
LWVE Position Update: Youth Use of Alcohol, Tobacco and Other Drugs

October 2014

League of Women Voters Edina

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I. Introduction

In 1997 League of Women Voters Edina (LWVE) studied alcohol and tobacco use in the community. The original study examined use of alcohol and tobacco by youth, adults and senior citizens. It looked at school and community education regarding chemical health, school policies and local and state laws. The resulting position that came out of member discussion and consensus about the 1997 report is as follows:

Alcohol and Tobacco Use (1997)

LWVE supports the following as it relates to alcohol and tobacco use:

1. Educational programs that support improved chemical health, including:
 - Ongoing programs, especially in the middle and high school years
 - Regular continuing education for adult educators, coaches and school administrators
 - Alternatives to suspension for alcohol and tobacco violations in the schools
2. Allocation of public funds for a community initiative to prevent illegal alcohol and tobacco use.
3. Consistent city and school guidelines for adults who chaperone youth activities.
4. City ordinances and law enforcement efforts designed to reduce underage alcohol and tobacco use.
5. The establishment of a suburban Youth Court to address alcohol and tobacco violations.

An update of the 1997 LWVE Alcohol and Tobacco position was first proposed at the Lively Issues meetings in January 2013. Some members saw a need to expand the position beyond alcohol and tobacco and address the increased use of substances such as marijuana, heroin and prescription pain killers.

The LWVE Board reviewed all the proposals from Lively Issues. The Board recommended an update of the Alcohol and Tobacco position as part of the LWVE 2013-14 program.

At the May 9, 2013 Annual Meeting, LWVE members did vote to approve an update of the Alcohol and Tobacco position. The scope of the update suggested at the 2013 Annual meeting included expanding the position to include prescription drugs, synthetic drugs and marijuana. The focus was on youth although chemical health is not just a youth issue. A committee comprised of Colleen Feige, Kathy Iverson, Suzanne Kerwin and Lonni Skrentner was appointed to proceed with the update.

The study committee reviewed the literature and current news stories about youth and substance use. The Minnesota Student Survey, taken by students in Minnesota public schools, and Monitoring the Future Survey, a national study conducted by University of Michigan, were used to gauge youth use. Interviews about youth substance use and related laws and policies were conducted with local law enforcement, county attorney's office, school administrators, teachers, chemical health professionals, community groups, parents and students. Research and interviews tended to take us beyond the scope of the assignment. We were not instructed to deal with the possible legalization of marijuana, and so we have not dealt with what is a very current topic.

II. Youth Use of Substances

Alcohol

According to local police, school staff and counselors, alcohol is the substance most often used by youth in Edina. The 2013 Minnesota Student Survey data shows that:

- 20% of 11th graders self-report drinking alcohol in previous 30 days,
- 12% of 11th grade boys report binge drinking (i.e. 5 or more drinks during one sitting) in previous 30 days,
- 6-7% of 11th grade boys self-report binge drinking multiple times per month.

The most common age of “first use” of alcohol (and marijuana) is 15 and 16 years old.ⁱ Youth perceptions of their peers level of use varies widely from self-reporting. When asked,

“In your opinion, how often do you think MOST STUDENTS in your school use alcohol?”

40% of 11th graders think that classmates drink at least weekly while self-reporting of weekly/daily alcohol use was 4-5%.ⁱⁱ

Effects on Teenage Brain

The earlier a person starts to drink the higher probability that he or she will have alcohol problems as an adult. This correlation may occur because drinking while the brain is developing encourages the brain to decide that it needs alcohol. Adults would have to drink more heavily to be as likely as teens to wire a tendency for alcohol use into their mature brains.ⁱⁱⁱ

Adolescents are oversensitive to damage from alcohol ingestion and undersensitive to the warning signs that they have drunk too

much alcohol. For reasons not yet understood, sedation effects of alcohol are not as pronounced in adolescents and the impairment of motor coordination is delayed. In the absence of these signs adolescent drinkers tend to drink more and do more damage to themselves than adults.^{iv}

Heavy alcohol use interferes with the encoding of new memories, at any age. Adolescents who are heavy drinkers have a smaller hippocampus, the brain structure that is key to the process of recording new memories, than nondrinkers. Alcohol interferes with a neurotransmitter, glutamate, which aids neurons in storing new memories and in learning. Alcohol’s effect on glutamate is most pronounced in the teenage brain and persists into the early twenties. Adolescents who drink a lot of alcohol end up having more memory and learning impairment than adults who drink the same amount because adolescent brains are more susceptible to damage.^v

Current Laws and Ordinances

It is unlawful in Minnesota for a person under 21 to consume, purchase, or possess alcohol. Unlawful consumption can result in fines, mandatory health education or community service. When a student has contact with police due to an alcohol offense, police must notify the student’s school. Minors may consume alcoholic beverage in the household of their parent or guardian and with the consent of the parent or guardian.^{vi}

State law also protects minors from prosecution for illegal alcohol consumption if they call 911 to help someone with an emergency. In such a case, they must stay

on the scene until emergency help arrives and cooperate with authorities.

Edina city code prohibits “House Parties” if any alcoholic beverage or controlled substance is possessed or consumed at the open house party by any minor.^{vii} Twice a year Edina police conduct compliance checks with all establishments selling liquor in the city, including stores and restaurants.

Tobacco and E-Cigarettes

Tobacco use by youth is trending downward with only 1-2% of high school Juniors reporting daily or weekly use of cigarettes or chewing tobacco in the 2013 Minnesota Student Survey. In 2013, 16.3 percent of 12th-grade students surveyed by Monitoring the Future (MTF) were current (past-month) cigarette smokers, the lowest teen smoking has been in the history of the survey.^{viii} By comparison, 22.7 percent were current marijuana smokers.

Small cigars and hookah water pipes have raised public health concerns and have recently been added to the MTF survey. In 2013, 21.4 percent of 12th graders had smoked a hookah at some point in the past year; an increase from 18.3 percent in 2012, and 20.4 percent had smoked a small cigar. No data from Minnesota Student Survey on Hookah or small cigars.

Electronic cigarettes are a relatively new item that’s use is increasing among youth. E-cigarettes are battery powered devices that come in a variety of shapes and models. They deliver an aerosol mist of vaporized nicotine that users inhale. “Vaping” gives users a hit of nicotine without exposing them or those around them to tobacco smoke.

Health Effects

According to the Centers for Disease Control and Prevention (CDC), cigarette smoking results in more than 443,000 premature deaths in the United States each year, about 1 in every 5 U.S. deaths, and an additional 8.6 million people suffer with a serious illness caused by smoking.^{ix}

E-cigarettes have not been fully studied, so consumers currently don’t know the potential risks of e-cigarettes when used as intended, how much nicotine or other potentially harmful chemicals are being inhaled during use, or whether there are any benefits associated with using these products.^x

More than a quarter of a million youth who had never smoked a cigarette used electronic cigarettes in 2013, according to a CDC study published in the journal *Nicotine and Tobacco Research*. This number reflects a three-fold increase, from about 79,000 in 2011, to more than 263,000^{xi} in 2013. The data, which comes from the 2011, 2012, and 2013 National Youth Tobacco surveys of middle and high school students, show that youth who had never smoked conventional cigarettes but who used e-cigarettes were almost twice as likely to intend to smoke conventional cigarettes as those who had never used e-cigarettes. Among non-smoking youth who had ever used e-cigarettes, 43.9 percent said they intended to smoke conventional cigarettes within the next year, compared with 21.5 percent of those who had never used e-cigarettes.

Current Laws and Ordinances

The St. Paul City Council approved a new ordinance on August 27, 2014 dealing with the sale of single-serve cigars.

Now, stores within the city limits will be required to charge at least \$2.10 for each cigar, or sell them in packs of five. The ordinance, which passed 6-0, was sponsored by council member Dai Thao, who has expressed concern about convenience stores and gas stations targeting youths with the cheap cigarillos, which come in a variety of flavors. In a statement, Dai Thao said tobacco companies are targeting young people with low-cost tobacco products "to create a new generation of tobacco addicts who will end up with cancers (and) respiratory and cardiac diseases."^{xii}

Only e-cigarettes that are marketed for therapeutic purposes are currently regulated by the Food and Drug Administration (FDA) Center for Drug Evaluation and Research (CDER). Currently, the FDA Center for Tobacco Products (CTP) regulates cigarettes, cigarette tobacco, roll-your-own tobacco, and smokeless tobacco.

FDA has issued a proposed rule that would extend the agency's tobacco authority to cover additional products that meet the legal definition of a tobacco product, such as e-cigarettes.^{xiii}

E-cigarettes are largely unregulated. E-cigarettes can be advertised on TV and are not taxed like regular cigarettes. Because the devices don't contain tobacco they are not included in Minnesota's Clean Indoor Air Act. This leaves bars, restaurants and retailers to set their own rules pertaining to people using e-cigarettes.

Minnesota has passed a law to ban the sale of e-cigarettes to minors, and the use of e-cigarettes in daycares, health care facilities and state colleges and universities.^{xiv} The ban on use excludes restaurants and bars, giving businesses permission to adopt their own electronic cigarette rules.

Local communities are passing ordinances to deal with use and the sale of e-cigarettes. Hopkins approved a tobacco license for one e-cigarette retailer on Main Street in fall 2013 and then passed a yearlong moratorium banning any more until the city can further study the issue.^{xv} Some cities, like Duluth, have passed a ban on using e-cigarettes anywhere smoking is prohibited by the Minnesota Clean Indoor Air Act.^{xvi}

On August 4, 2014, the Edina City Council approved an ordinance to include electronic nicotine delivery devices (e-cigarettes) under the same regulation that cigarettes are subject to under the Freedom to Breathe Act.

Marijuana

Marijuana contains around 80 cannabinoids. Tetrahydrocannabinol (THC) is the major psychoactive cannabinoid, largely responsible for the high. The chemical composition of two genetically identical plants can vary based on growing conditions, soil content, parasites and many other factors.

Marijuana has been used as medicine since 2800 BC in China. It has been used as an analgesic, an anti-spasmodic and anti-emetic. Until 1942, marijuana was listed in the U.S. Pharmacopeia, giving it legitimacy as a therapeutic drug. Research published in 1964 found the principal psychoactive ingredient in cannabis is THC. It was then synthesized. In 1970, Congress made marijuana a Schedule I drug, a class reserved for street drugs with abuse potential and "no currently accepted medical use". But, from 1978 until 1991 the federal government sponsored a "Compassionate Use Program", which supplied free marijuana to seriously ill patients who might

benefit from its use. Along the way, there has been some research on synthetic THC, and one type has been approved by the FDA. The Compassionate Use Program was suspended because it undercut the senior Bush administration’s policy against the use of illegal drugs. In 1999 Canada began funding research on medical uses for marijuana. In 2008 the American College of Physicians called for making marijuana a Schedule II drug, and supported use of non-smoked forms of medical marijuana.^{xvii}

Statistics on Youth Use

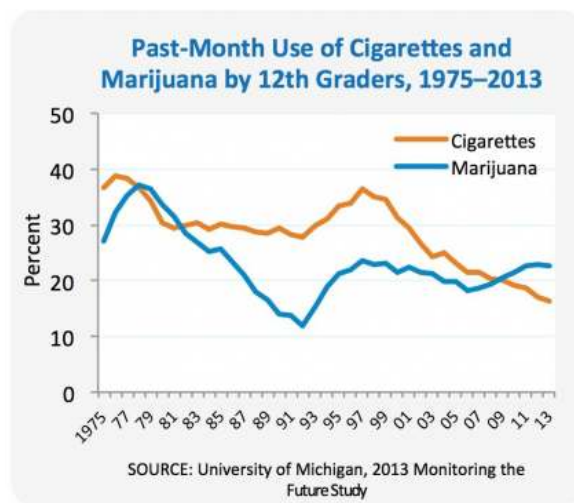
In the 2013 Minnesota High School Health Survey:

- About 84% of 9th graders and 65% of 11th graders self-reported that they had never tried marijuana or hashish.
- 24% of 11th grade boys self-report smoking marijuana one or more times per month.
- Average age of first use is 15-16.
- Nearly 50% of 11th graders think classmates smoke marijuana at least weekly while self-reporting of weekly/daily marijuana use is approximately 10%.^{xviii}

Young people are showing less disapproval of marijuana use and decreased perception that marijuana is dangerous. The percentage of teens who felt occasional pot use was risky fell from 36% in 1993 to 20% in 2013 and the percentage of 12th graders who had used pot increased from 26% to 36%.^{xix}

Fewer teens smoke cigarettes than smoke marijuana. Cigarette smoking by high school students peaked in 1996–1997 and has declined continuously since then. In 2013, 16.3 percent of 12th-grade students

surveyed by ‘Monitoring the Future’ were current (past-month) cigarette smokers—the lowest teen smoking has been in the history of the survey. By comparison, 22.7 percent were current marijuana smokers.^{xx}



Effects on Teenage Brain

Whole marijuana (versus specific cannabinoids) might increase risk for earlier and more intense psychoses, including schizophrenia. This was concluded by a meta-analysis of three dozen studies of young people in Sweden, New Zealand and the Netherlands where a strong link between marijuana use and later development of schizophrenia was found. Several studies connect marijuana use in adolescence with a long-term drop in overall intelligence, memory impairment and an increased rate of dropping out of school.^{xxi}

The director of the National Institute on Drug Abuse wrote the following in March 2013: “Regular marijuana use in adolescence is part of a cluster of behaviors that can produce enduring detrimental effects and alter the trajectory of a young person’s life—thwarting his or her potential. Beyond potentially lowering IQ, teen marijuana use is linked to school dropout,

other drug use, mental health problems, etc. Given the current number of regular marijuana users and the possibility of this number increasing with marijuana legalization, we cannot afford to divert our focus from the central point: Regular marijuana use stands to jeopardize a young person's chances of success-in school and in life.^{xxii}

Current Laws and Ordinances

Marijuana possession in Minnesota has been "decriminalized" since 1976. This does not mean it is legal to possess marijuana, but that the infraction is a civil rather than criminal offense in possession cases under 42.5 grams/1.5 ounces. These are considered petty misdemeanors generally met with a citation akin to a traffic ticket. Legalization of medical marijuana passed the Minnesota House and Senate in 2009 but was vetoed by Governor Tim Pawlenty.^{xxiii}

Because it is classified as a Schedule I drug on the national level means there are no federal funds available for research to be done on marijuana. Schedule I drugs are defined as those drugs that have a high potential for abuse and have no currently accepted medical use. In 2014, twenty states plus the District of Columbia have legalized medical marijuana, even though it remains a Schedule I drug.^{xxiv}

Minnesota's new medical marijuana law, passed in 2014, is among the most restrictive in the nation. It allows only pill, oil or vaporizing form and only for approved diseases, including cancer, Tourette's syndrome, Crohn's disease, ALS, and epilepsy. There will only be 2 in state manufacturers who will also function as cannabis dispensaries state wide in MN.

Each manufacturer will be allowed to operate 4 dispensaries. Licensed pharmacists must distribute to patients. The law creates a task force to study the effects of medical marijuana.^{xxv}

Prescription Drugs and Heroin

Prescription drug and heroin abuse is on the rise across the country. Prescription drug abuse occurs when a patient becomes addicted to a drug or someone takes a drug that is not prescribed for them. Whether it is a painkiller to get high or Adderall to focus more, using someone else's prescription is dangerous.

Prescription drugs that are most often abused:^{xxvi}

Painkillers: Vicodin, Tylenol with codeine, OxyContin, Percocet

Depressants: Xanax, Valium, Nembutal

Stimulants: Adderall, Ritalin, Concerta

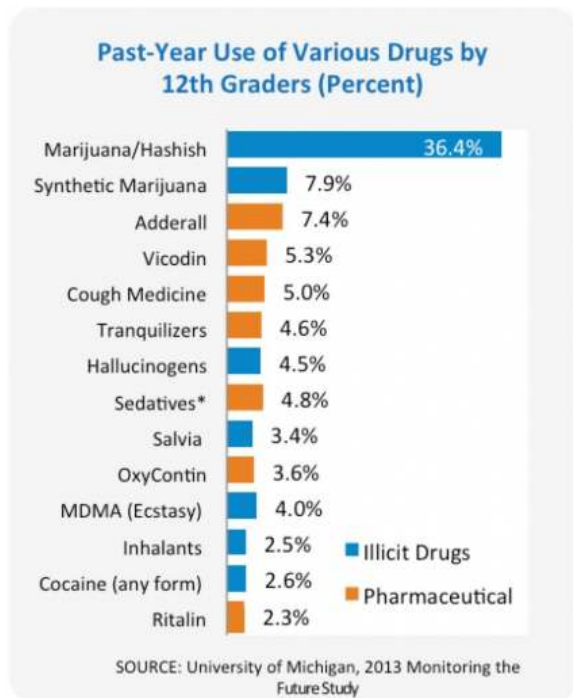
Opioids are medications that relieve pain. They reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, which diminishes the effects of a painful stimulus. Vicodin, Oxycontin and Percocet are all opioids. Across the country, prescribing opioids for pain is skyrocketing. In 2010 there were 4 times as many prescriptions written for opioid pain relievers than in 1999.^{xxvii}

Prescription drugs are often the gateway to heroin addiction because heroin can be cheaper and more easily available than prescription drugs. Minnesota has some of the purest and cheapest heroin in the U.S. MinnPost, January 2014, reports in 2011

there were 3,493 emergency room visits for heroin overdose; the 2009 figure was half that and the 2005 number was around 1,000 visits.^{xxviii}

Statistics on Youth Use

The Partnership for Drug Free America says 2,500 teens each day use prescription drugs to get high.^{xxix} There is a strong link between prescription drug and heroin abuse.



While heroin use is significantly on the rise in the Twin Cities, the National Institute of Drug Abuse reports that heroin use by 12-17 year olds is decreasing while use among 18-25 year olds is increasing. There have been no reports of heroin use by Edina youth and it is not recognized as a problem by police or school administrators.

Effects on the Teenage Brain

Painkilling, opioid drugs can have an addictive effect on the teenage brain. Some drugs prescribed for younger people can

have the reverse effect on adults and vice versa. For example, Ritalin tends to calm young people but tends to escalate activity in adults.

Heroin causes clouded mental functions and drowsiness. But more importantly it causes breathing and the heartbeat to slow down. That is why it is easy to overdose when using heroin.

Current Laws and Ordinances

The Minnesota Legislature recently passed a law allowing first responders, police officers and prevention program staffers to carry and administer naloxone (Narcan), a drug that counteracts the effects of a heroin overdose. The bill was referred to as Steve's Law, named after an Edina resident who became addicted to heroin following years of pain reliever use and ultimately pain reliever addiction. The law also provides immunity for those who call for emergency assistance in a heroin overdose situation.^{xxx}

Adults need to assure their prescriptions are kept in a safe, secure place and are not easily accessed by family members or their friends. The Minnesota Board of Pharmacy is strengthening its Prescription Monitoring Program in hopes of curbing "doctor shopping" where one doctor refuses to prescribe the desired drug, so the patient goes to another doctor.^{xxxi}

Hennepin County provides six drop box locations for residents to dispose of their medicines, including Hennepin County Library-Southdale. The green medicine drop boxes are located in the lobby at each location. After collecting the medicines, Sheriff's deputies transport the medicines to an incinerator, where they are destroyed.^{xxxii}

Everyone in the community needs to be cognizant of the prescription drug abuse issue, safeguard the needed prescriptions and destroy them when they are no longer needed. Prescription drug abuse is not just a youth issue.

Designer Drugs/Synthetic Drugs

The term “designer drug” in the context of drug abuse refers to substances chemically similar to or that mimic the drug-like effects of controlled substances. The term is often used synonymously with “club drugs,” “party drugs,” and “synthetic drugs.” Designer drugs affect the central nervous system and can display stimulant, depressant and/or hallucinogenic properties.

A large number of new unregulated substances are being abused for their psychoactive properties and often result in violent and unpredictable behavior. This growing phenomenon is particularly challenging, first because of the speed with which rogue chemists can modify existing drugs and market them and, second because of the ease with which the Internet allows for the sharing of information about and purchase of products such as “Spice” and “bath salts.”

Synthetic cannabinoids (“Spice”) and synthetic cathinone (“bath salts”) are most widely known.

“Spice” refers to a wide variety of herbal mixtures that produce experiences similar to marijuana (cannabis) and that are marketed as “safe,” legal alternatives to that drug. According to the MN department of public safety, synthetic cannabinoids are up to 100 times more powerful than typical marijuana. Labels on Spice products often claim that

they contain “natural” psycho-active material taken from a variety of plants. Spice products do contain dried plant material, but chemical analyses show that their active ingredients are *synthetic* (or designer) cannabinoid compounds.^{xxxiii}

The term “bath salts” refers to an emerging family of drugs containing one or more synthetic chemicals related to cathinone, an amphetamine-like stimulant found naturally in the Khat plant. Synthetic cathinone is designed to target the central nervous system with effects similar to those seen with cocaine, methamphetamines and LSD use. The synthetic cathinone products marketed as “bath salts” to evade detection by authorities should not be confused with products such as Epsom salts that are sold to improve the experience of bathing. The latter have no psychoactive (drug-like) properties.

Statistics on Youth Use

Fewer than 1% of students reported using synthetic drugs on the 2013 MN student survey. MTF added questions about use of synthetic drugs in 2011. Use of synthetic cannabis was down from 11.4% in 2011 to 7.9% in 2013 and use of “bath salts” was less than 1% in 2013.

Effects on the Teenage Brain

“Spice” users report experiences similar to those produced by marijuana—elevated mood, relaxation, and altered perception—and in some cases the effects are even stronger than those of marijuana. Some users report psychotic effects like extreme anxiety, paranoia, and hallucinations.^{xxxiv}

The synthetic cathinones in “bath salts” can produce euphoria and increased sociability and sex drive, but some users experience

paranoia, agitation, and hallucinatory delirium; some even display psychotic and violent behavior, and deaths have been reported in several instances.^{xxxv}

Current Laws and Ordinances

In recent years, the Minnesota Legislature enacted laws to combat the sale and possession of synthetic drugs. In 2011, the Legislature added synthetic cannabinoids and synthetic cathinones (“bath salts”) to Schedule I of the controlled substance schedules. Schedule I drugs are defined as those drugs that have a high potential for abuse and have no currently accepted medical use.

The MN Legislature also adopted an analog statute in 2011. Under the analog law, substances that are substantially similar to Schedule I and II drugs are treated as the equivalent for drug crimes. The analog law is based on federal law.

In 2012, the MN Legislature passed additional legislation targeting synthetic drugs. The legislation increased the penalty for the sale of synthetic cannabinoids. The law also synced the controlled substance schedules maintained in statute with the controlled substance schedules maintained by the Board of Pharmacy. The Board’s schedules had steadily expanded over the years without the Legislature keeping the statutory schedules up to date. Many of the substances on the Board’s schedules that were missing from the statutory schedules were synthetic drugs. Discrepancies between the two sets of schedules led to confusion among law enforcement and other criminal justice practitioners. Finally, the MN Legislature granted the Board of Pharmacy emergency rule-making authority

to schedule newly discovered street drugs expeditiously.^{xxxvi}

III. Prevention of Substance Use by Youth

Policies, Enforcement:

City of Edina E-cigarette Ordinance

On August 4, 2014, the Edina City Council approved an ordinance to include electronic nicotine delivery devices (e-cigarettes) under the same regulation that cigarettes are subject to under Minnesota’s Freedom to Breathe Act. The ordinance also includes electronic delivery devices in the definition of tobacco-related devices, requiring any business selling these items to hold a City tobacco license. The ordinance passed on the first reading during the consent agenda and there was no public hearing.

Under the new ordinance, e-cigarettes cannot be used in: bars and restaurants; offices or workplaces; retail stores; common areas of rental apartments, buildings, hotels and motels; public transportation; work vehicles, if more than one person is present; home offices with one or more employees onsite; educational facilities; auditoriums, arenas and meeting rooms; daycares or healthcare facilities. The ordinance does not prohibit smoking outdoors, except in City parks, regardless of distance from a building.

Although the Freedom to Breathe Act is a state-wide act, this ordinance only applies to Edina. Any enforcement of this ordinance is done on a complaint basis. State law prohibits sales of e-cigarettes to minors and sales of e-cigarettes from kiosks. They must be kept behind the counter.

City of Edina Social Hosting Ordinance

Edina's Open House Parties ordinance states: "No person having control of any residence or premises shall allow an open house party to take place at the residence or premises if any alcoholic beverage or controlled substance is possessed or consumed at the open house party by any minor." Edina City Code Section 905.02.

Here are the statistics on citations for Open House parties in Edina:

2014-(through August)-1;
2013-1;
2012-4.

Police are not able to enter a house unless invited in or with a warrant. Often parents or teens will not open the door for police responding to a call of a disturbance. If two officers answer a call, one can go around back while the other calls at the front door. Youth running out the back are then stopped by a police officer. But for a busy police department, sometimes only one officer is sent to answer a call.

Citations issued for underage alcohol consumption tend to be highest during the school year. In 2013, 68 citations were issued, in 2014, 57 citations have been issued to date. Citations issued by Edina Police are for offenses that occur in Edina and may not all be issued to residents.

EHS Homecoming is usually a weekend that underage citations spike due to several parties and also the number of young EHS alumni returning from college to visit.^{xxxvii}

Compliance Checks of Businesses Selling Alcohol and Tobacco

Edina tobacco sellers are checked once a year and alcohol retailers are checked twice

a year. Usually a youth from the Police department's Explorer program will go into a business to try to purchase alcohol or tobacco. They are accompanied by one or two plain clothes officers. If a sale is made to underage youth both the clerk or server and the business are fined. If there is a history of the business having previous citations for underage sales they may not be able to sell any alcohol or tobacco for a period of time or even have their license to sell revoked. Driver's licenses for those under 21 have a prominent red line so it is easy to determine if the youth is of legal age.^{xxxviii}

City of Edina Park and Recreation Policy

It is the Edina Park Board's philosophy to encourage parents and coaches to do their best to always display positive and healthy role modeling behaviors while interacting with youth.^{xxxix}

The Edina Park Board strongly encourages each Edina youth athletic association to take the following actions:

1. Establish a drug, tobacco and alcohol policy that reflects a zero tolerance approach to illicit drugs, tobacco and alcohol use by its youth participants.
2. Require that parents (and coaches) sign a statement that acknowledges that they have read and understand the association's current drug, tobacco and alcohol policy.

Coaches and parents are strongly encouraged not to consume alcohol or tobacco while interacting with youth on traveling team trips. This is not an enforceable policy, but strongly encouraged as positive role model behavior.

The associations also cover this in their preseason parent meetings for coaches, players and parents and during coaches training and orientation. They have parent/coaches meetings that discuss their policies and expectations for the upcoming season. Many associations are affiliated with a state or national organization that also covers these policies. For example, Edina Soccer Club (ESC) and Minnesota Youth Soccer Association (MYSA) have a code of conduct that parents and coaches sign. They have additional information that is supplied by MYSA's PACT Program which is an additional training for parents and coaches on the Code of Conduct that includes more on drugs and alcohol.

Edina Public Schools Chemical Use and Abuse Policy

The Edina school board recognizes that chemical use and abuse constitutes a grave threat to the physical and mental well-being of students and significantly impedes the learning process. The school board believes that the public school has a role in education, intervention, and prevention of chemical use and abuse.^{xi} Policy 632 goes into detail about providing an instructional program in every school and establishing an advisory team to address chemical abuse problems in the district.

Recommended consequences for alcohol, tobacco and chemical possession or use on school district property or at a district-sponsored activity include social worker intervention, police referral and suspension from class. Third offenses could lead to expulsion. All consequences are determined on a case to case basis.^{xii}

The number of students suspended from Edina High School, grades 10-12, for chemical possession is summarized in the following table:

	2009-10	2010-11	2011-12	2012-13	2013-14
Alcohol, Possession or Use	1	17	2	3	4
Chemicals, Possession or Use	13	15	8	10	12
Tobacco, Possession or Use	11	4	2	4	10
Chemicals, Possession w/ Intent Dist/ Sell	0	2	0	2	0

Tobacco use or possession on district property or events can result in an in-school suspension, where the student serves the suspension supervised in a conference room during the school day. Alcohol or drug use, possession or intent to sell on district property or at events automatically results in an out-of-school suspension.^{xiii}

Minnesota State High School League Chemical Health Policy

The Minnesota State High School League (MSHSL) is a voluntary, nonprofit association of public and private schools with a history of service to Minnesota's high school youth since 1916. The League exists to provide competitive, equitable and uniform opportunities for high school students to learn valuable lessons through participation in athletics and fine arts.

MSHSL requires participants to be alcohol, tobacco and drug free. If a student receives a citation from police for alcohol, tobacco or drugs outside of school, the police forward this information to the student's school. A

student who is part of an activity or club will be suspended from the activity for 2 weeks or 2 games/performances, whichever is greater, per MSHSL guidelines. Coaches and advisors may have a stricter consequence for alcohol and drug offenses.

Citations received by the Edina High School Athletic Office are summarized below:

2012-2013	46
Possession of Alcohol	2
Possession of Alcohol & Drugs	1
Possession of Drugs	11
Use & Possession of Alcohol	12
Use & Possession of Alcohol & Drugs	1
Use & Possession of Drugs	5
Use of Alcohol	12
Use of Drugs	2
2013-2014	85
Possession of Alcohol	2
Possession of Drugs	15
Use & Possession of Alcohol	26
Use & Possession of Drugs	10
Use of Alcohol	28
Use of Drugs	4
2014-2015 (through September 3)	5
Use & Possession of Alcohol	1
Use & Possession of Drugs	3
Use of Alcohol	1

Youth Court

Teen Youth Court or Peer Court is a diversion program to which a county attorney may refer low-level teen offenders. Participants are all teenagers, sworn to confidentiality. They serve as prosecutors, defense attorneys, jurors and bailiffs. Defendants admit guilt, agree to answer questions on the witness stand and carry out a sentence imposed by peers.

Defendants who participate have their records wiped clean or may not be charged after completion of the program. Offenses eligible for teen court may include shoplifting, disorderly conduct and underage consumption of tobacco and alcohol.

Dakota County has had a Peer Court since 2000. A school resource officer and social studies teacher organize the space for the court and recruit volunteer jurors. The court can be conducted as part of a social studies class or an after-school activity. Juveniles participate in a peer court away from their community for privacy reasons. Peer Court is public but uses only the first initial of last name and doesn't name the specific location where the offense took place. Dakota County has a 71% success rate with peer court. The remaining 29% either don't complete their peer court sentence or have another offense before they are 18.^{xliii}

Prosecutors say diversion works. According to recent studies, four out of five teens who go through a diversion program stay out of the system for the next two years, said lawyer Michael Chmiel, supervisor of the juvenile division in the Anoka County Attorney's Office.^{xliiv}

Education:

Edina Public Schools Curriculum

Presently the Edina Public Schools teaches about drug use and abuse in health classes in 5th, 7th and 9th grades.

Fifth grade class topics include dealing with feelings; planning for safety; tobacco and alcohol; learning about diseases and legal and illegal drugs.

Seventh grade health class has a chemical health unit that covers the effects of tobacco, alcohol, other drug use and abuse. The influence of family, peers and media on health decisions is examined. Interpersonal communication skills and decision-making skills to enhance health or reduce risk are taught.

The high school health class unit on drugs, alcohol and tobacco teaches students about chemical dependence, misuse/abuse, legal/illegal drug use, refusal, and treatment options.

Edina High School Chemical/Mental Health Coordinator

The position of Chemical/Mental Health Coordinator at the high school started in 2003 and was funded by a series of grants from the Safe and Drug Free School Act. According to Janet Schank, who formerly held the position, "The Chemical/Mental Health Coordinator position was originally split 50/50 between mental health and chemical health support for children and families. While the focus later shifted to Chemical Health, the mental health component was still an essential part of the work."^{xlv}

The Chemical/Mental Health Coordinator followed up with students who received citations from the police for alcohol or substance violations, counseled students and helped facilitate student groups like Sober Squad that focus on not using chemicals. "The position also involved consultation with parents, families, EPS staff, and students who were concerned about friends or peers. The coordinator was a part of the weekly student assist team meetings at EHS and the two middle schools and often worked with the middle

school and sometimes with elementary school staff re: student and family support and intervention. The school social worker and I also had a weekly harm reduction group for students who wanted to quit or reduce their alcohol/tobacco/drug use. Both the social worker and I often met individually with those students at least once a week."^{xlvi}

Janet said that the formation of Sober Squad made it easier for students to approach her, as being seen talking to the Chemical/Mental health counselor didn't necessarily mean you were using. According to Bruce Locklear, Principal of Edina High School, "The Chemical/Mental Health Coordinator is very important to have in the high school full time. They are a big help in preventing and intervening in substance use."^{xlvii}

At present this position is unfilled and being redefined.

Edina Public Schools Resource Officer/ Police Liaison

Edina has two school resource officers who share staffing duties at all nine Edina public schools. The School Resource Officers develop and present prevention and safety programs for youth, respond to calls for service at the schools and investigate crimes that occur on school property.

Police liaisons are a good resource for staff when dealing with substance issues. They interact with students in a positive way and focus on developing good communication and relationships with students and staff."^{xlviii}

Edina High School Parent Teacher Organization (PTO)

Edina High School PTO sponsors a program for parents on "Teen Social Life and the Law" at the High School at the beginning of the school year. The program features a panel that includes the EHS Liaison Officer, an attorney, an Assistant Principal and students. The information presented includes underage drinking and tobacco use, curfews, drug possession, hosting and chaperoning parties, parent liability, and legal consequences.^{xlix}

Edina High School Dances

Edina High School Student Council organizes parents, administrators and staff to chaperone dances at the High School or off-site. The Student Council Advisor meets with all the chaperones and police liaison before the dance begins to give instructions about the locations students may or may not be and what to do if a student is acting in a way that is altered. Parents are instructed to find the Student Council Advisor, police liaison or administrator if they suspect chemical use by a student.ⁱ

In 2013, a group of parents met with EHS administration after concerns about drinking at school dances. Breathalyzer testing was then introduced at the next Edina High School dance. Students were breathalyzed randomly or when under suspicion. In order to enter the dance, students were required to agree to submit to a breathalyzer test and if they declined, they would be asked to leave. If a student were to test positive on a breath test, they would be prohibited from attending the following two dances. Eighty students were breathalyzed at the dance and none were sent home.ⁱⁱ

Use of the equipment gets positive comments from many parents and students. It seems to help curb use before the dance but not post dance drinking. One student was quoted in the EHS newspaper, *Zephyrus*, as saying, "The only thing that may be seen in the future as a problem is drug usage because if alcohol is too risky, kids might turn to other drugs that can go below the radar".ⁱⁱⁱ

Edina Parent Communication Network (PCN)

PCN offers free forums for families and educators of children Pre K-12. PCN was created in 1998 with a goal to support parents and educators to build stronger families and a stronger community. PCN is funded through school PTOs.

PCN determines what topics and speakers to have based on perceived interest in the community and quality of available speakers.ⁱⁱⁱⁱ

In 2014-15 two of the four forums planned deal with chemical health:

- September-John Underwood, creator of the Life of an Athlete program. Life of an Athlete fosters a substance free community by providing scientific education on how substance use, sleep and nutrition affect performance in academics, athletics and extracurricular activities.
- November-Edina School Resource Officer will lead a forum on substance abuse in Edina.

Edina Family Center

The Family Center offers monthly parenting classes during the school year for middle school and high school parents. Topics for these classes include adolescent brain development and the effect of substances, a visit from members of Sober Squad, and obstacles faced by parents: parties, dances, party buses, lax parental attitudes, parent experiences with substances as a teen and ambivalence around the topic.^{liv}

Sober Squad

Sober Squad was started at Edina High School around 2006 by a student who believed that the teens who choose not to use substances should have a peer group. It is student led and supported by adult staff including the Chemical Health Coordinator and health class teacher.

High School Sober Squad members go into middle school classrooms and tell younger students that they do not have to use substances to fit in or be popular at school.

Membership numbers have varied over the years. It started out as a small group of 12-20 then grew to 200 members when high school activities fairs were held at the beginning of the school year. The group has 52 members in 2014-15 and meets on collaborative Wednesdays

There is currently no activities fee for Sober Squad, although this was suggested once. Tri-City partners donated \$1000 annually, but since it dissolved there has been no funding for Sober Squad. Funds were used for t-shirts the students wear when they make presentations, Homecoming parade candy, refreshments for 7:30am meetings, lunch on the run for students headed to a presentation who will miss lunch, and travel

expenses for events that require a registration fee.^{liv}

Some Sober Squad members also participate in Edina Committed. Sober Squad is more of an educational group whereas Edina Committed focuses on students in activities making healthy choices to improve performance. Both groups support healthy choices and not using drugs, tobacco or alcohol.

Edina High School Sober Squad students shared the following observations with the study committee:

- Alcohol, tobacco and marijuana are common;
- e-cigarettes are used in the bathrooms and can be used to smoke marijuana;
- Breathalyzing for alcohol at dances will push teens to use other drugs that are not being screened for;
- “Drug dogs” at dances and in the school would decrease the amount of drugs used by students, “When other school districts are using the Edina dogs to search their school, and with the problems we see here, it's stupid that we don't do this.”
- Teens avoid using chemicals because: they don't want to lose privileges or their parents' trust; their peer group doesn't use; they have been educated on the risks of use and have other ways to deal with stress; they don't need “that feeling”;
- Teens also reported hearing about positive health choices regarding chemical use at an early age from older siblings, older cousins, 7th grade health class, Sober Squad visit at school, Girl Scouts and from their parents.

According to former Chemical/Mental Health Coordinator Janet Schank: "(Sober Squad) did so much more than speak in middle and elementary school classrooms. The mission of their group is to serve as role models to their peers and to younger students and to help others see positive alternatives to drug/alcohol/cigarette use. The Sober Squad students spoke to many community groups and parent groups. Members also represented a student perspective on various city committees and task forces."

Edina Committed

Edina Committed is a relatively new program facilitated by students who are involved in EHS sports and fine arts programs. It is based on John Underwood's Life of an Athlete program. It started at EHS in 2013 when Dr. Locklear and 3 students attended required workshops in Lake Placid, New York where Life of an Athlete is based.

This program fosters a substance free community by providing scientific education on how substance use, sleep and nutrition affect performance in academics, athletics and extracurricular activities. EHS Students train their own groups in avoiding substances to improve performance. Students set the expectations and manage communication with the support of trained adults. Students are encouraged, but not forced, to sign a commitment sheet that they will not use substances.

Training is expensive. Edina Boosters have provided money for this: \$6,000-10,000 was needed to send 4 -8 students to Lake Placid for the training and to bring John Underwood to Edina.^{lvi}

Participation by students has been encouraging:

- 70% of the 2013 football team took the pledge,
- 100% of women's 2013 hockey and women's 2013 basketball took the pledge,
- 75% of men's 2013 baseball and 85% of women's 2013 softball took the pledge,
- In 2014, the football team and Band plan to participate.

City of Edina Chemical Health Coordinator

A Chemical Health Coordinator for the City of Edina was first hired in 1988. The position and work done were funded through federal grants and non-profit organizations. Tobacco prevention for youth, smoke-free air lobbying and the Red Ribbon Campaign, to raise awareness of chemical health, were the focus at this time. The Edina Parent Toolkit was also created and is available online.^{lvii}

In 1995 Tri City partners was formed and included the cities of Edina, Bloomington and Richfield. Funded by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), Tri-City partners worked to reduce youth substance abuse. In 2013 grant money ran out and Tri-City dissolved. The Statewide Health Improvement Program (SHIP) funds disease prevention and health promotion for Bloomington, Edina and Richfield. The program is administered by Bloomington and focuses on obesity and tobacco, not youth substance use.^{lviii}

Kathy Iverson retired from the position in July 2014. At present this position is unfilled and being redefined.

Edina Community Health Commission (CHC)

The City of Edina Community Health Commission (CHC) researches, evaluates and prioritizes issues affecting the health and well-being of those who live and work in the City of Edina by working closely with other individuals and groups interested in health. The group serves as an advisory commission to the Edina City Council (Board of Health) and shares their findings and conclusions related to the needs of the City's environment and community members' health.

The CHC has nine volunteer members and meets each month. Each member serves a three-year term, except for the student member who serves a one-year term.

Besides working on the e-cigarette ordinance that passed in August 2014, the CHC is discussing youth and alcohol, working to help seniors and encouraging a dementia-friendly community.^{lix}The Council has requested that "health is in all policies" and the CHC will review policies to assess their effect on community health and wellness.

IV. Summary

There has been some reduction in substance use by youth but Edina youth are still using alcohol, tobacco, marijuana and prescription drugs. Use of tobacco has decreased but marijuana use has increased. Also, new substances, such as synthetic drugs, are available to youth that parents may have little knowledge about. Prescription drug use is also a concern and might be available in the home or prescribed for the youth but shared with others.

Education about chemical health for students and parents is available in the community. Laws and policies exist to discourage youth use of substances, but these can be difficult to enforce.

Police liaison officers did not exist in 1997 when the LWVE position was written. At the time of the original study there was little or no peer leadership in this area; now the existence of Sober Squad and Edina Committed at Edina High School puts students in the forefront of the program

Edina Chemical Health Partners

Edina Chemical Health Partners was formed in 1997. The mission of Edina Chemical Health Partners is to reduce alcohol abuse in Edina by promoting collaborations within the community.

Edina Chemical Health Partners meet the third Thursday of each month and information is posted on the city website. The public is welcome to attend. Members currently attending include: City of Edina administration, the Edina Human Relations Commission, Edina Public Schools administration, Edina Police, representatives from the Edina Rotary and the Edina Morningside Rotary Clubs, Edina Parent Communication Network, Fairview Southdale Hospital and concerned citizens.^{lx}

This group was formerly coordinated by the Kathy Iverson, now retired, and Tri-City Partners, now defunct.

for better chemical health. Peer led groups and programs at EHS that discourage use of chemicals are positive developments but do not always have a secure source of funding.

The position of a school Chemical Health Coordinator did not exist in 1997. At present it is unfilled and in the process of being redefined. The city of Edina Chemical Health Coordinator position, created in 1988, is also in limbo. For nearly a decade there was grant money to allow the functioning of Tri-City Partners – Edina, Bloomington, Richfield, that worked on chemical issues. This funding has now been redirected. When funding disappears, the support system for prevention of youth use of alcohol, tobacco and other drugs suffers.

ⁱ Chad Schmidt, Ph.D., Director of Research and Evaluation, Edina Public Schools. “2013 Minnesota Student Survey Results”

ⁱⁱ Schmidt, (shortened from information provided in note i above)

ⁱⁱⁱ David Walsh, “Why Do They Act That Way?” (Free Press, Simon and Schuster, 2004), 142-145.

^{iv} Walsh, (shortened from information provided in note iii above)

^v Walsh, (shortened from information provided in note iii above)

^{vi} Minnesota Statute 340A.503 Persons under 21; Illegal Acts

^{vii} Edina City Ordinance, Section 905, Open House Parties

^{viii} Monitoring the Future Survey”, <http://www.monitoringthefuture.org>.

^{ix} Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Department of Health and Human Services. Tobacco Use: Targeting the Nation’s Leading Killer, At a Glance 2009.
<http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/tobacco.pdf>

^x U.S. Food and Drug Association, Electronic Cigarettes,
<http://www.fda.gov/newsevents/publichealthfocus/ucm172906.htm>

^{xi} http://www.cdc.gov/media/releases/2014/p0825-e-cigarettes.html?s_cid=cdc_homepage_whatsnew

^{xii} http://www.twincities.com/localnews/ci_26418406/st-paul-bans-sale-cheap-cigar-singles

^{xiii} FDA, (shortened from information provided in note x above)
<http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm172906.htm>

^{xiv} Minnesota Statutes 2012, section 609.6855, 609.6855 SALE OF NICOTINE DELIVERY PRODUCTS TO CHILDREN.

^{xv} Shannon Prather, “Hopkins declare moratorium”, Star Tribune, date, sec. AA, p.1.

^{xvi} City of Duluth Minnesota Legislative Code, 1959, As Amended, Chapter 28. Health And Sanitation. Article VII. Smoking in Public Places.

^{xvii} “Medicine or Menace? What we know about medical marijuana” by Howard Bell. The Journal of the Minnesota Medical Association; April 2014

^{xviii} Schmidt, (shortened from information provided in note ⁱ above)

^{xix} <http://www.drugabuse.gov/publications/drugfacts/high-school-youth-trends>

^{xx} MTF, (shortened from information provided in note ^{viii} above)

^{xxi} Bell, (shortened from information provided in note ^{xvii} above)

^{xxii} <http://www.drugabuse.gov/about-nida/directors-page/messages-director/2012/09/marijuanas-lasting-effects-brain>

^{xxiii} Jennifer Brooks, Minnesota Poll: Majority support legalization of medical marijuana, Star Tribune, February 18, 2014, sec.2, p.1.

<http://www.startribune.com/politics/statelocal/245910931.html?page=2&c=y>

^{xxiv} http://www.nytimes.com/2014/02/13/opinion/we-need-proof-on-marijuana.html?nl=todaysheadlines&emc=edit_th_20140213&r=0

^{xxv} Minnesota Statutes 2012, section 13.3806

^{xxvi} <http://www.hennepin.us/residents/recycling-hazardous-waste/medicine-disposal>

^{xxvii} <http://www.cdc.gov/vitalsigns/opioid-prescribing/>

^{xxviii} Minn Post, January 20, 2014, <http://www.minnpost.com/politics-policy/2014/01/twin-cities-minnesota-trying-cope-flood-cheap-pure-heroin>

^{xxix} Partnership for drug free America, <http://www.drugfree.org/join-together/georgia-generation-rx-campaign-aimed-at-curbing-teen-prescription-drug-abuse>

^{xxx} Minnesota Statutes 2012, sections 144E.101, subdivision 6; 151.37

^{xxxi} Mn Board of Pharmacy

^{xxxii} <http://www.hennepin.us/residents/recycling-hazardous-waste/medicine-disposal>

^{xxxiii} National Institute on Drug Abuse, <http://www.drugabuse.gov/drugs-abuse/k2spice-synthetic-marijuana>

^{xxxiv} NIDA, (shortened from information provided in note ^{xxxiii} above)

^{xxxv} NIDA, <http://www.drugabuse.gov/publications/drugfacts/synthetic-cathinones-bath-salts>

^{xxxvi} Report and recommendations from the MN Select Committee on Controlled Substances and Synthetic drugs, adopted 1/29/2014, <http://www.house.leg.state.mn.us/comm/docs/SelectCommitteeReportRecommendations12914.pdf>

^{xxxvii} Interview with Officer Tom Draper, Edina Police Dept., August 25, 2014

^{xxxviii} Interview with Officer Draper, (shortened from information provided in note ^{xxxvi} above)

^{xxxix} Edina Park Board Statement of Philosophy and Recommendations Regarding Drugs, Alcohol and Tobacco, [https://edinamn.gov/edinafiles/files/GYMNASIUMS%20POLICY%20\(2\).pdf](https://edinamn.gov/edinafiles/files/GYMNASIUMS%20POLICY%20(2).pdf)

xl Independent School District 273, Policy 632, adopted Sept. 29, 2009

xli Edina Public Schools, Student Rights and Responsibilities Handbook 2014-2015.

^{xlii} Interview with Michael Pretasky, Asst. principal, Edina High School, September 2, 2014

^{xliii} Phone Interview with Monica Jensen, Dakota County Communications Director, January 8, 2014.

^{xliv} Shannon Prather, "Teen Court Deemed a Big Success", Star Tribune, February 12, 2013,

<http://www.startribune.com/local/north/190529611.html>

^{xlv} Interview with Janet Schank, former chemical health coordinator for EPS and Roxanne Lehman, Adolescent specialist

^{xlvi} Interview with Janet Schank, September 23, 2014

^{xlvii} Interview with Dr. Bruce Locklear, Principal Edina High School, May 9, 2014

^{xlviii} Interview with Officer Tom Draper, Edina Police Dept., August 25, 2014

^{xlix} Interview with Cathy Groat, 2014 EHS PTO president, August 18, 2014

^l Interview with Melanie Pusateri, EHS Student Council Advisor, August 22, 2014.

^{li} Party Bus Letter to Parents, January 2014

^{lii} Hannah Kloos, <http://www.Edina Zephyrus.com/the-breathalyzing-policy-after-the-dance/>

^{liii} Interview with Emily Wagner, EHS PCN representative, August 19, 2014

^{liv} Kristin Shelley, M.Ed., Licensed Parent Educator, Edina Family Center, May 28, 2014

^{lv} Interview with Matt Nilsen, Sober Squad Advisor, May 12, 2014

^{lvi} Dr. Bruce Locklear, (shortened from information provided in note ^{xlvii} above)

^{lvii} Interview with Kathy Iverson, Chemical Health Program Coordinator, May 6, 2104.

^{lviii} Interview with Community Health Commission Liaison, Jeff Brown and Chair, Alison Pence, August 26, 2014.

^{lix} Interview with Community Health Commission Liaison, (shortened from note ^{lviii} above)

^{lx} Edina Chemical Health Partners webpage, City of Edina,

<http://edinamn.gov/index.php?section=chemical-health>