

FACING ADDICTION WITH HOPE AND
UNDERSTANDING

When the Store Opens on the Corner: Cannabis Legalization, Parental Use, and What Families Deserve to Know

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INTRODUCTION: A Landscape Quietly Shifting Beneath Families' Feet

Something changed in the American family home after 2014 — not all at once, and not in every state, but steadily, retail by retail, as legal cannabis dispensaries began opening along commercial strips the way coffee shops once did. In Washington State, that year marked the launch of nonmedical cannabis retail. Within a few years, the green cross became a familiar landmark. And families, particularly parents with children still in the home, found themselves navigating an environment that public health infrastructure was not yet equipped to guide them through.

It is easy to talk about cannabis legalization in the abstract: tax revenues, decriminalization, criminal justice reform. These are real and important conversations. But there is another conversation — quieter, less politically convenient — about what normalization does to the people who are raising children inside it. A 2026 longitudinal study published in **PLOS One** by Le and colleagues takes that less-examined conversation seriously, asking a set of questions that parents and family advocates have deserved clear answers to for years: Does living closer to cannabis retail outlets change how often parents use cannabis? Does proximity shift what parents believe about acceptability? Does it change whether they see cannabis as addictive at all?

These are not small questions. They sit at the intersection of public health, family systems, and the long, complicated relationship between legal availability and social norms — a relationship addiction researchers have observed with alcohol and tobacco for decades.

ANALYSIS: Parents as an Understudied Population

One of the most striking aspects of the Le et al. study is its framing: it identifies parents as "a growing yet understudied population of people who use cannabis in the era of legalization" (Le 2026). That phrasing deserves to sit with readers for a moment. Parents — the people whose choices most directly shape the home environments in which children develop their own relationships with substances — have not been adequately studied. In a field that has spent decades investigating adolescent cannabis use with appropriate urgency, the adults who model behavior, who set household norms, who communicate (or fail to communicate) messages about risk, remain underexamined.

This is not merely an academic gap. It reflects a broader cultural blind spot: the assumption that once a person becomes a parent, they exit the zone of vulnerability, that they are actors in the story of their children's choices but not subjects of their own. Family-centered addiction science increasingly challenges that assumption. Parents are people first. They carry stress, they seek relief, they respond to their environments. And their environments, the Le et al. study suggests, now include an increasing density of legal cannabis retail.

The study uses both perceived and objectively measured cannabis outlet availability, a methodological distinction that matters. Perceived availability shapes behavior through norms and psychological accessibility; objective availability shapes behavior through physical proximity and reduced friction. By measuring both, the researchers capture the full ecology of how a changed retail landscape lands in a parent's daily life (Le 2026). When a dispensary opens within walking distance, the question is not only whether a parent notices it — it is whether their estimate of "how normal" cannabis use is begins to shift.

SYNTHESIS: Norms, Perceived Harm, and the Family System

There is a body of evidence, accumulated over decades of alcohol research, showing that local availability of a substance changes not just how often people use it, but what they think about it. Density of alcohol outlets has been linked to higher rates of heavy drinking, and — crucially — to shifts in community norms that treat heavy drinking as ordinary. The Le et al. study is asking whether the same dynamic is unfolding for cannabis, with parents as the lens (Le 2026).

Perceived addictiveness is the variable that deserves particular attention here. One of the contested truths about cannabis is that it carries real, if statistically lower than many other substances, addiction risk — approximately 9 percent of people who try cannabis will develop dependence, a figure that rises to roughly 1 in 6 for those who begin in adolescence. That is not a trivial number, and in a population of parents, where cannabis use intersects with parenting stress, childhood adversity histories, and the social contagion effects on children watching adult behavior, it matters enormously whether parents accurately perceive that risk.

If retail availability reduces perceived addictiveness — if seeing a dispensary the way one sees a pharmacy gradually communicates that this is a product as safe and regulated as ibuprofen — then the policy environment of legalization may be quietly eroding a harm-reduction signal that families need. The Le et al. study was designed precisely to detect this possibility (Le 2026). That it was conducted longitudinally, following parents over time rather than capturing a single moment, makes it capable of showing not just correlation but change, the arc of how a landscape shapes the people living in it.

For families already navigating addiction — whether a parent's own use that has become problematic, or an adult child's substance use disorder, or the inherited trauma of a multigenerational pattern — this research speaks directly to why environment matters so much. Addiction does not occur in a vacuum. It occurs in neighborhoods, in homes, in the gradual

normalization of behaviors that once carried more social friction. The family does not cause addiction, but the family lives inside the conditions that shape it.

THE HOPE-BASED FRAME: Why This Research Is a Gift, Not a Verdict

It would be easy to read a study about parental cannabis use and retail availability through a lens of alarm, of blame toward parents who use cannabis or toward states that have legalized it. That reading would be wrong, and it would be unhelpful. The value of the Le et al. study is not that it condemns anyone. It is that it looks honestly at a changing environment and asks what families need.

Understanding that perceived availability may be reshaping norms — that proximity to dispensaries may alter how acceptable or risky cannabis feels — gives public health professionals, clinicians, and family advocates a target for intervention. It means that awareness campaigns, clinical conversations, and community education need to be calibrated to the current retail reality, not the reality of twenty years ago. It means that a parent who lives near five dispensaries and has gradually come to feel that daily cannabis use is unremarkable is not morally deficient; they are responding, humanly, to their environment.

This is the core of hope-based addiction science: when we understand how environments shape behavior, we stop blaming individuals for responding to those environments and start asking what better environments and better supports would look like. A parent who uses cannabis daily is not a cautionary tale. They are a person in a landscape that is telling them, through sheer ubiquity, that this is fine — while the longitudinal science quietly asks whether that message is complete.

Families touched by addiction know how important it is to be seen accurately. To be understood in context. To have the complexity of their lives — the stress, the history, the environment, the love — acknowledged rather than flattened. The research emerging from states like Washington

State, where legalization has now been lived for over a decade, is building that more accurate picture. It will not yield simple answers. But it is asking the right questions, on behalf of the right people.

CONCLUSION: What Families Can Hold Onto

The Le et al. longitudinal study is, in the end, an act of care toward families. By treating parents as worth studying, by examining how the retail landscape shapes not just their behavior but their beliefs, it insists that parents' relationship with cannabis — like every aspect of family life — deserves serious, non-judgmental scientific attention.

For families navigating the current moment, the takeaway is not fear. It is clarity. Legal does not mean harmless. Available does not mean risk-free. And the fact that a dispensary sits on every corner does not settle the question of what role cannabis should play in a household where children are learning what adults do when they are tired, anxious, or in pain. These are family conversations — and they are worth having with the same honesty and compassion that the best addiction science is now bringing to bear.

Facing addiction, or the risk of addiction, with hope and understanding means acknowledging the environment we are all living in. It means supporting parents not with shame but with information. And it means trusting that families, given accurate knowledge and genuine support, are capable of making the choices that protect the people they love most.

Works Cited

Le. “Local availability of cannabis retail outlets on parents' cannabis use, acceptability, and perceived addictiveness: A longitudinal study in Washington State.” PloS one, 2026. <https://pubmed.ncbi.nlm.nih.gov/42201904/>.

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