

Taming fearful thoughts

Dear Annie: My wife and I have three perfect grandchildren, ages 1, 5 and 7. We love watching them at least one day a week. Their parents are caring and careful. But occasionally when I am just about to fall asleep, I have “waking dreams” that the most horrible things happen to the kids. Why? I am able to push these disturbing thoughts out of my brain in a few seconds. I don’t want to pay a psychiatrist for the answer. — *Worried in Kentucky*

DEAR ANNIE



ANNIE LANE
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Dear Worried in Kentucky: While I admire your ability to push those disturbing thoughts out of your mind, nonetheless, that which we resist, persists. It might be beneficial to talk to your wife or a counselor about these thoughts. Sometimes just acknowledging and talking about your fears make your fears lessen. If you try to go at it alone, you will continue to suffer.

It could be a sign of generalized anxiety or a form of OCD, but I would consult with a professional. In the meantime, keep up the good work with your grandkids. They are fortunate to have you and your wife.

Dear Annie: I’m seeking a new job. Pretty much all the jobs I’ve had have been facilitated by referrals (I know someone who knows someone). So I’m pessimistic about my chances of landing something in a place where I don’t know anyone. How can I make myself stand out?

These jobs I’m applying for have 100-plus applicants, and thanks to imposter syndrome, I don’t feel all that qualified to begin with. My motivation is lacking, though I am committed to the end goal. What should I do to nip the bad juju and fight the good fight? — *Jaded Job-Seeker*

Dear Jaded Job-Seeker: One way to make yourself stand out is to walk around with a chip on your shoulder, which is what you are doing. I hope you are aware of just how negative your perspective is and what it will do to sabotage your finding a

more desirable job.

Instead of focusing on the referrals that you don’t have, or the idea that you’re not good enough for the job, focus on your strengths. Out of the 100-plus applicants, one has to get the job, and the question is, “Why not you?” That is a question you have to ask your self-esteem. You deserve to have your dream job, and you will land it once you shake off a negative attitude.

Dear Annie: I am writing about “Passionless Partners,” to the man who loves the woman who nursed him back to health but lacks passion during sex.

The guy’s suspicion is right: The passion, if not there now, will never be. You can fool yourself and think it will get better, but it ain’t gonna happen. Simple. Grin and bear it.

There’s a statement I saw once, which is: “I can think of a million reasons to leave my wife, but then I look for only ONE reason to stay.” He needs to realize what’s important and that sometimes what’s important is unachievable.

The message of the Serenity Prayer is: “God, grant me the power to know the difference between things I can change versus things I can’t.”

There are probably hundreds of situations that could be substituted for the word “passionless,” but whatever word you use — money, sex, in-laws, children, whatever — if it ain’t there now, it ain’t gonna be. All the therapy in the world won’t help. It may help you have a deeper understanding of the problem, but you’ve got to solve it. — *Realistic Expectations*

Dear Realistic: Thank you for your interesting perspective. It sounds like you have experienced similar things as “Passionless Partners.” However, people can and do change in some instances. Otherwise, we would all be doomed to first impressions. Life is about hope and love and change, and those can be achieved much more easily with a positive attitude and a good therapist.

Medical pot takes hit when weed legal for all

By **GILLIAN FLACCUS**
and **ANGELIKI KASTANIS**
Associated Press

PORTLAND — When states legalize pot for all adults, long-standing medical marijuana programs take a big hit, in some cases losing more than half their registered patients in just a few years, according to a data analysis by the Associated Press.

Much of the decline comes from consumers who, ill or not, got medical cards in their states because it was the only way to buy marijuana legally and then discarded them when broader legalization arrived. But for people who truly rely on marijuana to control ailments such as nausea or cancer pain, the arrival of so-called recreational cannabis can mean fewer and more expensive options.

Robin Beverett, a 47-year-old disabled Army veteran, said she resumed taking a powerful prescription mood stabilizer to control her anxiety and PTSD when the cost of her medical marijuana nearly tripled after California began general sales. Before last year, an eighth of an ounce of dry marijuana flower cost her \$35. Now it’s approaching \$100, Beverett said.

“It’s ridiculous. The prices are astronomical,” said Beverett, who moved to Sacramento from Texas because medical marijuana is illegal there. “Going to the dispensary is just out of the question if you’re on any kind of fixed income.”

It’s a paradox playing out nationwide as more states take the leap from care-centered medical programs to recreational models aligned with a multibillion-dollar global industry.

States see a “massive exodus” of medical patients when they legalize marijuana for all adults — and then, in many cases, the remaining ones struggle, said David Mangone, director of government affairs for Americans for Safe Access.

Cost also goes up, a problem that’s compounded because many of those who stay in medical programs are low-income and rely on Social Security disability, he said.

More expensive

In Oregon, where the medical program shrank the most following recreational legalization, nearly two-thirds of patients gave up their medical cards, the AP found. As patients exited, the market followed: The number of medical-only retail



AP Photo/Gillian Flaccus

Scott Donnelly, assisted by his wife and licensed caregiver, Vicki Poppen, leaves Western Oregon Dispensary in Sherwood after buying medical marijuana to treat muscle spasms caused by his multiple sclerosis.

shops fell from 400 to two, and hundreds of growers who contracted with individual patients to grow specific strains walked away.

Now, some of the 28,000 medical patients left are struggling to find affordable medical marijuana products they’ve relied on for years. While the state is awash in dry marijuana flower that’s dirt cheap, the specialized oils, tinctures and potent edibles used to alleviate severe illnesses can be harder to find and more expensive to buy.

“Lots of people have started trying to figure out how to make these concentrates and edibles themselves in their kitchen,” said Travis MacKenzie, who runs TJ’s Gardens, which provides free medical cannabis to children with epilepsy. “There are things that we don’t really want people to do at home, but the market conditions are such that people are trying to do more at home.”

The numbers compiled by the AP through public records requests and publicly available documents provide a snapshot of the evolution of marijuana as more states — Michigan was last in the door, and Illinois is about to follow — legalize pot for all adults.

Ten states have both medical and recreational markets. Four of them — Oregon, Nevada, Colorado, Alaska — have the combination of an established recreational marketplace and data on medical patients. The AP analysis found all four saw a drop in medical patients after broader

legalization.

In Alaska, the state with the second-biggest decline, medical cardholders dropped by 63% after recreational sales began in 2016, followed by Nevada with nearly 40% since 2017 and Colorado with 19% since 2014.

The largest of all the legal markets, California, doesn’t keep data on medical patients, but those who use it say their community has been in turmoil since recreational pot debuted last year. That’s partly because the state ended unlicensed cannabis cooperatives where patients shared their homegrown pot for free. There is limited scientific data backing many of the health claims made by medical marijuana advocates, and the U.S. government still classifies cannabis in any form as a controlled substance like LSD and cocaine.

Still, the popularity of medical pot is rising as more states legalize it. There are 33 such states, including the politically conservative recent additions of Oklahoma and Utah. Oklahoma has among the more liberal guidelines for use and has approved more than 100,000 patient licenses since voters backed legalization last June.

Getting a precise nationwide count of medical patients is impossible because California, Washington and Maine don’t keep data. However, absent those states, the AP found at the end of last year nearly 1.4 million people were active patients in a medical marijuana program.

The AP estimates if those states were added the number would increase by about 1 million.

Pushed aside

As more states legalize marijuana for all adults, some who have been using it medically are feeling disenfranchised.

In Michigan, where medical marijuana has been legal for over a decade, the creation of a new licensing system for medical dispensaries has sparked court challenges as the state prepares for the advent of general marijuana sales later this year. A cancer patient there filed a federal lawsuit this month, alleging the slow licensing pace has created a shortage of the medical marijuana products she needs to maintain her weight and control pain.

In Washington, medical patients feel they were pushed aside when that state merged its medical and general-use markets, which also is what’s happening in California.

Los Angeles dispensary owner Jerred Kiloh sells medical and recreational marijuana and said those markets are quickly becoming one, since few companies are going to produce products for a vanishing group of customers. He said his medical business has dipped to 7% of overall sales and is dropping month to month.

“It’s going to be gone,” said Kiloh, president of the LA trade group United Cannabis Business Association.

In Oregon, regulators are struggling to find a path that preserves the state’s trailblazing low-cost medical pot program while tamping down on a still-thriving black market. A special state commission formed to oversee the market transition put out a report earlier this year that found affordability and lack of access are major hurdles for Oregon’s patients.

“Patients have needs. Consumers have wants,” said Anthony Taylor, a medical marijuana advocate who sits on the Oregon Cannabis Commission. “Patients are in crisis right now.”



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