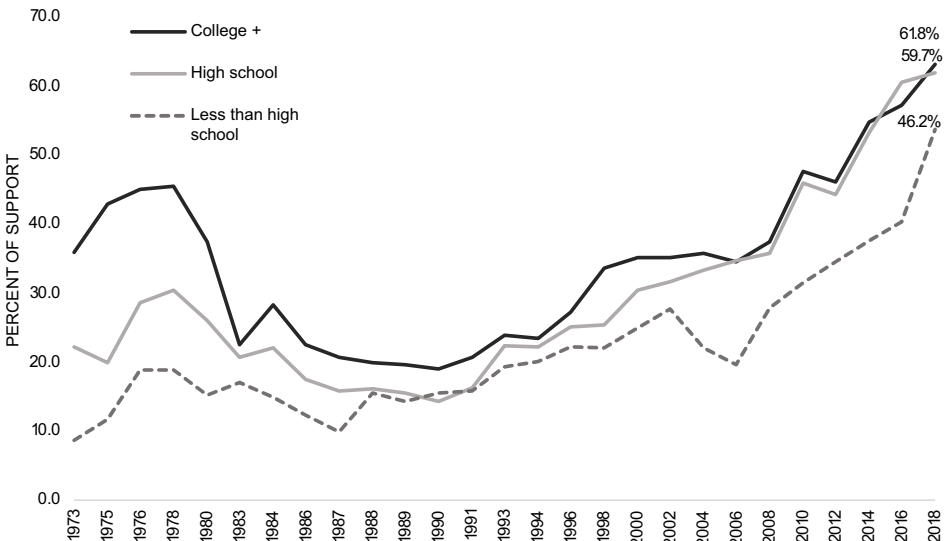

FIGURE A2.
Education and support for cannabis legalization, 1973–2018: GSS Data Explorer (“Do you think the use of marijuana should be made legal or not?”).
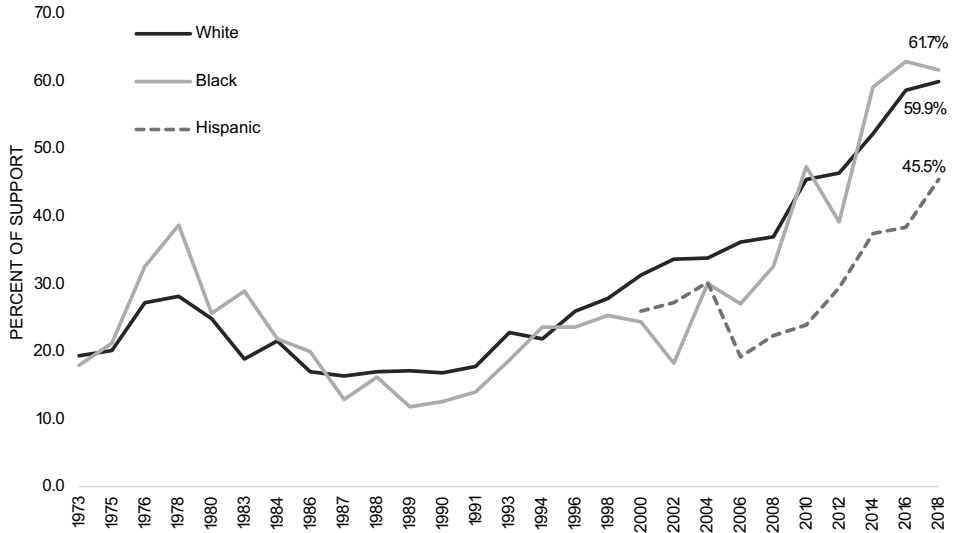
FIGURE A3.
Race and support for cannabis legalization, 1973–2018: GSS Data Explorer ("Do you think the use of marijuana should be made legal or not?").
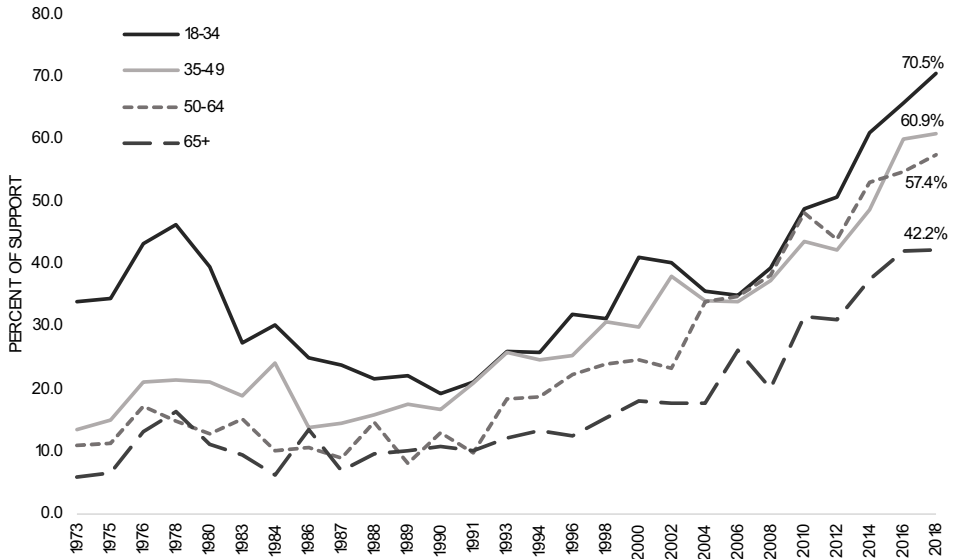

FIGURE A4.
Age and support for cannabis legalization, 1973–2018: GSS Data Explorer ("Do you think the use of marijuana should be made legal or not?").

TABLE A1.
The index of socio-economic prosperity (factor analysis—varimax rotation)

Variable	Factor "Socio-economic prosperity"
% of citizens with bachelor's degree	0.7448
% of citizens below the poverty line	−0.4067
Median income, in $1,000	0.6461
Average home value, in $1,000	0.7910