Medical Marijuana Legalization and Parenting Behaviors: An Analysis of the Time Use of Parents

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Introduction: Key Question

- Question: Can access to medical marijuana improve parenting?
- Parents with better health → better parenting
- Medical marijuana: painkiller
  - Pro: Treats PTSD, depression, seizures
  - Pro: May substitute worse substances (opioids)
  - Con: may lead to dependence/abuse

Medical Marijuana Legalization (MML)

- First legalization: California 1996
- Conservative states keep it illegal: Georgia, Mississippi, Texas, …
- Timing: MML → dispensary regulations (MMD) → recreational MJ legalization (RML)
  - We study their effects jointly
  - International trend: decriminalize (WHO)

Empirical Strategy

- Daily time use in minutes.
- Difference-in-difference (DiD) with staggered timing, event study
  \[ Y_{ijt} = \beta_0 + \beta_1 D_{jt} + \gamma X_{ijt} + \rho_{jt} + \epsilon_{ijt}, \]
  - With state \( j \), year \( t \), person \( i \), treatment indicator \( D_{jt} \).
- Effects likely heterogeneous across states, over time (culture, economy) → biased ATT estimates (Roth et al., 2022), especially with always/never treated groups
- Solution:
  1. Sample restriction: states that adopted MML in 2004—2018 (moderate culture states, no always/never treated groups)
  2. Two-stage difference-in-differences (Gardner 2021)

Results (years from treatment)

- Childcare, passive care time: big, significant impacts.
- MMD, RML: no effects (in the paper)
- Bigger effects: fathers, better educated, younger children, weekend time
- Bigger effects in states that show, before MML,
  - Higher average religiosity
  - Less average MJ abuse (in the paper)
  - Less average drug-related deaths (in the paper)
- These characteristics related to less MJ abuse
- Suggestive of: Medical use of MJ → parenting increases

Discussion

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References