

I would like to submit a comment for the meeting on Friday:

1. We need a division of the DCC dedicated to MEDICAL aspects of cannabis. Currently there is no place for Medical patients voices to be heard. There is no place for medical impacts (positive or negative) to be evaluated and state-wide decisions made for patient care.
2. There needs to be a re-evaluation of the current, virtually non-existent state MMIC cards. As it currently stands, the benefits versus the costs (financial/time) are none.
3. The current dose limitations for rec use are not being abided by and anyone can purchase 50-100 mg THC dosages. The problem here is the increase in teen addiction that we are experiencing, with no understanding in the general public about things such as **dose**.
4. We need financial backing to medical and public education, which should be spearheaded by physicians with experience in the medical cannabis space.
5. We need to also support research that is focused on Medical/clinical use of cannabis, not just the bench/scientific research. Especially as bench science can be delayed by 2-5 years and often times is behind the times with what is readily available in the market.

In good health,



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In Emergency Medicine News: [“The Case for Cannabis”](#)
Watch [here](#) on Amazon Prime

Medical Course by Dr. Yafai: [Explore My Education Course On "Cannabis & Chronic Pain" Here](#)

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