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Parenting Practices in the Context of Legal Marijuana: Voices from Seattle Parents

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Abstract

Objectives: This study examined marijuana-related parenting attitudes, behaviors, and challenges in the context of nonmedical marijuana legalization in Washington State.

Method: Qualitative data were collected via 6 focus groups with a total of 54 parents of preteen and teenage children, following the opening of the first marijuana retail store in Seattle in 2014. A structured interview protocol was used to ask parents about their marijuana-related parenting behaviors and about information, skills, or strategies that parents might find helpful while raising children in a state where nonmedical marijuana use is legal for adults. Transcripts were analyzed using thematic content analysis with NVivo software.

Results: Findings indicate that most parents talked to their children about marijuana, communicating rules and information about the effects of the drug. Although most parents felt that marijuana use by underage youth was not acceptable, many recognized that it was something teens would likely experiment with. Most parents set guidelines about marijuana in their households, but several faced challenges monitoring their children's behavior (e.g., use of edibles), imposing consequences when children used marijuana, reconciling societal and personal norms, and deciding whether or not to disclose their own use. Parents expressed that they would benefit from learning strategies to deal with these challenges, including factual information and parenting skills, through programs offered in schools or community settings.

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Ethical Approval: Approval for this study was granted by the University of Washington Institutional Review Board. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent: Informed consent was obtained from all individual participants included in the study.

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Conclusions: Results have implications for future research that seeks to inform prevention program development and shape policies attuned to the needs of parents.

Keywords

Marijuana; marijuana legalization; parenting; focus groups; adolescents

Washington State is one of nine states in the United States (AK, CA, CO, MA, MI, MS, NV, OR, and WA) that have legalized the nonmedical use of marijuana for adults over age 21. Washington and Colorado were the first states to do so in 2012, setting up statewide systems for retail and distribution (Cambron, Guttmanova, & Fleming, 2017; Room, 2014). This has created a new context for parents raising children in these states—with potentially new challenges around preventing or reducing children's marijuana use. Although marijuana use remains illegal for youth, its legalization for adults could potentially affect youth by increasing exposure and availability; by changing norms and attitudes; by altering adult use, including use by their parents; and by creating new scenarios that parents must address. As the legalization of nonmedical marijuana use is a relatively new phenomenon, it is unknown what challenges this new law poses for parents of preteens and teenagers in terms of marijuana-related parenting practices and what support parents would need to address these challenges.

Nationally, 21% of 12th graders reported having used marijuana in the past 30 days in the 2014 Monitoring the Future survey (Ammerman, Ryan, & Adelman, 2015; Miech, Johnston, O'Malley, Bachman, & Schulenberg, 2016). Rates in Washington State during that same year were even higher, with 27% of 12th graders reporting past-month use (Washington State Healthy Youth Survey, 2015). Consequences of marijuana use appear to be more detrimental when youth start using early and when they use regularly (e.g., daily) as adolescents (Catalano et al., 2018; Hall, 2015; National Academies of Sciences, 2017; Volkow, Baler, Compton, & Weiss, 2014). Less is known about light or moderate marijuana use; however, adverse effects of heavy marijuana use during adolescence may include negative impacts on cognitive functioning and school achievement; higher risk of anxiety, depression, and psychotic disorders; increased risk for motor vehicle accidents; increased risk for dependence and addiction to marijuana or other substances; and other physical health effects such as higher symptoms of chronic bronchitis for marijuana smokers (Hall, 2015; National Academies of Sciences, 2017; Volkow et al., 2014). Regular marijuana use in adolescence has also been associated with negative outcomes during adulthood (Brook, Adams, Balka, & Johnson, 2002; Guttmanova et al., 2017). Taken together, these findings indicate that regular marijuana use in adolescence can generate a substantial disease burden over time, representing an important public health concern.

Parenting and family factors can act as both risk and protective factors for adolescent use of marijuana and other drugs (Catalano et al., 2018). Specifically, marijuana-related parenting practices and attitudes can have important implications for teen marijuana use (Huansuriya, Siegel, & Crano, 2014; Lac, Alvaro, Crano, & Siegel, 2009; Lamb & Crano, 2014). Parental monitoring (Bohnert, Anthony, & Breslau, 2012; Epstein et al., 2017; Kerr, Tiberio, & Capaldi, 2015; Lac et al., 2009) and proactive family management (Kosterman, Hawkins,

Guo, Catalano, & Abbott, 2000) have been shown to delay the initiation of marijuana use in adolescents. Parents' history of marijuana use (Kerr et al., 2015) and current marijuana use (Bailey et al., 2016) were found to be associated with a higher likelihood of marijuana use in their children.

How parents communicate with their children about substance use is also important, but complex. Effects of parent-child communication depend in part on the timing and content of communications (Ennett, Bauman, Foshee, Pemberton, & Hicks, 2001). Boyd, Perkins, Greenberg, and Stevens (2014) found a negative correlation of family cohesion and communication with adolescent substance use, while Luk, Farhat, Iannotti, and Simons-Morton (2010) found that the protective effect of parent-child communication about substance use was substance specific and depended on the gender of the child and the parent (for example, easy communication with fathers was negatively associated with marijuana use among sons, but the pattern did not hold for son's communication with mothers or for girls with either parent). Ennett et al. (2001) did not find a relationship between parent-child communication and initiation of alcohol and cigarette use among teens, but found a negative relationship between parental discussion of rules and discipline and youth's escalation of use. Also, parental modeling of alcohol and cigarette use was related to their children's behavior: "...what parents communicate nonverbally by what they do is more important than what they say" (Ennett et al., 2001, p. 60). In a more recent study, Ennett, Jackson, Bowling, and Dickinson (2013) found that talking with children about harmful consequences of alcohol use was associated with reduced child susceptibility to alcohol use in families where parents drank alcohol frequently, but not in families where parents drank infrequently. Whether these patterns hold for marijuana and other drugs is not yet known.

Early findings from a prior qualitative focus group study with Seattle parents post-marijuana legalization indicated that some parents felt that sharing their own experiences of marijuana use gave them perceived credibility to discuss marijuana with their teens; however, many also expressed concern that asking their children to do as they say, but not as they do, would likely not be effective (Skinner et al., 2017). These parents also endorsed reminding teens of short-term consequences, and supporting them to get involved in other positive activities (Skinner et al., 2017). Teens, on the other hand, yearned for a balanced understanding of marijuana use, since hearing only the negative side was not convincing, and seemed untrustworthy (Skinner et al., 2017).

Emerging data suggest that attitudes may be changing with legalization. Two recent studies in Washington State indicated that parents were unclear about the details of the law (Mason, Hanson, Fleming, Ringle, & Haggerty, 2015), especially with regard to the age for legal use and legality of public use (Kosterman et al., 2016). In their longitudinal study, Kosterman et al. found that the frequency of marijuana use among parents who used had increased significantly during the past decade (contrary to the typically observed decline in substance use with increasing age), while perceived harm of marijuana use had decreased. Although parents still mostly disapprove of minors using marijuana (93%), there has been an increase in acceptance of underage use during the last two decades (Kosterman et al., 2016). By contrast, when directly asked whether legalization had changed their beliefs about marijuana, in general parents did not believe that legalization of marijuana for adults had

changed their attitudes (Mason et al., 2015). More specifically related to parenting practices, Mason et al. (2015) found that parents often discussed marijuana-related topics with their teens, including household rules about the law and what is and is not legal. Marijuana-using parents were even more likely to have discussed household rules about marijuana use. Among the parents in Kosterman's study who felt that their child was old enough for the conversation, 73% had told their child that marijuana is only for adults, only for medical reasons, or not okay in any case. Still, over one fifth of parents had not yet talked to their children about marijuana. And, among marijuana-using parents, a third had used it in a situation where their children were aware of what they were doing.

This study expands on the work by Mason et al. (2015) and Kosterman et al. (2016) by using qualitative data to explore in more depth the parenting practices and challenges of parents raising children in this new legal context. Our goal was to better understand the potential effects of marijuana legalization for parents and to help inform policy and prevention efforts by gathering qualitative data directly from those actively parenting. To this end, we conducted focus groups with parents of teenage and preteen children in Seattle, Washington, in August 2014, in the midst of intense media coverage across the state following the opening of the first marijuana retail store in July of that year. We asked parents about marijuana-related attitudes and norms that they conveyed to their children; their marijuana-related parenting behaviors; their conversations with their children about marijuana; what messages they most wanted to communicate to their children; and how they were setting rules, monitoring behavior, and following up with consequences. We also asked directly what challenges they were facing and what types of information, skills, or strategies they thought might help address them. Understanding the experiences of parents is critical for the development of preventive interventions that are aligned with their interests and address their needs.

Method

Participants

Focus group participants were selected from the Seattle Social Development Project (SSDP), a longitudinal youth development study of 808 students recruited in fifth grade in 1985 from 18 Seattle elementary schools serving high-crime neighborhoods. SSDP participants were surveyed every 1 to 4 years from age 10 (in 1985) to age 39 (in 2014). Annual retention averaged 90% across all data collection waves; retention at age 39 was 88% of the still-living sample. Subjects in this sample who lived within 50 miles of Seattle, Washington, and were parenting a child aged 8 to 15 at the time of the 2014 survey (i.e., had face-to-face contact with their child at least once a month) were informed of the focus groups by mail and were invited to participate. A total of 117 eligible parents were invited to participate by mail and a follow-up phone call. Parents who agreed to participate were assigned to focus groups on a first-come, first-served basis. Fifty-four parents participated in one of six focus groups. Participants were assigned to groups based on their past-year marijuana use (reported in a prior SSDP survey; Kosterman et al., 2016) and the age of their children: two focus groups were with non-marijuana-using parents of children ages 8–11 ($N = 18$), two with non-marijuana-using parents of children ages 12–15 ($N = 19$), and two with parents

who reported past-year use and had children ages 8–15 ($N = 17$). Groups were formed taking into account potential differences in parenting across developmental periods, and to facilitate disclosure and minimize judgement on sensitive issues. Participants averaged 39 years of age, and 28% were male; the focus group sample was ethnically diverse, mirroring the full SSDP sample: Caucasian (39%), African American (37%), Asian American (17%), and Native American (7%). In addition, 56% of marijuana-using parents reported having used 12 or more times in the past year; among nonusers, 43% reported ever using marijuana (but not in the past year). Each participant received a cash incentive for attending the focus group. All study procedures were reviewed and approved by the University of Washington's Institutional Review Board. Table 1 summarizes focus group composition and sample demographics, which were compiled based on participants' responses to the SSDP longitudinal survey (see Kosterman et al., 2016).

Procedures

Focus groups were conducted at Seattle community centers in August 2014, one month after the first legal marijuana retail shop opened in Washington State, and were typically 2 hours in length. A structured interview protocol developed by the research team was used to guide the discussion. At the beginning of each focus group, the facilitator presented ground rules (e.g., keep what's shared within the room, share the "airtime," there are no "right" or "wrong" answers, you don't have to answer if you don't want to, etc.) and reviewed the purpose of the focus group. General discussion topics centered on parenting behaviors and attitudes related to marijuana, including questions about conversations parents were having with their children about marijuana, messages they would like to convey to their children, marijuana-related family management approaches, marijuana-related parenting challenges, what types of information and strategies would help them deal with issues related to teen marijuana use, who parents trust for advice in this area, and what barriers they may face in accessing information or help. All focus groups were facilitated by a researcher with prior group facilitation experience. Focus groups were digitally audio recorded and professionally transcribed. Observers took notes on interactions during the sessions and these observations were integrated into the transcripts.

Data Analysis

Transcripts were analyzed using a thematic content analysis approach (Braun & Clarke, 2006; Hsieh & Shannon, 2005; Krueger & Casey, 2000; Stirling, 2001). Transcripts were reviewed to identify basic patterns and concepts that characterize the data; these basic ideas were then grouped by the researchers into higher order categories that describe the overarching principles and summarize the main themes. An iterative process was used for analyses: first, all transcripts were read thoroughly; after a few transcripts were reread, initial codes were created and then revised after subsequent transcripts were reread. Using this approach, all initial coding was completed by the first author and then reviewed by two of the project's researchers. The group met to discuss these initial coding decisions, addressed questions that emerged, and made coding revisions to arrive at a consensus on code definitions and themes. These revised codes were then applied to all transcripts and were reviewed by all three researchers for accurate representation of participants' ideas. All coding and analyses were done using NVivo software (QSR International Pty Ltd., 2014).

Results

Analysis of focus group data revealed several themes related to marijuana-related parenting behaviors. Results presented here were clustered around five questions of interest: (1) Are parents having conversations about marijuana with their children? (2) What are parents saying to their children about marijuana? (3) What are parents doing to address or prevent underage marijuana use by their children? (4) What challenges are parents facing in the new context of legal marijuana? (5) What strategies would help parents with these challenges?

Are Parents Having Conversations About Marijuana With Their Children?

Most parents, in both the marijuana user and nonuser groups, reported having conversations with their children about marijuana, and were advocates of maintaining open and direct communication. A couple of parents said, “It’s something you must discuss with your children now,” and “[We’ve had] many conversations about it, because like I said, in my neighborhood we smell it all the time.” Several expressed a feeling that it was “inevitable” to have the conversation because children were exposed to marijuana in their daily lives (e.g., seeing a dispensary on the street, smelling it, etc.), so parents felt compelled to explain or answer questions about what their children were smelling or seeing. Some parents seemed to welcome this opportunity, whereas others were more apprehensive about these conversations. But there was considerable agreement that parents need to talk to their children directly, “because if you don’t, somebody [else] out there [...] will teach them.” Parents felt that the information they could provide was more trustworthy than what children would get from peers or on the street: “If you talk to your kids at home, you can tell them the truth. Because the friends at school, they’re [...] gonna glamorize it.”

While most parents reported having had marijuana-related conversations with their children, some had not. Child age appeared to be a key factor that influenced parents’ decision to initiate this conversation, particularly among nonuser families. Parents who had younger children (e.g., mostly under age 10) had encountered fewer opportunities to discuss marijuana use with them, and some were postponing the conversations until their children were older: “We’ll talk to them more about that stuff later. But right now, they’re naïve about it,” and “If your child’s under 10 years old, why imprint something in their head that they’re not even worried about?” A few parents were concerned that initiating this conversation prematurely might lead to ideas they had not considered before: “I don’t want to give her any ideas.”

Despite these cases, most parents acknowledged the importance of educating their children—even young ones—about marijuana, especially edibles, so their children would know to avoid these substances. This was especially important in the user groups, where one parent expressed, “My kids have to ask when [my brother-in-law] brings cookies over, ‘Are these adult cookies, or are they good for everybody?’”

What Are Parents Saying to Their Children About Marijuana?

Parents described their conversations about marijuana with their children and provided numerous examples. The four most prominent themes regarding what parents are

communicating to their children revolve around rules and values, effects of marijuana use and, to a lesser degree, harm reduction strategies and avoiding negative influences.

When talking to their children, most parents—in both the user and nonuser groups—expressed that they made an effort to convey their perception that “it’s not ok” for teenagers to use marijuana. Some parents had shared their rules about underage use fairly explicitly. For example, “You just can’t do certain things in my house. [...] You can’t smoke weed. There are certain ground rules,” and “This is how I want you to grow up. We have our morals. When you’re 21, you can decide what’s best for you.” Some of the marijuana-using parents explained that this was something for adults only, but “it’s not for you.” Other parents tried to convey their values in a more indirect way, for example, by providing examples of negative effects of marijuana use.

Even though most parents agreed that underage use was not appropriate, there were nuances, and some parents communicated this to their children as well. For example, a few parents taught their children not to judge others if their marijuana use was for medical reasons: “If her child has a health issue, then that’s where I would say it’s looked at in a different light. So I also try to educate my kids on that. Like don’t be so quick to judge somebody because [...] you smell them smoking weed, and oh, they’re bad because they use drugs.”

Parents also provided information to their children about the effects that marijuana use can have. Many parents said that they wanted their children to be “informed” and knowledgeable. They highlighted “health risks,” including the possibility of addiction and negative effects on brain development, as well as behavioral consequences, like lowering mental alertness (e.g., “it changes your thinking,” “slow reflexes,” and “you can’t focus”). Parents also conveyed to their children the social and economic consequences that marijuana use can have. For example, “I try to use every moment as a teaching moment with my kids. So like, if we’re watching those reality shows [...] I’ll explain to them, like, look, well, it’s not just hurting this individual who decided to take this drug, but it’s [affecting] everyone around them. [...] they’re being selfish [...] because they’re tearing their own life up, but they’re also impacting their loved ones.” Many taught their children that marijuana can be “a gateway drug” or informed them that they might lose access to future educational and job opportunities (e.g., “You get high, you’re not gonna get hired,” or “Where do you want your money to go?”).

Although less common, some of the marijuana-using parents of older children also discussed harm reduction strategies with their children. These parents did not want their children to use marijuana, but rather felt that if their children were going to do it anyway, it was better for them to do it safely. For example, “I don’t want you to do it, but if you do, be smart about it. Are you in a safe setting? Who are you getting it from?” Some parents also believed that if their children were going to use a substance, marijuana was probably less harmful than others (e.g., alcohol or harder drugs). Finally, a few parents also talked to their children about the influence that other teens can have on them and warned them about “peer pressure,” reminding them that they “can’t do everything that you see other people doing.”

What Are Parents Doing to Address or Prevent Underage Marijuana Use by Their Children?

We explored with focus group participants what they were doing—in terms of their parenting behavior—to address issues related to possible underage marijuana use by their children, and inquired about their marijuana-related family management behaviors, including guidelines, monitoring, and consequences. Most parents reported having household rules about marijuana use that they discussed with their children; fewer parents were able to describe their efforts to monitor whether or not their child used marijuana; and fewer yet described their strategies to communicate or enforce consequences if their child used marijuana.

We inquired if and how parents were establishing guidelines regarding underage marijuana use. As was mentioned earlier, the majority of parents from both user and nonuser groups believed that children should not use marijuana, and many had discussed this expectation with their children. Parents communicated these guidelines through open conversations, using everyday opportunities to bring up the subject (e.g., while watching television or talking about personal experiences). Several parents highlighted the value of setting rules while also listening to their children's opinions and keeping an honest exchange of ideas, but others had a more authoritarian approach. A few parents went beyond communicating guidelines against marijuana use specifically, and set rules about what houses their children visited and where they were allowed to play. For example, one parent reported saying to a marijuana-using neighbor: "Your son can come over, but excuse me, but my kid, I will not allow [him] to go there." Another parent of an older teen encouraged her children to call her to get car rides instead of riding in a car with someone who has used marijuana.

We also explored what strategies parents used to monitor their children's possible marijuana use or exposure, and whether children were following parents' guidelines. Parents spoke considerably less about monitoring than they did about setting marijuana-related guidelines. They described using different strategies, which can be summarized into the following: First, keeping track of who their children spend time with. For example, one parent in a user group said, "The responsibility starts [by] knowing who your kids hang out with, because if my daughter's 13, and I already know her friend's smoking weed, and I continue to allow her to [see her], chances are she's probably gonna end up doing it [too]." Second, observing children's behavior and communicating often and openly with their children, asking lots of questions (e.g., checking in with them when they come home at night) and observing their children closely. For example, "You're a mom, you know your child and you know if something ain't right. [...] You know when they lie," or "The signs are always there; the grades start slipping." Finally, direct checking: a few parents suggested going through their children's belongings, checking their children's rooms, backpacks, phones, and social media (e.g., "be friends on Facebook!"). Though rare, a few parents said they drug tested their children at home using store-bought drug-testing kits: "I drug test randomly in my home."

Though most parents had a clear rule against teen marijuana use, fewer were clear about what the consequences should be for breaking the rule. A large group of parents felt uncertain and hesitant about what to do in these situations and found it challenging to apply effective strategies. For example, a parent who drug tested her teens at home was questioned by another focus group participant regarding what she would do if her kids didn't pass the

test, prompting her to express that she didn't know what she'd do. While several parents felt strongly that consequences were needed (e.g., "There has to be consequences for everything you do because that's the kind of society we live in."), they nevertheless felt that applying consequences was difficult (e.g., "It's so frustrating!" and "It really puts you in a tight spot.").

Among those parents who shared the strategies they had used or might use in the future, we found some positive examples, such as explaining to their children the natural consequences of marijuana use (e.g., getting poor grades, not being allowed to play on their desired sports team, not getting a job, or in more extreme cases, becoming addicted and possibly homeless). Others suggested taking away privileges (e.g., computers, phones, cash), and in a few instances, giving their children extra chores. There were a few instances where the consequence was a conversation about how to use marijuana safely: "When I found out that he smokes, I now have to sit you down, and it's kind of like sex. Let me tell you the dos and don'ts of how to be careful, how to protect yourself because it's going to happen. [...] Let's make sure we buy it from [a] reputable [...] person to make sure it's not laced." Participants also shared examples of aggressive discipline, such as threats and physical punishment. For example, "If I catch you [...], you're gonna lose everything short of your damn life [...], you ain't gonna have a set of nuts anymore," and "They will get in severe trouble; because I will still lay my hand on them; I don't care how big they are."

What Challenges Are Parents Facing?

Parents reported facing numerous challenges with regard to marijuana-related parenting, which can be summarized into four main themes: (1) how to effectively address their child's current marijuana use, (2) monitoring marijuana edibles, (3) how to reconcile the conflict between societal norms and family norms, and (4) whether or not to disclose their own personal marijuana use to their children.

Parents with children who used marijuana described how they struggled with finding effective ways of addressing their child's marijuana use. A few parents became emotional while talking about their experiences, breaking down into tears. Two subthemes emerged here: (1) On the one hand, many parents were struggling with what consequences to impose when they found out their child was using marijuana. One parent expressed, "My son smelled of pot. I was so mad, I didn't want to beat him, so I took him to the police station. That was the only thing I could think of." This example was rare, in that most parents were not suggesting taking their children to the police; however, the expression of frustration and of "not knowing what to do" was widespread among participants. (2) The second important subtheme common among parents was an expression of resignation, a feeling that their child's marijuana use was an unavoidable behavior in adolescence. For example, "You talk to him, you tell him what not to do... But they're gonna do it," "Most kids break rules, that's just being a kid," and "Can I stop him? I can't!"

Many parents talked about the particular challenges of dealing with marijuana edibles, which seemed to pose special dangers for children "because you can't smell it" and because "they're marketed so perfectly." Parents struggled in thinking about how to keep children

away from marijuana-infused baked goods and candies that looked extremely attractive to children.

Several parents highlighted parenting challenges related to reconciling societal norms with personal norms. They felt that their own personal norms and household rules around marijuana use stood in contrast to the positive portrayal of marijuana in society. At home, teenagers heard that marijuana was “not OK,” but outside the home, they saw marijuana as “the trend thing,” “backed by society,” and “green crosses popping up everywhere” (the symbol for medical marijuana dispensaries). This discrepancy in norms made some parents feel powerless to prevent their children from using marijuana. One mother described the situation for her child in college, as the child faced the influence of society outside her home: “My daughter knows our moral values... but now she’s discovering life outside of lockdown. [...] I can tell she’s experienced with it.”

Another issue that was perceived as challenging by parents was whether to disclose their own marijuana use to their children. Parents’ opinions were divided. We found opinions that ranged the continuum from parents who felt it was not acceptable to use or disclose their own past use, to parents willing to disclose their use and even to use with their children. Most parents, however, fell somewhere in between and were genuinely conflicted about what to do. They felt uncertain and expressed many concerns about the consequences of their decision of whether or not to disclose.

Some parents felt it was not appropriate to share information about their own use (past or present) with their children because this conflicted with their responsibility as parents to model healthy behaviors. This attitude was most common among the nonusers: “It’s leading by example. You can’t be the kind of parent that’s smoking in their face and telling them ‘Don’t do this.’ They’re not gonna hear you.”

Other parents—both users and nonusers—felt torn and conflicted about how to face this. They were concerned about setting a bad example (e.g., “That’s a tough one... [because teens will] think: You did it and it was ok for you, it’s ok for me.”), but were also troubled about being dishonest or deceiving with their children (e.g., “My daughter loses trust in her dad. She tells me she doesn’t know why he lies about it.”). A father in one of the user groups expressed apprehension about disclosing his own use: “I use. [...] My 16-year old, he came to me and asked me because he smells it. I felt kind of guilty [...] I don’t know if he would’ve [...] even thought about weed... [But] since I’m smoking it, maybe...”

For yet another group of parents—current or former marijuana users—disclosing their own use was considered appropriate. Some former users felt that disclosing their prior use could help build trust with their child, as their opinion would be perceived as more “legitimate” since it stems from direct experience. For example, “I get the feeling that they believe me more, because they know I’ve had the experience.” Some expressed that sharing personal experiences may also be an opportunity for their child to learn from their mistakes (e.g., “Their dad tells the kids how it can tear your family up, how it can make you have an addictive behavior.”). Many current users had strong opinions about teaching their children to stay away from the “grown-up’s” marijuana (e.g., “My daughter [is 7 years old], she

knows I smoke marijuana. And she knows it's not for kids. [...] If it's around [the house]... you need to explain [that] to your kids.”). A very small proportion of marijuana-using parents supported using marijuana with their children as a harm reduction strategy: “If you want to use it, I'm gonna do it with you one time so you know what it's like. But I don't want you doing it with your friends.”

What Strategies Would Help Parents With These Challenges?

The focus groups also discussed what might help parents deal with the issue of possible marijuana use by their children. Parents were asked whether there were types of information, strategies, or skills that they would find helpful, and what that might look like. The focus groups also explored potential barriers that parents might face in accessing information or strategies.

Participating parents clearly desired information and strategies. What parents expressed wanting most was factual information about the effects of marijuana, including data about how it affects people's brains and bodies, addictive properties, long-term effects, side effects, etc. Several parents—including users and nonusers—also mentioned the importance of getting information about both the pros and cons of marijuana. One parent explained, “Information is always biased. If you've got somebody that's pro-marijuana, they give you all the information that says good. If it's somebody against it, all the information they say is bad [...]. Nobody is coming real with the true facts.” Several parents also mentioned wanting to learn helpful parenting skills—such as “how to talk to their teen” so they will listen, “negotiating skills,” how to “stand firm on what we say,” whether or not to use “scare tactics,” or interest in “support groups” to share with others dealing with the same challenges. Very few parents mentioned wanting more information about the law—despite the fact that survey data indicated that parents had a great deal of confusion about what was and was not legal (Kosterman et al., 2016). However, a few parents in the user group did talk about the need to explain to their children *why* marijuana was legalized, and that “It's not [that] all of a sudden it's safe.” “[With] marijuana, my kids ask, ‘What's the harm there?’ Society really does put out the whole ‘It's naturally grown, homeopathic [...].’ It's hard as a parent to tell [your kids] why it is illegal until [they're] 21.”

We asked what sources parents trusted to give them advice about discussing marijuana use with their children. The most common sources, cited in every focus group, were doctors and other health professionals. Also widely mentioned were other parents, family members and friends, and the internet. A few parents also mentioned the media, past or present marijuana users, schools, and other community sources (e.g., churches, help lines).

Parents discussed different program formats and options for accessing information and strategies, such as attending a class/workshop vs. learning on their own time (e.g., online tools, books). Most preferred a live setting: “I prefer to be in a [live] setting,” “It's more real, more personal.” Parents valued opportunities to talk to other parents who are dealing with the same challenges they are, including the focus group they were currently experiencing: “I've learned a lot from these already,” and “This has been awesome and informative too, just getting together with a bunch of people around the age group.” They also thought their children would benefit from participating in similar groups or classes. For example, “Your

children can be next door doing a roundtable themselves,” and “Now that it’s legal, why don’t they have a class that they have to sit through at school?”

Some participants would value an online program or resource, because parents can do it on their own time (e.g., a break at work). However, several others expressed qualms about online programs. Some questioned the veracity of some online resources: “Social media is just kind of tough because you’re getting everybody’s opinion more than you’re getting fact, a lot of times. It’s like even Wikipedia, any idiot can go on there and edit it.” Others thought online options would likely lack the benefit of sharing ideas with others: “Because online, you don’t get to really hear, you know, unless you’re doing something like Skype. But you don’t really get to hear ideas. You’re going to read some ideas and you’re gonna be like – [...] just like with text messaging, it could be interpreted so many different ways, that it’s just face to face that’s just better.”

In every focus group, parents talked about the value of having information or programs delivered in group settings—for parents, children, or both. Some participants suggested groups where parents and youth could be together, others suggested separate groups, and some a mix of both. Several agreed that parent–child groups would be an opportunity to foster bonding, and a few mentioned that it would be useful for their children to listen to other adults. One parent suggested a “forum where the parents brought their children [...] at a school, then they can see their peers coming with their parents and they kind of have the same rules as us, and so it kind of builds the community that everyone’s holding other kids accountable.” Some thought groups for children alone would be useful in cases where “kids aren’t gonna open up if their parents are there.” Others suggested groups such as an “open forum” where people (e.g., drug users) could share their experiences, so that youth could later make more informed decisions about their choices, knowing about potential consequences. In terms of settings, schools were considered a very important partner and venue for marijuana discussions. Many parents suggested schools offer a “Drug Ed class” similar to the “Sex Ed class,” or a parent night. Community centers or camps for youth were also suggested as appropriate settings by a few parents.

Parents said that information materials aimed at their children need to be appealing to today’s youth. A few said that children today don’t read, but will watch videos. They suggested using media such as phones, television, and social media, including commercials/ads, cartoons, or even video games. A few parents also mentioned the utility of print materials such as “a pamphlet for parents and kids at the doctor’s office,” a “children’s book [...] to help spur that conversation [with young kids],” or a parenting book. Visual appeals, such as using photos, were also suggested, including their use in public spaces like billboards, on public transportation, or in school hallways. Other suggestions included hotlines for parents and youth and security packaging and labeling on edible products.

Finally, focus group participants discussed some of the potential barriers that parents often face in accessing information, attending programs, or learning new skills. Some common barriers for parents wanting to attend workshops or programs include financial concerns (e.g., programs being costly to attend, or indirect costs if parents need to skip work to attend), scheduling conflicts, lack of childcare, transportation difficulties, and language

barriers or cultural differences. For example, “no day care [for] the kids,” “They’re a single parent, they gotta work,” “It’s costly,” and “may not have money for the bus.” A few parents mentioned other barriers, such as not knowing what to look for, or lack of adequate motivation, including parental “pride” and “denial,” “They just don’t care,” or parents’ own drug use.

Experiences of Marijuana-Using Versus Non-Using Parents

When conducting our focus groups, we created separate groups of users and nonusers, in part to make it easier for parents to openly share their opinions, minimizing instances where they might feel judged by their choices. In our results, there appeared to be many more similarities than differences between the parents in the user and nonuser groups. In general, both sets of parents disapproved of underage use and tried to convey this to their children in the conversations they had with them. Both sets of parents faced similar parenting challenges. However, parents in the user groups often encountered situations where their children could potentially see them using marijuana, and the question of disclosing or not disclosing their use was more at the forefront because it involved current and not only past use. Some of the non-using parents had a stronger opinion about the importance of modeling nonuse to their children, while marijuana-using parents tended to use more harm reduction strategies than nonusers, wanting to teach their children how to use safely with an expectation that it was quite likely that their children would at some point experiment and use themselves.

Discussion

The present study capitalized on a unique and timely opportunity to explore parental attitudes and behaviors in a completely new policy context. Even though marijuana use has been relatively widespread for years, and medical use has been legal for decades, never before had parents in the United States been faced with this distinct scenario of legal nonmedical adult marijuana use. This study sought to capture parents’ ideas and concerns expressed in their own voices and terms. A qualitative approach, in our view, was needed to complement ongoing quantitative work in this area in order to provide parents an opportunity to fully express their thoughts, concerns, and needs. Because there is practically no prior experience or research to draw from with respect to legal nonmedical marijuana, results of parent focus groups can inform future survey research, as well as future prevention/intervention research. The data for this study is now 4 years old, but it remains relevant because it can help shape local programs as well as prevention efforts in other states that have since legalized or are considering legalizing the nonmedical use of marijuana.

The results from these focus groups with Seattle parents indicate that marijuana-related parenting practices were of great concern to parents. Most participants were open and eager to share their ideas and opinions. Findings revealed that most interviewed parents have had conversations with their children about marijuana. These conversations focused mainly on transmitting parental rules regarding teen marijuana use to their children and informing them about the possible risks of marijuana use. Like parents in other studies (e.g., Huansuriya et al., 2014; Thurstone, Binswanger, Corsi, Rinehart, & Booth, 2013), these participants mostly

agreed that children should not use marijuana. In terms of parenting behaviors, most parents had guidelines about use and several had tried some form of monitoring strategy. When it came to imposing consequences when teens break these rules, parents found it much more challenging. They were often at a loss as to what to do, and there was tension between wanting to impose discipline and a feeling of resignation, thinking that teens will experiment with marijuana regardless, or what Highet (2005) calls “resigned tolerance.” Parents also faced other challenges, such as figuring out how to monitor the use of edible marijuana products, and societal norms clashing with family rules. Like parents in other studies, many would like to see more preventive or deterring messages in the media (Menghrajani, Klaue, Dubois-Arber, & Michaud, 2005). Another big challenge for parents was the issue of “if and how” to disclose their own past or present marijuana use. Research indicates that having family members who model healthy behaviors can protect youth from substance use, while family history of substance use and favorable parental attitudes towards drug use are risk factors that may increase the likelihood of youth consumption (Bares, Delva, Grogan-Kaylor, & Andrade, 2011; Hawkins, 2002; Jessor, 1998; Peterson, 2010). Many parents have a difficult time reconciling what they know about good “modeling” with their desire to be honest and to appear credible. Parents who were and were not current marijuana users expressed, overall, many common experiences. However, harm reduction strategies tended to be more prevalent in the user group.

It is important to note that as much as we learned from what parents said, we also learned from what parents did not say. Issues and topics that were not brought up spontaneously during the focus groups offer interesting insights that could be explored by future research. We were interested to find that while parents discussed parent marijuana use, and whether or not to disclose it to their children, no one spoke about what it was like to “parent while high.” Recent research shows that among adults, parents are less likely to use marijuana than nonparents (Epstein, Bailey, Steeger, Hill, & Skinner, 2018). However, the majority of parents in Kosterman et al.’s (2016) analysis reported ever using marijuana (79%), and about a third reported using in the past year. Parenting is an exceptional behavior in that it is seldom limited to a timeframe or location (i.e., it is a “24/7 experience”). Even if parents are not physically present in front of their children, they are still responsible for them, and may need to attend to their needs, make decisions, or provide care for them in unexpected situations. There was no discussion among our sample of how prepared parents were to do these things while under the influence of marijuana. Much of what parents of teenagers do involves authorizing activities, and in some places, transporting children. Driving is an activity that can be severely affected by marijuana use (Aston, Merrill, McCarthy, & Metrik, 2016), and we were surprised at how little attention this important issue was given in Seattle, a city where driving is a common mode of transportation. Kosterman et al. (2016) found that a third of marijuana-using parents acknowledge driving while high, which is a pressing public health concern.

Limitations

One limitation of the study is the generalizability of its findings to parents living in other locations and to parents of other racial/ethnic or socioeconomic groups. For example, our sample contained few Latino parents (reflecting the demographics of Seattle when the panel

was recruited in 1985), and the lack of representation of this growing ethnic group may miss their unique experiences and concerns. Also, in our sample, the percentage of parents who were college graduates ranged from 11% to 56% (see Table 1); although this was a relatively wide range, it is possible that parents with different backgrounds might express different challenges and needs, and generalizability to parents with different socioeconomic backgrounds or educational levels may be limited. Moreover, Seattle is believed to have more permissive views towards marijuana compared to most other cities. Parents living in other cultural contexts, or in areas with stricter social norms about marijuana use, may have very different experiences. Additionally, because participants self-selected to attend the focus groups, the sample might not represent the concerns of other parents in the sample. Participants were clearly interested in the topic and willing to spend time on it. It is possible that parents with fewer concerns or less clear opinions about marijuana would not have been as interested in attending the focus groups. It is also possible that parents with more complicated life situations might not have been able to arrange attendance as easily as those who did attend.

The facilitator expertly used her group facilitation experience and skills to include all participants and draw in those who were more reticent. However, it was on occasion difficult to avoid dominant voices from directing the conversation. We had prepared for this and planned strategies to avoid some participants high-jacking the conversation, but more outspoken people unavoidably got more air time than shy and quiet people, and possibly steered the conversation in their direction at several points. This, unfortunately, is a limitation of any group interview, as is the fact that some parents may not have felt comfortable sharing opinions in front of others if they felt the topics were intimate personal or family matters. Some peer pressure, social desirability, and some parents' unwillingness to share opinions in front of others who may have very different experiences was hopefully minimized by purposely planning groups of marijuana users versus nonusers, as well as separate groups of parents of older and younger children.

There are important implications for future research seeking to inform practice. Like parents in other studies, our participating parents expressed that it would be helpful to have more information about drug use in their schools and communities (Peterson, 2010), including information about specific consequences of marijuana use (Skinner et al., 2017). Parents also said they could benefit from training in parenting skills and in establishing effective communication (Peterson, 2010). Many parents said they would like to participate in some form of in-person group workshop, and would also like their children to be exposed to drug-abuse prevention education at school. The fact that parents wanted more information and openly expressed interest in learning facts and parenting skills is promising, as research indicates that parents' behaviors and what/how they communicate to children play an important role in preventing adolescent drug use (Huansuriya et al., 2014). More work is encouraged to corroborate these findings and explore the feasibility of programs in line with parents' expressed needs and concerns.

Even though most parents are opposed to their children using marijuana, many lack science-based information or tools to help their children avoid marijuana during their teenage years. Youth and their parents can likely benefit from marijuana prevention programs. Future

research should explore how existing and potential new programs can seek to reinforce things that parents are already doing well, while helping them develop skills that may be lacking. For example, several parents mentioned that it was important for their children to resist peer pressure, but few had well-informed knowledge of refusal skills that they could teach their children. There was little mention of providing consequences in the positive sense—not just punishment when children break rules, but providing recognition for following guidelines. Most parents talked about what they might do if they caught their children using marijuana, but future research could also study interventions that foster parents' ability to praise and recognize teenagers for following their parents' expectations. The parents in this study, much like those interviewed by Peterson (2010), view schools as important partners in marijuana prevention, and many want “drug education” classes or workshops—for children and families—in the schools. They also view health professionals as trusted sources of information, supporting the potential for delivering family-focused preventive programs through primary care settings (Leslie et al., 2016). Evaluating such interventions would contribute to a deeper understanding of how to better address parents' needs.

Several evidence-based, cost-effective drug prevention programs exist, including family-focused or parenting interventions (Catalano et al., 2016; Darnell, Goodvin, Lemon, & Miller, 2016; Mason, Fleming, & Haggerty, 2016). However, it is still unknown whether these programs will work in the context of legalized nonmedical marijuana. A pressing research need is to test interventions in the new policy context, and to adapt or shape future interventions that take into account the unique needs of parents in this era. Given parents' concerns about media messages, research should also examine potential effects on adolescent health of exposure to marijuana advertising (e.g., bulletin boards, magazines) and of media campaigns aimed at preventing youth marijuana use (see, for example, Hanson et al., 2018). Future research also needs to further examine how parent behaviors might differ for different age groups beyond the broad categories explored in this study, because evidence suggest that attitudes (e.g., perceptions of harm) and experiences (e.g., marijuana use) differ between younger and older adolescents (Keyes et al., 2016).

The qualitative approach used in this study allowed us to hear directly from parents about their experiences of raising children in an environment where nonmedical use of marijuana is legal, which is crucial for understanding the impact these laws have on youth and their parents. Parents expressed challenges—such as lacking factual information on marijuana's effects, not knowing how to impose consequences, dealing with conflicting family and society norms, or figuring out how to disclose (or not) their own marijuana use to their children. Themes from these focus groups can inform the development of parenting program materials and public health messaging, especially in other states currently implementing marijuana legalization, or that might do so in the future. Future research should further address some of the unanswered questions regarding parenting in the context of legal marijuana use for adults. For example, what are the best strategies that parents can use to set rules, monitor their children, and follow up with consequences now that marijuana-related norms and practices have shifted? What are the effects of parents disclosing their own marijuana use to their children? Should prevention efforts approach parents who use marijuana the same as nonusers, or are differential strategies needed? Are there critical

issues that parents are not discussing or talking to their children about, that prevention programs might want to bring to their attention? The fact that parents in this study openly asked for guidance highlights an opportunity for the prevention science community to work with medical professionals, schools, and policymakers to fulfill this vital need at a critical time of policy transition in the United States.

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Table 1.

Characteristics of Focus Group Sample

	Non-marijuana-using parents of children ages 8–11		Non-marijuana-using parents of children ages 12–15		Marijuana-using parents of children ages 8–15	
	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
Number of participants	9	9	10	9	8	9
Parent demographics						
Male	33%	33%	10%	22%	13%	56%
Caucasian	44%	44%	30%	44%	63%	11%
African American	11%	33%	40%	44%	38%	56%
Asian American	33%	22%	30%	11%	0%	0%
Native American	11%	0%	0%	0%	0%	33%
College graduate	56%	44%	30%	33%	38%	11%
Married	100%	44%	40%	56%	63%	44%
Parent ever used MJ	22%	56%	50%	44%	100%	100%
Parent used MJ past year	0%	0%	0%	0%	100%	100%
Parent used MJ 12+ times	0%	0%	0%	0%	57%	56%
Past year						

MJ = marijuana

Source: Seattle Social Development Project 2014 longitudinal survey (Kosterman et al., 2016).