

## Did you know? Massachusetts is considering a system that would allow people to grow, possess, transport and distribute marijuana.

Massachusetts voters will decide the outcome of Question 3 in November. Question 3 advocates “medical” marijuana for Massachusetts. Here are some facts to consider.

A vote of YES means the following:

- up to **35 marijuana storefronts** can open in our communities in year 1 with options to continually add more shops.
- Nearly **anyone can get a medical marijuana card**. For example, a child could get a card to help with anxiety. In Colorado, nearly 1 out of every 44 people holds a card.<sup>1</sup>
- Card holders have a **lifetime membership to stores**. These cards state no dosage limits, no refill limits and no expiration dates.
- Card holders can **grow marijuana at home**.
- Card holders can **carry up to a 60-day supply** on their person or in their car. This quantity is undefined in the proposition, but a conservative estimate would be 120 joints.



Virtually anyone could obtain a lifetime membership card to a shop: Cards state no dosage limitations, no minimum age, and have no expiration date.



Up to 35 marijuana stores can open in communities in year 1 with no limits on the number of future shops. Marijuana will be able to be sold as joints, candies, teas, icecreams, aerosols and other products.

Massachusetts has seen a **rise in youth marijuana use rates** since we passed decriminalization in 2008. We now have 30% higher youth rates than the rest of the nation<sup>2</sup>. A 2012 study shows that among adolescents in substance abuse treatment in Denver, Colorado, 74% had used someone else’s “medical” marijuana a median of 50 times<sup>3</sup>.



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1. Colorado Department of Public Health and Environment estimates 116,000 cardholders. Est Pop of CO: 5,116,000  
2. CDC, Youth Online, High School YRBSS, <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>  
3. Salomonsen-Sautel, S et al (2012). Medical Marijuana Use Among Adolescents In Substance Abuse Treatment, Journal of the American Academy of Child and Adolescent Psychiatry, Vol 51, Issue 7, pp 694-702