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CONSUMER CONNECTION

a SAFER ALTERNATIVE for BACK PAIN RELIEF

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MAKE SURE YOUR PET ARRIVES ALIVE

TAKE THESE PRECAUTIONS TO PROTECT DOGS AND CATS WHEN FLYING

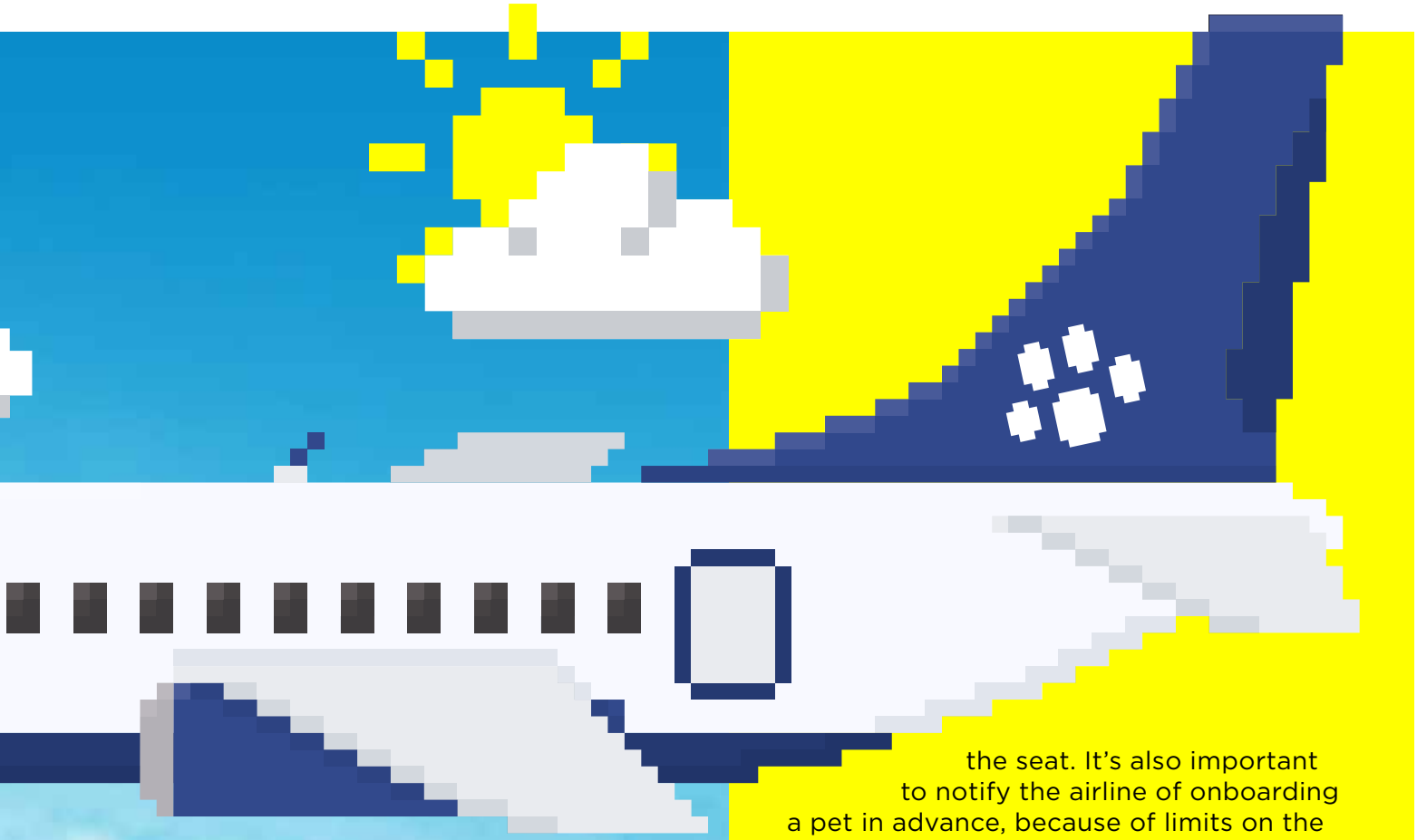
By ***Ryan Jones***
Consumer Connection staff

Airline travel with a pet can be very stressful—for the animal and owner. Experts say leaving a pet at home during a vacation or taking your companion by car are better options for traveling, but if you choose to fly with a pet, you have several considerations to weigh first.

Several recent high-profile incidents involving pets on planes—including deaths—have highlighted the risks associated with airline transportation for pets.

In March alone, according to several media reports, a German shepherd that was traveling from Oregon to Missouri by United Airlines instead ended up in Japan; a puppy on Delta headed to Idaho was mistakenly flown thousands of miles around the country, landing in four other states before reaching its destination; and United faced a public relations nightmare when a French bulldog puppy died aboard a flight from Houston to New York after a flight attendant insisted the dog's carrier be stored in an overhead compartment of the plane.

According to a U.S. Department of Transportation report on 2017 air travel, 24 animals died on major U.S. carriers last year, with United responsible for 18 of those. A United spokesman told *Time* magazine in the wake of the report that the numbers were skewed because United flies risky breeds of dogs and cats that other airlines won't (those with very short muzzles and noses, known as brachycephalic, whose short nasal passages leave them especially vulnerable to oxygen deprivation and heat stroke). These breeds include bulldogs, pugs, and Persian cats, according to the Humane Society of the United States.



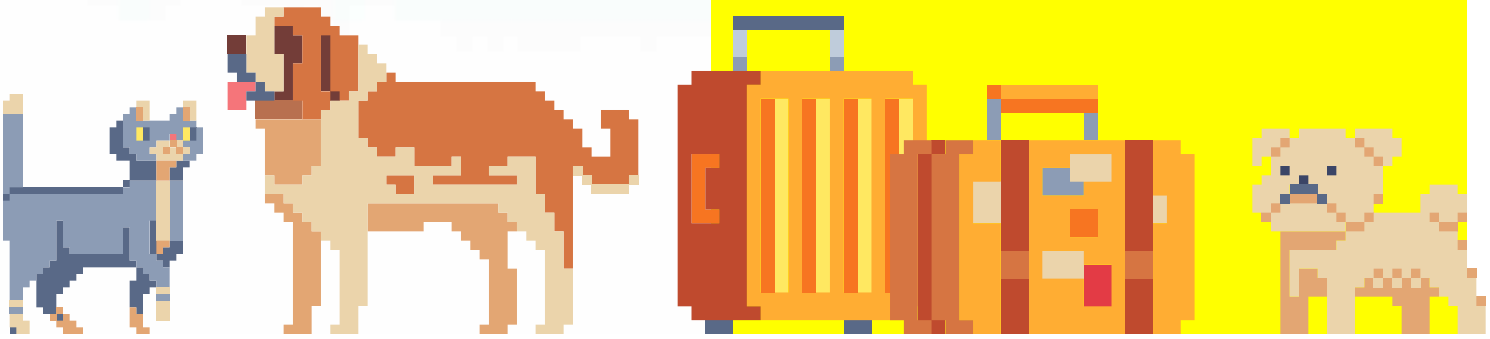
Nevertheless, United suspended its pet-shipping program while it conducted an internal investigation. It reinstated the program in July with **revised guidelines** that include additional banned breeds, as well as more cross-checking by employees monitoring the loading and unloading of pets flying in the cargo hold. Some carriers only allow cats and small dogs in the cabin and won't fly pets in cargo at all.

The Humane Society recommends flying with pets in the cabin whenever possible, because excessive temperature fluctuations and poor ventilation are more common in the cargo area.

Major airlines have restrictions on the size of pet carriers, often so they can fit under the seat. It's also important to notify the airline of onboarding a pet in advance, because of limits on the number of animals allowed per-flight. Other typical requirements of pet owners include a health certificate for their animal dated within 10 days of the travel date, as well as certification of a rabies vaccination.

Rules for transporting pets vary from airline to airline, so it's critical to know all the policy details of your carrier. Consult a veterinarian about how best to prepare your pet to minimize stress and anxiety during your flight. The license status of a vet can be looked up on the state Veterinary Medical Board website (**www.vmb.ca.gov**).

Also, be aware that, if all the rules and regulations of airline pet travel seem overwhelming (particularly for international transportation), pet shipping companies that oversee the process are available for hire.



TIPS FOR PETS THAT MUST FLY IN CARGO HOLD

If you determine that you cannot take your pet in the cabin, ask the airline if it has any restrictions on transporting your animal in the cargo hold. The Humane Society has these tips if your pet must fly in the cargo hold:

- Use direct flights. You will avoid the mistakes that occur during airline transfers and possible delays in getting your pet off the plane.
- Travel on the same flight as your pet when possible. Ask the airline if you can watch your pet being loaded into, and unloaded from, the cargo hold.
- When you board the plane, notify the captain and at least one flight attendant that your pet is traveling in the cargo hold. If the captain knows that pets are on board, they may take special precautions.
- Don't ever ship brachycephalic (short-skull) animals such as Pekingese dogs, bulldogs or Persian cats in the cargo hold.
- If traveling during the summer or winter months, choose flights to accommodate temperature extremes. Early morning or late evening flights are better in the summer; afternoon flights are better in the winter.
- Fit your pet with a collar that can't get caught in carrier doors. Affix two pieces of identification on the collar: a permanent ID with your name, home address, and phone number, and a temporary travel ID with the address and phone number where you or a contact person can be reached.
- Affix a travel label to the carrier on which you've written your name, permanent address, phone number, final destination, and where you or a contact person can be reached as soon as the flight arrives.
- Make sure your pet's nails have been clipped to protect against them getting hooked in the carrier's door, holes, and other crevices.

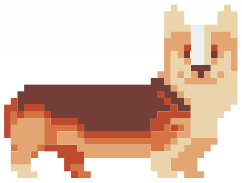
- Give your pet at least a month before your flight to become familiar with the travel carrier. This will minimize their stress during travel.
- Do not give your pet tranquilizers unless they are prescribed by your veterinarian. Make sure your veterinarian understands that the prescription is for air travel.
- Do not feed your pet for four to six hours before the trip. However, you can give them small amounts of water. If possible, put ice cubes in the water tray attached to the inside of your pet's crate or kennel. (A full water bowl will only spill and cause discomfort.)
- Try not to fly with your pet during busy travel times such as holidays and the summer. Your pet is more likely to undergo rough handling during hectic travel periods.
- Carry a current photo of your pet. If your pet is lost during the trip, a photo will make it much easier for airline employees to search effectively.
- When you arrive at your destination, open the carrier as soon as you are in a safe place and examine your pet. If anything seems wrong, take your pet to a veterinarian immediately.

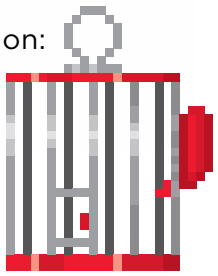
RESOURCES

Humane Society of the United States: **www.humanesociety.org**

International Pet and Animal Transportation Association: **www.ipata.org**

International Air Transport Association: **www.iata.org**





Fighting Teen Depression

NEW GUIDELINES PUT PEDIATRICIANS ON THE FRONT LINES FOR DIAGNOSING, HELPING FAMILIES MANAGE MENTAL ILLNESS

By ***Laura Kujubu***
Consumer Connection staff

It's not easy being a teenager today. Academic demands, the perceived need to be "perfect," increased sleep deprivation, and peer pressure and isolation caused by social media are just some of the reasons. Modern teen life can be complicated—and stressful.

This stress can result in mental health issues, namely, depression. Today, one in five U.S. teens experience depression during adolescence, according to the American Academy of Pediatrics (AAP). Also, a large study published

in the 2017 *Clinical Psychological Science* journal reported that from 2010 to 2015, teens with typical symptoms of depression increased by 33 percent and teen suicides jumped to 31 percent.

Despite this trend, the reality is that most teens with depression are left undiagnosed and untreated. To help bridge this gap, AAP released new guidelines in February—the first update in 10 years—that recommend detailed mental health screenings and monitoring by pediatricians.

MDD AND THE GUIDELINES

Targeted for patients ages 10 to 21, the AAP guidelines can help distinguish between mild, moderate, and severe forms of major depressive disorder (MDD). Symptoms of MDD in teens can include low mood, reckless behavior, insomnia, irritability, restlessness, weight loss, decline in academic performance, social isolation, and decreased energy. Although most teens display symptoms such as these from time to time, a red flag should be raised when they last two weeks or longer.

To help diagnose teens, AAP recommends pediatricians and primary care doctors regularly check the mental health of their patients as part of their overall wellness exam.

"A lot of parents go to their pediatrician for the scraped knees and sore throats but don't think of them when it comes to seeking help for emotional and behavioral issues," said Dr. Rachel Zuckerbrot, a lead author of the guidelines, in a February AAP press release.

The diagnosis is made using identification tools, such as patient questionnaires and direct interviews by pediatricians with their patients. Parents are also expected to get involved. The guidelines suggest ways family members can participate in a teen's mental health assessment and follow-up treatment.

"Parents should be comfortable offering any of their own observations, questions, or concerns, which will help the physician get a well-rounded picture of the patient's health," said Dr. Amy Cheung, another lead author of the guidelines.

THE EARLIER THE BETTER

It can be tricky for a parent to recognize teen depression—not just because normal teen behavior is often characterized by moodiness, but also because identifying symptoms of depression (e.g., anger and recklessness) are not often associated with being depressed. Parents may need the help of a professional to recognize the signs.

And identifying those signs early is crucial.

Getting treatment after diagnosis can have long-lasting effects. U.S. Preventive Services Task Force (USPSTF) states that MDD in children and teens is strongly linked to depression as an adult, as well as other mental disorders and suicidal tendencies.

"The earlier we identify teenagers who show signs of depression, the better the outcome," says Zuckerbrot in the release.

Another important element included in the AAP guidelines is safety planning. Safety planning includes removing lethal items, such as firearms, from the home. Suicide is the leading cause of death for children ages 10 to 17 and is strongly associated with the availability of firearms, according to a separate AAP report released in 2012.

Other keys to positive outcomes include providing families with instructions on how to monitor risk factors for suicide and how to get involved with treatment.

LONG-TERM PLANNING

According to the AAP guidelines, the management of teen depression needs to be based on the understanding that depression is often a recurring condition. Doctors need to tell patients and families about not only the causes and symptoms of depression but also how to treat it. A treatment plan should set goals such as regular exercise, a nutrition plan, and open communication at home to discuss issues that may arise.

Treatment for MDD can also include therapy with a medical health professional or with a support group, as well as the administering of antidepressant medication. However, if the patient is taking an antidepressant, they must carefully follow the doctor's directions and be under a doctor's regular supervision.

Remember to verify a doctor's license by visiting the Medical Board of California's website (**www.mbc.ca.gov**) or the Osteopathic Medical Board of California website (**www.ombc.ca.gov**). Always check the license of your mental health professional as well at the appropriate website: **www.psychology.ca.gov** or **www.bbs.ca.gov**.

Another important recommendation in the guidelines is for the pediatrician to establish relationships with mental health resources in the community, such as support groups and advocacy groups, which can serve as resources to affected teens and their families.

The AAP guidelines are a huge step in the right direction. However, factors such as cultural influences, social stigma, and confidentiality concerns still present challenges in diagnosing and treating teen depression. To ensure teens are getting the support they may need, widespread education regarding mental health—what it means, what it doesn't mean, how it can be treated—as well as understanding diverse attitudes toward mental health, must also be recognized and addressed.

Depression:

RISK FACTORS FOR TEENS

According to the U.S. Preventive Services Task Force (USPSTF), risk factors for major depressive disorder in adolescents ages 12 to 18 include:

- Female sex
- Family (especially maternal) history of depression
- Prior episode of depression
- Chronic medical issues
- Being overweight or obese
- Childhood abuse or neglect
- Family conflict
- Uncertainty about sexual orientation
- Poor academic performance
- Low socioeconomic status

For more information about teens and depression, visit the USPSTF website at **https://www.uspreventiveservicestaskforce.org**.

RESOURCES

U.S. National Library of Medicine's Medline Plus: Teen Health
https://medlineplus.gov/teenhealth.html

National Suicide Prevention Lifeline (800) 273-8255; **www.suicideprevention lifeline.org**

National Institute on Drug Abuse for Teens **https://teens.drug abuse.gov**

NEW DRUG OFFERS WELCOME RELIEF FOR MIGRAINE SUFFERERS

By ***Lana K. Wilson-Combs***
Consumer Connection staff

Some welcome news for the nearly 39 million Americans who suffer from migraines: The U.S. Food and Drug Administration (FDA) in May approved, for the first time, a new class of medication that reduces the number of migraines among frequent sufferers.

These debilitating headaches—most common among adults between the ages of 25 and 55—rank as the third-most prevalent illness in the world. Migraine attacks can be triggered by a variety of factors, including certain types of food, lack of sleep, weather, bright lights, and stress. Typical symptoms among men and women include pulsating pain, light and sound sensitivity, nausea, and blurred vision.

The new drug is called Aimovig, and is sold by Amgen in the United States. The price for Aimovig will vary for consumers depending on their medical insurance plans.

A May article by National Public Radio noted that most migraine drugs currently on the market are used to merely control the symptoms of migraines. But Aimovig, which is administered once a month by self-injection using a pen-like device, is designed to block the activity of a molecular gene—calcitonin gene-related peptide—which sparks migraine attacks and thus reduce their regularity.

Aimovig's effectiveness was confirmed by three clinical FDA trials, each comparing the drug to placebos. The first study included 955 participants with a history of episodic migraines. Over the course of six months, Aimovig-treated patients experienced, on average, one to two fewer monthly migraine days than those taking placebos.

The second study included 577 patients with a history of episodic migraines. Over the course of three months, Aimovig-treated patients experienced, on average, one fewer migraine day per month than those on placebos.

And the third study evaluated 667 patients with a history of chronic migraines. In that study, over the course of three months, patients treated with Aimovig experienced, on average,

two-and-a-half fewer monthly migraine days than those receiving a placebo.

The most common side effects that patients reported from these trials were some injection site reactions and constipation.

MIGRAINES AFFECT CHILDREN, TOO

Additional studies from the Migraine Research Foundation show nearly 10 percent of school-age children suffer from migraines. Among other findings:

- Half of all migraine sufferers have their first attack before the age of 12. Migraines have even been reported in children as young as 18 months. Recently, infant colic was found to be associated with childhood migraines and may even be an early form of migraines.
- In childhood, boys suffer from migraines more often than girls; as adolescence approaches, the incidence increases more rapidly in girls than in boys.
- A child who has one parent who suffers from migraines has a 50 percent chance of inheriting them, and if both parents get migraines, the chances rise to 75 percent.

Remember, before taking any medications, always check with a licensed doctor or pharmacist. To verify your doctor's license, check the Medical Board of California's website at **www.mbc.ca.gov** or the Osteopathic Medical Board of California at **www.ombc.ca.gov**. To verify a pharmacist's license, visit the California State Board of Pharmacy website at **www.pharmacy.ca.gov**.

> *Migraine attacks can be triggered by a variety of factors, including certain types of food, lack of sleep, weather, bright lights, and stress.*

RESOURCES

Migraine Research Foundation: **www.migraineresearchfoundation.org**

More to Migraine Foundation: **www.moretomigraine.com**

Migraine.com: **www.migraine.com**

U.S. Food & Drug Administration: **www.fda.gov**

IN SEARCH OF RELIEF

STUDY FINDS EARLY PHYSICAL THERAPY IS BEST MEDICINE FOR LOW-BACK PAIN, REDUCING OPIOID PRESCRIPTIONS

By ***Laura Kujubu***
Consumer Connection staff

When thinking about the health crisis in the United States, top issues that may come to mind are heart disease, cancer, and obesity. However, another widespread, yet largely unrecognized, health issue is low-back pain.

According to the National Institutes of Health, about 80 percent of U.S. adults will suffer from low-back pain at some point in their lives. Yet, despite its prevalence, the ailment is often ineffectively treated. Plus, the treatments commonly used are contributing to other crises: rising health care costs and opioid addiction, according to medical journal *The Lancet*.

A possible, and more favorable, solution to low-back pain is getting a closer look. A recent

study published in the Health Services Research journal, which examined 150,000 insurance claims, found that instead of using the usual go-to treatments, such as painkillers, rest, and X-rays, patients with low-back pain are better off if they first see a physical therapist.

BENEFITS OF PHYSICAL THERAPY

Lead author of the study Dr. Bianca Frogner, associate professor of family medicine at the University of Washington (UW) School of Medicine and director of the UW Center for Health Workforce Studies, stated in a May 2018 National Public Radio article that physical therapists "are well positioned to provide ideas on exercises, movement, and ways of living to prevent the pain from getting worse—and hopefully from ever coming back, once it's gone."

The study found that patients who went to a physical therapist at the start of their treatment had an 89 percent lower probability of receiving an opioid prescription, a 28 percent lower chance of having an advanced imaging service (e.g., MRIs, CT scans), and a 15 percent lower probability of an emergency room visit. Another plus: patients had much lower out-of-pocket costs.

Patients did have a 19 percent higher chance of hospitalization; however, authors of the study indicated this may not be a negative outcome if physical therapists were appropriately referring their patients to specialized care after pain wasn't eased through physical therapy.

LOW-BACK PAIN AND OPIOID CONNECTION

Too often, patients are simply given painkillers as the treatment, and this can lead to further problems.

"Opioid medications that have been prescribed for low-back pain have become a well-recognized gateway to opioid addiction," said Dr. Todd E. Davenport, professor, doctor of physical therapy, and program director at University of the Pacific. He stated that instead, physical therapists can provide evidence-supported low-back pain treatments and an alternative to opioid medications. The treatments can involve customized movement activities, exercises, specialized education about pain, and other nonpharmacologic interventions.

> *"Too often patients are simply given painkillers as the treatment, and this can lead to further problems."*

Davenport added that treatment by physical therapists is also readily accessible—in California, they do not need a doctor's referral or prescription to work with patients with low-back pain. However, there may be obstacles to getting physical therapy treatment because of insurance restrictions or lack of insurance, Frogner said.

BEYOND THE PAIN

As innocuous as low-back pain may sound, for those who suffer from it, it can have significant effects, not only physically but also economically. As stated in a series of March 2018 *The Lancet* articles, low-back pain is the leading worldwide cause of years lost to disability, and consequently, lost years of employment and income.

In addition, the cost and health care use associated with low-back pain is expected to steadily creep up because of an aging population, increased sedentary lifestyles, fragile health care systems, and growing health epidemics such as obesity.

Frogner believes action needs to be taken now to manage this growing public health issue. "Given our findings in light of the national opioid crisis, state policymakers, insurers, and providers may want to review current policies and reduce barriers to early and frequent access to physical therapists as well as to educate patients about the potential benefits of seeing a physical therapist first."

Before you see a physical therapist, be sure to check the license by visiting the Physical Therapy Board of California's website at **www.ptbc.ca.gov**.

HOW TO KEEP YOUR BACK HEALTHY

To avoid low-back pain issues in the first place, keep your back as healthy as possible. According to the National Institutes of Neurological Disorders and Stroke (NINDS), speed walking, swimming, or stationary bike-riding for 30 minutes each day can increase muscle strength and flexibility. Other suggestions include yoga to help stretch and strengthen muscles and improve posture.

Here are additional suggestions from NINDS:

- Don't slouch when standing or sitting. The lower back can support a person's weight most easily when curvature is reduced. When standing, keep your weight balanced on your feet.
- At home or work, make sure work surfaces are at a comfortable height.
- Sit in a chair with good lumbar support and proper position and height for the task. Keep shoulders back. Switch sitting positions often and periodically walk around the office or gently stretch muscles to relieve tension.
- Wear comfortable, low-heeled shoes.
- Sleep on your side with knees drawn up in a fetal position, which can help open up the joints in the spine and relieve pressure by reducing the curvature of the spine. Always sleep on a firm surface.
- Don't try to lift objects that are too heavy. Lift from the knees, pull the stomach muscles in, and keep the head down and in line with a straight back. When lifting, keep objects close to the body. Do not twist when lifting.
- Maintain proper nutrition and diet to reduce and prevent excessive weight gain, especially weight around the waistline that taxes lower back muscles.
- Quit smoking. Smoking reduces blood flow to the lower spine, which can contribute to spinal disc degeneration. Smoking also increases the risk of osteoporosis and impedes healing. Coughing due to heavy smoking also may cause back pain.

For more information, visit NINDS' website (**www.ninds.nih.gov**) and read through its "Low Back Pain Fact Sheet."

Before starting any exercise program or diet, be sure to consult a doctor. Check the status of a doctor's license by visiting the Medical Board of California's website (**www.mbc.ca.gov**) or the Osteopathic Medical Board of California website (**www.ombc.ca.gov**).

DON'T BUST YOUR MOVE

HOW TO PREPARE FOR YOUR BIG DAY WHEN RELOCATING

By ***Matt Woodcheke***
Consumer Connection staff

Let's face it: Moving can be daunting. Placing all of your earthly possessions into boxes, loading those boxes into a truck, and watching someone you just met drive off into the unknown is enough to make anyone anxious. But by planning carefully and hiring licensed professionals, you can make your moving day less stressful.

SIX WEEKS BEFORE YOUR MOVE

When you're six weeks out from your move, you should determine if you're going to perform the move yourself or use a household moving company.

If you're going to perform the move yourself, plan to rent a truck and recruit helpers to make sure things go smoothly. Moving a small apartment may take only a few hours, but moving an entire house could take a whole day or longer. Stagger your helpers to work in shifts so they don't get tired out during your move.

If you're hiring a moving company, schedule a time when movers can visit your home, conduct a visual inspection of the items that need to be moved, and provide you with a written estimate. All estimates are required to be in writing and should be provided only after the mover has conducted a visual inspection of the items to be moved. Movers should not give estimates over the phone or internet, since estimates may be unenforceable and may not take into account all moving costs. If you are planning to move in the summer, give yourself even more time to hire a moving company, as summer is when movers are most in demand.

Household movers are licensed and regulated by the Bureau of Electronic and Appliance Repair, Home Furnishings, and Thermal Insulation (BEARHFTI). Before doing business with a household moving company, check the license at **www.bearhfti.ca.gov**.

Protect yourself from unlicensed movers by looking for red flags, such as impressive websites that draw your attention and provide quotes over the phone, through the internet, or that are below market value. Unscrupulous movers often quote below market prices then demand additional money once the goods are loaded in the moving truck or are being transported.

If their demands for additional money are not met, your possessions can be held hostage.

According to the California Moving & Storage Association (CMSA), 80 percent of the calls received on their consumer information line are regarding unlicensed movers.

FOUR WEEKS BEFORE YOUR MOVE

At four weeks before your move, start thinking about what you're bringing with you. This is a great time to have a garage sale to lighten your load of unnecessary items. You should also acquire moving boxes and start packing nonessential items. Take photos or videotape your belongings to refer to if a dispute arises concerning charges and/or loss or damage, and consider purchasing additional insurance protection as part of your moving contract.

Once your moving date is set, begin the process of notifying others that your move is coming, including utility and service companies, the post office, the Department of Motor Vehicles, and banking and credit card companies.

TWO WEEKS BEFORE YOUR MOVE

In the last two weeks before your move, you should tie up any remaining loose ends. Make sure your pets are in good health, and arrange for their transportation and lodging, if necessary. When you arrive at your new home, check the licenses of local veterinarians at the Veterinary Medicine Board's website at **www.vmb.ca.gov**.

Make sure you have refills of any prescriptions that you may need in case you aren't able to connect with a new pharmacist right away. Prescriptions should be transported by you, not the moving company. Check the licenses of local pharmacists at **www.pharmacy.ca.gov**.

> ***"Protect yourself from unlicensed movers by looking for red flags, such as impressive websites that draw your attention and provide quotes over the phone, through the internet, or that are below market value."***

ONE DAY BEFORE YOUR MOVE

The day before your move, make sure you have everything packed in advance of the mover's arrival. Be sure boxes are clearly marked, including items that are fragile or items you don't want packed in the moving truck. Double-check closets, cabinets, attics, crawlspaces, or any other enclosed space to be sure you didn't leave anything behind.

Make sure you have signed copies of all the documentation from the moving company, including a "not to exceed" price. This is the maximum amount you can be charged unless you request additional services. The moving company must provide you with these documents three days in advance of the move.

MOVING DAY

On moving day, be available to answer any questions the movers have. After the truck is packed, check that you haven't left anything behind.

When your possessions arrive at your new home, make sure the movers know which rooms to place the boxes. Watch your items being unloaded and make sure all of your boxes and other items are accounted for. Check for any damaged or missing items.

If you have a dispute or if any of your items are damaged, attempt to resolve the matter with the moving company first. If you need to file a complaint against a moving company, call BEARHFTI toll-free at (800) 952-5210 or follow the "File a Complaint" link at **www.bearhfti.ca.gov**. Loss or damage claims must be filed in writing within nine months after your goods have been delivered.

Once in the home, install new batteries in your home's smoke and carbon dioxide detectors. Consider having your locks rekeyed. The Bureau of Security and Investigative Services regulates locksmiths, and you can check their license at **www.bsis.ca.gov**.

Now, settle in!

CANNABIS ENTERS MAINSTREAM

UNIVERSITIES BROADEN RESEARCH FOR ONCE-BANNED DRUG AS MORE COMMERCIAL USES ARE EXPLORED

By ***Laurel Goddard***
Consumer Connection staff

Change is a constant in today's cannabis industry. New regulations, new customers, new products, and new attitudes are making for exciting times in the world of cannabis. While no one can predict the future, many say the following trends will likely continue to gain momentum.

BUDS TRUMPING BOOZE

A recent **study** commissioned by Southern California cannabis company OutCo found that 51 percent of millennials are replacing alcohol outright in favor of cannabis.

Another **report** from investment analysts Cowen & Company said that binge drinking rates have declined in states that have legalized recreational cannabis. The analysts add that states where cannabis is taxed and regulated in a way similar to beer saw 13 percent less binge drinking than states in which cannabis sales are prohibited. Analysts expect this to continue because of the increasing popularity of cannabis, while beer sales are actually dropping.

In response, brewers and other beverage makers are increasingly making cannabis a part of their plans. For example, *Cannabis Now* reports that in Colorado, Blue Moon beer creator Keith Villa has a new THC-infused beer that he plans to sell to cannabis consumers in states where it's legal. THC, or tetrahydrocannabinol, is the ingredient in cannabis that causes intoxication or euphoria (the "high"). However, don't expect this trend to fast-track in California, where it is still illegal to infuse alcoholic beverages with cannabis.

THE NEED FOR EDUCATION

Decades of school-age kids and young adults have been told to "just say no" to cannabis as part of traditional anti-drug campaigns that targeted illegal substances, including cannabis. Now, with recreational adult use becoming legal in more and more states, and research increasingly highlighting the therapeutic benefits of cannabis, experts predict a turnabout in academia.

Case in point, the University of California (UC), Davis, Department of Physiology and Membrane Biology is currently designing a cannabis class for its medical school students that will have a stronger emphasis on the plant's medical relevance. In upcoming years, faculty at UC Davis' School of Medicine hope to design a cannabis course intended for students of any major. The college's student newspaper, *The California Aggie*, reports that undergraduate students can now enroll in a new science course that examines the physiological effects of cannabis on major organ systems in humans. The Physiology of Cannabis course will provide students with an intensive overview of the health benefits and risks associated with medical and recreational marijuana use.

In addition, City College of San Francisco and Sonoma State University announced they will offer cannabis-related courses in upcoming semesters, and UC Irvine is developing an interdisciplinary research center that will investigate cannabis, including its medicinal potential and impacts on the environment, business, and culture. UC San Diego launched the Center for Medicinal Cannabis Research in 2000, which receives state funding to specifically investigate the potential therapeutic properties of cannabis. It also received a $1.8 million grant from the California Legislature in 2017 to develop a sobriety test that's more effective at determining if a driver is high on cannabis.

The California Department of Public Health, which licenses manufacturers of cannabis-infused edibles for both medical and nonmedical use, is doing its part to increase awareness of cannabis and how it affects our bodies, minds, and health by sharing science-based information in its Let's Talk Cannabis program at **www.cdph.ca.gov**. It covers frequently asked questions, responsible use, what parents and mentors need to know to discourage use among the young, and much more.

CANNABIS CUISINE AND EDIBLES

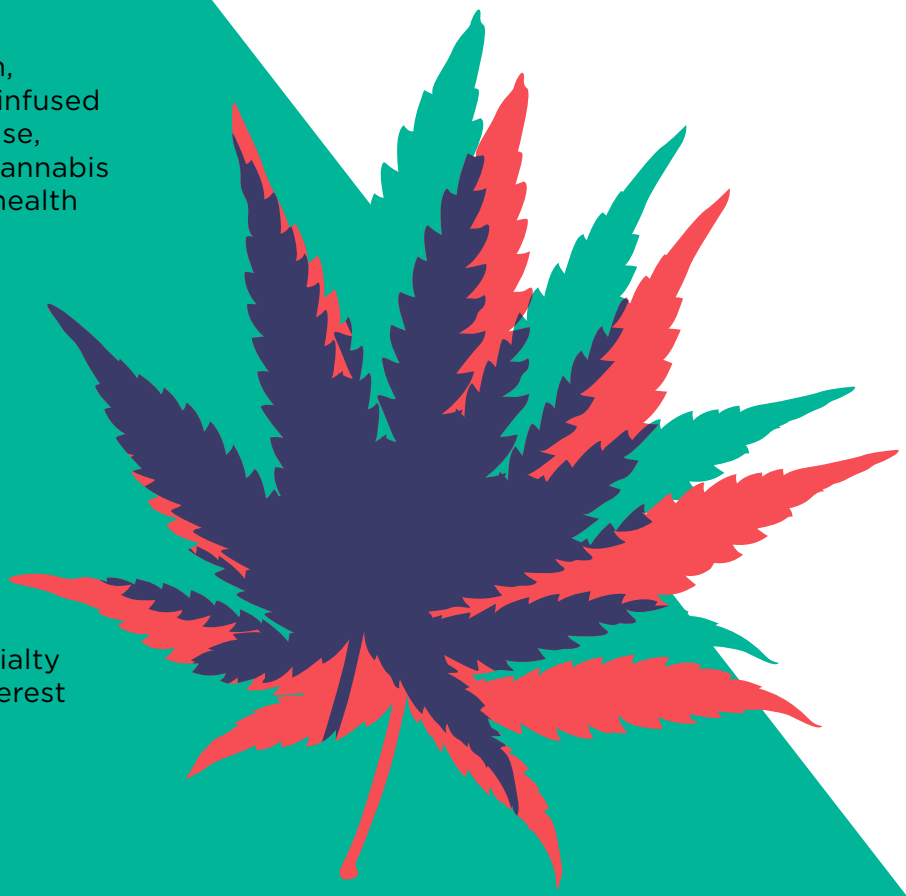
As more states legalize recreational marijuana, the varieties of pot-enhanced food and beverages will increase, according to a news release from the Specialty Food Association. Watch for continued interest and acceptance in snacks, treats, and beverages with a cannabis twist.

Recent **data** cited in *Dope Magazine* from ArcView Market Research revealed that in California alone, cannabis consumers spent $180 million on THC-infused food and beverages in 2017. And, as recreational marijuana launched this year, edible sales have increased by nearly 20 percent. In fact, edibles are now considered one of the leading food trends in the United States.

LESS IS MORE?

Many cannabis advocates are pushing for less consumption as opposed to more, according to the website Leafly, which claims to be the world's largest cannabis information resource. This tactic is called "microdosing," a growing trend as cannabis consumption becomes more mainstream. It's also a way for manufacturers to entice new customers who are not as potency savvy. Practitioners of microdosing are taking small amounts of cannabis to reap the medical benefits of THC while avoiding its psychoactive effects that can interfere with the demands of daily life.

These consumers often report health benefits without a buzz, which allows them to stay focused and productive at work. In addition, cannabidiol, or CBD, the compound in marijuana that's been linked to a range of potential health benefits but doesn't cause a high, is increasingly seen in everything from beverages to salves, oils, balms, and even dog treats.



FDA APPROVES CANNABIS DERIVATIVE

CBD is also the active ingredient in a prescription drug that just became the first federally approved medicine of its kind. The U.S. Food and Drug Administration (FDA) in June approved Epidiolex, a CBD oral solution for the treatment of seizures associated with two rare and severe forms of epilepsy, Lennox-Gastaut syndrome and Dravet syndrome, in patients 2 years and older. This is the first FDA-approved drug that contains a purified drug substance derived from cannabis.

FDA Commissioner Dr. Scott Gottlieb explained in a news release that the FDA will continue to support rigorous scientific research on the potential medical uses of cannabis-derived products and work with product developers who are interested in bringing patients safe and effective high-quality products. He added that the FDA is also prepared to take action when it sees the illegal marketing of CBD-containing products with serious, unproven medical claims.

"Marketing unapproved products with uncertain dosages and formulations can keep patients from accessing appropriate, recognized therapies to treat serious and even fatal diseases," Gottlieb said.

GROWING ACCEPTANCE

The U.S. Drug Enforcement Administration (DEA) classifies drugs according to "schedules." A Schedule I controlled substance is a drug, substance, or chemical that has a high potential for abuse, has no currently accepted medical use, and is subject to regulatory controls and administrative, civil, and criminal penalties under the Controlled Substances Act (CSA). A Schedule III controlled substance is a drug, substance, or chemical that has less potential for abuse than a Schedule I or II substance, has a currently accepted medical use, and has low or moderate risk of dependence if abused.

With legalization spreading across the nation and the temptation of a possible $132 billion in annual federal tax revenue, industry experts feel that the rescheduling of cannabis from its current ranking as Schedule I is more than just wishful thinking.

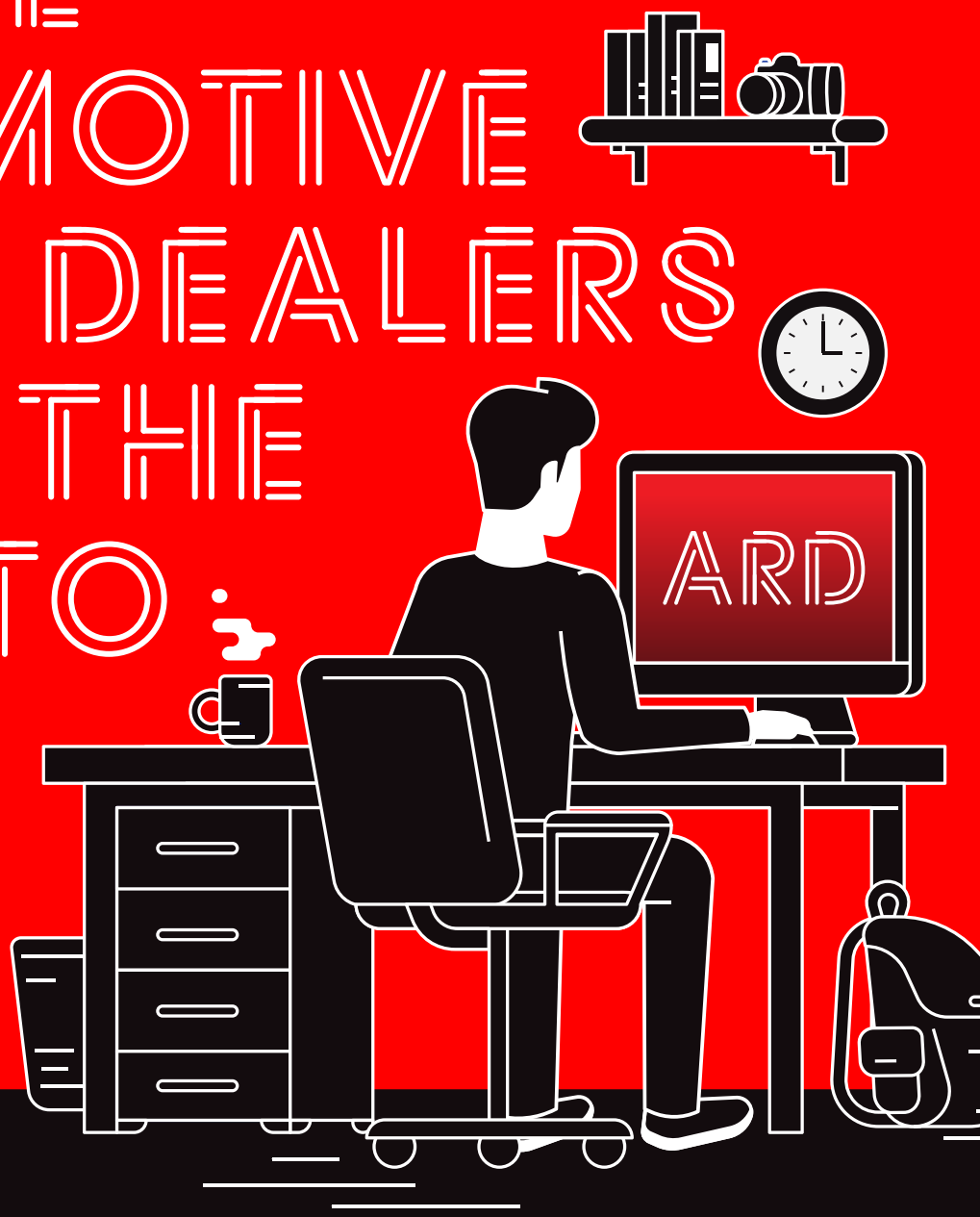
> ***"Decades of school-age kids and young adults have been told to "just say no" to cannabis as part of traditional anti-drug campaigns that targeted illegal substances, including cannabis."***

In fact, a bill introduced in Congress in April 2017 directs the DEA to transfer marijuana from Schedule I to Schedule III of CSA.

Meanwhile, industry growth will be spurred by the entrance of 7 million new or returning cannabis users into the California marketplace. Plus, older Americans are using cannabis more frequently than ever before, according to a review of data published in the journal *Gerontology and Geriatric Medicine*. Researchers concluded that the greatest increase in marijuana use was observed among those in the 50 years or older population, and those 65 years or older had the greatest increase in marijuana use in the older adult population.

DCA's Bureau of Cannabis Control licenses and regulates cannabis retailers, distributors, testing labs, and microbusinesses. To verify a license, visit **www.bcc.ca.gov**. In addition, the California Cannabis Portal at **www.cannabis.ca.gov** is a valuable resource and a one-stop shop for all things related to the state's effort to regulate the cannabis industry.

MOBILE AUTOMOTIVE REPAIR DEALERS BRING THE SHOP TO YOU



SERVICE OFFERS CONVENIENCE, BUT KNOW WHAT TO LOOK FOR BEFORE LETTING THEM TOUCH YOUR CAR

By ***Matt Woodcheke***
Consumer Connection staff

For many drivers, taking the car to a repair shop can be a frustrating, time-consuming endeavor: The lengthy process includes bringing their car to the shop, finding a way home, and then picking the car up again when the repair is finished.

Enter the mobile mechanic, or, as the Bureau of Automotive Repair (BAR) classifies them, the mobile automotive repair dealer (ARD). Business has increased for mobile ARDs, as consumers learned of their services and availability through web-based advertising on Craigslist, Angie's List, and other online advertising sites.

Rather than bringing the car to a repair shop, mobile ARDs go where the customer is. Consumers can schedule their appointment at their home or workplace so they can continue with their daily lives without making the trip to a shop. Some mobile repair dealers also offer expanded hours of operation, so consumers can have their vehicles serviced at a time when repair shops may be closed.

> *Mobile repair dealers that don't have the overhead costs associated with a repair shop may also be able to pass savings on to their customers by offering lower prices.*

If the vehicle is not running, towing it to a repair shop may be costly. Mobile repair dealers come to the location of the vehicle, eliminating the need for a tow.

Mobile repair dealers that don't have the overhead costs associated with a repair shop may also be able to pass savings on to their customers by offering lower prices.

When choosing a mobile ARD, there are a few key things you should look for:

1) **Check the license.** Whether they're a brick-and-mortar shop or their vehicle is their shop, all businesses that perform automotive repairs must be registered as an ARD with BAR. Before doing business with any repair dealer, mobile or otherwise, you should check to see if the business holds a valid license, and if there is any prior disciplinary history, at **www.bar.ca.gov**.

2) **Check their reputation online.** Reputable mobile ARDs will likely have a presence on social media, as well as listings on review sites like Yelp and Google.

3) **Ask around.** Family, friends, or coworkers may be able to provide you with a recommendation.

4) **Make sure they're following the rules.** If a business exclusively performs mobile automotive repair, the business must display its business name, BAR license number, and phone number on the vehicle, and in any online advertisements. They also are required to provide a copy of the official ARD sign posted at all shops. This sign contains a list of consumer rights and information on how to file a complaint with BAR.

5) **Get it in writing.** By law, all ARDs must provide a written estimate before doing any work, which must include the total estimated price for parts and labor for a specified repair or service. Make sure you understand the work being done, and never sign a blank work order.

6) **Ask for a guarantee.** ARDs are not required by law to guarantee their work, but most reputable dealers do.

If you have a problem or are dissatisfied with the work, first try to work it out with the manager of the repair dealer. If you and the ARD cannot come to an agreement, you can file a complaint online on BAR's website, **www.bar.ca.gov**.

HELP YOUR AGING PARENTS AVOID FRAUD

ADVICE COULD SAVE ENTIRE FAMILY FROM FINANCIAL LOSS

By ***Ryan Jones***
Consumer Connection staff

As the parent-child relationship shifts 180 degrees over time—the elderly becoming dependent on the guidance of those they once raised and advised—it may be time to talk with aging parents about potential fraudsters and how to avoid being duped. That talk could save a family from financial loss and the accompanying anguish.

Seniors lose hundreds of millions of dollars a year to scammers, according to the American Association of Retired Persons (AARP). They tend to be more trusting, lonely and willing to engage in conversation; have a landline phone that is more accessible to sham calls; and may be uninformed about sophisticated scams that involve Medicare or Social Security, for example, or that prey on the desire to help a (fake) grandchild in a financial bind.

Protecting elderly parents poses unique challenges. Often, children struggle to emphasize the dangers of scammers to their parents for fear of insulting them, sounding condescending, or questioning their state of mind. Difficulties in shielding older parents from fraud are magnified when children aren't nearby and cannot monitor phone calls, emails, and letters potentially written by con artists.

The National Council on Aging provides basic tips that are a good starting point when talking to parents or other aging adults who are important to you about consumer fraud:

- Don't trust strangers, particularly those who appear or call without notice. This basic rule of thumb can prevent a lot of scammers from ever getting a proverbial foot in the door with false promises.
- Don't isolate yourself—stay engaged with family and trusted friends, and participate in neighborhood or community activities.
- Sign up for the national "Do Not Call" list ((888) 382-1222 or **www.donotcall.gov**) to prevent being besieged by telemarketers.
- Never divulge credit card, banking, Social Security, Medicare, or other personal information over the phone unless you initiated the call.

Beyond the tips, AARP recommends delving deeper with elderly parents to have the most positive impact. For instance, giving parents stern warnings or demanding power of attorney to control their finances may seem like the best way to go, but tactics such as those can trigger bitter emotional fallout.

The goal is to help without hurting loved ones' feelings, and AARP recommends these approaches:

Tell your parent more than just to hang up the phone or throw out the letter. Explain that they wouldn't win a contest they never entered. Or that paying a fee is never necessary to collect lottery winnings. Or that real government agencies don't solicit personal information over the phone or by email.

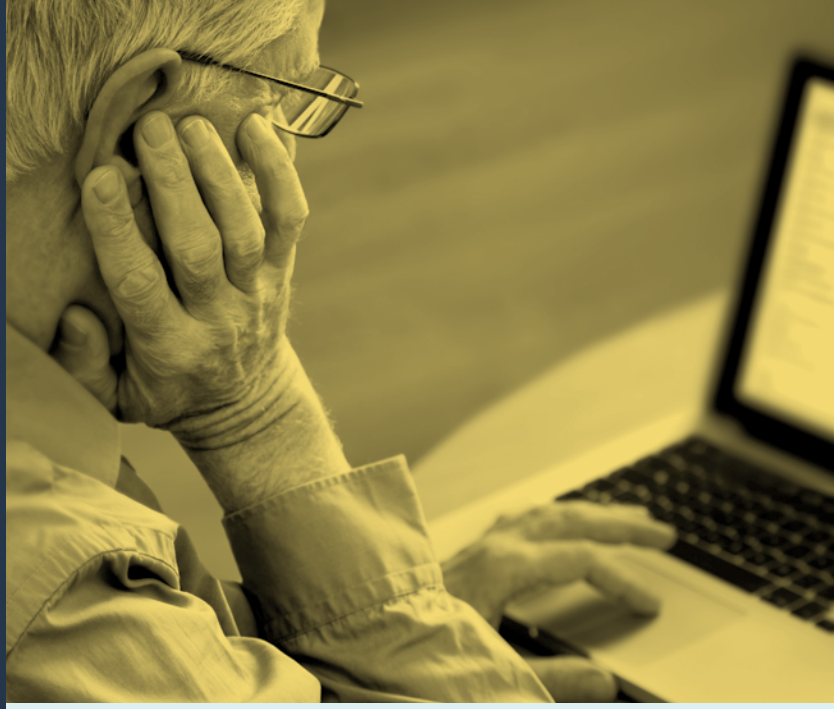
Don't shame or blame. Avoid combative scenarios in which a parent may think you are implying they aren't able to take care of themselves. Remind them what they taught you decades ago: Don't trust strangers—particularly those wanting personal information or money.

Be alert for warning signs. If you don't live nearby, explain your dilemma to a trusted neighbor who can be your eyes and ears. What kind of mail is coming into the home? Is there a pattern of suspicious callers on the phone? If so, it could mean the parents or grandparents are on "sucker lists," according to AARP, likely because they have been victims of fraud in the past. These lists are developed and sold among scammers to track past victims as candidates for future fraud. Be particularly aware of mom's or grandma's situation if she is living alone—women are twice as likely as men to fall for elder financial abuse.

SCAMMING CONTRACTORS

Seniors have historically been targeted by unscrupulous contractors who solicit them for home repairs and remodels, often promising thousands of dollars' worth of work for an up-front fee. Oftentimes, after collecting the fee, projects are left largely unfinished or, in some cases, never started by unlicensed contractors who move on to the next victim.

The Department of Consumer Affairs' Contractors State License Board (CSLB) has offered Senior Scam Stopper seminars since 1999. They are hosted in cooperation with lawmakers, state and local agencies, law enforcement, district attorneys, and community-based organizations.



> *Avoid combative scenarios in which a parent may think you are implying they aren't able to take care of themselves.*

Seminars provide information about construction-related scams and how aging consumers can protect themselves when hiring a contractor. Events include guest speakers, who often address broader topics such as identity theft, auto repair, Medicare, and mail fraud.

A calendar of Senior Scam Stopper seminars is available online at the CSLB website (**www.cslb.ca.gov**) under the "Consumers" tab. The license of a contractor can also be verified at CSLB's website.

Contact CSLB's outreach coordinator at (916) 255-3273 for more details.

DANGER

CAN LURK BENEATH THE LENS

LEARN PROPER CARE FOR CONTACTS TO SAVE YOUR EYES FROM SERIOUS INFECTIONS

By ***Michelle Cave***
Consumer Connection staff

When used properly, contact lenses are among one of the safest methods to correct vision problems. So, what is the worst that can happen if even on one occasion, proper care and usage instructions of contact lenses are not followed?

If you are careless handling or using your contact lenses, you're putting your peepers at risk for a severe eye infection or perhaps worse—vision loss.

The following recommendations are from the Centers for Disease Control and Prevention (CDC) and the American Optometric Association (AOA) for wearers of corrective, decorative (e.g., for Halloween or cosplay), or costume contact lenses:

Wash your hands. The tried-and-true method of washing hands with soap and water and drying them before removing or inserting lenses is key. It is not farfetched to assume that whatever germs may be lurking on your hands or underneath your fingernails may be transferred to your eyes. Additionally, tap water has been known to contain germs that can cause eye infections, which is why it is important to dry your hands thoroughly after washing with old-fashioned soap and water.

Water is good for cleaning most items; contact lenses are not one of them. Ran out of contact lens solution and think using tap water or distilled water is a suitable substitute? Think again. The CDC warns against storing or rinsing your contact lenses in anything other than contact-care products, because water can contain a rare but dangerous microbe known as acanthamoeba, which can stick to the surface of your contacts and cause an eye infection.

Get a fresh start. Topping off the contact lens solution after soaking your lenses might be tempting, but it is not recommended. Why? The dirt or irritants that were removed from the lenses during the soak will create a contaminated solution. The U.S. Food and Drug Administration recommends using fresh solution every time you clean and store your contact lenses.

New is better than used. Contact lens cases can become contaminated over time even when cleaned properly. AOA recommends that lens cases be cleaned and allowed to air dry after each use. Furthermore, lens cases should be replaced at least every three months.

Water lovers beware. The same way exposing your contact lenses to tap water is a bad idea for cleaning your lenses, showering, swimming, or performing any water-related sport or leisure activity in a body of water while wearing contacts is risky. For outdoor water-related activities, ask your eye-care professional about prescription goggles or sunglasses versus dealing with impaired vision.

> *"When used properly, contact lenses are among one of the safest methods to correct vision problems."*

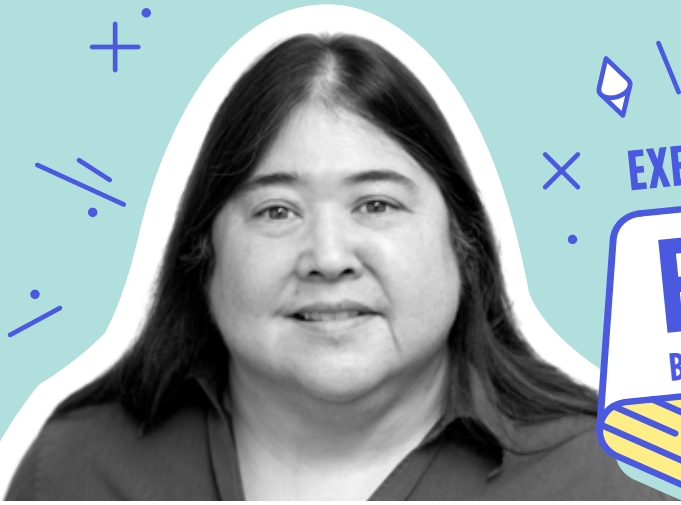
No sleep until … . Whatever you do, resist the temptation of dozing off while wearing contacts, even if they are prescribed for overnight use. Sleeping with contact lenses in puts the wearer at a higher risk of contracting an eye infection, because the eyes are being robbed of vital oxygen while the eyelids are closed. Should you happen to forget to take your contact lenses out before falling asleep, remove them as soon as you wake up. If the lenses seem stuck, contact your eye-care professional immediately for instructions on how to safely remove them.

Change is good. AOA suggests that contact lens wearers follow the replacement schedule prescribed by an eye-care professional to ensure that lenses are not worn longer than recommended.

These tips, along with visiting an eye-care professional for an annual comprehensive eye exam, will help keep your vision as clear as possible.

In California, contact lenses that correct vision, along with those that are decorative or change eye color, must be prescribed by a licensed eye-care professional and sold by an optometrist or registered dispensing optician licensed or registered through the California State Board of Optometry or an ophthalmologist licensed through the Medical Board of California.

To verify the license or registration of an optometrist or registered dispensing optician, visit the California State Board of Optometry's website at **www.optometry.ca.gov**. To verify the license of an ophthalmologist, visit the Medical Board of California's website at **www.mbc.ca.gov**.



EXECUTIVE OFFICER SPOTLIGHT

ELAINE YAMAGUCHI

BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS

By ***Gary Chazen***
Consumer Connection staff

Longtime civil servant Elaine Yamaguchi was appointed executive officer at the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) in December 2017. She came to DCA after a decade in the Legislative Affairs Division at the California Public Employees' Retirement System (CalPERS).

BVNPT ensures that only qualified people are licensed vocational nurses and psychiatric technicians by enforcing education requirements and standards of practice, and by informing consumers of their rights.

BVNPT urges consumers to keep in mind that all practicing licensed vocational nurses (LVNs) or psychiatric technicians (PTs) in California must have a current (unexpired) and active license in California. An LVN must work under the direction of a licensed registered nurse or physician, and a PT must work under a licensed registered nurse, physician, or director of services. (Visit **www.bvnpt.ca.gov** to use the online license verification search.)

We recently asked Elaine to share with us a bit about her background and interests.

WHERE DID YOU GROW UP AND GO TO SCHOOL?

I was born and raised in San Jose. When I was 4, my parents bought our house in New Almaden for about $30,000. They lived there until about five years ago.

I left in 1982 to go to UC Davis. Although it took me a while to find the perfect major, I quickly discovered my two great passions: public service and the Asian Pacific American community. After exploring too many majors, I was accepted into the Applied Behavioral Sciences program, which allowed me to write my own major, Communications and Community Development, with a minor in Asian American Studies.

WHAT WAS YOUR CAREER PATH THAT LED YOU TO DCA?

Right after college, I drove a bagel delivery van and registered voters in front of supermarkets. In 1989, I started work with the University of California Student Association, the statewide coalition of student governments.

After about four years, I ran away to San Francisco, where I managed the operations for a nonprofit Asian American media arts organization. I was lured back to Sacramento in 1998, and went to work in the state Capitol until late 2005.

I spent just over a year managing the California Civil Liberties Public Education Program, a State Library grant program supporting educational projects about the Japanese American World War II experience. I loved this program, and I still guest lecture about my family's story.

This brings me to CalPERS, the state's pension fund. I spent about 10 years working in their legislative office. After so many years working in the world of legislation, I was ready for a change and a big challenge, and that brought me here to BVNPT.

WHAT WAS YOUR PERSONAL MOTIVATION THAT SENT YOU ON THIS PATH?

When I was 19, I got an internship at an organization called Asian Legal Services Outreach. I met a lot of attorneys, law students, and community activists, who all asked me what I wanted to do. When I said I wanted to be an attorney, they asked why. I would explain that I wanted to help people get access to the resources and services they needed, to which they had rights. They would nod and tell me that

I really didn't need to be an attorney to do that. I believed them.

So, in addition to a career in public service, I have volunteered for many community organizations and projects, like the state and local Democratic Party, and specific campaigns. Currently, I serve on the Yolo County Fair Board, the Asian Pacific Youth Leadership Project Board, and the Cal Aggie Alumni Association's Yolo County Scholarship Committee.

WHAT ARE SOME OF YOUR BEST MEMORIES ALONG THE WAY?

Some of my best memories have been watching a person grow into a leadership role. I am part of an amazing organization, the Asian Pacific Youth Leadership Project, which brings high school students up to the Capitol for a conference culminating in a mock legislature on the Senate floor. It is inspiring to watch these brilliant young people learn about each other, themselves, the world around them, and see how much they grow in just four days.

And then, some of them come back to work in the Capitol, and you get to watch them mentoring others. That's amazing.

Well, and then there was the time I was selected to be in the Greenback Gazebo Challenge at the Silver Legacy Casino in Reno. I grabbed more than $230 in one minute, mostly in small bills.

WHAT IS YOUR VISION FOR THE BOARD?

Short term, there is a lot of housecleaning going on. By the end of 2018, I see us with a complete, well-trained, and engaged staff, with the equipment, resources, and desk manuals they need, and a strong permanent leadership team. By the end of 2019, I see us with new statutory authority regarding our fee structure, which will give us solvency and sustainability. I hope to at least start the process of cleaning up our regulations. We will work on a new strategic plan, which will guide BVNPT in the coming years. In 2020, we go up for our next sunset review.

Long term? ... Well ...

WHAT IS YOUR BIGGEST CHALLENGE?

Time.

WHAT WOULD YOU LIKE CONSUMERS TO KNOW ABOUT BVNPT?

That we are here to protect them, and that they are welcome to contact us with questions and concerns.

WHAT DO YOU DO FOR FUN?

I read a lot, mostly mysteries and science fiction, but occasionally other fiction, biographies, or political works. I generally get through three to five books a week. And I am old school; I read real actual books.

I also love casinos! First the buffet, and then some play on the slots or some blackjack.

My guilty secret is that I love Hallmark Channel movies.

WHAT WAS THE LAST BOOK YOU READ THAT WASN'T WORK-RELATED?

One of the most remarkable books I read recently is called "Pressure is a Privilege" by Billie Jean King.

Another favorite is one of the best books ever about writing, "Bird by Bird" by Anne Lamott, which I read many years ago, but sometimes reread.

I really am cheating, as both these books are work-related. Sorry about that.

WHAT'S ON YOUR MUSIC PLAYLIST?

Oh, golly. I have broad, diverse, and weird musical tastes. I am a girl of the '80s and love the Pretenders, Pat Benatar, Boston, Fleetwood Mac, Heart, and the whole new wave sound. I went through a punk period in college.

I also love classical music: Dvorak's "New World Symphony" and Holst's "The Planets" are personal favorites. My dad was into jazz, so to this day, I bop along to Dave Brubeck and Herb Alpert. I was a weirdo in my teens and developed a great love for progressive rock groups, like Camel, Renaissance, Gentle Giant, Genesis, Emerson Lake and Palmer, and Yes.

My absolute top musical idol, though, is Joni Mitchell. She is a genius.

WHAT ADVICE WOULD YOU GIVE YOUR YOUNGER SELF?

To my college-age self: Quit messing around and do your homework.

WHAT IS YOUR PERSONAL MANTRA?

These days, when things are a bit overwhelming, I hear a voice telling me, "We got this." I confess, this voice sounds remarkably like—and often actually is—that of BVNPT's assistant executive officer, Vicki Lyman, and is chock-full of brio.

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2009 Winner

2009 Winner
2008 Winner

ACE Award 2009
ACE Award 2008

2008 AWARD OF EXCELLENCE

2016 Silver Award
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