LAUDERDALE CITY COUNCIL MEETING AGENDA 7:30 P.M. TUESDAY, JULY 24, 2018 LAUDERDALE CITY HALL, 1891 WALNUT STREET

The City Council is meeting as a legislative body to conduct the business of the City according to Robert's Rules of Order and the Standing Rules of Order and Business of the City Council. Unless so ordered by the Mayor, citizen participation is limited to the times indicated and always within the prescribed rules of conduct for public input at meetings.

1. CALL THE MEETING TO ORDER

2. ROLL CALL

3. APPROVALS

- a. Agenda
- b. Minutes of the July 10, 2018 City Council Meeting
- c. Claims Totaling \$133,696.80

4. CONSENT

a. June Financial Report

5. SPECIAL ORDER OF BUSINESS/RECOGNITIONS/PROCLAMATIONS

6. INFORMATIONAL PRESENTATIONS / REPORTS

- a. Day in the Park, August 16
- b. Primary Election, August 14
- c. City Council Updates

7. PUBLIC HEARINGS

Public hearings are conducted so that the public affected by a proposal may have input into the decision. During hearings all affected residents will be given an opportunity to speak pursuant to the Robert's Rules of Order and the standing rules of order and business of the City Council.

a. Annual Storm Water Report and Public Hearing

8. DISCUSSION / ACTION ITEM

- a. Tobacco Law Update by Katie Engman, Ramsey County Tobacco Coalition Program Manager
- b. Request for Fence Variance at 1743 Eustis Street
- c. Community Park Lighting
- d. Resolution 072418A Dividing Two Previously Consolidated Residential Parcels of Land at 1825 Eustis Street
- e. Sale of Salvageable Items from City Owned Property

9. ITEMS REMOVED FROM THE CONSENT AGENDA

10. ADDITIONAL ITEMS

11. SET AGENDA FOR NEXT MEETING

a. Second Quarter Financial Report

b. 2019 Budget and Levy

12. WORK SESSION

a. Opportunity for the Public to Address the City Council

Any member of the public may speak at this time on any item not on the agenda. In consideration for the public attending the meeting, this portion of the meeting will be limited to fifteen (15) minutes. Individuals are requested to limit their comments to four (4) minutes or less. If the majority of the Council determines that additional time on a specific issue is warranted, then discussion on that issue shall be continued at the end of the agenda. Before addressing the City Council, members of the public are asked to step up to the microphone, give their name, address, and state the subject to be discussed. All remarks shall be addressed to the Council as a whole and not to any member thereof. No person other than members of the Council and the person having the floor shall be permitted to enter any discussion without permission of the presiding officer.

Your participation, as prescribed by the Robert's Rules of Order and the standing rules of order and business of the City Council, is welcomed and your cooperation is greatly appreciated.

- b. Fire Department Training Opportunities, Chief Rich Hinrichs
- c. 2018-2019 Goal Setting
- d. Community Development Update

13. ADJOURNMENT

LAUDERDALE CITY COUNCIL MEETING MINUTES Lauderdale City Hall 1891 Walnut Street Lauderdale, MN 55113

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July 10, 2018

Roll Call

Mayor Gaasch called the Regular City Council meeting to order at 7:34 p.m.

Councilors present: Andi Moffatt, Roxanne Grove, Kelly Dolphin, and Mayor Mary Gaasch.

Councilors absent: Jeff Dains.

Staff present: Heather Butkowski, City Administrator; Jim Bownik, Assistant to the City Administrator; and Miles Cline, Deputy City Clerk.

Approvals

Mayor Gaasch asked if there were any additions to the meeting agenda. There being none, Councilor Grove moved and seconded by Councilor Dolphin to approve the agenda. Motion carried unanimously.

Mayor Gaasch asked if there were any changes to the meeting minutes. There being none, Councilor Moffatt moved and seconded by Councilor Grove to approve the minutes of the June 26, 2018, city council meeting. Motion carried unanimously.

Mayor Gaasch asked if there were any questions on the claims. There being none, Councilor Dolphin moved and seconded by Councilor Grove to approve the claims totaling \$73,437.69. Motion carried unanimously.

Consent

Councilor Grove moved and seconded by Councilor Moffatt to approve the Consent Agenda thereby approving the Performance Agreement with Open Eye Theatre, the appointment of the 2018 election judges, and ratification of the no trespass order.

Informational Presentations/Reports

A. July Farmers Market

Bownik approached the Council to give an update on the Farmers Market, which includes a puppet show performance from the Open Eye Theatre. He also mentioned that there will be a planning session on Monday, July 16 for Day in the Park. All interested in helping plan the event are welcome.

B. City Council Updates

Councilor Moffatt shared that she attended a Metro Cities Transportation Advisory Committee meeting. Mayor Gaasch stated that she attended a Metro Cities conference.

LAUDERDALE CITY COUNCIL MEETING MINUTES Lauderdale City Hall 1891 Walnut Street Lauderdale, MN 55113

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July 10, 2018

Discussion/Action Items

A. Proposal for Zoning Ordinance Revisions

Jennifer Haskamp of Swanson Haskamp Consulting approached the Council to discuss the next steps in revising zoning ordinance after the adoption of the Comprehensive Plan later this year. By law, the City has nine months from the date of adoption to revise its zoning controls. However, Luther Seminary is scheduled to sell their land prior to that time and the City wants to be in the best position to guide the development of the land.

Haskamp explained her plan to begin updating the zoning controls based on the draft Comprehensive Plan, specifically the High Density Residential-Conservation (HDR-C) land use designation.

Councilor Moffatt made a motion to approve the Proposal for Zoning Update-Phase I by Swanson Haskamp Consulting as provided. The motion was seconded by Councilor Dolphin and carried unanimously.

Set Agenda for Next Meeting

Administrator Butkowski stated that the July 24 council meeting may include the Annual Storm Sewer Report and public hearing and a presentation from Katie Engman, Ramsey County Tobacco Coalition Program Director.

Work Session

A. Opportunity for the Public to Address the City Council

Mayor Gaasch opened the floor to anyone in attendance that wanted to address the Council. There being no interested parties to speak, Mayor Gaasch closed the floor.

B. Community Development Update

Butkowski informed the Council that all updates have been covered throughout the course of the meeting.

Adjournment

Councilor Grove moved and seconded by Councilor Dolphin to adjourn the meeting at 7:52 p.m. Motion carried unanimously.

Respectfully submitted,

Heather Butkowski City Administrator



CITY OF LAUDERDALE LAUDERDALE CITY HALL 1891 WALNUT STREET LAUDERDALE, MN 55113 651-792-7650 651-631-2066 FAX

Request for Council Action

To:

Mayor and City Council

From:

City Administrator

Meeting Date:

July 24, 2018

Subject:

List of Claims

The claims totaling \$133,696.80 are provided for City Council review and approval that includes check numbers 25933 to 25957.

Accounts Payable

Checks by Date - Detail by Check Date

User:

miles.cline

Printed:

7/19/2018 11:07 AM



Check No	Vendor No	Vendor Name	Check Date		Check Amount
	Invoice No	Description	Reference		-
25933	25	County of Ramsey	07/11/2018		46.00
v)	1825Eustis3	Recording Fee			46.00
			Total for Check Number 25933:		46.00
25934	25	County of Ramsey	07/11/2018		
	1825Eustis1	State Deed Tax			272.00
		à.			
			Total for Check Number 25934:		272.00
25935	25	County of Ramsey	07/11/2018		
	1825Eustis2	Conservation Fee			5.00
			Total for Check Number 25935:		5.00
					*
25936	209	Terrence O'Keefe	07/11/2018		70 000 72
	1825Eustis	Proceeds for 1825 Eustis Street			79,009.73
			Total for Check Number 25936:		79,009.73
25937	210	Old Republic Title	07/11/2018		
25,751	1825Eustis	Title Fees and Title Insurance	0771172010	-	985.00
			Total for Check Number 25937:		985.00
		,			19
*			Total for 7/11/2018:		80,317.73
ACH	43	Public Employees Retirement Association	07/13/2018		
ACII	73	PR Batch 51400.07.2018 PERA Coordinated	PR Batch 51400.07.2018 PER		1,100.94
	-	PR Batch 51400.07.2018 PERA Coordinated	PR Batch 51400.07.2018 PER		954.15
		Total fo	or this ACH Check for Vendor 43:		2,055.09
ACH	44	Minnesota Department of Revenue	07/13/2018		
		PR Batch 51400.07.2018 State Income Tax	PR Batch 51400.07.2018 State		774.33
¥		Total fo	or this ACH Check for Vendor 44:		774.33
			07/10/0010	* y	
ACH	45	ICMA Retirement Corporation PR Batch 51400.07.2018 Deferred Comp	07/13/2018 PR Batch 51400.07.2018 Defe		1,351.27
		PR Batch 51400.07.2018 Deferred Comp	PR Batch 51400.07.2018 Defe		939.37
		r			
		Total fo	or this ACH Check for Vendor 45:		2,290.64
ACH	46	Internal Revenue Service	07/13/2018		
		PR Batch 51400.07.2018 FICA Employer Port			1,068.10
		PR Batch 51400.07.2018 FICA Employee Port			1,068.10
		PR Batch 51400.07.2018 Medicare Employee			249.81
		PR Batch 51400.07.2018 Medicare Employee PR Batch 51400.07.2018 Medicare Employer PR Batch 51400.07.2018 Federal Income Tax		e ·	249.81 249.81 1,247.56

Check	No	Vendor No Invoice No	Vendor Name Description	Check Date Reference		Check Amount
			+ ,	Total for this ACH Check for Vendor 46:		3,883.38
				Total for 7/13/2018:	*	9,003.44
259	938	65 15443995	Allstream Inc. Fax Line	07/24/2018		51.52
				Total for Check Number 25938:		51.52
259	939	184	Cintas	07/24/2018		
		072018 072018	June Uniforms June Uniforms	:		46.52 46.52
				Total for Check Number 25939:		93.04
259	940	33 072018 072018	City of Falcon Heights June Fire Calls 2018 Readiness to Serve Contract	07/24/2018		1,601.89 20,444.43
				Total for Check Number 25940:		22,046.32
259	941	192	Comcast	07/24/2018		A
23	, , ,	67139746	July Internet			486.00
				Total for Check Number 25941:		486.00
259	942	25 PRRRV-000889 RISK-001933	County of Ramsey Election Equipment Payment #4 Insurance Processing Fee	07/24/2018		1,017.00 25.00
				Total for Check Number 25942:		1,042.00
259	943	145 072018	Mary Gaasch Travel Reimbursement	07/24/2018		293.60
				Total for Check Number 25943:		293.60
259	944	61 8060514	Gopher State One Call June Locates	07/24/2018		22.95
				Total for Check Number 25944:		22.95
250	945	134	Katrina Joseph	07/24/2018		22,53
233	743	0078	June Legal Services	07/21/2010		925.00
			* ;	Total for Check Number 25945:		925.00
. 259	946	185	Lauderdale BP	07/24/2018		-
		072018 072018	June Fuel June Fuel			355.86 76.25
		072018	June Fuel			76.25
			* ,	Total for Check Number 25946:		508.36
259	947	24 0001084528	Metropolitan Council August Waste Water	07/24/2018		10,846.48
				Total for Check Number 25947:		10,846.48
259	948	211	Andi Moffatt	07/24/2018		

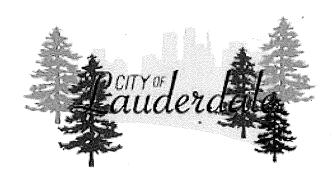
Check No	Vendor No Invoice No	Vendor Name Description	Check Date Reference		Check Amount
	072018	Travel Reimbursement			232.85
		s ,	Total for Check Number 25948:		232.85
25040	0.4	North Star David Conductors on Coursing	07/24/2018		
25949	84 072018	North Star Bank Cardmember Services Costco Memberships - JB & DH	07/24/2018		120.00
	072018	Business Cards	ligi		49.49
	072018	Archery Targets		*	573.39
			Total for Check Number 25949:		742.88
25950	12 2018-090	North Suburban Access Corporation 2Q18 Webstreaming & Archiving	07/24/2018		805.98
			Total for Check Number 25950:		805.98
25951	10	On Site Sanitation Inc	07/24/2018		
20,01	0000617191	07/14/2018 - 08/10/2018 Park Portable Restr			237.07
			Total for Check Number 25951:		237.07
					237.07
25952	5 619861-06-18	Premium Waters Inc June Water Delivery	07/24/2018		30,92
			Total for Check Number 25952:		30.92
25953	47	Public Employees Insurance Program	07/24/2018	¥ .	
23933	47	PR Batch 51400.07.2018 Dental	PR Batch 51400.07.2018 Den		116.10
		PR Batch 51400.07.2018 Health Insurance	PR Batch 51400.07.2018 Hea		2,032.62
			Total for Check Number 25953:		2,148.72
25954	4	The Neighborhood Recycling Company	Inc 07/24/2018		
	17694	June Recycling Contract			2,442.24
	17694	June Revenue Sharing			71.10
			Total for Check Number 25954:		2,513.34
25955	3	US National Equipment Finance Inc	07/24/2018		
	361431497	Copier Contract		* *	149.00
			Total for Check Number 25955:		149.00
25956	90	Verizon Wireless	07/24/2018	*	
	9810041924	June Cell Phone			33.44
	9810041924	June Cell Phone			16.72
	9810041924	June Cell Phone			16.73
			Total for Check Number 25956:		66.89
25957	74	Xcel Energy	07/24/2018		
	597873245	Larpenteur Bridge Lights	•		30.08
	597894325	2430 Larpenteur Avenue W			13.95
	598189932	June Street Lighting			423.87 36.12
	598243749 598376191	Larpenteur Avenue 1891 Walnut Street			27.97
	598376191	1795 Eustis Street		, e	302.95
	598376191	1891 Walnut Street			150.21
	598376191	1795 Eustis Street			50.00
	598591455	1885 Fulham Street			25.00
ž.	598591455	1917 Walnut Street			25.00
	598591455	1917 Walnut Street			18.46

Check No	Vendor No	Vendor Name	Check Date		Check Amount
	Invoice No	Description	Reference		4
	598591455	1885 Fulham Street	-		29.10
		•	Total for Check Number 25957:		1,132.71
			Total for 7/24/2018:		44,375.63
				* .	
			Report Total (29 checks):		133,696.80

LAUDERDALE COUNCIL ACTION FORM

Action Requested	Meeting Date	July 24, 2018
Consent X	ITEM NUMBER	June Financial Report
Public Hearing Discussion		+41/2
Action	STAFF INITIAL	
Resolution	APPROVED BY ADI	MINISTRATOR
Work Session		
DESCRIPTION OF ISSUE AND	PAST COUNCIL AC	TION:
Every month I provide the Council are the revenue, expense, and cash	with an updated copy of balance reports for June	f the city's finances. Following 2018.
	•	•
OPTIONS:		
	X.	
STAFF RECOMMENDATION:		and the second s
By approving the consent agenda, June 2018.	the Council acknowledge	es the city's financial report for
COUNCIL ACTION:		,

General Ledger Cash Balances



Description	Account	Beg Bal	MTD Debit	MTD Credit	Current Balance
Cash	101-00000-000-10100	-2,487,601.38	234,486.01	302,392.34	-2,555,507.71
Change Fund	101-00000-000-10300	100.00	0.00	0.00	100.00
Cash	226-00000-000-10100	13,540.74	6.02	3,997.96	9,548.80
Cash	227-00000-000-10100	86,560.93	17,837.46	5,251.08	99,147.31
Cash	305-00000-000-10100	56,895.77	35.88	0.00	56,931.65
Cash	401-00000-000-10100	. 98,576.81	24,003.78	0.00	122,580.59
Cash	403-00000-000-10100	442,183.61	14,048.82	0.00	456,232.43
Cash	404-00000-000-10100	270,612.83	170.65	0.00	270,783.48
Cash	405-00000-000-10100	1,216.75	0.29	750.00	467.04
Cash	414-00000-000-10100	293,224.96	184.91	0.00	293,409.87
Cash	416-00000-000-10100	102,169.65	64.43	0.00	102,234.08
Cash	602-00000-000-10100	1,019,528.05	48,877.95	21,969.92	1,046,436.08
Cash	603-00000-000-10100	364,137.03	20,898.86	11,568.61	373,467.28
Current Assets		261,145.75	360,615.06	345,929.91	275,830.90
Petty Cash	101-00000-000-10200	300.00	0.00	0.00	300.00
Petty Cash	101 00000 000 10200	300.00	0.00	0.00	300.00
	Value 101-00000-000-10410	2,764,212.65	152,011.61	0.00	2,916,224.26
Adj Investments		2,764,212.65	152,011.61	0.00	2,916,224.26
Grand Total		3,025,658.40	512,626.67	345,929.91	3,192,355.16
	·				



Account Number	Description	Budget	Current Period	YTD Balance	Variance	% ExpendCollect
101	General Fund Revenue Taxes Licenses and Permits Intergovernmental Revenues Charges for Services Fines and Forfeits Miscellaneous Revenue Other Financing Sources	765,514.00 30,850.00 540,760.00 12,300.00 30,000.00 8,500.00	203,697.70 6,816.85 0.00 437.81 2,849.83 2,545.99	203,697.70 31,671.60 0.00 6,993.54 11,729.50 13,424.33 4,005.00	561,816.30 -821.60 540,760.00 5,306.46 18,270.50 -4,924.33	26.61 102.66 0.00 56.86 39.10 157.93
	Revenue	1,387,924.00	216,348.18	271,521.67	1,116,402.33	19.56
	Expense Personal Services Supplies Other Services and Charges Capital Outlay Other Uses	385,550.00 19,800.00 934,574.00 0.00 48,000.00	42,360.94 1,002.60 88,881.20 0.00	197,254.13 5,729.64 483,875.01 0.00	188,295.87 14,070.36 450,698.99 0.00 48,000.00	51.16 28.94 51.77 0.00
	Expense	1,387,924.00	132,244.74	686,858.78	701,065.22	49.49
101	General Fund	0.00	84,103.44	-415,337.11	415,337.11	0.00



Account Number	Description	Budget	Current Period	YTD Balance	Variance	% Expend/Collect
226	Communications Revenue Taxes Miscellaneous Revenue	20,000.00	-3,067.31	5,212.42	14,787.58	26.06
	Revenue	20,040.00	-3,061.29	5,308.58	14,731.42	26.49
	Expense Personal Services Supplies Other Services and Charges Capital Outlay	8,467.00 600.00 3,200.00 5,000.00	930.65	4,312.65 600.00 805.98 4,753.57	4,154.35 0.00 2,394.02 246.43	50.93 100.00 25.19 95.07
	Expense	17,267.00	930.65	10,472.20	6,794.80	90.09
226	Communications	2,773.00	-3,991.94	-5,163.62	7,936.62	-186.21



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Account Number	Description	Budget	Current Period	YTD Balance	Variance	% Expend/Collect
227	Recycling Revenue Intergovernmental Revenues Miscellaneous Revenue	5,832.00	0.00	0.00	5,832.00	0.00
	Revenue	47,292.00	17,837.46	18,468.36	28,823.64	39.05
	Expense Personal Services Supplies Other Services and Charges Capital Outlay	22,090.00 0.00 31,000.00	$ \begin{array}{c} 2,436.74 \\ 0.00 \\ 2,483.34 \\ 331.00 \end{array} $	11,312.12 0.00 11,894.04 331.00	10,777.88 0.00 19,105.96 -331.00	51.21 0.00 38.37 0.00
	Expense	53,090.00	5,251.08	23,537.16	29,552.84	44.33
227	Recycling	-5,798.00	12,586.38	-5,068.80	-729.20	87.42



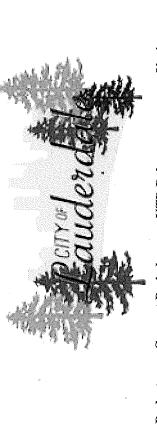
Account Number	Description	Budget	Current Period	YTD Balance	Variance	% Expend/Collect
305	GO TIF Revenue Bonds 2018A Revenue					
	Miscellaneous Revenue Other Financing Sources	0.00	35.88	113.65 56,818.00	-113.65	0.00
	Revenue	0.00	35.88	56,931.65	-56,931.65	0.00
,	Expense Debt Service	0.00	0.00	0.00	00:0	0.00
	Expense	0.00	0.00	000	0.00	0.00
305	GO TIF Revenue Bonds 2018A	0.00	35.88	56,931.65	-56,931.65	0.00



Account Number	Description	Budget	Current Period	YTD Balance	Variance	% Expend/Collect
401	General Capital Projects Revenue Intergovernmental Revenues Miscellaneous Revenue Other Financing Sources	0.00 \$00.00 0.00	0.00 24,003.78 0.00	0.00 24,673.06 0.00	0.00 -24,173.06 0.00	0.00 4,934.61 0.00
	Revenue	500.00	24,003.78	24,673.06	-24,173.06	4,934.61
	Expense Other Services and Charges Capital Outlay Other Uses	0.00 10,000.00 0.00	0.00	0.00	10,000.00	0.00
	Expense	10,000.00	0.00	0.00	10,000.00	0.00
401	General Capital Projects	-9,500.00	24,003.78	24,673.06	-34,173.06	-259.72



Account Number	Description	Budget	Current Period	YTD Balance	Variance	% Expend/Collect
403	Street Capital Projects Revenue Intergovernmental Revenues Miscellaneous Revenue Other Financing Sources	0.00 6,000.00	0.00 14,048.82 0.00	0.00 17,050.95	0.00 -11,050.95 0.00	0.00 284.18 0.00
	Revenue	6,000.00	14,048.82	17,050.95	-11,050.95	284.18
	Expense Capital Outlay Other Uses	40,000.00	0.00	6,376.30	33,623.70	15.94
	Expense	40,000.00	0.00	6,376.30	33,623.70	15.94
403	Street Capital Projects	-34,000.00	14,048.82	10,674.65	-44,674.65	-31.40



Account Number	Description	Budget	Current Period	YTD Balance	Variance	% Expend/Collect
404	Park Capital Projects Revenue Miscellaneous Revenue Other Financing Sources	3,000.00	170.65	2,007.94	992.06	66.93
	Revenue	3,000.00	170.65	2,007.94	992.06	66.93
	Expense Supplies Capital Outlay Other Uses	0.00 25,000.00 0.00	0.00	0.00	0.00 25,000.00 0.00	0.00
	Expense	25,000.00	0.00	00.00	25,000.00	0.00
404	Park Capital Projects	-22,000.00	170.65	2,007.94	-24,007.94	-9.13



Account Number	Description	Budget	Budget Current Period	YTD Balance	Variance	% Expend/Collect
405	Rosehill Tax Increment Revenue Miscellaneous Revenue Other Financing Sources	0.00	0.29	43.49	43.49	0.00
	Revenue	0.00	0.29	43.49	-43.49	0.00
	Expense Other Services and Charges	0.00	750.00	25,414.25	-25,414.25	00.00
	Expense	0.00	750.00	25,414.25	-25,414.25	0.00
405	Rosehill Tax Increment	0.00	-749.71	-25,370.76	25,370.76	0.00



Account Number	Description	Budget	Current Period	YTD Balance	Variance	% Expend/Collect
414	Development Revenue Miscellaneous Revenue Other Financing Sources	1,000.00	184.91	2,417.25	-1,417.25	241.73
	Revenue	39,000.00	184.91	2,417.25	36,582.75	6.20
	Expense Other Services and Charges Other Uses	10,000.00	0.00	7,650.00	2,350.00	76.50
	Expense	10,000.00	0.00	7,650.00	2,350.00	76.50
414	Development	29,000.00	184.91	-5,232.75	34,232.75	-18.04



Account Number	Description	Budget	Budget Current Period	YTD Balance	Variance	% Expend/Collect
415	Housing Redevelopment Revenue Miscellaneous Revenue Other Financing Sources	0.00	0.00	0.00	00:00	0.00
	Revenue	0.00	0.00	0.00	0.00	0.00
	Expense Other Services and Charges Capital Outlay	00.0	0.00	0.00	0.00	0.00
	Expense	0.00	0.00	0.00	0.00	00.00
415	Housing Redevelopment	0.00	0.00	00.00	0.00	0.00



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Account Number	Description	Budget	Current Period	YTD Balance	Variance	% Expend/Collect
416	TIF District No. 1-2 Revenue Taxes Miscellaneous Revenue Other Financing Sources	0.00	0.00 64.43 0.00	0.00 204.08 1,238,182.00	0.00 -204.08 -1,238,182.00	0.00
	Revenue	0.00	64.43	1,238,386.08	-1,238,386.08	0.00
	Expense Other Services and Charges Capital Outlay Other Uses	0.00	0.00	0.00 0.00 40,019.50	0.00 0.00 -40,019.50	0.00
	Expense	0.00	00.00	40,019.50	-40,019.50	0.00
416	TIF District No. 1-2	0.00	64.43	1,198,366.58	-1,198,366.58	0.00



Account Number	Description	Budget	Current Period	YTD Balance	Variance	% Expend/Collect
602	Sanitary Sewer Revenue Intergovernmental Revenues Charges for Services Miscellaneous Revenue Other Financing Sources	0.00 272,301.00 10,000.00	0.00 49,859.28 659.48 0.00	0.00 124,351.31 7,618.36 0.00	0.00 147,949.69 2,381.64	0.00 45.67 76.18 0.00
	Revenue	282,301.00	50,518.76	131,969.67	150,331.33	46.75
	Expense Personal Services Supplies Other Services and Charges Capital Outlay Other Uses	68,643.00 800.00 196,858.00 100,000.00	8,010.88 60.51 15,539.34 0.00	35,106.86 286.75 78,894.65 0.00	33,536.14 513.25 117,963.35 100,000.00	51.14 35.84 40.08 0.00
	Expense	366,301.00	23,610.73	114,288.26	252,012.74	31.20
602	Sanitary Sewer	-84,000.00	26,908.03	17,681.41	-101,681.41	-21.05



Account Number	Description	Budget	Current Period	YTD Balance	Variance	% Expend/Collect
603	Storm Water Revenue					
	Intergovernmental Revenues	0.00	0.00	0.00	0.00	0.00
	Charges for Services Miscellaneous Revenue	100,075.00	20,953.06	47,976.98	52,098.02	47.94
	Other Financing Sources	0.00	0.00	0.00	0.00	0.00
	Revenue	104,575.00	21,188.42	50,713.96	53,861.04	48.50
	Expense					
	Personal Services	59,425.00	6,985.05	30,382.87	29,042.13	51.13
	Supplies	700.00	60.50	286.72	413.28	40.96
	Other Services and Charges	16,950.00	4,812.62	5,139.08	11,810.92	30.32
	Capital Outlay	10,000.00	0.00	0.00	10,000.00	0.00
	Other Uses	0.00	0.00	0.00	0.00	0.00
	Expense	87,075.00	11,858.17	35,808.67	51,266.33	41.12
603	Storm Water	17,500.00	9,330.25	14,905.29	2,594.71	85.17



Account Number	Description	Budget	Current Period	YTD Balance	Variance	% Expend/Collect
666	Fund Revenue Taxes Miscellaneous Revenue Other Financing Sources	0.00	0.00	0.00	00.00	0.00
	Revenue	0.00	0.00	0.00	0.00	0.00
	Expense Personal Services Other Services and Charges Capital Outlay Other Uses	0.00	0.00 0.00 0.00	0.00	0.00	0.00
	Expense	0.00	0.00	0.00	0.00	0.00
666	Fund	0.00	00.00	0.00	0.00	0.00



	Variance % Expend/Collect		1,046,231.88	-975,092.54 -8.196	
	YTD Balance	1,819,492.66	950,425.12	869,067.54	
r	Current Period	341,340.29	174,645.37	166,694.92	
	Budget	1,890,632.00	1,996,657.00	-106,025.00	
	Description				
	Account Number	Revenue Total	Expense Total	Grand Total	

LAUDERDALE COUNCIL ACTION FORM

Action Requested	Meeting Date	July 24, 2018
Consent	ITEM NUMBER	Annual Storm Water Report
Public CommentX DiscussionX	STAFF INITIAL	48
Action Resolution		
Work Session	APPROVED BY ADI	MINISTRATOR
DESCRIPTION OF ISSUE AND	PAST COUNCIL AC	TION:
Annually, the City must report on its		
Municipal Separate Storm Sewer Sy	stem (MS4) permit. A	ttached is a copy of our most re-
cent annual report submitted to the I close of the presentation and discuss	Minnesota Pollution Co sion, the Council must a	ontrol Agency (MPCA). At the allow for public comment on our
storm water program.	101, 110 00 011011 1110151	
	•	
	•	
		•
		•
	•	
STAFF RECOMMENDATION:		
STAFF RECOMMENDATION:	·	



MS4 Annual Report for 2017

Reporting period: January 1, 2017 to December 31, 2017

Due: June 30, 2018

Instructions: Complete this annual report to provide a summary of your activities under the 2013 MS4 Permit (Permit) between January 1, 2017 and December 31, 2017. MPCA staff may also contact you for additional information.

Questions: Contact Cole Landgraf (cole.landgraf@state.mn.us, 651-757-2880) or Megan Handt (megan.handt@state.mn.us, 651-757-2843)

MS4 General Contact Information

Full Name:	Heather Butkowski	
Title:	City Administrator	9
Mailing Address:	1891 Walnut St	B B
City:	Lauderdale	
State:	MN	
Zip Code:	55113	
Phone:	651-792-7657	
Email:	admin@lauderdalemn.org	*

Preparer Contact Information (if different from the MS4 General Contact)

Full Name:	Tyler Johnson	
Title:	Project Manager	
Organization:	Stantec	
Mailing Address:	2335 Highway 36 West	
City:	Roseville	
State:	MN	
Zip Code:	55113	
Phone:	651-604-4767	
Email:	tyler.johnson@stantec.com	



MCM 1: Public Education and Outreach

				X ***	
The follo	wing question	ns refer to Pa	ort III.D.1. of the Permit.		
		19.4	vater-related issue of high priority to be emphasized during this Permit term? [Part III.D.1.a.(1)]		
Q2	Yes	lect a stormy	vater-related issue of high priority to be emphasized during this retrinctering (raicin.b.x.a.(x))		
	Q3	If 'Yes' in Q	2, what is your stormwater-related issue(s)? Check all that apply.		
			Total Maximum Daily Loads (TMDLs)		
			Local businesses		
		Х	Residential best management practices (BMPs)		
			Pet waste		
			Yard waste		
			Deicing materials		
		-	Household chemicals		
			Construction activities		
			Post-construction activities		
			Other		
		If 'Other,'			
		describe:	*		
			10 to		
Q4		listributed e	ducational materials or equivalent outreach to the public focused on illicit discharge recognition and reporting? [Part III.D.1.a.(2)]		
	Yes	1			
0.5	De yeu hou	o an implan	nentation plan as required by the Permit? [Part III.D.1.b.]		
Q5	Yes	ve an impien 1	tentation plan as required by the Fernice (Fernice Co.)		
	Yes				

06	How did you distribute educationa	materials or equivalent outreach? [Part III.D.1.a	Check all that apply in the table below.
----	-----------------------------------	---	--

Q7 For the items checked in Q6 below, who is the intended audience? Check all that apply in the table below.

Q8

For the items checked in Q6 below, enter the total circulation/audience in the table below (if unknown, use best estimate).

	Q6		Q7 Intended audience? Check all that apply:				Q8		
material	you distribute educational s or equivalent outreach? I that apply:	Local Residents businesses De		Developers	Developers Students Employees Oth		Other	Total circulation/audience: (i unknown, best est.)	
	Brochure							1,49	
Х	Newsletter	Х	Х		X	Х		4600	
	Utility bill insert		8						
	Newspaper ad								
Х	Radio ad	Х	Х	Х	Х	Х		500	
	Television ad								
Х	Cable access channel	X	Х		X			200	
	Stormwater-related event								
ii.	School project or presentation	1,1,111					and the		
Х	Website	Х	X	Х				100	
	Other (1) Describe: Other (2) Describe:								
	Other (3) Describe:								

For Q9 and Q10 below, provide a brief description of each activity related to public education and outreach (e.g. rain garden workshop, school presentation, public works open house) held and the date each activity was held from January 1, 2017 to December 31, 2017. [Part III.D.1.c.(4)]

		,	c un participato in our	annual summer festi				
	- v					4 1 1 1		
	/			-,				
Between January 1, 2017 and Dec	ember 31, 2017, did you mod scribe those modifications:	ify your BMPs, measur	able goals, or future p	lans for your public e	ducation and outre	ach program? [I	Part IV.B.]	
No No	SCTIDE (1105E MOUNICATIONS.							
							2	

MCM 2: Public Participation/Involvement

The following questions refer to Part III.D.2.a. of the Permit.

You must provide a minimum of one opportunity each year for the public to provide input on the adequacy of your Stormwater Pollution Prevention Program (SWPPP).

Did you provide this opportunity between January 1, 2017 and December 31, 2017? [Part III.D.2.a.(1)]

Yes

		10.114	C42 to the state of the sta	
	Q13	X	Q12, what was the opportunity that you provided? Check all that apply.	
			Public event	
			Other	
		Q14	If 'Public meeting' in Q13, did you hold a stand-alone meeting or combine it with another event?	•
			Combined Enter the date of the public meeting: 7/25/2017	
			Enter the number of citizens that attended and	
			were informed about your SWPPP: 0	
		Q15	If 'Public Event' in Q13,	
			Describe:	
			*	
		Q15	Enter the date of the public event:	
			Enter the number of citizens that attended and were informed about your SWPPP: 0	
			well informed about your 54411.	
		Q16	If 'Other' in Q13,	
			Describe:	
	,			
			Enter the date of the 'other' event:	
			Enter the number of citizens that attended and	
			were informed about your SWPPP: 0	
017	Datuman	January 1 3	2017 and December 31, 2017, did you receive any input regarding your SWPPP?	
Q17	No No	January 1, 2	2017 and December 31, 2017, did you receive any input regarding your 344777.	
	110	if 'Yes,' er	nter the total number of individuals or	
		organizati	ions that provided comments on your	
		SWPPP:		
	Q18	If I Van I in	Q17, did you modify your SWPPP as a result of written input received? [Part III.D.2.b.(2)]	
	Q10	II les III	If 'Yes,' describe those modifications:	
			1 "	- 00
019	Between .	January 1. 2	2017 and December 31, 2017, did you modify your BMPs, measurable goals, or future plans for your public education and outreach program	n? [Part IV.B.]
Q19	Between .	January 1, 2	2017 and December 31, 2017, did you modify your BMPs, measurable goals, or future plans for your public education and outreach program If 'Yes ,' describe those modifications:	n? [Part IV.B.]
Q19	Between .	January 1, 2		n? [Part IV.B.]
Q19		January 1, 2		n? [Part IV.B.]
Q19		January 1, 2		n? [Part IV.8.]
Q19		January 1, 2		n? [Part IV.8.]
Q19		January 1, 2		n? [Part IV.B.]
Q19	No		If 'Yes ,' describe those modifications:	n? [Part IV.B.]
Q19	No	AINNI	If 'Yes,' describe those modifications: ESOTA POLLUTION	n? [Part IV.B.]
Q19	No	AINNI	If 'Yes ,' describe those modifications:	n? [Part IV.B.]
Q19	No	AINNI	If 'Yes,' describe those modifications: ESOTA POLLUTION	n? [Part IV.B.]
m	No No	INNINCTION TO	ESOTA POLLUTION ROL AGENCY	n? [Part IV.B.]
m	No No	INNINCTION TO	If 'Yes,' describe those modifications: ESOTA POLLUTION	n? [Part IV.B.]
MCM	No No	AINNI CONTI	ESOTA POLLUTION ROL AGENCY arge Detection and Elimination	n? [Part IV.B.]
MCM	No No	AINNI CONTI	ESOTA POLLUTION ROL AGENCY	n? [Part IV.B.]
MCW The follo	No N	AINNI CONTI t Discha	ESOTA POLLUTION ROL AGENCY arge Detection and Elimination Part III.D.3. of the Permit.	n? [Part IV.B.]
MCM	No N	AINNI CONTI t Discha	ESOTA POLLUTION ROL AGENCY arge Detection and Elimination	n? [Part IV.B.]
MCW The follo	No	AINNI ONTI	ESOTA POLLUTION ROL AGENCY arge Detection and Elimination Part III.D.3. of the Permit. story mechanism which prohibits non-stormwater discharges to your MS4?	n? [Part IV.B.]
MCW The follo	No	AINNI ONTI	ESOTA POLLUTION ROL AGENCY arge Detection and Elimination Part III.D.3. of the Permit.	n? [Part IV.B.]
MCW The follo	No	AINNI ONTI	ESOTA POLLUTION ROL AGENCY arge Detection and Elimination Part III.D.3. of the Permit. story mechanism which prohibits non-stormwater discharges to your MS4?	n? [Part IV.B.]
MCW The follo	No	AINNI ONTI t Discha	ESOTA POLLUTION ROL AGENCY arge Detection and Elimination Part III.D.3. of the Permit. atory mechanism which prohibits non-stormwater discharges to your MS4? Illicit discharges between January 1, 2017 and December 31, 2017? [Part III.D.3.h.(4)]	n? [Part IV.B.]
MCW The follo	No	AINNI ONTI t Discha	ESOTA POLLUTION ROL AGENCY arge Detection and Elimination Part III.D.3. of the Permit. story mechanism which prohibits non-stormwater discharges to your MS4?	n? [Part IV.B.]
MCW The follo	No	t Dischaper to ave a regular lif'Yes'in 2	ESOTA POLLUTION ROL AGENCY arge Detection and Elimination Part III.D.3. of the Permit. atory mechanism which prohibits non-stormwater discharges to your MS4? Illicit discharges between January 1, 2017 and December 31, 2017? [Part III.D.3.h.(4)]	n? [Part IV.8.]
MCW The follo	No	AINNI ONTI t Disch: ons refer to ave a regula dentify any i If 'Yes' in 2 If 'Yes' in	ESOTA POLLUTION ROL AGENCY arge Detection and Elimination Part III.D.3. of the Permit. atory mechanism which prohibits non-stormwater discharges to your M54? Illicit discharges between January 1, 2017 and December 31, 2017? [Part III.D.3.h.(4)] Q21, enter the number of illicit discharges detected:	n? [Part IV.B.]
MCW The follo	No	AINNI ONTI t Discha	ESOTA POLLUTION ROL AGENCY arge Detection and Elimination Part III.D.3. of the Permit. atory mechanism which prohibits non-stormwater discharges to your MS4? Illicit discharges between January 1, 2017 and December 31, 2017? [Part III.D.3.h.(4)] Q21, enter the number of illicit discharges detected: Q21, how did you discover these illicit discharges? Check all that apply. Public complaint	n? [Part IV.B.]
MCW The follo	No	AINNI ONTI t Disch: ons refer to ave a regula dentify any i If 'Yes' in 2 If 'Yes' in	ESOTA POLLUTION ROL AGENCY arge Detection and Elimination Part III.D.3. of the Permit. atory mechanism which prohibits non-stormwater discharges to your M54? Illicit discharges between January 1, 2017 and December 31, 2017? [Part III.D.3.h.(4)] Q21, enter the number of illicit discharges detected:	n? [Part IV.B.]
MCW The follo	No	AINNI CONTI t Disch: ons refer to ave a regula lentify any i If 'Yes' in X X	ESOTA POLLUTION ROL AGENCY arge Detection and Elimination Part III.D.3. of the Permit. atory mechanism which prohibits non-stormwater discharges to your MS4? Illicit discharges between January 1, 2017 and December 31, 2017? [Part III.D.3.h.(4)] Q21, enter the number of illicit discharges detected: Q21, how did you discover these illicit discharges? Check all that apply. Public complaint Staff	n? [Part IV.B.]
MCW The follo	No	AINNI ONTI t Discha	ESOTA POLLUTION ROL AGENCY arge Detection and Elimination Part III.D.3. of the Permit. atory mechanism which prohibits non-stormwater discharges to your MS4? Illicit discharges between January 1, 2017 and December 31, 2017? [Part III.D.3.h.(4)] Q21, enter the number of illicit discharges detected: Q21, how did you discover these illicit discharges? Check all that apply. Public complaint	n? [Part IV.B.]
MCW The follo	No	AINNI CONTI t Disch: ons refer to ave a regula lentify any i If 'Yes' in X X	ESOTA POLLUTION ROL AGENCY arge Detection and Elimination Part III.D.3. of the Permit. atory mechanism which prohibits non-stormwater discharges to your M54? Illicit discharges between January 1, 2017 and December 31, 2017? [Part III.D.3.h.[4]] Q21, enter the number of illicit discharges detected: Q21, how did you discover these illicit discharges? Check all that apply. Public complaint Staff If 'Public complaint' in Q23, enter the number discovered by the public:	n? [Part IV.B.]

	Q26	If 'Yes' in	Q21, did any of the discovered illicit discharges result in an enforcement action (this includes verbal warnings)?
		Q27	If 'Yes' in Q26, what type of enforcement action(s) was taken and how many of each action were issued between January 1, 2017 and December 31, 2017?
		•	Check all that apply. Number issued:
			X Verbal warning 1 X Notice of violation 1
			Fine Criminal action
			Civil penalty
			[f'Other,'
			describe:
		Q28	If 'Yes' in Q26, did the enforcement action(s) taken sufficiently address the illicit discharge(s)? Yes Yes
			Q29 If 'No' in Q28, why was the enforcement not sufficient to address the illicit discharge(s)?
Q30	Do you hav	ve written E	inforcement Response Procedures (ERPs) to compel compliance with your illicit discharge regulatory mechanism(s)? [Part III.B.]
		J	No. 10 to 10
Q31			port and December 31, 2017, did you train all field staff in illicit discharge recognition (including conditions which could cause illicit discharges) scharges for further investigations? [Part III.D.3.e.]
	Yes		
	Q32	If 'Yes' in	Q31, how did you train your field staff? Check all that apply.
			Email Powerpoint
			Presentation Video
			Field Training
		If 'Other,'	Other
		describe:	In office discussions and MPCA waste water seminar.
The follow	ving question	ns refer to F	Part III.C.1. of the Permit.
Q33			torm sewer system map between January 1, 2017 and December 31, 2017? [Part III.C.1.]
	No		
Q34	Does your Yes	storm sewe	er map include all pipes 12 inches or greater in diameter and the direction of stormwater flow in those pipes? [Part III.C.1.a.]
Q35	Does your Yes	storm sewe	er map include outfalls, including a unique identification (ID) number and an associated geographic coordinate? [Part III.C.1.b.]
Q36	Does your Yes	storm sewe	er map include all structural stormwater BMPs that are part of your MS4? [Part III.C.1.c.]
Q37	Does your Yes	storm sewe	er map include all receiving waters? [Part III.C.1.d.]
Q38 '		mat is you	storm sewer map available?
	If 'Other ,' describe:		
Q39	Between Ja [Part IV.B.]		2017 and December 31, 2017, did you modify your BMPs, measurable goals, or future plans for your illicit discharge detection and elimination (IDDE) program?
	No	1	If 'Yes,' describe those modifications:
	, no		
-		Υ .	
m	M C	INNI	ESOTA POLLUTION ROL AGENCY
мсм	4: Cons	tructio	n Site Stormwater Runoff Control

The following questions refer to Part III.D.4. of the Permit.

Do you have a regulatory mechanism that is at least as stringent as the Agency's general permit to Discharge Stormwater Associated with Construction Activity (CSW Permit) No. MM R100001 (http://www.pca.state.mn.us/index.php/view-document.html?gid=18984) for erosion and sediment controls and waste controls? [Part III.D.4.a.]

Yes Q40

Q41	Have you developed written procedures for Yes	ite plan reviews as required by the Permit? [Part III.D.4.b.]						
Q42	Have you documented each site plan review Yes	as required by the Permit? [Part III.D.4.f.]						
Q43	Enter the number of site plan reviews conducted for sites an acre or greater between January 1, 2017 and December 31, 2017: 0							
Q44	each used from January 1, 2017 to Decembe X Verbal warning X Notice of violation X Administrative order X Stop-work order X Fine X Forfeit of security bond money X Withholding of certificate of occur X Criminal action X Civil penalty Other If 'Other,' describe:	Number issued:						
Q45	Do you have written Enforcement Response [Part III.B.] Yes	Procedures (ERPs) to compel compliance with your construction site stormwater runoff control regulatory mechanism(s)?						
Q46	Enter the number of active construction sites	an acre or greater that were in your jurisdiction between January 1, 2017 and December 31, 2017:						
Q47	Do you have written procedures for identifyi	ng priority sites for inspections? [Part III.D.4.d.(1)]						
	Q48 If 'Yes' in Q47, how are sites pric Site topography Soil characteristics Types of receiving wa Stage of construction Compliance history Weather conditions Citizen complaints Project size Other If 'Other,' describe:	ritized for inspections? Check all that apply. ter(s)						
Q49	Do you have a checklist or other written mea	ns to document site inspections when determining compliance? [Part III.D.4.d.(4)]						
Q50	Enter the number of site inspections conduct 0	ed for sites an acre or greater between January 1, 2017 and December 31, 2017:						
Q51	Enter the frequency at which site inspections .	are conducted (e.g. daily, weekly, monthly): [Part III.D.4.d.(2)] Would be weekly if we had construction.						
Q52	Enter the number of trained inspectors that	were available for construction site inspections between January 1, 2017 and December 31, 2017:						
Q53	Provide the contact information for the inspectorstruction stormwater contact first if you I	ector(s) and/or organization that conducts construction stormwater inspections for your MS4. List your primary have multiple inspectors.						
,	1 Inspector Name Organization Phone (Office) Phone (Work Cell) Email Preferred contact method	Chad Johnson Stantec 651-604-4939 651-325-6860 chad Johnson@stantec.com work cell phone						
	2 Inspector Name Organization Phone (Office) Phone (Work Cell) Email Preferred contact method							
	3 Inspector Name Organization Phone (Office) Phone (Work Cell) Email Preferred contact method							

Q54 Q55	What training did inspectors receive? Check all that apply. University of Minnesota Erosion and Stormwater Management Certification Program Qualified Compliance Inspector of Stormwater (QCIS) X Minnesota Laborers Training Center Stormwater Pollution Prevention Plan Installer or Supervisor Minnesota Utility Contractors Association Erosion Control Training X Certified Professional in Erosion and Sediment Control (CPESC) X Certified Professional in Stormwater Quality (CPSWQ) X Certified Erosion Sediment and Storm Water Inspector (CESSWI) X Other If 'Other,' describe: U of M Design of Construction SWPPP Between January 1, 2017 and December 31, 2017, did you modify your BMPs, measurable goals, or future plans for your construction site stormwater runoff control program? [Part IV.B.] If 'Yes,' describe those modifications:
m	MINNESOTA POLLUTION CONTROL AGENCY
мсм	5: Post-Construction Stormwater Management
The follow	wing questions refer to Part III.D.5. of the Permit.
Q56	Do you have a regulatory mechanism which meets all requirements as specified in Part III.D.5.a of the Permit? Yes
Q57	What approach are you using to meet the performance standard for Volume, Total Suspended Solids (TSS), and Total Phosphorus (TP) as required by the Permit? [Part III.D.5.a.(2)] Check all that apply.
	Refer to the link http://www.pca.state.mn.us/index.php/view-document.html?gid=17815 for guidance on stormwater management approaches.
	X Retain a runoff volume equal to one inch times the area of the proposed increase of impervious surface on-site Retain the post-construction runoff volume on site for the 95th percentile storm Match the predevelopment runoff conditions Adopt the Minimal Impact Design Standards (MIDS) An approach has not been selected X Other method (Must be technically defensible - e.g., based on modeling, research and acceptable engineering practices) If 'Other ,' We require at minimum 80% TSS removal and 50% TP removal for the City. We also defer to the local Watershed requirements (Rice Creek WD, Mississippi WMO, and Capital Region WD) for these items which are more stringent than the City's requirements. RCWD you must retain the runoff volume equal to 1.1 inches times the area of new impervious or 0.75 inches of linear projects. MWMO you must retain a runoff volume equal to one inch times the area of the proposed increase of impervious surfaces on-site CRWD you must retain a runoff volume equal to one inch times the area of the proposed increase of impervious surfaces on-site.
Q58	Do you have written Enforcement Response Procedures (ERPs) to compel compliance with your post-construction stormwater management regulatory mechanism(s)? [Part III.B.] Yes
Q59	Between January 1, 2017 and December 31, 2017, did you modify your BMPs, measurable goals, or future plans for your post-construction site stormwater management program? [Part IV.B.] If 'Yes,' describe those modifications: No
m	MINNESOTA POLLUTION CONTROL AGENCY
мсм	6: Pollution Prevention/Good Housekeeping for Municipal Operations
The follow	wing questions refer to Part III.D.6. of the Permit.
Q60	Enter the total number of structural stormwater BMPs, outfalls (excluding underground outfalls), and ponds within your MS4 (exclude privately owned). Structural stormwater BMPs 9 Outfalls 8 Ponds 2
Q61	Enter the number of structural stormwater BMPs, outfalls (excluding underground outfalls), and ponds that were inspected from January 1, 2017 to December 31, 2017 within your MS4 (exclude privately owned). [Part III.D.6.e.] Structural stormwater BMPs Outfalls Ponds 2
Q62	Have you developed an alternative inspection frequency for any structural stormwater BMPs, as allowed in Part III.D.6.e.(1) of the Permit?

Q63	Based on inspection No	findings, did you conduct any maintenance on any structural stormwater BMPs? [Part III.D.6.e.(1)]
	Q64 If 'Yes,' b	oriefly describe the maintenance that was conducted:
	4	
Q65		ate any stockpiles, and/or storage and material handling areas? [Part III.D.6.e.(3)]
	No	
	Q66 If 'Yes' in	n Q65, did you inspect all stockpiles and storage and material handling areas quarterly? (Part III.D.6.e.(3)]
	Q67 If 'Yes' in	1 Q66, based on inspection findings, did you conduct maintenance at any of the stockpiles and/or storage and material handling areas?
	Q68	If 'Yes' in Q67, briefly describe the maintenance that was conducted:
060	Patrucan Innuary 1	2017 and December 31, 2017, did you modify your BMPs, measurable goals, or future plans for your pollution prevention/good
Q69	housekeeping for mi	unicipal operations program? [Part IV.B.]
		If 'Yes ,' describe those modifications:
	No	
-		
M	MINN	ESOTA POLLUTION ROL AGENCY
	CONI	ROLAGENCY
Disch	narges to Impa	ired Waters with a USEPA-Approved TMDL that Includes an applicable WLA
		the TMDL Annual Report Form, available at: http://stormwater.pca.state.mn.us/index.php/Upload_page_with_TMDL_forms.
		nnal Report Form to this Annual Report as instructed below. [Part III.E]
271	Successfully uploade	d file: TMDL form not required for Lauderdale City MS4.
M	MINN	ESOTA POLLUTION ROL AGENCY
	CONI	ROL AGENCI
Alun	n or Ferric Chlo	ride Phosphorus Treatment Systems
TL - 6-11.		Part III.F.3.a. of the Permit. Provide the information below as it pertains to your alum or ferric chloride phosphorus treatment system.
ine folio	owing questions refer to	Part III.F.S.a. of the Permit. Provide the minimation below as it pertains to your administration being prosperious destination species.
	-	Alum or Ferric Chloride Phosphorus Treatment Systems' section not required for Lauderdale City MS4.
Q72	Date(s) of operation	(mm/dd/yyyy-mm/dd/yyyy)
~-		
	January February	
	March	
	April	
	May June	
	July	·
	August	
	September October	
	November	
	December	
		Q73 Q74 Q75 Q76
		Gallons of alum or ferric chloride Calculated pounds of phosphorus
	lanuary	Chemical(s) used for treatment: treatment: Gallons of water treated: removed:
	January February	
	March	
	April	
	May June	
	July	
	August	
	September October	
	November	
	December	

Q77	Any perfo	ormance issues and corrective action(s), including the date(s) when corrective action(s) were taken, between January 1, 2017 and December 31, 2017:	5 -
	1	MINNESOTA POLLUTION CONTROL AGENCY	
		CONTROL AGENCY	
Partn	erships		
		ely on any other regulated MS4s to satisfy one or more Permit requirements?	
Q78	Yes	ely on any other regulated wishs to satisfy one of more refinit requirements:	
	Q79	If 'Yes' in Q78, describe the agreements you have with other regulated MS4s and which Permit requirements the other regulated MS4s help satisfy: [Part IV]	/.B.6.]
		W. L. Could Bring College Metarined Ministry Websited Management Occapitation and the Conital Region Websited District	
		We defer to the Rice Creek Watershed District, Mississippi Watershed Management Organization, and the Capitol Region Watershed District rules when they are more stringent than our rules.	
	A C	AINNESOTA POLLUTION CONTROL AGENCY	
•			
Addit	ional In	nformation	
		rovide any additional files to accompany your annual report, use the space below to upload those files. For each space, you may attach one file. You may splanation and/or information in an email with the subject YourMS4NameHere_2017AR to ms4permitprogram.pca@state.mn.us.	
180		illy uploaded file: No file attached.	
Q 81		Illy uploaded file: No file attached.	
Q82			
Q83 ,	Optional,	describe the file(s) uploaded:	
100	N	AINNESOTA POLLUTION	
		CONTROL AGENCY	
3ti.a	nal Qu	action	
he MPCA nderstar	A is attempt nding of sou	ting to identify potential sources of water quality data. Answering this question will help the MPCA and interested stakeholders obtain a more comprehensive Irces of data that may be shared and ultimately aid in understanding the extent to which stormwater management practices result in water quality improvem	ents.
284	Are you co	ollecting water quality data (e.g., from surface waters, outfalls, best management practices, etc.) that is not associated with a waste water treatment plant?	
	No		
106	- N	AINNESOTA POLLUTION	
		CONTROL AGENCY	
Owne	er of Op	perator Certification	
he perso	on with over	rall administrative responsibility for SWPPP implementation and Permit compliance must certify this MS4 Annual Report. This person must be duly Id be either a principal executive (i.e., Director of Public Works, City Administrator) or ranking elected official (i.e., Mayor, Township Supervisor).	
_ (,,5) / (under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system	
	designed	to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons age the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge	
	and belief	f, true, accurate, and complete (Minn. R. 7001.0070). I am aware that there are significant penalties for submitting false information, including	
	the possib	bility of fine and imprisonment (Minn. R. 7001.0540). Yes	
		my name in the following box, I certify the above statements to be true and correct, to the best of my knowledge, and that	
		on can be used for the purpose of processing my MS4 Annual Report.	
	Name: Title:	Heather Butkowski City Administrator	
	Date:	6/26/2018	

LAUDERDALE COUNCIL ACTION FORM

Action Requested	Meeting Date	July 24, 2018
Consent	ITEM NUMBER	Tobacco Compliance & Ord.
Public Hearing Discussion X		= 1.M.
ActionX	STAFF INITIAL	
Resolution Work Session	APPROVED BY ADM	MINISTRATOR
WOIR Session		
DESCRIPTION OF ISSUE AND P	PAST COUNCIL AC	ΓΙΟN:
Katie Engman, Project Coordinator frand Ramsey County Tobacco Coalitibacco regulations cities in Minnesota among youth. Katie provided the fol of the discussion, staff will be lookin make changes to the tobacco ordinantobacco products. I invited the owne to listen to the information as well. ANSR has also been providing the travith the cost not being passed along in the North Suburban Tobacco Compacket. This would provide services \$56 per vendor per year. Staff is look	on, will be at the meets are adopting to curb to lowing information to g for guidance on whe ce, especially as it relays of the BP gas station ained youth buyers for to us. They would like pliance Project (NSTC above and beyond the	ing to present information on to- he upswing in tobacco use start the discussion. At the end ther the Council would like to tes to age of buyers and flavored h and SuperUSA to the meeting our tobacco compliance checks to invite the City to participate (P) which is described in the compliance checks at a cost of
OPTIONS:		
OI IIONS;		

STAFF RECOMMENDATION:

Motion to participate in the North Suburban Tobacco Compliance Project with the Association of Nonsmokers Minnesota as presented.

North Suburban Tobacco Compliance Project

Serving the communities of Ramsey County

North Suburban Tobacco Compliance Project (NSTCP) offers law enforcement, decision makers, vendors and communities a proven and comprehensive method to ensure that youth don't have access to tobacco.

NSTCP recruits, trains and maintains all youth buyers. All youth are trained, follow a specific protocol, and are professional and continually receive feedback after each time they assist. Each student also receives a gift certificate to reimburse them for their time or verification of service hours completed.

NSTCP holds two scheduled tobacco vendor trainings per year open. These trainings are open to all vendors in participating cities, and cost nothing to the vendor. I am also available to provide onsite vendor trainings when requested and have done this multiple times. This allows for all employees to be present at the training, individualized attention and also offers flexibility to the vendors. I also have training materials available for vendors.

After the tobacco compliance check is completed, a certificate is sent by NSTCP to notify vendor management that the store has passed a tobacco compliance check. This saves time for law enforcement, as they do not need to go in after each check and notify the vendor.

All tobacco compliance check results are tracked to create a longitudinal look at trends. Each city receives their results so they can identify problems, and celebrate their success in reducing youth access to tobacco. All results are communicated to city, county and state elected officials.

The cost of the program is based on the number of vendors in the pool and divided out on a per vendor ratio. In 2017, the cost was \$56.00 per vendor. State law allows for cities to charge a tobacco license fee large enough to cover all enforcement and administrative costs. The only limitation is that the fee should not exceed the direct and indirect costs in issuing the license and policing the licensed activities. The fee for participation in the North Suburban Tobacco Compliance Project could fall under this category. The project continues to receive a grant from the Association for Nonsmokers- MN to offset each city's cost to participate in the program.

For more information: Katie H. Engman, Project Coordinator, 651-646-3005, Katie@ansrmn.org

Youth Tobacco Use Rises for First Time in 17 Years

Over 26 percent of high-school students surveyed reported using tobacco products in past 30 days

What's Driving This Trend?

Explosion of E-Cigarette Use

· Nearly one in five high-school students used e-cigarettes in past 30 days



- Nearly a 50 percent increase since 2014
- E-cigarettes have disrupted a 17-year downward trend in youth tobacco use

Why the Rise?

Flavors Appeal to Kids

Over 60 percent of students who use tobacco reported using menthol or other flavored products





Easy Access

· Nearly a third of high school e-cigarette users report they got their e-cigarettes from retail outlets, about one in five got them from vape shops

Aggressive Marketing

 Most students (88 percent) have seen ads for e-cigarettes of those who are heavily exposed on social media, nearly 40 percent use e-cigarettes



Changing Landscape

• One in three high-school e-cigarette users reported they had used an e-cigarette to vape marijuana or THC oil/wax

The Good News: **Less Youth Smoking**

· Fewer than 10 percent of high-school students now report smoking cigarettes - a 70 percent decrease since 2000. Due to high cigarette prices and decades of tobacco prevention efforts, youth cigarette smoking is at an all-time low - but that progress is threatened by the changing tobacco industry.

Proven Strategies to Decrease Tobacco Use:

- Increase the price of tobacco products
- Increase prevention and cessation funding
- · Restrict the sale of flavored and menthol tobacco products
- · Raise the minimum legal sale age for tobacco products to 21



SINCE 2000



Retail Impact of Raising Tobacco Sales Age to 21 Years

The majority of tobacco use emerges in individuals before they reach 21 years of age, and many adult distributors of tobacco to youths are young adults aged between 18 and 20 years. Raising the tobacco sales minimum age to 21 years across the United States would decrease tobacco retailer and industry sales by approximately 2% but could contribute to a substantial reduction in the prevalence of youths' tobacco use and dependency by limiting access. (Am J Public Health. 2014;104:e18-e21. doi:10. 2105/AJPH.2014.302174)

Jonathan P. Winickoff, MD, MPH, Lester Hartman, MD, MPH, Minghua L. Chen, MD, MPH, Mark Gottlieb, JD, Emara Nabi-Burza, MBBS, MS, and Joseph R. DiFranza, MD

RECENT RESEARCH HAS HIGH-

lighted the susceptibility of the young adult brain to rapid nicotine addiction.1,2 While individuals are still experimenting with tobacco use and before they are aware of their own level of addiction, they first want, then crave, then need. cigarettes, at which point they are unable to quit.1 Individuals who begin smoking at a young age are more likely to become addicted, progress to daily smoking, become heavier tobacco users as adults, and have difficulty quitting.3,4 The US Surgeon General has expressed concern about the potential long-term cognitive effects of exposure to nicotine during brain development with the potential for lasting adverse consequences.⁵

For many years, public health strategies focused on preventing the onset of nicotine addiction by relying on the strict enforcement of laws that prevent the sale of tobacco to minors younger than 18 years. Indeed, successful efforts to limit tobacco access of minors by disrupting the sale of tobacco to minors have made an important contribution toward reductions in the prevalence of tobacco use among minors.⁶

A factor that might limit the impact of preventing the sale of tobacco to minors is the fact that, in most communities, 18- to 20-year-olds who can legally purchase cigarettes provide them to younger friends and family members. The majority (59%) of 18- and 19-year-olds have been asked by someone younger than 18 years to buy cigarettes for them. Also, high-school students are less likely to have 21-year-old

adults than 18- to 20-year-old adults in their social circles, suggesting reduced opportunities to access tobacco from older buyers. Inhibiting this well-established distribution cycle provides one rationale for increasing the legal age for tobacco sales to 21 years.

Another rationale stems from the 2012 Surgeon General's report finding that almost 90% of smokers in the United States began smoking before the age of 21 vears. 4,10 The report concludes that if young people can remain free of tobacco, most will never start to smoke. Currently, people who reach the age of 21 years as a nonsmoker have a minimal chance of ever becoming a smoker. For these reasons, there is interest in extending the benefits of restricting tobacco sales to individuals younger than 21 years.

RECENT CHANGES IN US TOBACCO SALES AGE LAWS

In consideration of the potential beneficial public health impact of raising the tobacco sales age to 21 years, some US cities and counties (New York City; Suffolk County, NY; Hawaii County, HI; and Needham, Arlington, Sharon, Canton, Ashland, Wellesley, Dedham, Dover, Norwood, Scituate, West Boylston, Hudson, Winchester, Wakefield, Reading, and Melrose counties, MA) have already approved legislation for raising the age to 21 years, and other cities, counties, and states are making legislative or regulatory efforts to approve similar proposals. With a single exception, all of these measures were adopted in either

2013 or 2014. Clearly, the idea of increasing the minimum to-bacco sales age to 21 years has momentum.¹¹

The tobacco industry and retailers argue that raising the sales age to 21 years will significantly hurt businesses that depend on tobacco sales. We sought to determine the proportion of the current legal tobacco market (≥18 years) that is consumed by 18- to 20-year-old smokers to determine the potential impact to retailers if the tobacco sales age of 21 years was universally implemented and enforced.

We obtained self-reported data regarding cigarette consumption by age from the 2011 National Health Interview Survey (NHIS). The survey includes both citizen and noncitizen noninstitutionalized civilian American households. We analyzed data from 33 014 respondents who were asked questions about smoking in the NHIS Sample Core Adult Health Behavior Section (≥ 18 years) database. Current smokers were identified as having smoked at least 100 cigarettes in their lifetime and still smoking when surveyed. We sought to calculate the volume of cigarette products consumed by individuals, between the ages of 18 and 20 years. Because the data were derived from self-reported cigarettes smoked, it accounts for any tobacco used to "roll your own," as well as small cigars that are functionally identical to cigarettes. Tobacco consumed by 15- to 17-year-old smokers was not included as sales to this population are already illegal under federal law.

PUBLIC HEALTH POLICY BRIEFS

We used SAS version 9.3 (SAS Institute, Cary, NC) to conduct data analysis. We calculated mean average daily and annual cigarette consumption for current smokers aged 18 to 20 years and those aged 21 years or older to determine the proportion of total cigarette consumption that is attributable to 18- to 20-year-old smokers.

In our sample of 33 014 (Table 1), there were 6138 (18.6%) current smokers, 188 (15.2% smoking prevalence) in the 18- to 20-yearold group and 5950 (18.7% smoking prevalence) in the group aged 21 years and older. The 18- to 20-year-old group of current smokers were 49% female, 77% White, 18% Hispanic, and 16% Black, and the current smokers aged 21 years or older were 48% female, 77% White, 12% Hispanic, and 17% Black.

About 37% of 18- to 20-year-old respondents lived with 3 or more household members compared with 4% of those aged 21 years or older (P < .001).

Table 2 demonstrates the lower daily cigarette consumption of those aged 18 to 20 years versus those aged 21 years or older (8.6 per day vs 12.5 per day; P < .001). We also found out that 18- to 20-year-old smokers make up 3.06% of the total adult smoking population but account for just 2.12% of cigarette consumption.

EFFECTS ON TOBACCO INDUSTRY AND RETAILERS

If one assumes that the number of cigarettes smoked by 18- to 20-year-old smokers corresponds to the number of cigarettes sold to

them or to others on their behalf, the maximum immediate loss of sales would be just 2% of the total cigarette sales in the United States. If we assume that this intervention would have a long-term impact on the prevalence of smoking by adolescents and young adults, the gradual aging of this low-tobaccouse cohort would give plenty of time for small businesses to adjust to changing market conditions were the minimum legal tobacco sales age raised to 21 years.

Similar objections were raised decades ago when the national minimum drinking age was proposed to be raised to 21 years. After the law was passed and implemented by most states in the 1980s, a reduction in drinking, problematic drinking, drinking and driving, and alcohol-related crashes among youths was seen.14

The alcohol industry still survived by adapting to the changing market despite the loss of sales to those younger than 21 years. Furthermore, retailers are already required under federal rules to check the ID of anyone who appears to be younger than 27 years seeking to purchase tobacco, 15 so an age-21 requirement would place no additional compliance burdens on their staff. The fact that more than one third of the 18- to 20-year-old young adults live with 3 or more individuals highlights the additional potential for blocking the transfer of tobacco use behavior to other household members.

OVERALL IMPLICATIONS

The evolving neuroscience of the young adult brain demonstrates

TABLE 1—Basic Characteristics of Respondents and Current Smokers: 2011 National Health Interview Survey, United States

Characteristics	Respondents Aged 18–20 Years (n = 1239), No. (%) or Mean \pm SD	Current Smokers Aged 18-20 Years (n = 188), No. (%) or Mean \pm SD	Respondents Aged \geq 21 Years (n = 31 775), No. (%) or Mean \pm SD	Current Smokers Aged \geq 21 Years (n = 5950), No. (%) or Mean \pm SD		
Gender	Н					
Male	610 (49.23)	96 (51.06)	14 201 (44.69)	3112 (52.30).		
Female .	629 (50.77)	92 (48.94)	17 574 (55.31)	2838 (47.70)		
Race/ethnicity			•			
White	867 (69.98)	144 (76.6)	24 207 (76.18)	4570 (76.81)		
Black	245 (19.77)	31 (16.49)	4948 (15.57)	1031 (17.33)		
American Indian/Alaska Native	22 (1.78)	2 (1.06)	375 (1.18)	108 (1.82)		
Asian Indian	9 (0.73)	0 (0)	394 (1.24)	28 (0.47)		
Chinese	19 (1.53)	1 (0.53)	458 (1.44)	35 (0.59)		
Filipino	18 (1.45)	3 (1.6)	450 (1.42)	49 (0.82)		
Other Asian	43 (3.47)	6 (3.19)	775 (2.44)	100 (1.68)		
Not released	4 (0.32)	0 (0)	74 (0.23)	8 (0.13)		
Multiple race	12 (0.97)	1 (0.53)	94 (0.30)	21 (0.35)		
Hispanic	318 (25.67)	33 (17.55)	5549 (17.46)	721 (12.12)		
Household number per family						
1	524 (42.29)	87 (46.28)	22 369 (70.4)	4368 (73.41)		
2	257 (20.74)	55 (29.26)	8159 (25.68)	1328 (22.32)		
3	305 (24.62)	34 (18.09)	841 (2.65)	178 (2.99)		
≥4	153 (12.35)	12 (6.38)	406 (1.28)	76 (1.28)		
Mean \pm SD	2.12 ±1.2	1.88 ±1.07	1.36 ± 0.66	1.33 ± 0.66		
Current smoker	188 (15.2)		5950 (18.7)			

Note. The sample size was n = 33014 participants.

PUBLIC HEALTH POLICY BRIEFS

TABLE 2—Average Cigarette Consumption by Age for Current Smokers and Percentage of 18- to 20-Year-Old Smokers as a Percentage of Total Adult Cigarette Consumption: 2011 National Health Interview Survey, United States

Variable	All Participants Aged \geq 18 Years, Mean of No.	Participants Aged 18-20 Years	Participants Aged \geq 21 Years	Participants Aged 18-20 Years, % of Total Sample
Average daily cigarette consumption per smoker	12.38	8.57	12.50	
Average annual cigarette consumption per smoker	4520.28	3131.62	4564.16	* *
No. of current smokers	6138	188		3.06
Total no. of cigarettes smoked in 2011	27 745 475	588 745		2.12

Note. Current smokers included both daily and nondaily users, and lifetime consumption of greater than 100 cigarettes. The same size was $n = 33\,014$ participants, including n = 6138 current smokers; 18.6% of the population reported lifetime use of greater than 100 cigarettes and some level of current use.

a special susceptibility to even experimental tobacco use.1 Low minimum sales age laws exploit that susceptibility to addict youths to cigarettes for life, with relatively few cigarettes. Meanwhile, raising the sales age would appear likely to have a significant effect on current tobacco use rates among youths, decreasing the chances of a person ever becoming tobacco dependent. By some estimates, raising the tobacco sales age to 21 years would reduce tobacco use prevalence by 55% for 15- to 17-year-old adolescents within 7 years.16

In 2005, Needham, Massachusetts, was the first town in the country to implement the law to raise the tobacco sales age to 21 years. Following the implementation of the law, the Youth Risk Behavior Surveillance System and Metro West Health Foundations' Adolescent Health survey data showed a 47% reduction in Needham high-school smoking rate in the 4 years (2006-2010) after the legislation was implemented.17 Of note, no tobacco retailers have gone out of business in Needham since implementation.

LIMITATIONS

Although we have not specifically accounted for other noncigarette tobacco or smokeless tobacco sales, we have accounted for any tobacco that is smoked and self-reported as a cigarette, the form that has the highest disease burden. According to the Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report, about 90% of all combustible tobacco consumption is cigarettes among adult smokers.¹⁸ In addition, 2012 National Youth Tobacco Survey data indicate that the majority of tobacco consumption remains cigarettes, and highschool students in the young adult age range (>17 years) are 3 times more likely to smoke cigarettes daily than use any other combination of cigars, bidis, and cigarillos on a daily basis.

Adult versus youth smokeless tobacco use rates and amount consumed are much harder to quantify and we intentionally excluded these to avoid reporting bias. In addition, the US retail cigarette market is more than 30 times greater than the smokeless tobacco market, making any adult versus youth consumption discrepancy unlikely to change our overall estimate of the tobacco sales impact. 19

CONCLUSIONS

Overall, a small percentage of total tobacco sales (2%) is attributed to those younger than

21 years, yet most lifetime tobacco users start smoking before the age of 21 years. Early tobacco initiation during young adulthood comes with a high probability of addiction, progression to daily smoking, and heavier tobacco use in adulthood, and has long-term harmful health consequences. Action on this critical issue of raising the minimum tobacco sales age to 21 years across the United States has excellent public health and ethical rationales, and costs almost nothing to implement through existing regulatory frameworks.

About the Authors

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Contributors

J. P. Winickoff originated and designed this study, drafted the article and revised it, and takes full responsibility for the final submission. L. Hartman, M. Gottlieb, E. Nabi-Burza, and J. R. DiFranza made substantial intellectual contributions to the conceptualization and design of the study, and to editing the article. M. L. Chen advised on and conducted data analyses, and participated in the interpretation of results. All authors approved the final article as submitted.

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Note. The funders had no role in the design or conduct of the study, analysis and interpretation of the data, or preparation, review and approval of the article.

Human Participant Protection

This study was exempt from institutional review board approval because it is a secondary data analysis of a publicly available data set.

References

- DiFranza JR, Wellman R, Mermelstein R, et al. The natural history and diagnosis of nicotine addiction. *Curr Pediatr Rev.* 2011;7:88–96.
- 2. Zhan W, Dierker LC, Rose JS, Selya A, Mermelstein RJ. The natural course of nicotine dependence symptoms among adolescent smokers. *Nicotine Tob Res.* 2012;14(12):1445–1452.
- 3. Taioli E, Wynder EL. Effect of the age at which smoking begins on frequency of smoking in adulthood. *N Engl J Med.* 1991;325(13):968–969.
- 4. US Department of Health and Human Services. Preventing tobacco use

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- among youth and young adults: a report of the Surgeon General, 2012. Available at: http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/#Full%20Report. Accessed November 26, 2013.
- 5. US Department of Health and Human Services. The health consequences of smoking —50 years of progress: a report of the Surgeon General, 2014. Available at: http://www.surgeongeneral.gov/library/reports/50-years-of-progress/execsummary.pdf. Accessed June 1, 2014.
- 6. DiFranza JR. Which interventions against the sale of tobacco to minors can be expected to reduce smoking? *Tob Control.* 2012;21(4):436–442.
- 7. DiFranza JR, Coleman M. Sources of tobacco for youths in communities with strong enforcement of youth access laws. *Tob Control.* 2001;10(4):323–328.
- 8. Ribisl KM, Norman GJ, Howard-Pitney B, Howard KA. Which adults do underaged youth ask for cigarettes? *Am J Public Health*. 1999;89(10):1561–1564.
- 9. Ahmad S. Closing the youth access gap: the projected health benefits and cost savings of a national policy to raise the legal smoking age to 21 in the United States. *Health Policy.* 2005;75(1):74–84.
- 10. Mowery PD, Brick PD, Farrelly MC. Legacy first look report 3. Pathways to established smoking: results from the 1999 National Youth Tobacco Survey. Washington DC: American Legacy Foundation; 2000.
- 11. Winickoff JP, Gottlieb M, Mello MM. Tobacco 21—an idea whose time has come. N Engl J Med. 2014;370(4):295–297.
- 12. Discussion draft sociopolitical strategy. Chart. January 21, 1986. Philip Morris. Bates no. 2043440040/0049. Available at: http://legacy.library.ucsf.edu/tid/aba84e00. Accessed January 10, 2014.
- 13. Wade CM. Proposal on teen smoking decried. Available at: http://www.bostonglobe.com/metro/regionals/north/2013/12/01/board-plan-increase-tobacco-buying-age-newburyport-riles-store-owners-mayor/9lcbV2ra3L5nCi06jILJJK/story.html. Accessed February 27, 2014.
- 14. McCartt AT, Hellinga LA, Kirley BB. The effects of minimum legal drinking age 21 laws on alcohol-related driving in the United States. *J Safety Res.* 2010; 41(2):173–181.
- Cigarettes and smokeless tobacco,
 CFR § 1140.14(b).
- 16. Ahmad S, Billimek J. Limiting youth access to tobacco: comparing the long-term health impacts of increasing cigarette excise taxes and raising the legal smoking age to 21 in the United States. *Health Policy.* 2007;80(3):378–391.
- MetroWest Health Foundation.
 2006 and 2010 MetroWest Adolescent

- Health Surveys. Available at: http://www.mwhealth.org/PublicationsampMedia/Reports/tabid/192/Default.aspx.
 Accessed July 1, 2013.
- 18. Centers for Disease Control and Prevention. Tobacco product use among middle and high school students—United States, 2011 and 2012. MMWR Morb Mortal Wkly Rep. 2013;62(45):893–897 [erratum in MMWR Morb Mortal Wkly Rep. 2013;62(46):940].
- 19. National Institute on Drug Abuse. Topics in brief: smokeless tobacco. Available at: http://www.drugabuse.gov/publications/topics-in-brief/smokeless-tobacco. Accessed June 18, 2014.

Raising the Minimum Legal Sale Age for Tobacco to 21

The Estimated Effect for Minnesota

BY RAYMOND G. BOYLE, PHD, JOHN H. KINGSBURY, PHD, AND MICHAEL J. PARKS, PHD

A campaign to raise the minimum legal sale age for tobacco products from 18 to 21 years known as Tobacco 21 is having a nationwide impact, with at least 200 localities in 14 states having already implemented a Tobacco 21 policy. A 2015 report from the Institute of Medicine (IOM) estimated the effects of such policy on cigarette use at the national level; however, little is known about the expected effects for individual states. The purpose of this study was to consider the effect on smoking initiation in Minnesota if the minimum sale age were 21 in 2015. Estimates from the Minnesota Adolescent Community Cohort and Minnesota Adult Tobacco Survey were used to calculate the uptake of smoking in a hypothetical cohort of Minnesota adolescents 15 to 20 years of age. Expected reductions in initiation in the IOM report were used to calculate the effects of Tobacco 21 policy on smoking uptake in this cohort. Results revealed that raising the sale age to 21 in 2015 would prevent 3,355 young Minnesotans from starting to smoke.

innesota addresses tobacco use through a comprehensive approach that includes coordinating smoke-free policies, promoting normative changes in the social acceptability of tobacco use, establishing and expanding the reach of cessation programs, keeping the price of tobacco high and preventing young people from initiating tobacco use. The overall effect of these actions has been a 35% reduction in cigarette smoking in Minnesota since 1999; however, tobacco use remains popular among young adults in Minnesota and nationally. 1,2

The persistence of tobacco use among young adults, coupled with an evolving marketplace that includes new flavored products (eg, flavored cigars and cigarillos) and new delivery methods (eg, electronic cigarettes), has led to a desire for increased regulation of tobacco. In 2009

the U.S. Congress granted authority to the Food and Drug Administration (FDA) through the Family Smoking Prevention and Tobacco Control Act to regulate the manufacture, distribution and marketing of tobacco products.3

Although this law prohibited the FDA from increasing beyond age 18 the national minimum sale age for tobacco products, state and local governments are able to raise the minimum sale age for tobacco. In addition, the law required a study of the health implications of a higher minimum age of legal access. The Institute of Medicine (IOM), now the National Academy of Medicine, conducted the study using national data to consider the effects of different minimum purchase ages (19, 21 or 25 years) and examine multiple outcomes, including preventing young people from starting and encouraging current smokers to quit smoking, and the health benefits from reduced smoking because of an in-

creased purchase age. Nationally, increasing the purchase age to 21 would result in approximately 223,000 fewer premature deaths and 50,000 fewer deaths from lung cancer.4

Adolescents younger than age 18 frequently obtain tobacco from social sources who are older than 18 but younger than 21.5 If tobacco could not be sold to 18- to 20-year-olds, they would be far less likely to provide tobacco to younger teens. By age 21, young adults are likely to have friends older than high-school age and, therefore, less likely to provide tobacco to minors.

The IOM's 2015 report is particularly important because it provides scientific guidance for state and local governments as they seek to protect public health. Although the report provided novel information on the expected effects of Tobacco 21 policy on a national level, it provided little

information about the expected effects at a state level.

The purpose of this study was to consider the effects on smoking initiation in Minnesota if the legal minimum sale age for tobacco products were 21. The specific goal was to calculate how many young people ages 15 to 20 years would not start smoking if the assumptions from the IOM report were applied to Minnesota.

Methods and Assumptions

Age groups: The 2015 IOM report examined effects among specific age groups: under 15 years, 15- to 17-year-olds and 18- to 20-year-olds. In this analysis, we limited the consideration to ages 15 and older.

Initiation rate: Cohort studies that follow participants over time provide the best estimates of smoking initiation. The Minnesota Adolescent Community Cohort (MACC) study was a population-based study of Minnesota youth ages 12 to 16 in 2000 who were followed until 2008. In 2003, approximately 19% of the cohort reported smoking in the previous month.6 Smoking among Minnesota high school students has fallen to about 10% since 2003. Therefore, in this analysis we used 10% as the estimate of smoking initiation among youth 15 to 17 years of age.

In a later analysis of the MACC data, 16% of the cohort who did not start smoking in high school took up smoking (smoked in the past month) between the ages of 18 and 21.7 This estimate of smoking uptake is consistent with the prevalence of smoking among young adults in the Minnesota Adult Tobacco Survey. For this analysis we used 16% as the estimate of 18- to 20-year-olds who would initiate smoking.

Estimated effects of Tobacco 21 policy: An increase in the minimum sale age is expected to apply to all commercial tobacco products; however, for the purpose of estimating effects similar to those in the IOM report, the scope of this study was restricted to cigarette smoking. In addiFIGURE **Estimated Reduction in Youth Smokers with Implementation** of Tobacco 21 Policy WITHOUT TOBACCO 21 POLICY **NUMBER OF YOUTH** 17,568 WITH TOBACCO 21 POLICY 14,213 10,368 8.813 7,200 5,400 Ages 15 to 17 years Ages 18 to 20 years Combined Total AGE GROUPS AFFECTED BY TOBACCO 21 POLICY NUMBER NOT SMOKING IF POLICY WERE **PROPORTION NUMBER WHO COHORT AGE** HAVE NOT WHO START NUMBER **SMOKED SMOKING SMOKING** IN EFFECT (YEARS) 15 72,000 1,800 16 to 17 64,800 10% 7,200 16% 10,368 1,555 18 to 20 54,432 Note: The cohort size is 1/5 of the census estimate of TOTAL: 3,355 Minnesota 15- to 19-year-olds in 2015.

tion, the expected reduction in smoking initiation is thought to vary by age. The effect is expected to be larger among youth 15 to 17 years of age, with an expected reduction in the uptake of smoking of 25%. Among those 18 to 20 years of age, the expected reduction is 15%.4

Variation by demographic variables: Smoking rates vary substantially by population groups in Minnesota. For example, in 2014 the overall adult smoking rate was about 14%, but within the urban American Indian population the smoking rate was 59%.8 There is a lack of literature on how smoking initiation would be affected in population groups with higher smoking rates if the sale age were increased. Thus, the estimate here is not adjusted by gender or other demographic variables (eg, race/ ethnicity, income).

Enforcement: States are required to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals younger than 18 years of age. A major assumption of Tobacco 21 policy is that the same level of current enforcement and retailer compliance would remain in effect. Although Minnesota has a high rate of retailer compliance with current law,9 retailer cooperation has been lower

in other places. For example, in New York City, compliance has fallen over time after Tobacco 21 policy was implemented.10

Calculation: In this analysis, we began with a cohort of Minnesota 15-year-olds in 2015-approximately 72,000. We estimated the smoking initiation rate in two periods: during high school (ages 15 to 17 years) and after high school (ages 18 to 20 years). Next, the reduction in smoking was calculated for each period if the sale age for tobacco were raised to 21 in 2015. We assumed that the smoking uptake in high school and after high school would not change in future years. The difference is reported as the number of young people 15 to 20 years of age who would not have started smoking.

Results

In 2015, the Minnesota population of those 15-year-olds was approximately 72,000. Of these, an estimated 7,200 will start smoking during their high school years. If the minimum legal sale age in 2015 were 21, an estimated 1,800 would not start smoking in high school.

Of those who finished high school without initiating smoking, 10,368 will begin smoking between ages 18 and 21. Under a Tobacco 21 policy, 1,555 fewer young people would start smoking after high school. Overall, 3,355 fewer young people would start smoking in this cohort of youth if a Tobacco 21 policy were in effect (see Figure). In other words, increasing the sale age to 21 would increase the proportion of nonsmokers in a cohort of 15-year-olds from 76% to 80%.

Discussion

Increasing the sale age to purchase tobacco products from 18 to 21 would have a positive effect on Minnesota, where tobacco use remains popular among young adults. Given that almost 95% of smokers start smoking by age 21, raising the age of sale to 21 years would prevent the vast majority of young people from becoming addicted to the nicotine in tobacco.

At least 200 localities in 14 states have raised the minimum legal sale age for tobacco products to 21 years." Notably, Hawaii was the first state (2015) followed by California (2016), and New York City (2013) is the largest city to adopt a Tobacco 21 policy. This policy has broad support and is viewed positively by both smokers and nonsmokers. In New York City, 60% of smokers and 69% of nonsmokers have supported the age increase.12 In a national sample of adults, 70.5% supported the increase.13 And in an online survey, 77.5% of never smokers and 70% of current smokers either strongly favored or somewhat favored raising the legal purchasing age to 21.14

We acknowledge that some young people will begin using tobacco at a later age. The amount is unknown; but even if 5% eventually take up smoking, this would not diminish the overall effect of Tobacco 21 policy. In addition, while we have highlighted how Tobacco 21 would inhibit more than 3,300 youth from initiating smoking, it is important to note the policy could have additional and more indirect benefits. Youth tend to respond more

strongly to smoking bans than to other types of tobacco control¹⁵ in part because a ban is an unambiguous anti-tobacco message that indirectly influences social norms, creating a social environment that discourages health-risk behavior.16 Put differently, the effects of Tobacco 21 policy would extend into the future as new cohorts of young people do not start using tobacco.

Our analysis considered only cigarette smoking; but a Tobacco 21 policy would apply to all tobacco products. Whether the effects of raising the purchasing age to 21 would be similar across all demographic and racial/ethnic groups is not known. Similar to the IOM, we did not adjust the Minnesota estimate for any variation by demographics other than age. This question should be examined when there is sufficient data on communities that have implemented the policy.

Conclusion

Raising the minimum sale age for tobacco to 21 would prevent the uptake of smoking among youth and young adults, subsequently reducing smoking prevalence over time. Applying national estimates from the 2015 IOM report to Minnesota, we found that implementing a Tobacco 21 policy could have a marked impact on smoking initiation among Minnesota's young people. Tobacco 21 should be considered an effective strategy for reducing smoking initiation. Preventing smoking among youth remains a primary focus for reducing morbidity and mortality as well as promoting health across the lifespan. MM

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REFERENCES

- 1. Boyle RG, Amato MS, Rode P, Kinney AM, St. Claire AW, Taylor K. Tobacco use among Minnesota adults, 2014. Am J Health Behav. 2015;39(5):674-9.
- 2. Johnston LD, O'Malley PM, Miech RA, Bachman JG, Schulenberg JE. Monitoring the Future National Survey Results on Drug Use, 1975-2015: Overview, key findings on adolescent drug use. Ann Arbor: Institute for Social Research, The University of Michigan. 2016. Available at: www.monitoringthefuture.org/pubs/monographs/mtf-overview2015.pdf. Accessed September 3, 2016.

- 3. Mitka M. FDA exercises new authority to regulate tobacco products, but some limits remain. JAMA. 2009:302(19):2078, 2080-1
- 4. IOM (Institute of Medicine). Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. Washington, DC: The National Academies Press; 2015
- 5. Lenk KM, Toomey TL, Shi Q, Erickson D, Forester JL. Do sources of cigarettes among adolescents vary by age over time? J Child and Adolesc Subst Abuse. 2014:23(2):137-143.
- 6. Centers for Disease Control and Prevention. Cigarette smoking among adults—United States, 1992, and changes in the definition of current cigarette smoking. MMWR Morb Mortal Wkly Rep. 1994:43(19):342-6.
- 7. Bernat DH, Klein EG, Forester JL. Smoking initiation during young adulthood: A longitudinal study of a population-based cohort. J Adolesc Health. 2012;51(5):497-502.
- 8. Forster J, Poupart J, Rhodes K, et al. Cigarette smoking among urban American Indian adults -Hennepin and Ramsey Counties, Minnesota, 2011. MMWR Morb Mortal Wkly Rep. 2016;65(21):534-7.
- 9. Substance Abuse and Mental Health Services Administration. Tobacco sales to youth. Available at: http://store.samhsa.gov/shin/content//SYNAR-14/ SYNAR-14.pdf. Accessed September 1, 2016.
- 10. Silver D, Macinko J, Giorgio M, Bae JY, Jimenez G. Retailer compliance with tobacco control laws in New York City before and after raising the minimum legal purchase age to 21. Tob Control. 2015 Nov 19. pii: tobaccocontrol-2015-052547. [Epub ahead of print]
- 11. Increasing the Sale Age for Tobacco Products to 21. Campaign for Tobacco Free Kids. Available at: www.tobaccofreekids.org/what_we_do/state_local/ sales, 21. Accessed October 1, 2016.
- 12. Farley SM, Coady MH, Mandel-Ricci J, et al. Public opinions on tax and retail-based tobacco control strategies. Tob Control. 2015 Mar;24(e1):e10-3.
- 13. Winickoff JP, McMillen R, Tanski S, Wilson K, Gottlieb M, Crane R. Public support for raising the age of sale for tobacco to 21 in the United States. Tob Control. 2016 May;25(3):284-8.
- 14. King BA, Jama AO, Marynak KL, Promoff GR. Attitudes toward raising the minimum age of sale for tobacco among U.S. adults. Am J Prev Med. 2015;49(4):583-8.
- 15. Vuolo M, Kelly BC, Kadowaki J. Independent and interactive effects of smoking bans and tobacco taxes on a cohort of US young adults. Am J Public Health. 2016;106(2):374-80.
- 16. Gielen AC, Green LW. The impact of policy, environmental, and educational interventions: a synthesis of the evidence from two public health success stories. Health Educ Behav. 2015;42(1S):20S-34S.



YOUTH ACCESS LAWS THAT PENALIZE KIDS FOR PURCHASE, USE, OR POSSESSION ARE NOT PROVEN TO REDUCE TOBACCO USE

Research shows that youth access laws successfully reduce youth tobacco use when they are well enforced and disrupt the sale of tobacco products to minors. Today, all 50 states and the District of Columbia have laws that restrict the sale of tobacco products to minors. But in addition to restricting the sale, 45 states and the District of Columbia have laws that also prohibit the purchase, use, and/or possession (PUP) of tobacco products by underage persons. Penalties for youth who violate a PUP law typically include a fine but may also include other penalties like community service, attending mandatory smoking education or cessation programs, or the suspension of a driver's license or permit. Only five states— Maryland, Massachusetts, Nevada, New Jersey, and New York—do not have PUP laws. Only five states.

Some states passed PUP laws with the intention of reducing youth smoking by making kids more personally responsible for buying and using tobacco products. Penalizing children, however, has not been proven to be an effective strategy for reducing youth smoking; and some experts argue that PUP laws could actually detract from more effective enforcement measures and tobacco control efforts.⁶

PUP laws also unfairly punish and stigmatize children, many of whom became addicted at a young age as a result of the tobacco industry's aggressive marketing to kids. In this way, PUP laws shift the blame away from the industry's irresponsible marketing and retailers' irresponsible sales, to its victims. Penalties against youth become even more unreasonable when little is done to counter the tobacco industry's targeted marketing to kids. Rather than treat children as the wrongdoers, youth access laws should focus on limiting access to tobacco products by conducting ongoing retailer compliance checks with strong penalties for sales to underage persons.

Additional Concerns about PUP Laws

- Penalizing youth can divert enforcement officials' attention from stopping retailers from illegally selling tobacco to kids in the first place. PUP laws are more difficult to systematically enforce than sanctions against retailers, especially since PUP laws rarely provide additional enforcement resources. It is easier and more effective to conduct compliance checks for retailers, who are fewer in number compared to youth and whose locations are both known and constant.⁷
- The ease of discretely possessing and using some tobacco products makes PUP laws more challenging to enforce than laws restricting sales to minors. Similarly, the perceived risk among youth of getting caught and punished is likely too low to have a meaningful impact on deterring tobacco use. In fact, there is little evidence showing that PUP laws have been enforced well enough to reduce youth smoking.⁸
- Tobacco companies and their allies have a history of supporting PUP laws as alternatives to
 other laws that would produce greater declines in youth smoking, such as increasing the price of
 cigarettes. Tobacco companies have also promoted the passage of PUP laws in order to get
 additional provisions enacted that make implementing or enforcing additional tobacco control
 measures more difficult (e.g., preemption of strong local laws/ordinances).⁹
- Despite the fact that many youth smokers are addicted, making it difficult for them to quit, few PUP laws include provisions ensuring that quit smoking resources are made available to them. Some research even suggests that penalizing youth could deter them from seeking support for cessation.¹⁰ Promoting interventions that provide cessation resources for youth interested in quitting could be a more beneficial alternative.

Youth Access Laws Should Emphasize Restricting Sales to Minors

Youth access laws that restrict sales to minors are better supported by research as a way to reduce youth smoking than laws that focus primarily on penalizing youth for purchase or possession of tobacco. While

PUP laws may have some potential if combined with laws banning sales to minors, evidence of their effectiveness still is lacking, and many concerns about how to effectively implement them remain.

Regardless of whether a state chooses to implement PUP provisions as part of its youth access law, rigorous enforcement of restrictions against sales to minors is critical to minimizing the accessibility of tobacco products and, ultimately, reducing youth tobacco use. The most successful youth access programs incorporate routine retailer compliance checks which use minors to attempt tobacco purchases.¹¹

Campaign for Tobacco-Free Kids, March 28, 2016/ Becca Knox

¹ DiFranza, JR, "Which interventions against the sale of tobacco to minors can be expected to reduce smoking?" *Tobacco Control*, doi:10.1136/tobaccocontrol-2011-050145, published online first October 12, 2011.

² Most states set the age for sale of tobacco products at 18. As of 3/28/16, Alabama, Alaska, New Jersey, and Utah set the age at 19, and Hawaii sets it at 21.

Institute of Medicine, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Washington, DC: The National Academies Press, 2015, http://www.iom.edu/~/media/Files/Report%20Files/2015/tobacco_minimum_age_report_brief.pdf
Institute of Medicine, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Washington, DC: The National Academies Press, 2015, http://www.iom.edu/~/media/Files/Report%20Files/2015/tobacco_minimum_age_report_brief.pdf
Institute of Medicine, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Washington, DC: The National Academies Press, 2015, http://www.iom.edu/~/media/Files/Report%20Files/2015/tobacco_minimum_age_report_brief.pdf
Washington, DC: The National Academies Press, 2015, http://www.iom.edu/~/media/Files/Report%20Files/2015/tobacco_minimum_age_report_brief.pdf
Washington, DC: The National Academies Press, 2015, http://www.iom.edu/~/media/Files/Report%20Files/2015/tobacco_minimum_age_report_brief.pdf
Washington, DC: The National Academies Press, 2015, https://www.iom.edu/~/media/Files/Report%20Files/2015/tobacco_minimum_age_report_brief.pdf

Washington, DC: The National Academies Press, 2015, https://www.iom.edu/~/media/Files/Report%20Files/2015/tobacco_minimum_ag

⁷ Wakefield, M, and Giovino, G, "Teen penalties for tobacco possession, use, and purchase: evidence and issues," *Tobacco Control*, 12(Suppl I):i6-i13, 2003.

⁶ Wakefield, M, and Giovino, G, "Teen penalties for tobacco possession, use, and purchase: evidence and issues," *Tobacco Control*, 12(Suppl I):i6-i13, 2003.

⁹ Wakefield, M, and Giovino, G, "Teen penalties for tobacco possession, use, and purchase: evidence and issues," *Tobacco Control*, 12(Suppl I):i6-i13, 2003.

¹⁰ Hrywna, M, et al., "Content Analysis and Key Informant Interviews to Examine Community Response to the Purchase, Possession, and/or Use of Tobacco by Minors," *J Comm Health*, 29(3):209-216, 2004; Wakefield, M, and Giovino, G, "Teen penalties for tobacco possession, use, and purchase: evidence and issues," *Tobacco Control*, 12(Suppl I):i6-i13, 2003; Loukas, A, et al., "Examining the Perspectives of Texas Minors Cited for Possession of Tobacco," *Health Promotion Practice*, 7(2):197-205, 2006.

¹¹ DiFranza, JR, "Which interventions against the sale of tobacco to minors can be expected to reduce smoking?" *Tobacco Control*, doi:10.1136/tobaccocontrol-2011-050145, published online first October 12, 2011.

E-Cigs 2.0: The Next

Generation

In the decade-plus since their U.S. introduction, electronic cigarettes, known as e-cigarettes or vapes, drastically evolved. E-cigarettes first resembled conventional cigarettes, and now have morphed into sleek gadgets, like the JUUL pictured at left, that have become the next big thing. Youth love them for the big hit of nicotine and their easilyhidden, deceptive looks. Their resemblance to USB flash drives prompted some schools to ban the drives as teachers can't tell the difference between the two. Terms like "JUULing or jeweling" and "vaping" have entered the teen vernacular. Users have coined dedicated hash tags on social media and created videos of themselves doing vape tricks or blatantly vaping at school.

So, what's an e-cigarette?

E-cigarettes are battery-operated devices that contain a mixture of liquid nicotine and other chemicals. The device heats this mixture, called e-juice, producing a nicotine aerosol that is inhaled. E-cigarettes are also called e-hookahs, e-pipes, vape pens, hookah pens or personal vaporizers.



Nicotine is harmful to developing brains.

Nicotine interferes with brain development and can have a long-term effect on mental health. Even brief or intermittent nicotine exposure during adolescence can cause lasting damage.¹ E-cigarette use by youth and young adults increases their risk of using conventional cigarettes in the future.²

FACT:

E-cigarette use has increased among MN youth.

The youth tobacco usage rate has increased for the first time since 2000. This is because of the increase in the use of e-cigarettes. One in five youth (19.2 percent) currently use e-cigarettes, according to the 2017 Minnesota Youth Tobacco Survey. That is a 49 percent increase since 2014's survey.³

FACT:

E-cigarettes are not approved as a cessation tool.

E-cigarettes have not been proven to be better for quitting than existing programs.² For those wanting to quit, there are FDA-approved quit aids such as gum, patches and lozenges, available at little or no cost through insurance companies or Minnesota's statewide QUITPLAN® Services (www. quitplan.com).



The evolution of e-cigarettes



Early e-cigarettes resembled conventional cigarettes and were called "cig-a-likes." They evolved into pen-shaped devices with small tanks that held "e-juice." Tanks got bigger, morphing into the "mods," which give users more control of the device. Now, USB-shaped e-cigarettes such as JUUL and Myblu are often discreetly used by youth and pack a huge nicotine punch.

FACT: E-cigarettes are marketed toward youth.









Companies such as JUUL, NJoy, blu and MarkTen target youth with heavy marketing in magazines and social media. In Minnesota, 88.4 percent of students had seen ads promoting e-cigarettes in the past 30 days.³ E-cigarettes come in a variety of youth-friendly flavors, such as gummy bear, fruit punch, chocolate, cherry crush and mango.⁴ (Images courtesy of trinketsandtrash.org)

FACT:

E-cigarettes are not harm-free.

E-cigarettes contribute to indoor air pollution. Studies have found nicotine, heavy metals, toxins, and carcinogens in e-cigarette aerosol.²

SOURCES

- 1 U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, January 2014.
- 2 National Academies of Sciences, Engineering, and Medicine. 2018 Public Health Consequences of E-Cigarettes. The National Academies Press. 2018
- 3 Evered SR. Teens and Tobacco in Minnesota: Highlights from the 2017 Minnesota Youth Tobacco Survey: Minnesota Center for Health Statistics, Minnesota Department of Health, February 2018.
- 4 US Surgeon General (2012). Preventing Tobacco Use among Youth and Young Adults. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention.

The Association for Nonsmokers-Minnesota is dedicated to reducing the human and economic costs of tobacco use in Minnesota.

(April 2018)

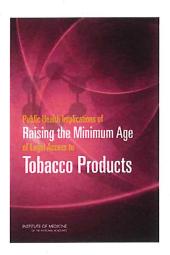




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For more information visit www.iom.edu/TobaccoMinimumAge

Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products



Over the past 50 years, tobacco control in the United States has led to an estimated 8 million fewer premature deaths. However, tobacco use continues to significantly affect public health, and more than 40 million Americans still smoke.

In 2009, the Family Smoking Prevention and Tobacco Control Act granted the U.S. Food and Drug Administration (FDA) broad authorities over tobacco products, though it prohibited FDA from establishing a nationwide minimum age of legal access—an MLA for tobacco products—above 18 years of age. It also directed FDA to convene a panel of experts to conduct a study on the public health implications of raising the minimum age to purchase tobacco products. At FDA's request, the Institute of Medicine (IOM) convened a committee in 2013 for this purpose.

In the resulting report, *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*, the committee of experts reviews existing literature on tobacco use initiation, developmental biology and psychology, and tobacco policy and predicts the likely public health outcomes of raising the MLA for tobacco products to 19 years, 21 years, and 25 years. The committee also uses mathematical modeling to quantify these predictions. Of note, the report contains only conclusions regarding raising the MLA; as requested by FDA, the committee does not offer recommendations as to whether the MLA should be raised.

...tobacco use continues to significantly affect public health, and more than 40 million Americans still smoke.

Lowering Initiation Rates

The initiation age of tobacco use is critical. Among adults who become daily smokers, approximately 90 percent report first use of cigarettes before reaching 19 years of age, and almost 100 percent report first use before age 26. As mentioned above, FDA cannot raise the MLA nationwide. However, states and localities can set a higher minimum age for their communities. Most states currently set the MLA at 18 years. Four states set it at 19 years, and several localities around the country have raised the minimum age to 21 years.

Based on its review of the literature, the committee concludes that overall, increasing the MLA for tobacco products will likely prevent or delay initiation of tobacco use by adolescents and young adults. The age group most impacted will be those age 15 to 17 years. The committee also concludes that the impact of raising the MLA to 21 will likely be substantially higher than raising it to 19. However, the added effect of raising the MLA from 21 to 25 will likely be considerably less.

The parts of the brain most responsible for

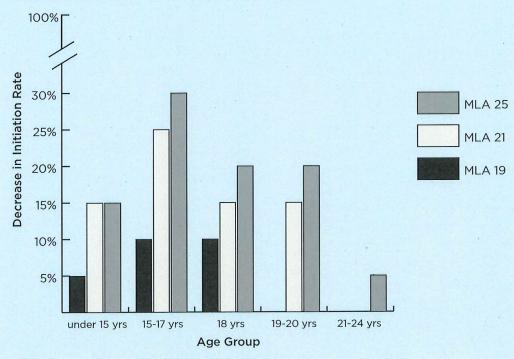
decision making, impulse control, sensation seeking, and susceptibility to peer pressure continue to develop and change through young adulthood, and adolescent brains are uniquely vulnerable to the effects of nicotine. In addition, the majority of underage users rely on social sources—like family and friends—to get tobacco.

Raising the MLA to 19 will therefore not have much of an effect on reducing the social sources of those in high school. Raising the MLA to 21 will mean that those who can legally obtain tobacco are less likely to be in the same social networks as high school students. In the same vein, increasing the MLA from 21 to 25 is not likely to achieve additional notable reductions in social sources for those under age 15.

Reducing Prevalence, Decreasing Disease

Delaying initiation rates will likely decrease the prevalence of tobacco users in the U.S. population. To quantify this decrease in both prevalence of tobacco users and in related health concerns

FIGURE: Committee Estimates Regarding Effects on Initiation Rates



NOTE: This figure was created using data from Table 7-2 in the report.

The parts of the brain most responsible for decision making, impulse control, sensation seeking, and susceptibility to peer pressure continue to develop and change through young adulthood, and adolescent brains are uniquely vulnerable to the effects of nicotine and nicotine addiction.

that could be a result of raising the MLA, the committee commissioned the use of two established and complementary tobacco simulation models, SimSmoke and the Cancer Intervention and Surveillance Modeling Network smoking population model (CISNET).

In using the models, the committee employed all available evidence and expert judgment to project outcomes. The committee also had to make assumptions with important implications. The models only address cigarette smoking, but the committee expects the MLA and relative effects on initiation to apply to all tobacco products. In addition, the models project the effects of raising the MLA on the United States as a whole and do not take into account existing variations in tobacco use—such as by race or socioeconomic status-initiation rates, and tobacco control activities. In addition, the rapidly changing landscape of tobacco products-for example, e-cigarettesprovides unknowns and could affect the future of tobacco product use in ways that the committee was unable to anticipate due to lack of evidence.

Based on the modeling and backed up by the literature review, the committee concludes that raising the minimum age of legal access to tobacco products in the United States, particularly to ages 21 and 25, will likely lead to a substantial reduction in smoking prevalence. If the MLA were raised now, the models projected that by the time today's teenagers were adults, there would be a 3 percent decrease in prevalence of tobacco use among those adults if the MLA were raised to 19, a 12 percent decrease if raised to 21, and a 16 per-

cent decrease if raised to 25.

Given a decline in the initiation rates of tobacco use by adolescents and lower prevalence in the population, it follows that tobacco-related disease would also decrease in proportion to the reduction in tobacco use. It is generally known that smoking-related diseases like cancer and heart disease develop over decades, and therefore, it could take many years to lower rates of these diseases; however, there could be immediate decreases in other tobacco-related health effects.

The committee concludes that raising the MLA will likely immediately improve the health of adolescents and young adults by reducing the number of those with adverse physiological effects such as increased inflammation and impaired immune functioning caused by smoking, as these could potentially lead to negative health consequences, including increased hospitalizations and lessened capacity to heal wounds. Adverse maternal, fetal, and infant outcomes-including preterm births, low birth weight, and sudden infant death-will also probably decrease due to reduced tobacco exposure in mothers and infants. Raising the MLA will also lessen the population's exposure to secondhand smoke and its associated health effects, both now and in the future.

Over time, the committee concludes that raising the MLA will likely lead to substantial reductions in smoking-related mortality, though results from the models suggest that these results will not be observed for at least 30 years, assuming that the MLA increase occurs now. The CISNET model



Committee on the Public Health Implications of Raising the Minimum Age for Purchasing Tobacco Products

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projected that if the MLA were raised now to 21 nationwide, there would be approximately 223,000 fewer premature deaths, 50,000 fewer deaths from lung cancer, and 4.2 million fewer years of life lost for those born between 2000 and 2019.

Conclusion

The public health impact of raising the MLA for tobacco products depends on the degree to which local and state governments change their policies. These decisions will depend on each state's or locality's balance between personal interests and the privacy of young adults to make their own choices versus society's legitimate concerns about protecting public health.

The IOM committee makes conclusions about likely public health outcomes of raising the MLA for tobacco products. Overall, in the absence of transformative changes in the tobacco market, social norms and attitudes, or in the knowledge of patterns and causes of tobacco use, the committee is reasonably confident that raising the MLA will reduce tobacco use initiation, particularly among adolescents 15 to 17 years of age; improve the health of Americans across the lifespan; and save lives.



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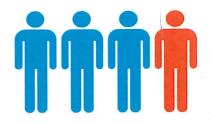
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INCREASING THE TOBACCO SALE AGE TO 21

Nicotine is harmful to the development of the adolescent brain.



3 out of 4 adults favor increasing the sale age for tobacco to 21.

WHY RAISE THE TOBACCO SALE AGE?

The tobacco industry heavily targets young adults ages 18-21 in order to recruit new tobacco users and guarantee profits. Approximately 95 percent of current adult smokers started before they were 21.1 In Minnesota, no one under 18 years old is allowed to buy tobacco. Youth get tobacco from several sources, including social sources. A 16-year-old has more contact with and access to 18-year-olds who can buy tobacco. However, it is less likely a 16-year-old would ask a 21-year-old for tobacco. Increasing the age gap between young people and those who can legally buy tobacco will reduce youth access to tobacco.

A 2015 report from the Institute of Medicine (IOM) found that increasing the legal age to purchase tobacco to 21 would decrease smoking initiation among 15-17-year-olds by 25 percent.² A Minnesota-specific study looked at the impact of raising the tobacco age and found that 25 percent fewer 15-year-olds would start smoking by the time they turn 18 and 15 percent fewer 18-year-olds would start smoking by the time they turn 18. This translates into 30,000 young people not becoming smokers over the next 15 years.³ If youth don't smoke by the time they are 21, they likely never will.

WHAT IS THE IMPACT OF NICOTINE ON ADOLESCENT BRAIN DEVELOPMENT?

Nicotine is addictive and is particularly harmful to the developing adolescent brain. Evidence suggests that nicotine interferes with brain maturation and can have a long-term effect on cognitive development and mental health.⁴ Even brief or intermittent nicotine exposure during adolescence can cause lasting damage.⁵

The addictive properties of nicotine can lead adolescents to heavier daily tobacco use and a more difficult time quitting later in life.⁶ Nicotine exposure can also increase the risk of addiction to other harmful substances.⁵ The long-term effects of nicotine on the adolescent brain is a significant public health concern.^{7,8}

WHO SUPPORTS RAISING THE TOBACCO SALE AGE TO 21?

A 2014 national survey shows that 75 percent of adults favor increasing the minimum sale age for tobacco to 21. A national consensus is growing to protect young people from a lifetime of addiction and health problems caused by tobacco by raising the tobacco sale age. In addition, 70 percent of current smokers and 65 percent of those age 18-24 support raising the minimum tobacco sale age.⁹

"Raising the legal minimum age for cigarette purchaser to 21 could gut our young adult market where we sell about 25 billion cigarettes and enjoy a 70 percent market share."

Philip Morris

report, 1986

IS YOUTH TOBACCO USE STILL A PROBLEM?

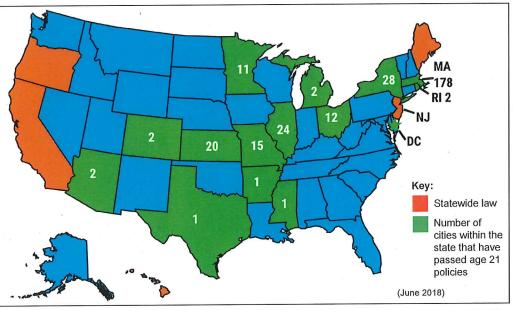
The percent of students who smoke cigarettes is declining, but the 2016 Minnesota Student Survey found that 9th and 11th graders in Minnesota are now using e-cigarettes at twice the rate of regular cigarettes.¹⁰ Increasing the sale age to 21 would reduce youth access to all harmful tobacco products, including e-cigarettes, cigars and hookah.

WHAT CAN STATE AND LOCAL GOVERNMENTS DO?

California, Hawaii, New Jersey, Maine, and Oregon, along with a growing list of more than 300 cities in the United States, have raised the tobacco sales age to 21. Edina, Saint Louis Park, Bloomington, Plymouth, North Mankato, Falcon Heights, Shoreview, Minneapolis, Saint Peter, Richfield and Roseville have raised the age in Minnesota. The city of Needham, Mass., raised the legal tobacco sales age to 21 in 2005. Within five years, tobacco use among high school students decreased by nearly half.¹¹

California, Hawaii,
New Jersey, Maine and
Oregon raised the minimum
legal sale age for tobacco
products to 21 since 2016.

More than **300 localities** in the United States have raised the minimum legal sale age for tobacco products to 21.



Some organizations who support raising tobacco sale age to 21 include:

- American Cancer Society Cancer Action Network
- American Heart Association
- American Lung Association
- ClearWay MinnesotaSM
- Minnesota Academy of Family Physicians
- Service Employees International Union Minnesota State Council

SOURCES

- 1 U.S. Department of Health and Human Services, Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National 2 Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 2012.
- 2 Institute of Medicine. Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. National Academy Press, 2015.
- 3 Boyle, R., Kingsbury, J. & Parks, M. Raising the Minimum Legal Sales Age for Tobacco to 21. Minnesota Medicine. 2017.
- 4 U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 2014.
- 5 Goriounova, N., Mansvelder, H. Nicotine exposure during adolescence alters the rules for prefrontal cortical synaptic plasticity during adulthood. Frontiers in synaptic neuroscience. 2012.
- 6 Nelson, D. et al. Long-term trends in adolescent and young adult smoking in the United States: metapatterns and implications. Am J Public Health. 2008.
- 7 Abreu-Villaca, Y et al. Short-term adolescent nicotine exposure has immediate and persistent effects on cholinergic systems: critical periods, patterns of exposure, dose thresholds. Neuropsychopharmacology, 2003.
- 8 Slikker W.Jr. et al. Mode of action: disruption of brain cell replication, second messenger, and neurotransmitter systems during development leading to cognitive dysfunction—developmental neurotoxicity of nicotine, Crit Rev Toxicol. 2005.
- 9 King BA et al. Attitudes Toward Raising the Minimum Age of Sale for Tobacco Among U.S. Adults. Am J Prev Med. 2015.
- 10 Minnesota Student Survey Data. Minnesota Department of Health. 2016; http://education.state.mn.us/MDE/dse/health/mss/. Accessed November 22, 2016.
- 11 Kessed Schneider S et al. Community reductions in youth smoking after raising the minimum tobacco sales age to 21, Tob Control, 2015.



The Association for Nonsmokers-Minnesota is dedicated to reducing the human and economic costs of tobacco use in Minnesota.

Community reductions in youth smoking after raising the minimum tobacco sales age to 21

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ABSTRACT

Objective Raising the tobacco sales age to 21 has gained support as a promising strategy to reduce youth cigarette access, but there is little direct evidence of its impact on adolescent smoking. Using regional youth survey data, we compared youth smoking trends in Needham, Massachusetts—which raised the minimum purchase age in 2005—with those of 16 surrounding communities. Methods The MetroWest Adolescent Health Survey is a biennial census survey of high school youth in communities west of Boston; over 16 000 students participated at each of four time points from 2006 to 2012. Using these pooled cross-section data, we used generalised estimating equation models to compare trends in current cigarette smoking and cigarette purchases in Needham relative to 16 comparison communities without similar ordinances. To determine whether trends were specific to tobacco, we also examined trends in youth alcohol use over the same time

Results From 2006 to 2010, the decrease in 30-day smoking in Needham (from 13% to 7%) was significantly greater than in the comparison communities (from 15% to 12%; p<.001). This larger decline was consistent for both genders, Caucasian and non-Caucasian youth, and grades 10, 11 and 12. Cigarette purchases among current smokers also declined significantly more in Needham than in the comparison communities during this time. In contrast, there were no comparable differences for current alcohol use.

Conclusions Our results suggest that raising the minimum sales age to 21 for tobacco contributes to a greater decline in youth smoking relative to communities that did not pass this ordinance. These findings support local community-level action to raise the tobacco sales age to 21.

INTRODUCTION

Raising the legal age of tobacco sales to 21 to reduce youth smoking has gained increasing support among prevention advocates¹ who are working to reduce youth smoking initiation as a primary means of preventing addiction later in life. Nearly 1 in 10 high school youth experiment with cigarettes before age 13, and 4% have smoked regularly.² These youth who initiate smoking in adolescence are at greater risk of becoming addicted to tobacco as adults.³ Conversely, research shows that the majority of adults who are addicted to cigarettes began smoking daily before age 18.⁴

In addition, many people who purchase cigarettes for minors are under 21 themselves.⁵ This suggests that prohibiting young adults under 21 from purchasing cigarettes would reduce the number of legal buyers in adolescents' social

circles, thereby disrupting the supply of cigarettes to adolescents. Given that youth attitudes towards smoking, such as perceived risk and disapproval of smoking, have levelled off or lessened since 2007,6 reducing access to cigarettes is an important prevention strategy.

A recent report by the Institute of Medicine suggests that raising the minimum age of legal access to tobacco to 21 would result in a 12% decrease in the prevalence of tobacco use among today's teenagers once they become adults.7 Another simulation of the impact of raising the legal smoking age to 21 in the USA suggests that adolescent smoking would be reduced by more than half in 7 years. There is broad public support for this effort, with 70% of adults in support of raising the minimum sales age to 21, including a majority of adults in all demographic and smoking status categories. Despite these promising projections, there is little direct evidence that raising the minimum purchase age for tobacco would lead to a decline in youth smoking.

In April of 2005, Needham, Massachusetts became the first town in the USA to raise the minimum tobacco sales age to 21; it was not adopted elsewhere in the USA until 2012 (DJ Wilson, Director, Massachusetts Municipal Association Control Technical Assistance Program, personal communication, 7 November 2014.). In this paper, we use data from the MetroWest Adolescent Health Survey (MWAHS) to compare youth smoking trends from 2006 to 2012 in Needham with 16 surrounding communities that did not pass this ordinance. To the best of our knowledge, this is the first study to examine trends in the actual prevalence of smoking associated with raising the minimum sales age. We examined: (1) whether smoking declined more in Needham than in the nearby communities; and (2) whether the effect was specific to tobacco or if similar patterns were also found for alcohol.

METHODS

The MWAHS is a school-based census of youth in 25 communities in the Boston metropolitan area served by the MetroWest Health Foundation, having the primary goal of informing local prevention efforts. It has been administered biennially since fall, 2006 to students in grades 9–12. Of the 26 public high schools in the region served by the foundation, 18 began the survey in 2006. Of these, 17 high schools participated in all four surveys (2006, 2008, 2010 and 2012) and are included in this analysis. Student participation rates ranged from 88.8% to 89.6% over the four surveys, and the number of participants ranged from 16 385 to



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17 089 each year. Student gender and grade distributions were similar across all years.

Measures

The MWAHS instrument is a classroom-administered anonymous survey that incorporates items from the Center for Disease Control and Prevention's Youth Risk Behavior Survey. 10 We examined two tobacco outcome measures: (1) current (30-day) cigarette smoking (any vs none) using the question "During the past 30 days, on how many days did you smoke cigarettes", and (2) current (30-day) purchase of cigarettes in a store (any vs none), using the question "During the past 30 days, how did you usually get your own cigarettes?" with seven response categories: did not try to get cigarettes/bought them in a store/gave someone else money to buy them for me/borrowed or bummed them/a person 18 or older gave them to me/took them from a store or family member/got them some other way. This latter measure of store purchases was restricted to current smokers under age 18 who gave a response other than that they did not try to get cigarettes in the past 30 days. We also examined current (30-day) alcohol use (any vs none) to determine if trends for smoking and drinking differed.

Analyses

To compare smoking outcomes in Needham with the 16 comparison communities, we conducted pooled cross-sectional analyses. First, we fit a series of Poisson regression models for each of the two smoking outcomes (current smoking and current purchase of cigarettes in a store) using generalised estimating equations (SAS Proc GENMOD). 11 The models estimated three parameters: (1) differences in the proportion of youth reporting each outcome at baseline (2006), comparing Needham to the 16 surrounding communities (β_1) ; (2) change in these proportions across consecutive survey years (eg, 2006-2008, 2008-2010, and 2010-2012) across all study communities (β₂); and (3) whether the change over time differed between Needham and the comparison communities, the main parameter of interest (B3). All models adjusted for two measures of school composition: per cent of students receiving free/reduced cost school lunch (an index of socioeconomic status) and per cent of Caucasian students (an index of racial/ethnic composition), both mean centred. For example, to compare the prevalence of current smoking between 2006 and 2008, we used data for these 2 years only and fit the following model:

Smoking =
$$\beta_0 + \beta_1$$
Needham + β_2 2008 + β_3 2008 × Needham + β_4 (% free lunch) + β_5 (%non - white)

Similar models were fit comparing 2008 with 2010 and 2010 with 2012, with separate models estimated for the prevalence of current cigarette use, current purchase of cigarettes in a store and current alcohol use.

Second, we modelled the prevalence of current smoking, current store purchases of cigarettes and current alcohol use for years 2006–2010 only, with a linear term for study year because, as shown below, models including these years produced a consistent pattern of results. This final model was:

$$\begin{aligned} \text{Smoking} &= \beta_0 + \beta_1 \text{Needham} + \beta_2 \text{Study year} + \beta_3 \text{Study year} \\ &\times \text{Needham} + \beta_4 (\% \text{ free lunch}) + \beta_5 (\% \text{non - white}) \end{aligned}$$

where again β_3 is the coefficient of interest reflecting differences in change over time for Needham compared with the 16

comparison communities from 2006 to 2010. This model was fit for current smoking and current alcohol use for various subgroups (gender, race/ethnicity, grade) to examine whether the overall pattern of results was consistent across different student populations.

RESULTS

Smoking behavior

Thirty-day smoking prevalence is shown in figure 1A, along with the results of the Poisson regression models that summarise the findings for consecutive survey years. In 2006, current smoking did not differ significantly between Needham and the 16 comparison communities. From 2006 to 2008, current smoking decreased at a greater rate in Needham than in the comparison communities (β_3 =-0.174, p<0.001), and again from 2008 to 2010 (β_3 =-0.278, p<0.001). However, from 2010 to 2012, decreases in current smoking were significantly greater in the comparison communities than in Needham (β_3 =0.143, p<0.01).

Results of additional analyses on current smoking restricting data to the time period 2006-2010 are presented in table 1. These analyses were restricted to the first three surveys because that was the period of time during which the decline in youth smoking was significantly greater in Needham relative to the comparison communities. In 2006, shortly after the minimum purchase age was raised in Needham, the estimated prevalence of 30-day smoking between Needham and the comparison communities did not differ (β_1 =0.062; ns (non-significant)); the prevalence for all communities decreased significantly with time $(\beta_2 = -0.050; p < 0.001)$. Most notably, the overall decline in Needham's 30-day smoking prevalence exceeded that of the comparison communities combined ($\beta_3 = -0.108$; p<0.001). This statistically greater decline in Needham was observed for all subgroups (females, males, Caucasian, non-Caucasian, and by student grade), with the exception of ninth grade youth, who reported low levels of smoking.

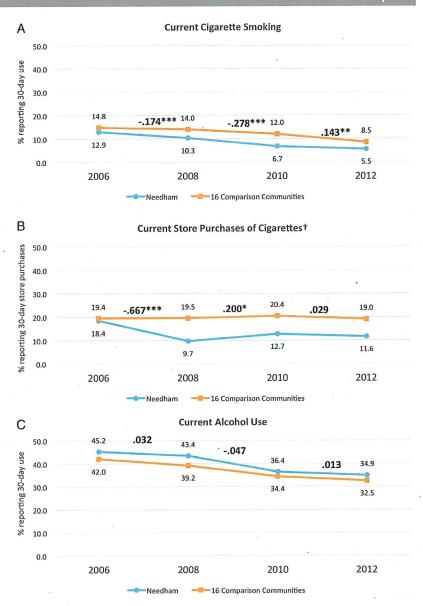
Cigarette purchases in stores

From 2006 to 2012, the percentage of youth under age 18 who purchased cigarettes in stores decreased significantly more in Needham (from 18.4% to 11.6%) than in the comparison communities (from 19.4% to 19.0%; p<0.001) (see figure 1B). The findings follow the same general pattern as current smoking: the rate of decline in purchasing cigarettes in Needham relative to the comparison communities was greatest for the period from 2006 to 2008 (β_3 =-0.667; p<0.001), lessened for the period from 2008 to 2010 (β_3 =0.200; p<0.05), and did not show a significant change from 2010 to 2012 (β_3 =0.029; ns). Since the pattern of findings was similar to that of current smoking, we also examined the overall change from 2006 to 2010; the decline in store purchases in Needham over this period was greater than in the comparison communities (β_3 =-0.465, p<0.001).

Comparison to alcohol use

Notably, the findings for current alcohol use were distinct from those for current cigarette smoking: from 2006 to 2012, there was a general decline in the 30-day prevalence of drinking, with no significant differences between Needham and the comparison communities over any of the consecutive survey waves (see figure 1C). Models for the combined years spanning 2006–2010 also show that there was no significant difference in the 30-day prevalence of drinking in Needham compared with the 16 comparison communities (β_3 =-0.003; ns) (data not shown).

Figure 1 Trends in current (A) cigarette smoking, (B) store purchases of cigarettes and (C) alcohol use in Needham vs 16 comparison communities, 2006-2012. *p<0.05, **p<0.01, ***p<0.001. †Among current smokers who tried to obtain cigarettes in the past 30 days. Note: The minimum purchase age was raised to 21 in 2005. The numbers between time points represent the β coefficients from a series of Poisson regression models that estimated the change in use/purchase in Needham relative to the 16 comparison communities over consecutive time periods (2006-2008, 2008-2010, and 2010-2012) controlling for race/ ethnicity and socioeconomic status at the school level.



DISCUSSION

As more communities are debating whether or not to raise the minimum sales age of tobacco, it is important to examine the effects this policy may have on youth smoking and access to

cigarettes. Comparing data from Needham and 16 surrounding communities, we showed a significantly greater decline in current smoking in Needham soon after the minimum purchase age was raised, overall and for males, females, Caucasian and

Table 1 Stratified models predicting 30-day cigarette smoking, Needham versus 16 comparison communities, 2006–2010

	Total	Gender		Race/ethnicity		Grade			
		Females	Males	Caucasian	Non-Caucasian	9th	10th	11th	12th
Eigarette smoking									
Intercept	-1.922***	-2.032***	-1.831*	-1.947***	-1.794***	-2.551***	-2.001***	-1.809***	-1.546***
β ₁ —target community (Needham)	0.062	0.258***	-0.101	0.089*	0.068	0.046	-0.162*	0.022	0.270***
β_2 —time	-0.050***	-0.084***	-0.025	-0.058***	-0.034*	-0.082*	-0.086***	-0.044**	-0.023
β ₃ —time×target community	-0.108***	-0.214***	-0.038*	-0.129***	-0.074**	-0.028	-0.059**	-0.134***	-0.192**
Percentage of free/reduced lunch	0.026***	0.032***	0.021***	0.030***	0.019***	0.044***	.0.029***	0.024***	0.019**
Percentage of Caucasian	0.020***	0.026***	0.016***	0.021***	0.022***	0.032***	0.019***	0.019***	0.019**

The coefficient of timextarget community represents the change in prevalence of 30-day use in Needham relative to the 16 comparison communities from 2006 to 2010. *p<0.05, *p<0.01, ***p<0.01, ***p<0.001.

β₁, difference in log-odds of a 30-day prevalence of smoking between Needham and non-Needham communities at 2006; β₂, change in log-odds of a 30-day prevalence of smoking per 2-year interval, from 2006 to 2010, in non-Needham communities; β₃, difference in change of log-odds of a 30-day prevalence of smoking per 2-year interval, from 2006 to 2010, between Needham and non-Needham communities.

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non-Caucasian youth, and for students in grades 10, 11 and 12. These trends were significant from 2006 to 2010, but not from 2010 to 2012, suggesting that raising the minimum purchase age may contribute to a greater decline in smoking in the years immediately following its adoption. As the smoking rate decreased in Needham, floor effects might have slowed the rate of decline in the period from 2010 to 2012; however, the smoking rate still declined by 18% in that final period.

In addition to lower levels of smoking, Needham youth also reported a significantly greater decline in purchasing cigarettes from stores in the years immediately following the legislation. This was true despite the fact that the youth population in Needham is very mobile, and closely neighbouring suburban communities maintained a minimum sales age of 18 throughout the study period. The decline in smoking in Needham may have been even more pronounced if surrounding communities had also increased the tobacco sales age to 21, as this would have further limited access. Youth who purchase cigarettes are more likely to supply cigarettes to other youth, 12 13 and these social sources of tobacco have become more common as commercial restrictions have increased.5 Our findings suggest that by successfully reducing commercial availability of cigarettes to Needham youth, there was a decrease in underage purchases, as well as a potential disruption of the social availability of cigarettes to other youth, resulting in less smoking.

Also notable was the fact that alcohol use did not decline significantly more in Needham relative to the comparison communities during any portion of the study period. This indicates that the observed pattern of change appears to be specific to cigarette smoking and not due to a broader decline in substance use or reporting patterns.

Enforcement may partially explain the apparent success of raising the minimum tobacco sales age in Needham. Effective enforcement is important in the success of laws designed to prevent tobacco sales to minors. ¹⁴ In 2008, more than 18 000 compliance checks for cigarette sales to adolescents under the age of 18 were conducted in Massachusetts towns with statefunded tobacco control programmes, with an illegal sales rate of 8.3%. In Needham, 57 compliance checks were conducted, with zero illegal sales to those under the age of 18 occurring. ¹⁵ Increasing the tobacco sales age to 21 may have made it less likely that adolescents under the age of 18 would have been sold tobacco.

Several limitations are worth noting. First, this study was not initially designed to evaluate the minimum sales age legislation; the 2006 survey was administered more than 1 year after the legislation was adopted in April of 2005; therefore, there is no baseline measure of youth smoking. It also does not take into account the fact that the minimum sales age in Needham was increased in phases: it was first raised from 18 to 19 in April of 2003, then to 20 in April of 2004, and finally to 21 in April of 2005. Data reported from the Youth Risk Behavior Survey conducted in Needham (Needham Youth Risk Behavior Survey, unpublished raw data, 2001-2005) and the state of Massachusetts¹⁶ in 2001, 2003 and 2005 provide some information on trends prior to the current study. In Needham, current smoking was similar in 2001 (21%) and 2003 (20%), and then dropped to 15% in 2005, corresponding with the first two increases in the minimum sales age. During the same time period, smoking decreased in Massachusetts from 26% to 21% during 2001-2003, and then was stable at 21% in 2005. This suggests that the greater decline in smoking in Needham in this study may be a continuation of a trend that began earlier, possibly around the time when the minimum sales age was initially

raised, Second, Needham also passed a law in 2009 prohibiting tobacco sales in pharmacies, which may have contributed to the smoking decline after the 2008 survey. With the exception of one other study community that banned pharmacy sales in 2011, neither Needham nor any of the comparison communities adopted any of the Massachusetts Tobacco Control Program's five priority prevention policies during the study period (banning pharmacy sales, capping tobacco licenses, regulating single cigar purchases, banning flavoured tobacco sales and regulating electronic cigarette purchases) (M Paskowky, Director of Surveillance and Evaluation, Massachusetts Tobacco Cessation and Prevention Program, Massachusetts Department of Public Health, personal communication, 6 November 2014). This study did not account for non-policy-related programmes in Needham or the other communities. Finally, this study analysed the use of cigarettes only and did not examine the use of other tobacco products.

Despite these limitations, this study shows promising results on the potential impact of raising the minimum sales age of tobacco. Further, raising the minimum age is relatively simple to implement given the existing mechanisms to restrict tobacco purchases and conduct compliance checks. ¹⁷ As this approach is considered in more and more localities, our findings provide strong evidence of its potential to save lives by preventing youth access, initiation and ultimately addiction.

What this paper adds

- An increasing number of communities are implementing policies to raise the minimum sales age of tobacco to 21, but there is little direct evidence regarding whether this strategy is effective in reducing youth smoking.
- We have demonstrated that, after raising the minimum sales age in Needham, Massachusetts, smoking and cigarette purchases declined significantly more in Needham relative to 16 comparison communities.
- ➤ These findings are valuable to localities that are considering raising the minimum age, in showing that this approach has the potential to reduce youth access and initiation, with potentially life-saving benefits.

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Contributors All authors participated in the study conceptualisation. SKS originated the study, oversaw data collection and drafted portions of the manuscript. SLB and KD oversaw the analysis and contributed substantially to the manuscript writing. JPW contributed to the conceptualisation and manuscript editing. LO contributed substantially to the study design and manuscript writing.

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Competing interests None declared.

Ethics approval The study was approved in all years by the Institutional Review Board at Education Development Center, Inc, Waltham, Massachusetts, USA.

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REFERENCES

- 1 Mickle T. More cities raise tobacco age to 21: industry stands to lose \$2 billion of sales, near term, if change is made nationally. Wall Street Journal 28 Oct 2014. http://online.wsj.com/articles/more-cities-raise-tobacco-age-to-21-1414526579 (accessed 2 Dec 2014).
- 2 Kann L, Kinchen S, Shanklin SL, et al., Centers for Disease Control and Prevention (CDC). Youth risk behavior surveillance—United States, 2013. MMWR Surveill Summ 2014;63(Suppl 4):1–168.
- 3 Taioli E, Wynder EL. Effect of the age at which smoking begins on frequency of smoking in adulthood. N Engl J Med 1991;325:968–9.
- 4 US Department of Health and Human Services. The health consequences of smoking—50 years of progress: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
- 5 DiFranza JR, Coleman M. Sources of tobacco for youths in communities with strong enforcement of youth access laws. *Tob Control* 2001;10:323–8.
- 6 Johnston LD, O'Malley PM, Miech RA, et al. Monitoring the future national results on adolescent drug use: overview of key findings, 2013. Ann Arbor, MI: Institute for Social Research, the University of Michigan, 2014.
- 7 Institute of Medicine. Public health implications of raising the minimum age of legal access to tobacco products. Washington DC: The National Academies Press, 2015.

- 8 Ahmad S, Billimek J. Limiting youth access to tobacco: comparing the long-term health impacts of increasing cigarette excise taxes and raising the legal smoking age to 21 in the United States. *Health Policy* 2007;80:378–91.
- 9 Winickoff JP, McMillen R, Tanski S, et al. Public support for raising the age of sale for tobacco to 21 in the United States. Tob Control 2016;25:284–8.
- 10 Centers for Disease Control and Prevention. 2013 Youth Risk Behavior Survey. http://www.cdc.gov/healthyyouth/yrbs/pdf/questionnaire/2013_hs_questionnaire.pdf (accessed 18 Nov 2014).
- 11 SAS Institute Inc. SAS/STAT® 13.1 User's Guide. Cary, NC: SAS Institute Inc, 2013.
- 12 Wolfson M, Forster JL, Claxton AJ, et al. Adolescent smokers' provision of tobacco to other adolescents. Am J Public Health 1997;87:649–51.
- Pokorny SB, Jason LA, Schoeny ME. Youth supplying tobacco to other minors: evaluating individual and town-level correlates. J Youth Adolesc 2006;35:705–15.
- 14 DiFranza JR. Which interventions against the sale of tobacco to minors can be expected to reduce smoking? *Tob Control* 2012;21:436–42.
- 15 Massachusetts Department of Public Health Tobacco Control Program. Annual Report on Youth Access to Tobacco. (FY 2008). http://www.mass.gov/eohhs/docs/ dph/tobacco-control/annual-report-2008.pdf (accessed 1 Dec 2014).
- Massachusetts Department of Elementary and Secondary Education, Massachusetts Department of Public Health. Health and risk behaviors of Massachusetts youth, 2007: the report. 2008. http://www.doe.mass.edu/cnp/hprograms/yrbs/2007YRBS. pdf (accessed 10 Apr 2015).
- 17 Winickoff JP, Gottlieb M, Mello MM. Tobacco 21—an idea whose time has come. N Engl J Med 2014;370:295—7.

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FLAVORED TOBACCO PRODUCTS



These pineapple-flavored cigars are cheap and easily accessible to youth.



Swisher Sweets come in flavors such as grape, strawberry and chocolate.





Smokeless and spit tobacco are available in flavors such as cherry and wintergreen.

The tobacco industry's own internal documents state sweet products are "...for younger people, beginner cigarette smokers, teenagers...when you feel like a smoke, you want to be reminded of bubble gum. "8

WHAT TYPES OF TOBACCO PRODUCTS ARE FLAVORED?

Flavored tobacco products include cigars, chewing tobacco, blunt wraps, electronic cigarettes and shisha, the tobacco used in hookah. These products help the tobacco industry get around the FDA's 2009 ban of flavored cigarettes. Flavored tobacco products are often sold in attractive packaging for a low price. Some cigars are frequently available for less than \$1.

WHAT ARE SOME COMMON FLAVORS USED IN TOBACCO PRODUCTS?

Cigars, chewing tobacco, blunt wraps, electronic cigarettes and shisha are sold in fruit, candy, dessert and novelty flavors. Popular flavors include chocolate, piña colada, apple, grape, berry, cotton candy, bubble gum, wintergreen and menthol. The same flavorings used in tobacco products are also used in candy and Kool-Aid drink mixes.² These flavorings were often present in higher amounts in tobacco products than in candy.

WHO USES FLAVORED TOBACCO PRODUCTS?

Because of their sweet flavors, low cost and attractive packaging, flavored tobacco products are especially appealing to youth. Young people are much more likely to use flavored tobacco products than adults.³ A recent CDC study found that 42 percent of middle and high school tobacco users use flavored products.⁴ Studies show that young people perceive flavored tobacco products as tasting better and being safer than unflavored products, even though they are just as dangerous and addictive as cigarettes.⁵

WHAT CAN COMMUNITIES DO ABOUT FLAVORED PRODUCTS?

Flavored tobacco products are a major public health concern because they encourage young people to start using tobacco. While the FDA banned flavored cigarettes other than menthol in 2009, the ban does not affect other tobacco products, many of which are now heavily marketed by the tobacco industry. The use of these products, especially among young people, has spiked.

Because the FDA ruling does not prevent local communities from banning other types of flavored tobacco products, state and local governments can adopt laws that restrict the sale of flavored tobacco products within their jurisdiction. Limiting the sale of products, setting a minimum price or creating a minimum pack size are some of the ways communities can protect their youth by making flavored tobacco products less accessible and less appealing.

"Cherry
Skoal
is for
somebody
who likes
the taste
of candy,
if you
know
what I am
saying."

U.S. Tobacco Executive







Shisha is the tobacco used in smoking hookah and is often flavored.



E-cigarette liquid, known as e-juice, comes in numerous youth-friendly flavors, such as the Pomberry, Psychedelic Peach and Fruit Stripe shown above.

HOW DO FLAVORS IN TOBACCO PRODUCTS AFFECT YOUTH INITIATION AND ADDICTION?

Nearly 90 percent of adult smokers began smoking in their teens.⁶ The flavoring in these products makes it easier for new, young users to take up tobacco, because the flavoring masks the harshness of the tobacco and enhances the user's pleasure.⁷

WHAT DOES THE TOBACCO INDUSTRY HAVE TO SAY ABOUT FLAVORED TOBACCO PRODUCTS?

The tobacco documents from the settlement revealed the "Graduation Theory," a method used by the tobacco industry that aims to secure customer loyalty. This approach implies that new users start with milder tasting and flavored products. They graduate to full-bodied, less flavored items that often contain more nicotine and remain addicted for life.

WHAT OTHER COMMUNITIES HAVE TAKEN A STANCE AGAINST FLAVORED PRODUCTS?

In Minnesota, the cities of Minneapolis, Saint Paul, Shoreview, Saint Louis Park, Robbinsdale, Duluth, Falcon Heights and Mendota Heights restrict the sale of flavored tobacco products. Minneapolis, Saint Paul, Duluth and Falcon Heights also restrict the sale of menthol tobacco products. Additionally, Minneapolis, Saint Paul, Bloomington, Brooklyn Center, Richfield, Maplewood and Robbinsdale have set minimum prices on cheap cigars, many of which are flavored and attractive to youth.

New York City and Providence, R.I., passed policies restricting flavored tobacco sales, with the exception of menthol-flavored products. San Francisco and Oakland passed ordinances restricting the sale of all flavored tobacco products, including menthol.

SOURCES

- 1 One Hundred Eleventh United States Congress.(2009). Family Smoking Prevention and Tobacco Control Act.
- 2 Brown, et. al. "Candy Flavorings in Tobacco." New England Journal of Medicine; 370:2250-2252 June 5, 2014.
- 3 King BA, Dube SR, and Tynan MA. 2013. "Flavored Cigar Smoking Among U.S. Adults: Findings from the 2009–2010 National Adult Tobacco Survey." Nicotine & Tobacco Research. 15(2): 608-614; Villanti AC, Richardson A, Vallone DM, et al. 2013. "Flavored Tobacco Product Use Among U.S. Young Adults." American Journal of Preventive Medicine. 44(4): 388–91.
- 4 King AB, Tynan MA, Dube SR, Arrazola R. Flavored-little cigar and flavored-cigarette use among U.S. middle and high school students. Journal of Adolescent Health. September 17, 2013.
- 5 U.S. Food and Drug Administration. (n.d.) Flavored Tobacco Product Sheet.
- 6 Campaign for Tobacco Free Kids. (2009, December 14). The path to smoking addiction starts at very young ages.
 7 King BA, Dube SR, and Tynan MA. 2013. "Flavored Cigar Smoking Among U.S. Adults: Findings from the 2009–2010
- National Adult Tobacco Survey." Nicotine & Tobacco Research. 15(2): 608–614; Nelson DE, Mowery P, Tomar S, et al. 2006. "Trends in Smokeless Tobacco Use Among Adults and Adolescents in the United States." American Journal of Public Health. 96(5): 897–905.
- 8 Report from R.M. Manko Assoc. to Lorillard Tobacco Co. (Aug. 1978)
- 9 David Weiss Associates. "The 'Graduation Theory.' November 16, 1984. Retrieved from http://legacy.library.ucsf.edu/tid/lfc46b00/pdf?search=%22graduation%20theory%22. Bates No. USSTC1945141-USSTC1945142

The Association for Nonsmokers-Minnesota is dedicated to reducing the human and economic costs of tobacco use in Minnesota.

2395 University Avenue W, Suite 310, St. Paul, MN 55114 651-646-3005 | www.ansrmn.org





MENTHOL

Easier to start, harder to quit.

Tobacco companies add menthol to tobacco products to cool the throat and make them taste better.

The tobacco industry has marketed menthol cigarettes as healthier and safer, but they are just as deadly.

Many people choose menthol cigarettes because they believe they are safer than non-menthol cigarettes. They are not.



MENTHOL USE IN MINNESOTA African African Americans: 88%

of African American adults who smoke use menthol, compared to 25% of adult smokers overall.

High School Students:

Use of menthol cigarettes among Minnesota high school smokers more than doubled since 2000.

4%

of Minnesota high school students who smoke use menthol.

LGBTQ Youth & Adults:

70% of LGBTQ youth smokers smoke menthols.

smokers smoke menthol cigarettes.

HARMFUL EFFECTS OF MENTHOL

Menthol cigarettes cause cancer, heart and lung diseases, and death. Tobacco use, including menthol-flavored products, is still the No. 1 preventable cause of death in Minnesota.

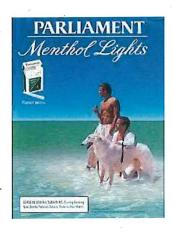
Studies have shown that the tobacco industry has manipulated menthol levels to broaden youth appeal.

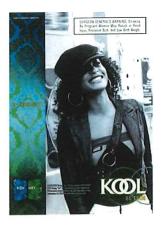


INDUSTRY MANIPULATION:

The tobacco industry has a long history of targeting the African American community, women, LGBTQ, and youth with menthol tobacco marketing.









Tobacco companies began heavily targeting African Americans with menthol cigarettes in the 1960s.

Brands such as Salem and Newport would give out free packs of menthol cigarettes from vans.

Tobacco industry documents show these vans targeted young, lower-income, black smokers at "retail outlets, currency exchanges/check cashing stations, public aid offices, large housing complexes, shopping malls, rapid transit locations, busy street corners, and nightclubs/bars."

- RJ Reynolds, 1989

"...the base of our business is

the high school student."

- Lorillard (Makers of Newport), 1978



"We don't smoke that s***. We just sell it. We reserve the right to smoke for the young, the poor, the black and stupid."

k and stupid."

- RJ Reynolds Executive, 1971

TAKE ACTION

Join us at:
BeautifulLieUglyTruth.org

What can we do to stop the tobacco industry from harming our communities with menthol tobacco?

Minnesota communities have the authority to regulate the sale of menthol tobacco products, which will help protect youth from a lifetime of addiction. Minneapolis and Saint Paul already prohibit the sale of fruit and candy-flavored tobacco products in any store that allows children to enter. The same needs to be done for menthol.





References available at: BeautifulLieUglyTruth.org (July 2016)

LAUDERDALE COUNCIL ACTION FORM

Action Requested	Meeting Date	July 24, 2018					
Consent Public Hearing	ITEM NUMBER	1743 Eustis Fence Violations					
Discussion XX	STAFF INITIAL	46					
Resolution	APPROVED BY AD	MINISTRATOR					
Work Session							
DESCRIPTION OF ISSUE AND	PAST COUNCIL A	CTION:					
Joe Taylor, owner of 1743 Eustis Street, plans to attend the meeting. He received a violation notice for his fence on the southern portion of his property, along Ione Street. The fence was constructed without a permit, is located in the right-of-way, and is made from prohibited materials. Mr. Taylor is asking the Council to waive the rules to allow him to keep his fence. As the fence ordinance is not part of the City's zoning code, the request does not have to go through the formal variance process and relaxation of the rules is at the discretion of the City Council.							
Following are pictures provided by Mr. Taylor and a copy of city code as it relates to fences and retaining walls.							
:							
OPTIONS:							
STAFF RECOMMENDATION:		,					



CITY OF LAUDERDALE LAUDERDALE CITY HALL 1891 WALNUT STREET LAUDERDALE, MN 55113 651-792-7650 651-631-2066 FAX

May 10, 2018

Joe Taylor 1743 Eustis St Lauderdale MN 55113

RE: Unlawful Fence

Dear Mr. Taylor,

This letter addresses the fence on the south side of your property along Ione Street. The fence violates the following sections of the Lauderdale City Code:

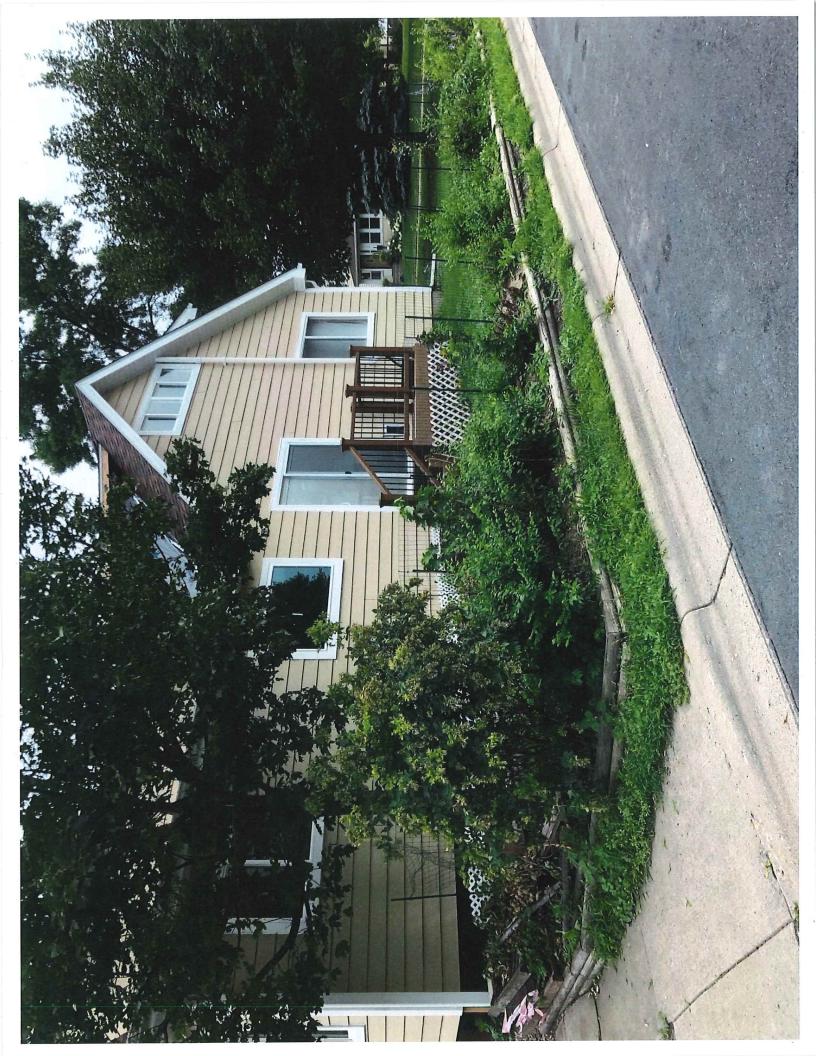
- Section 9-7-3-D states "Fence permits are required for all boundary fences."
- Section 9-7-4-B states "In the event a fence or retaining wall is adjacent to and parallel with the front lot line (or side lot line on the street side of a corner lot), such fence or retaining wall shall be set back at least one foot from the street right of way or property line."
- Section 9-7-4-D states "No fences or retaining walls shall be permitted on public rights of way without approval of the City Council".

The continued violation of the above referenced sections of the Lauderdale City Code after May 24, 2018 will result in a citation from the police department.

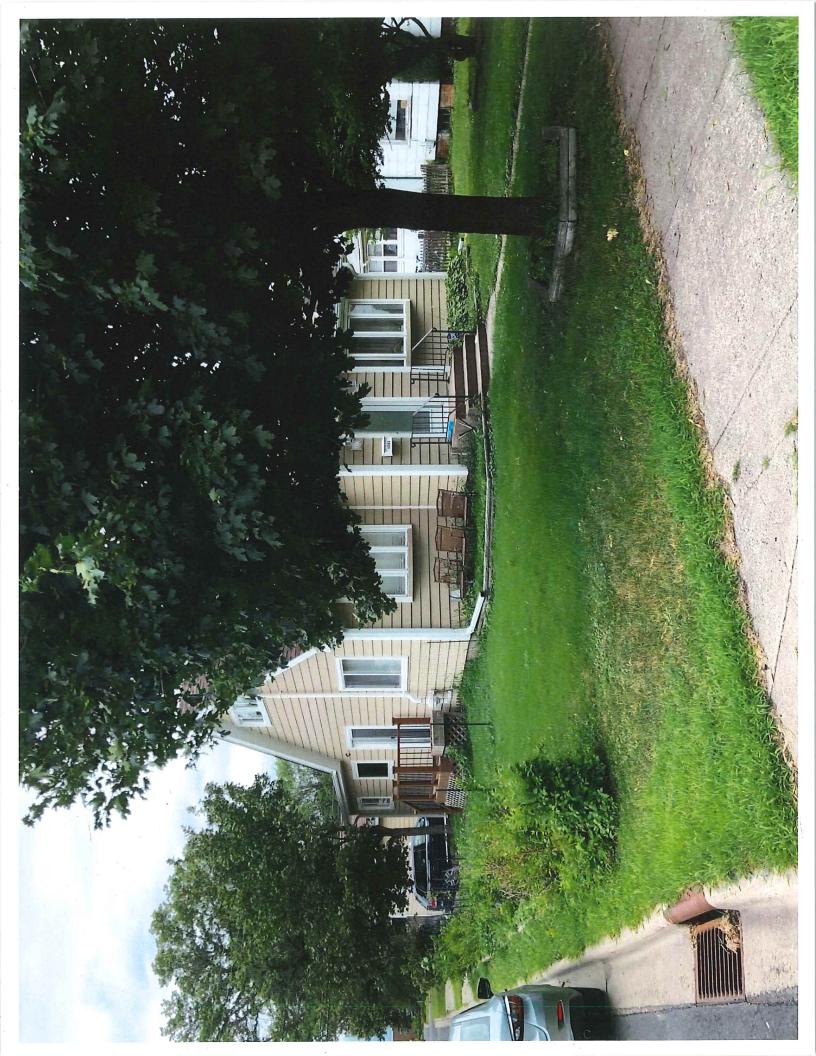
Please contact me at 651-792-7650, if you have any questions. Thank you for your prompt attention to this request.

Sincerely,

Jim Bownik Assistant City Administrator







CHAPTER 7

FENCES AND RETAINING WALLS

SECTION:

9-7-1: Definitions

9-7-2: Scope

9-7-3: Permits

9-7-4: Regulations

9-7-5: Boundary Fence Materials

9-7-6: Variance

9-7-7: Conformance

9-7-8: Penalty

9-7-1: DEFINITIONS:

Boundary Fence: A fence parallel to the property line.

Fence: Any partition, structure, wall, gate, or other object erected as a divider marker, physical or visual barrier, or enclosure located along the boundary, or within a yard.

Privacy Fence: A fence used for screening of outdoor living areas and for enclosures where restricted visibility or protection is required or desired.

Retaining Wall: A structure constructed to hold back or support an earthen bank.

9-7-2: SCOPE:

The provisions of this Chapter are intended to supplement the provisions of Title 10 of this Code relating to fences and retaining walls.

9-7-3: PERMITS:

- A. Residential Properties: The construction of fences over six feet above grade are not allowed. The construction of fences six feet above grade or less shall require a fence permit.
- B. Commercial And Industrial Properties: Fences in commercial and industrial areas may be erected to a height of six feet plus two feet for a security (barbed wire or other) arm. The construction of fences six feet above grade or less require a

fence permit unless otherwise required by the state building code.

- C. Fence or building permits are required for fence modifications that expand the length or height of an existing fence on any property.
- D. Fence permits are required for all boundary fences.
- E. Permits are not required for maintenance which includes: painting; replacing up to one section not exceeding eight feet in length; and replacing up to two posts in any calendar year. Maintenance does not include increasing the height of the fence.
- F. Permits are not required for non-boundary fences that do not exceed three feet in height and are secured by posts no deeper than six inches into the ground.

The construction of all retaining walls over four feet in height shall require a building permit. The construction of retaining walls four feet in height or less shall require a retaining wall permit. Retaining walls are measured from the bottom of the footing to the top of the wall.

9-7-4: REGULATIONS:

- A. Maintenance: All fences and retaining walls shall be regularly maintained and kept in good repair. Vegetation surrounding the fence or retaining wall shall be trimmed and well maintained.
- B. Setback: In the event a fence or retaining wall is adjacent to and parallel with the front lot line (or side lot line on the street side of a corner lot), such fence or retaining wall shall be set back at least one foot from the street right of way or property line. In the event a fence or retaining wall is adjacent to and parallel with a platted alley, such fence or retaining wall shall be set back at least two feet from the alley right of way or property line.
- C. Face of Fences: That side of the fence considered to be the face (finished side as opposed to structural supports) shall face abutting property.
- D. Public Rights Of Way: No fences or retaining walls shall be permitted on public rights of way without approval of the City Council.
- E. Abutment To Property Lines: Fences and retaining walls may be permitted along property lines subject to the following:

- 1. Physical Damages: Fences and retaining walls may abut property lines provided no physical damages of any kind results to abutting property.
- 2. Certificate Of Survey: Where the property line is not clearly defined, a certificate of survey may be required by the Building Official or Zoning Administrator to establish the property line.
- 3. Front Setback Area: No fence or retaining wall along or within the front setback area shall be permitted without the approval of the City Council.
- 4. Adjusting for Contours and Grade: At no point may fence panels exceed six feet in height nor shall fence posts exceed six and one-half feet in height from grade.

9-7-5: BOUNDARY FENCE MATERIALS:

- A. Privacy fences shall be made from wood, vinyl, or composite material designed for fence applications. Privacy fences in residential areas shall not be made from chain link or metal fencing with slats.
- B. All other fences shall be made from wood; vinyl; decorative steel, aluminum, or wrought iron; or chain link designed for fence applications.
- C. Materials that may not be used include garden and utility fencing or fabric. These materials are commonly referred to as snow or safety fencing; chicken wire; poultry fencing; hardware cloth; lawn fencing; and lattice.

9-7-6: VARIANCE:

Any person wishing to erect or construct a fence or retaining wall in a manner contrary to this Chapter shall first obtain permission for the City Council. Any person wishing to erect or construct a fence in a manner contrary to Title 10 of this Code shall first obtain a variance from the City Council for that purpose.

9-7-7: CONFORMANCE

Nothing herein is intended or shall be deemed to make legal or conforming any fence constructed prior to April 19, 2016 which

was not constructed in full compliance with the terms of the ordinance then in effect.

9-7-8: PENALTY:

Violations of this Chapter shall constitute a misdemeanor. Each day that a violation remains shall constitute a separate offense.

The City may also take additional enforcement action it finds appropriate. In case any fence or retaining wall is, or is proposed to be, erected, constructed, reconstructed, altered, maintained, or used in violation of this Chapter, the City Council may institute in the name of the City any appropriate action or proceeding to prevent, restrain, correct, or abate such fence, structure, or retaining wall constituting a violation.

Adopted by the Lauderdale City Council the $12^{\rm th}$ day of April, 2016. Published in the Roseville Review the $19^{\rm th}$ day of April, 2016.

Action Requested	Meeting Date	July 24, 2018
Consent Public Hearing	ITEM NUMBER	Park Parking Lot Light
Discussion X	STAFF INITIAL	JNS
ActionX ResolutionX	APPROVED BY AI	DMINISTRATOR
Work Session	THI THE VED BY THE	
DESCRIPTION OF ISSUE AND	PAST COUNCIL A	CTION:
The City Council has received come dog park being too bright and intrugy will not install a timer on the poon. When city staff spoke with XCO to the City for \$950. With owners to install a timer that staff can use to make this change is \$950 up front to with the expense to hire an electricity.	sive in their homes. And the control to allow the City to the Energy staff recently in the pole and light to control the light as reconstrol the pole are purchase the pole are	as discussed previously, Xcel Ener- control the times of day the light is y, they said they could sell the pole nt, the City can hire an electrician needed. The cost to the City to ad light from Xcel Energy along
Staff is looking for feedback from t	the Council on this op	tion.
		•
	•	
		•
OPTIONS:	And the second s	
STAFF RECOMMENDATION:		-

Action Re	equested
Consent	
Public Hearing	
Discussion	X
Action	X
Resolution	X
Work Session	

Meeting Date	July 24, 2018
ITEM NUMBER	Lot Division & Assign Address
STAFF INITIAL	<u>Jim</u>
APPROVED BY	ADMINISTRATOR

DESCRIPTION OF ISSUE AND PAST COUNCIL ACTION:

1825 Eustis Street consists of two forty-foot (40') lots that have been consolidated into one eighty-foot (80') parcel of land. The proposed division would recreate the two originally platted forty-foot (40') lots, with an existing house on the southerly lot. A garage exists on the northerly lot. As part of advancing the lots for eventual resale and development, the City will be dividing the property into the original platted lots of record.

The resolution with map will be registered with the Ramsey County Recorder. This will enable the City to acquire a PIN (property identification number) for the parcels.

OPTIONS:

- Approve the lot division and address assignment by adopting the resolution as presented.
- Deny the lot division and address assignment by not adopting the resolution.

STAFF RECOMMENDATION:

Motion to adopt Resolution 072418A allowing for the division of two previously consolidated residential parcels of land and address assignment of 1825 and 1831 Eustis Street.

Member	introduced the following resolution and moved its adoption:
	CITY OF LAUDERDALE COUNTY OF RAMSEY STATE OF MINNESOTA
	RESOLUTION NO. 072418A
	ON SUPPORTING THE DIVISION OF TWO PREVIOUSLY ATED RESIDENTIAL PARCELS OF LAND LOCATED AT 1825 EUSTIS STREET.
WHEREAS, the City parcels of land current	of Lauderdale intends to divide two previously consolidated residential y legally described as:
Lots 8 and Lot County, Minne	9, Block 7, Lauderdale's East Side Addition to Minneapolis, Ramsey sota and;
	osed legal description for Parcel A is Lot 8, Block 7, Lauderdale's East eapolis, Ramsey County, Minnesota and;
WHEREAS, the addre	ess for Parcel A shall be 1831 Eustis Street, Lauderdale, Minnesota and;
	osed legal description for Parcel B is Lot 9, Block 7, Lauderdale's East eapolis, Ramsey County, Minnesota and;
WHEREAS, the addre	ess for Parcel B shall be 1825 Eustis Street, Lauderdale, Minnesota and;
· · · · · · · · · · · · · · · · · · ·	esulting lots will comply with the requirements of Title 10, Zoning, and of the Lauderdale City Code and;
WHEREAS, the adopt and;	ted resolution with map will be filed with the Ramsey County Recorder
WHEREAS, a propert new parcels.	y identification number (PIN) will be assigned by Ramsey County for the
· · · · · · · · · · · · · · · · · · ·	BE IT RESOLVED, that the Lauderdale City Council approves the asly consolidated residential parcels at 1825 Eustis Street into two separate and.
Dated: July 24, 2018	

Mary Gaasch, Mayor

Attest:
Heather Butkowski, City Administrator-Clerk
The motion for the adoption of the foregoing resolution was duly seconded by member upon vote being taken thereon, the following voted in favor thereof:
And the following voted against same:
Whereupon said resolution was declared duly passed.



Action Requested Consent Public Hearing Discussion Action Resolution Meeting Date July 24, 2018 ITEM NUMBER Salvaging of Building I STAFF INITIAL APPROVED BY ADMINISTRATOR			
Consent Public Hearing Discussion Action STAFF INITIAL STAFF INITIAL	Action Requested	Meeting Date	July 24, 2018
Work Session	Consent Public Hearing Discussion Action Resolution	STAFF INITIAL	Salvaging of Building Ite BODINISTRATOR

DESCRIPTION OF ISSUE AND PAST COUNCIL ACTION:

As the owner of three old buildings, the City has acquired some items that are salable but not of tremendous value. Especially in relation to the former Lauderdale School, people have asked about the opportunity to purchase items. We would like to start getting these items out of our hands in anticipation of the eventual razing of all of these structures.

Staff think of these items in two ways. Some items are part of the structures and salvage won't happen until closer to razing time. Other items are loose and ready to be sold now so they are gone before winter should we decide not to heat the buildings.

Especially as it relates to items in the school, staff believes it is our greatest opportunity to sell to residents and those with ties to the school. Staff would make use of our listserv and all of the email addresses we have from the school tour to put out notice of the items for sale. I anticipate the Lauderdale affiliated Facebook pages also would disseminate the information. We would identify what we are selling and ask for highest and best offers by a certain date. The best offer would get the item. Items that wouldn't be of interest to this group could be put on Craigslist or sold via auction. We don't want to spend tremendous staff time on this but also don't want to throw usable items in landfills. Among the items we would have for sale right now include the items the Church began removing before the closing. They include old chairs, exit signs, hand rails, hardware from doors, and cabinets.

Staff also began speaking to companies that salvage and deconstruct buildings. We will gather information from them in the weeks ahead and report back to the City Council.

0.777.0370					
OPTIONS :					
OI LIOINS.					

STAFF RECOMMENDATION:

Motion permitting staff to sell items from 1795 Eustis Street, 1821 Eustis Street, and 1825 Eustis Street as presented.

Action Requested		Meeting Date	July 24, 2018
Consent Public Hearing		ITEM NUMBER	Fire Dept. Training
Discussion		STAFF INITIAL	AB
Action Resolution	714	•	- We
Work Session X		APPROVED BY ADN	MINISTRATOR '
	L		
DESCRIPTION OF ISSUE AND	PA	AST COUNCIL AC	TION:
The fire department continues to fire chased by the City. Staff asked Chifurther. In the short term, they can suming the asbestos tests are negationear future. Further ahead, the Chifat 1825 Eustis Street after the asbest this is new to us, I asked him to constaff and the Council.	ief tra ve, ef i tos	Rich Hinrichs to atte in and help with the of staff plan to raze whas interested in explora- table has been removed a	nd the council meeting to discuss demolition of the garage. Astat remains of the garage in the ring options for a controlled burn long with anything of value. As
,		•	
·			
OPTIONS:			
STAFF RECOMMENDATION:			





Live Burn Training

Why It's Important

Giving firefighters instruction in a hands-on, live fire experience is an excellent means of training and constant skills updating is essential to efficient performance. This information on live burn training is provided by a variety of state agencies for the benefit of fire departments statewide:

Department of Natural Resources

How to apply for a live burn

This information from the Minnesota DNR outlines the steps to follow to conduct a live structure training burn in Minnesota.

Steps for conducting a live burn include:

- Following specific guidelines outlined by state agencies. Having a Department of Health inspector conduct an asbestos inspection. Review of the asbestos inspection report. Obtaining a demolition form.

- Removing hazardous materials from the structure. Obtaining a DNR fire training permit application.
- Final walk-through prior to burning

Pollution Control Agency

Intentional burning

The PCA provides information about demolition by intentional burning.

You must submit a notice of intent to perform demolition to the Pollution Control Agency at least 10 working days before the demolition begins.

Pre-demolition checklist

This checklist helps ensure you are removing required items from the structure before it is burned. This does not need to be submitted ot the Pollution

Pre-renovation and demolition rules

This fact sheet helps you understand the pre-renovation or demolition requirements in the state of Minnesota

Minnesota Board of Firefighter Training and Education

Live burn plan

This live burn plan from the MBFTE outlines procedures and other important information, including checklists and an organizational chart.

The live burn plan, live burn instructors and live burn reimbursement form can be found under the training tab on the MBFTE website

Samples

Sample agreement

This Sample Live Burn Training Agreement was provided by the Elk River (MN) Fire Department. Users should consult their local city attorney before

Privacy Policy | Terms and Conditions | Accessibility | Contact Us An equal opportunity employer. Women, minorities, and individuals with disabilities are encouraged to apply. Copyright © 2018 Minnesota Department of Public Safety



Guidance on Demolition by Intentional Burning

01/2004

The asbestos National Emission Standard for Hazardous Air Pollutants (NESHAP) requires all asbestos-containing materials (ACM) to be removed from a building prior to demolition by intentional burning. The NESHAP applies to a fire department's burning of residential buildings for training purposes and requires that all buildings be thoroughly inspected for asbestos prior to demolition.

Asbestos containing materials are classified as either Category I non-friable, Category II non-friable, or friable asbestos. Category I materials include, but are not limited to, such items as floor tile, linoleum flooring, gaskets, and asphalt roofing materials. Category II materials include, but are not limited to, Transite (slate) siding and cementitious roofing shingles.

Category I and Category II materials may be removed by unlicensed personnel as long as the materials are removed in a non-friable manner. Non-friable removal consists of removal in a manner which would not cause the material to be crushed, crumbled or reduced to a powder. For example, if a house was covered with Transite (slate) siding, it would be considered safe for unlicensed personnel to remove the siding as long as it is generally removed in whole pieces with as little breakage as possible and maintained in whole pieces until disposed. All asbestos containing materials must be disposed of properly.

When friable ACM such as pipe insulation, ceiling texture, or ceiling tile are present in a building, they need to be removed by a licensed asbestos abatement contractor. A list of licensed asbestos abatement contractors in the State of Minnesota can be obtained from the Minnesota Pollution Control Agency (MPCA) or the Minnesota Department of Health (MDH).

Prior to demolition of a building by intentional burning, it is necessary for the fire department to notify the MPCA by completely filling out a "Notification of Intent to Perform a Demolition". The notification must be postmarked or delivered at least 10 working days prior to the start of demolition. Failure to notify the MPCA in a timely manner may result in an enforcement action. Completion of the Minnesota Department of Natural Resources (MDNR) burning permit form **does not** satisfy the MPCA notification requirements.

Minnesota Pollution Control Agency Asbestos Program 520 Lafayette Road North St. Paul, MN 55155-4194 FOR QUESTIONS: Asbestos Hotline: 651/297-8685 1-800-657-3864 (ask for Asbestos Program)



Angstrom Analyfical 5001 Cedar Lake Road St. Louis Park, Mn 55416

ASBESTOS (PLM) BULK SAMPLES: REPORT OF MATERIALS ANALYSIS

	Data Entry / / Approved By	5555	Froject # Analyst Market	Date Rec'd 7-17-18 Analyzed 7-18-18	TAT. STD Same-Day office Diseased	Circle one of the above
n Kesuits Via	1.16 TO 1.16 T		Client/Receiving # , ,			(か-や)
Project Location	10.20 T	7				
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Approximate Percent	23%	Detected	Detected	Detected	Detected		Detected	DETRICES	Returner	40%	Detection
Asbestos Type	CH	0 E O Z	0	<u>S</u>	<u>0</u>	20 00 00 00 00 00	2 0 0 0	None	None	CH	1707
Location	HOUSE EXAME	Kitchen 30 B	Kithen closet 10 M	Kitchen Lost None	Exterior Walls	Dining nom+ Porch 2 Sout None	bathoum	EXHIN WAILS	1	[Sakment	Stail, to 3 m Flow
Physical Description	White 155g	White, contertols	Orany/ black Pathen	MIR, GOWIN, 12×12	White	late, white / bown	12+12, White	Whire	Gay	gray, Flor Patch	White, Willyow (1) Stary Stary to 3 m Flow 5001 Codar ake Road Jet on Boat Man 56116.
Material	Transite	Formica	Wall board	Floor tik	Dry Wall	Ceiling tile	Flor tik	Strim Cout,	Plaster >	Cement	glaziny Angstrom Apalytical Inc
Sample Number		4	\sim	t	·\	9	1	Ŕ	9 /	01	

Hazardous Wast, overly Frigh, Formul, Water heater, smote alarm, thermostat.

4



Angstrom Analytical 5001 Cedar Lake Road St. Louis Park, Wn 55416

ASBESTOS (PLM) BULK SAMPLES: REPORT OF MATERIALS ANALYSIS

1	Project # Analyse Heritage 7-18-18	TAT: STD Same-Day <4hrs Phomod 7-18-18
0/6 Data Entry 7-17-18	Project # Date Rec'd _	TAT: STD S Circle one or
Results Via	12-13	(8-0)
Project Location	Cilent/Receiving #	Assigned/Lab#
· ENVironmental Inc	DDRESS	Fax/Email
Beg	CLIENT ?	ï

Approximate Percent	KRTED	Delected					
Asbestos Type	None DETECTED						
Location	Porch	Porch & 664	•				į.
Physical Description	White, Windows (6)	12712, Whik	,				
Material	Glaziny	Floor tik	,				
Sample Number	13	13					•

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Action Requested	Meeting Date	July 24, 2018
Consent Public Hearing	ITEM NUMBER	2018-2019 Goal Setting
DiscussionAction	STAFF INITIAL	#3
Resolution	APPROVED BY	ADMINISTRATOR
Work Session XX		
DESCRIPTION OF ISSUE AND	PAST COUNCIL	ACTION:
tablished last year to see what was aside as new issues and opportuniting Council can be most proud of from tablishing the goals last year. As swould be but many 2017-2018 goal rized the progress made on each goals of the past year are on-going tablished last year.	and wasn't accomplies come up through the previous year wuch, less goals have ls are progressing or al, which is attached the new budget cycles and will require at	out a year. The accomplishments the vere not even contemplated when esbeen "checked" off as normally almost completed. Staff summal for Council review. e. As many of the unplanned under-
ment of 1795 Eustis Street, Eustis Stron, and establishing zoning regula	Street and Roselawn	Avenue turnback and reconstruc-
The objective of the meeting is to r for 2018-2019.	evise and add to the	draft list of goals developed by staff
OPTIONS:		
STAFF RECOMMENDATION:		

LAUDERDALE STAFF GOALS

2017 - 2018

COMMUNITY ENGAGEMENT

- · Revamp city website
- Bi-annual meeting with community businesses (held two in 2017).
- New Resident's Guide
- Evaluate value of 5Ks

Community Engagement Updates and Progress:

- □ Revamp city website: Staff updated, reorganized, and generally improved the website. The site needs to be redone from the ground up but GovOffice won't set up a second site for us to work on in the interim. The alternative would be to hire GovOffice to redesign including Lauderdale specific images.
- ☐ Bi-annual meeting: The plan is to host a meeting this fall.
- ☐ Resident's Guide: Staff have been looking at options to hire an intern from a graphics design program or the like to work on this but it has proved more difficult and time consuming that expected.
- □ 5K: Lauderdale and Falcon Heights staff have been discussing improvements for the 5K as the event is stale and doesn't generate new interest. We have a new complication in organizing as we have different police departments now.

PUBLIC SAFETY

- Contract for Emergency Manager
- Implement DOJ recommendations
- Establish meeting schedule with St. Anthony to discuss policing issues and costs
- Revisit tobacco ordinance (Councilor Grove)

Public Safety Updates and Progress:

- ☐ Contract for emergency manager: Staff have worked out a plan for contracting for emergency management services. The final item to do is draft a job description to bring to the Council for approval.
- □ DOJ Recommendations: St. Anthony has worked diligently with the DOJ but it has required little from staff or Council.
- ☐ Meet with St. Anthony to discuss policing issues: The first meeting in about two years was held in June. Staff will begin meeting with St. Anthony later this year regarding the police contract.
- ☐ Revisit tobacco ordinance: Being worked on now.

INFRASTRUCTURE

- Additional lining of sanitary sewer system (I/I grant)
- Negotiate agreement with Ramsey County for jurisdictional turn back of Eustis St and Roselawn Ave
- · Replace Walnut St Play Equipment (Mayor Gaasch)
- Complete non-through alleys

Infrastructure Opdates and Progress:
☐ Sanitary sewer Lining: Underway for 2018.
☐ Eustis/Roselawn turnback: City attorney is working on draft agreement.
☐ Walnut Street play equipment: Staff met with vendors to discuss options and draf
concepts.
☐ Complete non-through alleys: To be discussed during Eustis Street reconstruct.

ADMINISTRATION

- · Revise rental housing ordinance
- · Shade, boulevard, and hazardous tree ordinances
- Updated agreement with commercial building official
- Hire to digitize city property files
- Contract for financial services (month end/audit prep)
- Replace in-house databases for managing building permits, animal licenses, rental housing licenses, business licenses, and code enforcement

Administration Updates and Progress:
Revise rental housing ordinance: Completed.
Shade and hazardous tree ordinance: Staff have been discussing but have not
moved ahead with drafting.
Commercial building official agreement: Staff discussed options with LMC and th
matter is complicated and best addressed when Duane retires.
Digitize property files: Staff have been removing excess materials from the files in
preparation for an outside party to be able to scan.
☐ Contract for financial services: Completed.
Replace in-houses databases with a software solution: A costly solution but staff
keen tabs on ontions and what others are using.

PLANNING AND REDEVELOPMENT

- · Complete comprehensive plan update
- Redevelopment of 1795 Eustis St and 1821 Eustis St
- · Draft Housing Improvement Plan
- Implement zoning permit program for sheds
- Revise and remove inconsistencies between Parking,
 Zoning, and Nuisance ordinances

Planning and Development Updates and Progress:
☐ Complete Comprehensive Plan update: Almost done as we wait for public
comments before adoption.
☐ Redevelopment of 1795 and 1821 Eustis: Moving ahead.
☐ Draft housing improvement plan: Not being worked on.
Zoning permit for sheds: Staff have been working on issue but likely best handled
with zoning rewrite.
Revise ordinance inconsistencies: Staff have been working on issue but likely best
handled with zoning rewrite.

ENVIRONMENTAL STEWARDSHIP

- Seminary Pond Phosphorus Reduction Project
- · Tackle Invasive Species in Nature Area
- · Create plan for hill on north side of Community Park
- Achieve Green Steps City Level 3
- · Explore alternative forms of solid waste collection
- Introduce Lauderdale businesses to Ramsey County recycling staff (BizRecycling Grants)

Environmental Stewardship Updates and Progress:
☐ Seminary Pond project: Staff continue to work on this project with Capitol Regions
Watershed District.
☐ Invasive Species in Nature Area: Japanese knotweed will be tackled in the fall with
assistance from Ramsey County Conservation District. Council authorized Stantec to
work on a plan for invasive species.
☐ Community Park hill: Ongoing discussion topic amongst staff but no resources put
toward this.
☐ Green Step City Level 3: Not actively working on this.
☐ Alternative forms of solid waste collection: Not working on this except in so far as
working on recycling contract renewal.
☐ Lauderdale business recycling: Plan for it to be the topic at next business owners
meeting.

OTHER ACCOMPLISHMENTS

- Acquisition of 1795 Eustis Street. Process included establishing TIF District and bond rating. Hosted event to open building to community.
- · Catholic Eldercare conduit bond project.
- · Community Park drainage project and court resurfacing.
- · City auditor RFP process.
- Negotiated 2018-2020 union agreement.

OTHER ACCOMPLISHMENTS

- Successful Eustis / Roselawn negotiations with Ramsey Cty.
- · Comcast Franchise Renewal.
- Completed 4-year inflow/infiltration work plan required by Met Council.
- · Service Station insurance claim and repairs.
- Acquisition of 1825 Eustis Street

LAUDERDALE STAFF GOALS

2018 - 2019

COMMUNITY ENGAGEMENT

- Revamp city website
- New Resident's Guide
- Evaluate value of Lauderdale-Falcon Heights
 5K

PUBLIC SAFETY

- Contract for emergency manager
- Police contract renewal
- Revisit tobacco ordinance

INFRASTRUCTURE

- Finalize agreement with Ramsey County for jurisdictional turn back of Eustis St and Roselawn Ave
- Reconstruct Eustis St and mill/overlay Roselawn Ave in 2019
- Replace Walnut St Play Equipment

ADMINISTRATION

- Shade, boulevard, and hazardous tree ordinances
- Snow removal along Larpenteur Avenue
- Continue to digitize city property files

PLANNING AND REDEVELOPMENT

- Adopt Park Dedication Ordinance
- Zoning Ordinance Update
- Redevelopment of 1795 Eustis St
- Prep 1821 and 1825 Eustis St for resale
- Draft Housing Improvement Plan

ENVIRONMENTAL STEWARDSHIP

- Seminary Pond Phosphorus Reduction Project
- Tackle invasive species in Nature Area
- Explore alternative forms of solid waste collection
- Renewed recycling contract