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‘Parents are the best prevention’? Troubling assumptions in cannabis policy and prevention discourses in the context of legalization in Canada

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ABSTRACT

Background: Canada has announced that it will legalize cannabis on October 17, 2018, and as a result of this impending drug law reform the need to develop prevention resources and drug education – in schools, in public health, and for parents – has emerged as a public concern and a policy priority. Set against this context, the aim of our paper is to amplify the parent perspective on preventing problematic adolescent cannabis use, but also to interrogate the idea of ‘parents as the best prevention’ that has taken hold in discussions about the potential consequences of legalization for youth.

Methods: In 2016 we undertook an exploratory, qualitative interview study in Vancouver, British Columbia (n = 16) with parents of adolescents who had used cannabis. Building on our past research developing educator-led resources to support an open dialogue about cannabis in the classroom, in this study we asked parents about the supports and resources they needed to inform their discussions about cannabis with their adolescent children, as well the challenges they faced in responding to cannabis use when they believed it had become problematic.

Findings: Across the interviews, parents mobilized discourses of risk and responsibility for preventing problematic cannabis use that appeared to reinstate individualizing accounts of substance use. Many echoed normative ideas about health, the risks of cannabis use, and ‘good’ parenting, sidestepping social inequities around drug use, and thus implicating parents and families as solely responsible for preventing adolescent drug use.

Conclusion: Our analysis suggests how parents have been largely disempowered and unsupported when it comes to addressing adolescent drug use in the family context. Even as they expressed their awareness that formal supports and resources to assist them were lacking, parents also assigned blame to themselves – or to other parents – for ‘failing’ to prevent problematic cannabis use.

Introduction

Canada’s policy context and youth cannabis use

With cannabis use set to be legalized in Canada in October 2018, developing effective cannabis education and prevention programming to reduce cannabis-related harms for youth has been identified as an urgent public health priority. In Canada, lifetime prevalence of cannabis use was 29% for adolescents ages 15–19 and 54% for young adults age 20–24 in 2015 (Health Canada, 2015). As of 2013/14 adolescents in Canada had the highest rate of cannabis use among industrialized nations, with the WHO Health Behaviour of School Age Children Study showing that 27% of 15-year-olds in Canada had used cannabis in the past year (Inchley and Currie, 2013). Yet it is important to distinguish prevalence data from incidence of cannabis-related harms, with recent Canadian analyses suggesting that while only 2% of those who have used cannabis experience serious health and social harms from their use, harms were more likely to occur among males age 15–29 years (Leos-Toro, Rynard, & Hammond, 2018). While little is known about socioeconomic profile of cannabis users and how this relates to the potential for harms among Canadian youth, research in other contexts suggests that problematic use of cannabis and other drugs is higher among disadvantaged or marginalized populations (Bogt et al., 2014; MacDonald & Marsh, 2002). Further, the presence of vulnerabilities within families including parental mental illness and substance use are associated with earlier onset of use for youth and more frequent use that leads to dependence (Butters, 2005; Hyman & Sinha, 2009).

Although the research on cannabis use among Canadian youth and young adults is fairly limited, as we move closer to legalization, various

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policy stakeholders, researchers, and the media alike have been drawing heavily from neuroscience research in public discussions about adolescent cannabis use and the potential for harms, in particular the exacerbation of schizophrenia and onset of psychosis, as well an association between youth use and cognitive impairments (Haines-Saah & Jenkins, 2018). In the current regulatory context much debate and discussion has centered on setting the legal age for cannabis use, with some medical and professional associations suggesting that because the brain is still developing until the mid-twenties, youth under the age of 25 – the largest population of cannabis users – should abstain from use and should be excluded from the legalized market (Kelsall, 2017).

Contrary to an exclusive focus on adverse health outcomes, the report from the Government of Canada's Federal Task Force on Cannabis Legalization and Regulation (Government of Canada, 2016) proposed a 'public health approach' to regulation as the rationale for provinces setting the age of access 'as low as possible'. This would not only ensure the harmonization with legal drinking age in Canadian Provinces but would provide youth access to a 'safer' and regulated supply, while avoiding the not insignificant social consequences of interactions with illicit markets and youth criminalization for drug possession. At the time of writing, most of the Canadian provinces and territories that have released their legislative frameworks have recommended setting the age of access at 18 or 19 to mirror the legal drinking age. While the scope of some provincial legislation is still in play, it seems likely that many will follow the Federal provisions set out under Bill C-45 for youth ages 12 through 17 to have their use decriminalized, with possession of a defined amount becoming a 'ticketable' offence, subject to confiscation by police and to notification of parents, similar to how alcohol is treated for those under the legal age.

The roles of parents in cannabis prevention and drug education

Spurred by this impending change in the legal status of cannabis, government and public health entities in Canada with a mandate for drug prevention and education have begun to develop resources for parents to guide them in 'talking to your kids about cannabis' supposedly to pre-empt increased or problematic use, assuming that the legalization of cannabis will lead to more widespread use. While debates about the effects of legalization on youth persist, both empirical research on parent needs and perspectives, as well as evidence-based programming to support parents and families in discussing cannabis have been absent from the Canadian prevention and research landscapes. Similar to the United States, many jurisdictions in Canada have relied on school-based programs such as D.A.R.E., which have been shown to have limited effectiveness (West & O'Neal, 2004; Faggiano et al., 2008). Abstinence-focused models and didactic approaches fail to engage students (Skager, 2008), and authoritarian and 'top-down' models of drug education have been criticized for focusing on individual-level risk behavior and neglecting how substance use is shaped by contextual and cultural influences (Moffat, Haines-Saah, & Johnson, 2017).

There is a dearth of research evidence on education and prevention beyond school settings (George & Vaccarino, 2015), although there is some basis to suggest that family-based interventions may hold promise for reducing self-reported cannabis use amongst youth, even as interventions targeting parents and youth have not been extensively studied (Liddle, Dakof, Turner, Henderson, & Greenbaum, 2008; Walton et al., 2014). In a recent systematic review and meta-analysis, researchers found that "family interventions targeting parent-child dyads are likely to be effective in preventing and reducing adolescent marijuana use in the general population," but cite a need for studies on use within 'high-risk populations' (Vermeulen-Smit, Verdurmen, & Engels, 2015: p.112). While there are no systematic reviews drawing on Canadian data, one critical overview of adolescent cannabis prevention suggests that interventions should include consideration of family structure and the diversity of parent-child relationships, given their association with early cannabis use. Further, it is argued that prevention should aim to minimize harms, not prevent all use (Hyshka, 2013).

Our previous research has engaged youth with research evidence about cannabis (Moffat, Jenkins, & Johnson, 2013), and developed resources to support classroom dialogue about cannabis between educators and students (Moffat et al., 2017). To extend this previous work, and address gaps in research on family-based cannabis interventions, we undertook a qualitative study to ask parents about their experiences addressing cannabis use with their adolescents to elicit their perspectives on the challenges they face in relation to prevention and problematic use by their teenage children.

Theoretical framing

Our critical analysis of the 'parents as the best prevention' maxim informing youth substance use interventions is informed by Lupton's (1993) conceptualization of internally, as opposed to externally, imposed risk in health discourses. While public health risks such as exposure to pollutants are considered involuntary, with their amelioration the responsibility of organizations and governments, substance use is societally deemed a "voluntary courting of risk", with responsibility and blame placed on the individual (Lupton, 1993, p. 427). Within youth substance use specifically, the notion of individual responsibility for risk is shaped by Western parenting norms, which frames parents as the primary influencers of – and thus morally accountable for – their children's actions (Hoffman, 2010). Tensions between conceptualizations of youth as autonomous actors who may independently engage in 'risky' behaviours, and as dependents whose behaviour is reflective of their rearing, precariously positions parents as responsible for harms but not fully in control of risks (Scott, Jackson, & Backett-Milburn, 1998). Resultantly, within youth cannabis use discourse there has emerged a social expectation of parental surveillance and control of their children's use or potential use, locating responsibility for prevention within the parent-child dyad. It is important to recognize how power and stigma further shape risk discourses to frame parents who are socially marginalized – by race and class differentiations for example – as a *source* of risk for their children's substance use (Hoffman, 2010). The scrutiny and governance of the parent-child dyad is twofold: firstly, responsibility and blame for youth cannabis use, deemed a voluntary action that invites potential individual harms; and secondly, blame for 'societal ills' such as cannabis normalization and the social and economic burden of potential substance-related harms. Groups who are marginalized are further stigmatized and made deviant through this narrative of societal blame, read as generating cannabis risk, as opposed to *at risk* for cannabis-related harms resulting from criminalization, discrimination, and other social factors (Lupton, 1993; Schlussel, 2017).

There have been several exemplary applications and extensions of Foucauldian perspectives in research on the discursive practice of governing drug use and drug users (e.g. Duff, 2004; Fischer, Turnbull, Poland, & Haydon, 2004; Fraser & Moore, 2008; Keane, 2009; Fraser et al., 2017) and some notable instances where Foucault has been used to theorize narratives from qualitative research with cannabis users (Acevedo, 2007; Hathaway, Comeau, & Erickson, 2011; Sandberg, 2012). Informed by Nadesan's *Governmentality, Biopower and Everyday Life* (2010) as well as Foucault's (1991) analysis of medicalization, in this article we consider an emerging governance of parents and their children within a medicalized model of adolescent cannabis prevention. Nadesan (2010) writes of the ways that institutions such as medicine and public health manage and 'normalize' social and health risks through the technologies and evidence used to monitor and intervene with populations, often under the guise of empowering people for better health. In this sense, regulating drug use through population-level prevention strategies broadly applied to youth and families – without specific attention to issues of social context or inequities – is an exemplar of how biopower and biopolitics deploy 'technologies of

responsibilization' (Knutsson, 2016: p. 622) for population longevity and productivity. Biopower allows for governance at a distance, through measurement, monitoring and regulation (Knutsson, 2016, p. 620), side-stepping the immediacy and 'messiness' of interventions that address substance use and addiction as complex and socially and politically contingent problems, while reinstating the disease model of drug use and addiction for which medicine is the only treatment. While there have been calls to reinvigorate and update the well-trodden terrain of medicalization theory (i.e. Busfield, 2017), scholars such as Biehl (2013) have argued that for the continued salience of medicalization as a "modern form of social control that obscures the political, economic and social determinants of health by approaching disease and treatment in exclusively biomedical terms" (p. 425).

Drawing from this frame, our qualitative analysis responds to, and calls into question, a 'risks and harms' orientation to prevention and education addressing adolescent cannabis use and demonstrates how current policy discourse contributes to representations of the developing adolescent brain as pathologically at risk (Farrugia & Fraser, 2017). Our analysis suggests that participants somewhat uncritically take up discourses of risk and responsibility and individualizing accounts of health and substance use that attribute blame and responsibility to parents and families. As our analysis reveals, the biopolitics of adolescent cannabis use concretize privileged and normative notions of health, family, parent, and home, and the discursive effects of biopower work to reify the distinction between those lives – and brains – that are normal, healthy, and productive and those rendered deviant, abnormal, and indeed, 'Other'. These findings highlight the need for research that moves beyond medicalizing prescriptions of risky/at-risk adolescent cannabis use, by attending to the differential social contexts of Canadian parents and adolescents that shape substance use and access to health.

Methods

Our study took place between February and June 2016, just prior to and following the announcement on April 20, 2016 that Canada would undertake the legalization of cannabis. Interview participants were recruited from Vancouver, British Columbia and the surrounding Lower Mainland area. Significant for understanding the context in which our project took place is the province's popular reputation as locus of illicit cannabis production and as a 'cannabis friendly' context wherein cannabis use has been somewhat normalized and sanctioned. This is especially true in the City of Vancouver which hosts a large annual '4/20' public event celebrating cannabis use and where there have historically been more cannabis cultural, advocacy, and 'grey market' commercial entities as compared to the rest of the country. For example, since 2010 the City of Vancouver and the Vancouver Police Department enacted a de facto decriminalization approach towards the more than one hundred medical marijuana retail 'dispensaries' operating in the City by developing a municipal licensing system.

In Vancouver we recruited 16 participants, referred to us through our network of contacts providing school-based health and substance use programing, as well as through school-based parent advisory councils, local neighborhood parent groups, and a volunteer-based support group run by parents whose children had experienced substance use disorders. Parents were eligible to participate if they had at least one child at home over 13 years of age who had experience with cannabis use. Most parents in our sample were women (12/16), between the ages of 47 and 65. There were 11/16 participants who reported that their relationship status was married and while most were employed in full-time work outside the home, three people indicated they were 'stay-at-home' parents. Interviews took place at the location of the participant's choosing, most frequently their homes. We provided participants with a gift card in the amount of $20 in recognition of their time. Approval for the study was received from the Research Ethics Board at Simon Fraser University.

During the interviews, participants were asked to elaborate on their experiences of engaging in conversation with their children regarding decision making about cannabis use and to share ideas regarding resources for other parents. Interviews were audio-recorded and transcribed verbatim. A preliminary pragmatic analysis and thematic coding of transcripts was undertaken to identify supports for parents and to inform the development of resources for discussing cannabis with youth. The initial codes, intended primarily to guide resource development, covered the following areas: child's health history and reported cannabis use, parent and child interactions with health care providers, other family members' cannabis use, family communication styles and barriers to communication, supports parents had accessed and their suggestions for developing resources and providing advice to other parents, the sociocultural and peer context of cannabis use in Vancouver, and parents views on who is responsible for providing drug education. It was the final code, around the responsibility for providing cannabis education, as well as the narratives from parents about cannabis and brain harms that led to our interest in unpacking the notion of 'parents as the best prevention.' The interview data was then re-analyzed in the fall of 2016 using a more deductive, theoretically-informed thematic coding aimed at generating themes related to our critical biopower and medicalization lenses on parent narratives. Interview audio was reviewed again, and memos were drafted to develop a coding framework. Four codes were developed from the analytical memos: 1) The shift in prevention from 'crime' to 'health' in the context of legalization; 2) Individual and relational levels of 'risk' and responsibility for preventing cannabis use; 3) Preventing cannabis use as moral regulation (producing 'good' families and 'healthy' brains); 4) Constructing 'legitimate' knowledge about the potential health risks of cannabis use and strategies for preventing harms. All interview transcripts were then recoded manually according to these codes, and throughout the analysis care was taken to look for interview data that both reinforced and challenged these coding categories.

Findings

The findings we present center on two main themes that speak to the ways that cannabis prevention, risk management and moral regulation vis-à-vis the parent-child relationship has entered the public health landscape, through the shifting medicalization of adolescent cannabis use. Both themes speak to normative definitions of family, an idealized version of parent-child communication and relationships, and reinforce the notion that cannabis use by adolescents may have irreversibly negative health and social consequences.

"Please get your brain developed first:" the biopolitics of the young-brain-at-risk

Although we did not ask or guide parents to tell us about a specific topic or domains of 'harm' from cannabis use, it was readily apparent in their narratives that they had taken up scientific evidence being disseminated in Canada about the effects of cannabis use on the developing adolescent brain, which intensified during our study through media and public debate about the implications of legalization. The parents we spoke to frequently cited scientific research on cannabis and the potential for dependency or addiction and brain harms:

> "…marijuana use with kids versus marijuana use with adults. Uh, kids, I understand, developmentally it's a huge issue and it can really set their life back." (5).
> "I had not been aware about the uh, actual potential structural brain change by early use of uh, marijuana. And I was really shocked at that. And so I did talk to (my child) about that" (15).
> "But from what we understand um, there is real research being done right now around the effects and– and what we know is that his brain is still developing…Addiction is possible. In some people um,

it can trigger psychotic episodes, you know. The brain is still developing. We still don't know what that's gonna do to kid's brains, right?" (16)

In these instances, the normal, healthy, and developing adolescent brain is viewed as at-risk. Aligned with a biopolitical orientation, adolescent brain development is seen as a linear process, and parents protecting young brains ensures their productivity and longevity. To put the developing brain at risk – of damage, psychosis, or addiction – is to threaten this linear model of cumulative health and growth. The notion that cannabis use may threaten the health and the potential of the future generation was seen in an interview with a married father of four teenagers:

"I think, you know, if some of them probably continue on that trajectory uh, and um, they will be our future hardcore users um, and– or dealers or whatever. Um, or just maybe people who are unmotivated by their– by their engagement with the pot and um, and um, you know, they'll be fine. They'll just continue to be moderately performing adults, smoking pot regularly. And it's not like they're gonna turn to a life of crime, they – or hard– harder drug use. But they probably won't reach their potential either because that's what it does to young adults. Um, so that's kind of my– my take on it all." (18)

Another parent, a married mother of four, spoke about how she drew from broader school health discussions emphasizing 'healthy brain development', as a way to talk to her children about the potential harms of cannabis and other drug use:

"Whereas before, it wasn't really talked about in terms of the brain. You know, it was kind of like, "Oh, it's not good for your body." But now it's like, it's not good for your brain…And don't mess with your brain at this age. You know, once your brain is fully developed, if you want to make that decision, that is your decision. But please get your brain developed first." (1)

In taking up this messaging about the developing brain, none of the parents we spoke to were reflexive about the idea of brain harms; indeed the biopolitical imperative to produce healthy and successful children can be so encompassing for parents that we might not expect them to reflect on how the harms to the developing brain narrative relies on a distinction between those youth who are healthy and normal and those whose brain functions – and future prospects – have become derailed or limited. While parents appeared confident that their knowledge was aligned with current scientific research, a disjuncture we noted, was that there was less certainty about *how* this knowledge might be developed into an actionable prevention strategy, beyond telling adolescents that "drugs harm your brain".

Beyond emphasis on brain harms, other approaches to prevention were less frequently suggested, such as using harm reduction to encourage 'safer' drug use similar to sex education for adolescents, or using mindfulness techniques if young people were accessing cannabis to address their symptoms of anxiety and other sources of emotional distress. For the parents we spoke to whose children had a diagnosis of mental illness there was a greater sense of gravity around prevention, with fears that cannabis use could worsen mental illness. In these narratives, brain harms and brain development still were prominent:

"It's basically just showing that there – you know, the chemical connection between dopamine and, you know, schizophrenia and marijuana, and then – or psychosis. And then we go through, you know, just basically saying, hey, it's probably one of the single easiest things you can do, preventative things you can do, is avoiding introducing that into your brain, so." (8).

"They are turning to it because the message is that it's medicinal, and that, um, you – you can use it for – for anxiety and depression. So then the conversation with them is, well, uh, that can be true, but for the adolescent developing brain, uh, there are harmful effects." (14)

With regards to the context of legalization, some parents expressed concern that young people would use this policy change as justification for use, dismissing the potential for harms. As a separated mother of two teenagers told us, "And you got these kids saying, it's legal. But their brains are not adult brains, they're not." (2) This sentiment was echoed in other interviews:

"I'm actually pro um, legalizing marijuana for some of the reasons that people are. But I still don't think kids should have it 'cause I'm one hundred percent behind the research that says, brain impairment. Not impairment, but brain deterior-, well, you don't reach your full potential."(6)

The marked presence of claims about the science of the developing brain in parent interviews was perhaps not surprising given that it has become prominently featured in both scientific and lay discussions on cannabis that have coalesced around Canada's announcement of legalization. Our analysis shows that such discourses may also have become rapidly and perhaps uncritically taken up by parents. Not only do these messages have the potential to reinforce blame or stigma connected to adolescent substance use – in particular where there is mental illness – this emphasis on brain harms also contributes to the medicalization of cannabis use, through distinctions between healthy/normally developed and unhealthy/abnormally developed brains. Yet just as many parents relied on evidence of brain harms to position their arguments for prevention, there was at times a more critical undercurrent to their analysis of the roles of the parent-child relationship and how 'good parenting' prevents cannabis and other drug use.

"It's all about the relationship": parents as agents of prevention

Our biopolitical analysis of parents as agents of prevention implies their role beyond just imparting education, but views the parent-child relationship as at once governed (the moral regulation of good parenting practice) and governing (parents' roles in developing 'good' and 'healthy' children). Through this lens, preventing the harmful effects of substance use is contingent not only on parents' knowledge and ability to communicate with their children about cannabis, but *how they* communicate and how'healthy' their relationship with their children is. As several parents described, they saw the parenting relationship as 'laying the foundation' for preventing drug use:

"Someone that I talked to had said it's all about the relationship. And I thought, that really is where you should start, that– or you're not really talking about marijuana, you're talk– the whole thing is about how you parent." (4)

"And you know, these kids will experiment with things, and– and generally they'll find their way as long as they have a good, healthy attachment with their parents and support system, which our family has." (13)

This latter participant, a married mother of two teenagers, subsequently placed blame on other parents for failing to connect with their children, stating that one of the reasons drug use problems occur is because "they're not present and they're not parenting" (13). This was echoed by a few others who made statements such as, "you can't be an absentee parent and expect your kids to turn out okay" (5), and "I was appalled at the distance that parents…would remove themselves from their kids. Not actively parenting. Had no clue what was happening to them" (4). Whether emphasizing what they are doing right or what other parents are doing wrong, these narratives reduce drug prevention to the level of parent-child relationship and family support, again medicalizing the context of prevention through the psychological science on parent-child attachment. While expected that parents would focus on their roles, and not denying the importance of parent-child communication, we argue that prevention efforts that place the onus on parents to ensure positive attachment oversimplify the complex social and cultural reasons why adolescents use drugs such as cannabis.

There were a few participants who expressed awareness that their economic position facilitated attachment and 'healthy' communication with their children because it allowed them to do things like spend time with their kids or 'take a vacation.' Only one participant suggested that there must be additional challenges for recent immigrants and families who were new to Canada because they potentially lacked time and resources. Most participants side-stepped the issue of the socioeconomic privileges that facilitate such connected parenting and healthy attachment:

> "It's about building the relationship and holding onto their hearts. And so that is– that comes from spending time with them, whether it's, um, driving them places, which isn't just about the task of driving. It's also about having time with them in a place where you have them one on one [laughs], where– those are where conversations can naturally arise…Or just sitting down beside them on the sofa, and while they're on the computer, you're sitting reading a book and kind of trying to engage a little bit. Or you know, taking them on a holiday or, um, you know, whatever it is that you– you can do to just hang with them." (14)
>
> "You know, whereas our kids that–we're always available, you know, and [pause], you know, that there's [pause] –there's some lifestyle choices made around that. Um, my ex–wife worked from home and I worked from home, um, so I was always available…to go out and make sure that I pick up my son from school on time or that they're not–they're not at home alone." (18)

From such findings, it is apparent that in some instances, building a healthy relationship with one's children is easily conflated with constant parental monitoring of children. While the same respondent recognized that time was a constraint on his family life and availability to his children, he also felt strongly that parents and families must be responsible for engaging in what he termed "preventative parenting":

> "I think the takeaway around more– parents that are worried that their kids are gonna grow up and get messed up with drugs and such is, well, then you better do something with them at their– stuff that they like to do…if you don't lay that bonding foundation from early on, then you're–you know, you're starting from a deficit position when these conversations come up later…It's, like, if you're talking about how to engage with your kid when they're 14, 15–it's too late…You should have been a different kind of parent earlier in a sense." (18)

Embedded in this view is the assumption that parents and families are skilled communicators, but also a similarly productive and linear view of the parent–child relationship in the context of child development; that parents can lay a foundation in childhood and that this won't be challenged through the transition to adolescence. However, a mother of four adolescent and young adult children cautioned against assuming that the same parenting strategy would work for every child, as based on her kids' differing experiences with cannabis she tried to practice non-judgment towards other families:

> "So I found that through that, I've become very understanding of people. And, um, just different situations where I don't think, oh, you know, *What are those parents doing? They're terrible parents. Their kid is on drugs,* or something like that." (1)

While some parents focused narrowly on individual attachment and relationship building, others were also cognizant of the social pressures on parents and in their interviews hinted at challenges to the pressures to be a 'good parent', and the gendered expectation to be a 'good mother.' As a parent of one teenager, who described herself as a 'single – in a relationship' told us,

> "I also find actually as a parent, I find that there's a lot of angst. Like, I live in the area, a lot of the parents, there's a lot of angst around drugs and alcohol amongst the parents. And so–and I find that, you know, as a parent, actually throughout my whole parenting career, I found there is always these, like, times where there is angst about certain things. And then I start to feel angst because it's what Mum is supposed to feel at that time. Or then I think, oh, my god, I'm such an ignorant parent or–you know, I need to know more and I should be having different types of conversation with my kid about this." (15)

Another mother, separated, with two teenage children, also suggested that there is a lack of social support and that parents keep private their challenges around addressing drug use because they fear judgment or stigma:

> "…it's just some bizarre world we live in where we feel like our success is defined by the success of our children. And so we talk about that, and yet the struggles are so hidden, you know. I mean, some of us talk, and I'll talk. If I can help one person, you know. I just wish someone could have looked at me and said, "You got a long road ahead, but you're gonna make it through it," you know." (2)

A father in our sample also expressed fears of judgment for asking for help addressing parenting challenges around substance use as, "But um, as a parent you kind of almost feel a bit of a failure. So sometimes it's embarrassing to ask" (18).

Finally, a statement from a married mother of a child and a teenager somewhat challenged this notion, recognizing the limits of parental influence, yet did so in a way that still distinguished between good/bad parenting in relation to preventing drug use,

> "Because we [talk about preventing drug use] at home, it doesn't concern me that much uh, that they don't at the school. It concerns me because then other–I don't know what other families do, and then you don't know what information or misinformation they then bring back to our children, yeah." (17)

From this analysis of interviews with parents it seems that pressures governing good parenting practices individualize the responsibility for preventing drug use, while obscuring the larger social context within which both parenting practices and health outcomes materialize. This omission is particularly problematic because it paints the parent-child relationship with a broad brush that leaves the normative and privileged constructs of a healthy parent, family or home altogether unquestioned. Although a public health framework for cannabis legalization aims to address the underlying social and health-related harms of cannabis use, if we take the parent-child relationship as one of the central sites for intervention, strategies may inadvertently situate cannabis use as an individualized risk that exists outside of other social and health-based inequities. In the practical sense, there is also the potential to exclude many parents though this approach, in particular those that use cannabis, and for whom a much different type of prevention conversation with their children may be occurring.

Discussion

As the discussion of adolescent cannabis use, the parental role in prevention, and public health is still developing and will no doubt be subject to the ongoing shifts as policies evolve in the Canadian context, few qualitative studies have documented the experiences of parents negotiating the conversations about cannabis with their children. Through an analysis of our qualitative interviews with parents of adolescents who have experience with cannabis use, our aim has been to unpack and critique the commonsense approach from drug education that 'parents are the best prevention'. By positioning the narratives of parents within the context of cannabis legalization and public health policies, we highlight the biopolitics of accessing the resources that produce better health outcomes, and challenge normative ideas about 'family values' and the responsibilization for health.

The chief contribution of this paper is that we focus on prevention

directed at parents and trouble assumptions that parents alone can prevent adolescent cannabis use, an area for which there has to date been little critical analysis in drug policy research. Through turning a discursive lens to the presence of biopolitical governance as seen through parent narratives, we have illuminated: (i) How discourses in public health, medicine, and prevention construct the problem of cannabis use in adolescents as a moral and biopolitical risk to be managed by parents/adults, and (ii) That this approach to preventing drug harms fails to situate adolescent cannabis-use within social context thereby obscuring and reinforcing the uneven ways in which health materializes across groups. These findings provide us with some context for moving forward with a parent prevention agenda in the context of cannabis legalization, and point us towards areas that require further research and critical inquiry in public health. First, while some have argued that legalization will have normalization effects, these effects will not be experienced by all demographics of Canadians in the same way. Secondly, compounding this, specific groups such as adolescents living with mental illness, or families experiencing poverty will be short-changed by universal, population-level approaches to education and prevention that govern at a distance and fail to grapple with the complex family and social contexts that shape adolescent health and substance use outcomes.

A potential limitation of our study and analysis is that all the parents we interviewed had children who were using or had used cannabis; parents whose children had not yet initiated use might have different perspectives on 'successful' prevention. Arguably, setting our research in Vancouver could also influence our findings, as this is a social context where cannabis use is normalized. Our sample was also skewed to professional and middle-class parents, and while some spoke about family histories of mental illness and substance use problems, we can say very little about what the situation is like for families facing challenges such as racism, poverty, and intergenerational trauma. Indeed, many parents did not recognize how their experiences were shaped by social and economic resources and did not indicate an awareness that social inequities could shape the ways that families without resources may be differently positioned in relation to youth cannabis use 'risk'. However, while pointing clearly to the presence of biopower at play in parent narratives, we also wish to avoid the conclusion that parents are 'discursive dupes' who buy into the medicalization of cannabis wholesale. As Biehl (2013) notes "while the culture of biomedicine is undeniably powerful, people do not simply become the diagnostic categories applied to them – they inhabit them to greater or lesser degrees, refuse them, or redefine and deploy them to unanticipated ends" (p. 425). Indeed, while we saw some findings from the interviews that provided alternative accounts and resisted cannabis use as an abnormal practice that puts youth at risk for brain/health harms, overall this was not the norm in parents' narratives. One thing to consider is that in the context of a 'health research' interview participants might also be compelled to provide accounts that reinforce drug use as a negative and unhealthy practice for the perceived benefit of the interviewer.

As demonstrated by our interview findings with parents, the proliferation of evidence about cannabis and adolescent brain harms have been contributing to a discursive shift in the rationale for prevention, advancing a mandate for abstinence until the mid-twenties. While protecting children and youth from the potential for harms associated with cannabis will no doubt remain central to the public debates and discussions as Canada moves towards legalization, protective measures must go beyond emphasizing abstinence and an approach that focuses almost exclusively on risks and harms. As our past qualitative and ethnographic work with adolescents who use cannabis frequently has shown, young people engage in cannabis for a range of reasons: for social connection, relaxation and for pleasure, as well as medicating for emotional distress and physical pain, or to carve out an identity with peers and in school contexts (Bottorff, Johnson, Moffat, & Mulvogue, 2009; Haines, Johnson, Carter, & Arora, 2009; Johnson et al., 2008). As it seems that contemporary discussions around youth prevention have used neuroscientific evidence to reinstate the 'Just Say No' (abstinence-only), and 'This is your brain on drugs' (irreversible harm) mantras, we worry that these unhelpful and outdated approaches do little to educate or empower youth decision-making in the name of 'protection.'

As a recent analysis by Farrugia and Fraser (2017) suggests the use of technologies such as PET and fMRI images are making their way into drug education for youth, contributing to a reductionist account of addiction as a youth brain disease/disorder. We agree that approaches that advance a one-dimensional presentation of drug use and brain harms suggest that the brain is untouched by social context, and that brain harm exists in isolation from social harms. Focusing on potential neurological harms associated with youth cannabis use and locating risk in the parent-child dyad then functions as a smokescreen for the social and health inequities that negatively impact childhood neurological development (Viner et al., 2012). As Broer and Pickersgill (2015) suggest in their analysis of social policy discourses in the UK, a 'misuse' or misapplication of neuroscientific evidence has contributed to the individualization of responsibility for health and social outcomes, playing a central role in governing at a distance (p. 55). In the policy documents they reviewed, adolescencts were treated as 'vulnerable citizens' expected to take on responsibility for preventing risk, yet were simultaneously seen as developmentally incapable of sound decision-making about drug use (Broer & Pickersgill, 2015; p. 59), ultimately disempowering adolescents by making parents responsible for mitigating against risks to brain development. Similarly, we argue that in the Canadian policy context, discussions about the risks of cannabis position 'youth' as a homogenous group of vulnerable subjects who are in need of adult health protection. Not only does this focus take for granted the complexities of cannabis use across age groups, it also assumes that all youth are equally at risk, regardless of the differences in their family circumstances and social contexts.

In the practical sense, the problem with many resources developed for parents – and this is true not only for cannabis but for the majority of drug education programs – is that they are typically developed by government health authorities or by public health programmers, but are not based in research evidence. This has resulted in two key issues. The first being that resources replicate 'commonsense' values and assumptions about how to prevent drug use. As a result, the majority of programs have not been tested empirically and are not based in evidence of what is effective for producing and sustaining behavior change or reducing risks associated with substance use. The second issue is that resources are also too generic and therefore typically not relevant or appropriate to those who may be most 'at risk'. For example, advice given to families around parental monitoring such as 'know where your children are at all times,' and strengthening communication by 'eating dinner around the table as a family every night', are based on assumptions about the time and resources that parents have and what the structure of family life looks like in the 'typical' dual-parent, middle-class household. What is troubling is that in offloading this responsibility to parents, the normative assumptions about 'good families' and 'good parenting' are reinstated as the solution to the problem of youth cannabis use, to the neglect of processes through which social and health inequities shape problematic substance use by adolescents. We echo Farrugia and Fraser (2017) in this regard, in calling for drug education that adopts a more nuanced approach to youth substance use, which should include the lived experiences of parents and youth alike.

Conclusion

Looking ahead to the resources that will be developed to support families and parents, we are at a crossroads in the prevention space, and at this juncture there are competing claims about how to protect youth from potential harms. A chief disjuncture in public discussions about the impact of legalized cannabis in Canada is between a medicalized perceptive that emphasizes abstinence as protection and public health approaches oriented to harm reduction. It is critical that we proceed

cautiously and carefully, to avoid replicating the failed approaches to drug education models developed under prohibition, wherein prevention has been epistemologically tied to the War on Drugs (Werb, 2018). As youth cannabis use under the context of legalization becomes a public health risk to be monitored and managed, we need to consider the assumptions and desired outcomes guiding prevention resources and our public discussions. As the end of cannabis prohibition in Canada seems to be pointing us in the direction of an emphasis on health rather than legal consequences, there is a risk that we will offload responsibility for preventing use by young people from the legal system (prohibition as prevention) to families (parents as prevention). Therefore, the challenge as we see it in the drug prevention space, is to respond to the need for credible, evidence-based resources, without placing the onus on parents to become de facto drug enforcement officers or prevention counsellors.

At the crux of current debates in Canada about what the consequences of legalization will be, especially for youth, those opposed tend to falsely equate protecting people from the potential *harms of drug use*, with an abstinence-based model of *preventing all drug use* (Hyshka, 2013; Jenkins et al., 2017). To the contrary, in a context such as Canada where cannabis' illicit status has not deterred use, the aim of protecting public health is much better served by legalizing and regulating cannabis than by prohibition (Rehm & Fischer, 2015). Yet undeniably, these misconceptions about cannabis policy reform and the need for 'protection' from harms is also discursively linked to federal policy rhetoric, which has exploited the public's support for the trope of 'protecting our innocent children' through their stated policy objective of "keeping cannabis out of the hands of children" and eliminating illicit market access (Government of Canada, 2016, p. 3). While this particular policy moment may call for the development of new resources to support parents and other adult caregivers, we argue that relying uncritically on ineffective and outdated approaches of previous eras, namely mobilizing discourses of protection, may be of little practical help or effectiveness.

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