

NINA MOINI: Minnesota teens report using cannabis at half the rate they did a decade ago. That's according to survey data the state collected in 2025 and published this spring. 4% of students in grades 8, 9, and 11 say they'd used cannabis in the last year, compared to about 10% in 2013. It's continued to decline since the state legalized marijuana for adults in 2023.

Joining me for some perspective on this is Lani Lovas. She oversees school nurses and sets policies as health services director for Bloomington Public Schools. Thank you so much for your time today, Lani.

LANI LOVAS: Hi, Nina. Thanks so much for having me.

NINA MOINI: I love that we are zooming in on a Bloomington here, and just going into a school, going into a district, and seeing things from your perspective is so valuable. So thank you so much. What have you observed in terms of the rates of cannabis use in Minnesota teens? I'm assuming people aren't always forthcoming to you about information around this, but does that feel accurate to you that it's declining?

LANI LOVAS: We kind of have a skewed view because we don't always see the kids that are using or trying something for the first time. But I would say, overall, yeah, that matches with what we're seeing.

NINA MOINI: Yeah. And do you have insight into that just from your experiences or talking with maybe students or parents about what may have caused a decline?

LANI LOVAS: I know that kids are more sensitive or more thoughtful about what they are putting in their bodies to some degree. I think that that has something to do with it. I'm not sure what else might be contributing to it. I do know that we see kids who have friends who are doing it, and they say, I just know that it's not something that I need, or I just don't need to be feeling like that.

NINA MOINI: So the Minnesota student survey also found about 40% of adolescents who use cannabis first try it before the age of 13 or 14. Does that match with what you've seen in your work? And why do you think it would be so young? It just seems so young.

LANI LOVAS: It is young. And I do think that that matches. We see more often-- in the health office anyway, our nurses see students who are trying maybe for the first time or who haven't used very often and are not feeling great. That's a lot of times when we see them as they are.

I would say we see younger, so ninth, eighth, seventh more than older, like juniors and seniors. And I'm not sure if the reason is that they're trying earlier, and then as they get older, if they're still doing it, they're more accustomed, and so they aren't coming into the health office. But I do think younger students-- I see that, I hear that from my son as well, who happens to be a seventh grader. Younger students are trying it because it's there in school. I think there's vapes, there's edibles, and it's around, and they're curious, so they're trying it.

NINA MOINI: And again, I know you can't speak for every kid in situation that's going on. But in terms of it being around, do you think-- as we read here that since legalization, the numbers have continued to decline, it makes you think, but what about how readily accessible it has become? Maybe more parents have it around more freely, or it's just around in different settings, or you can order online, or you can maybe go to a store. Do you have a sense or any insight into how younger students or kids are getting this?

LANI LOVAS: I would say very often it's in the home, either finding it somewhere and sneaking it. We've had students accidentally use as well for edibles or other things that look like candy.

NINA MOINI: Sure.

LANI LOVAS: Or we've had them share those with their friends, and then their friend didn't realize that it wasn't candy. And I do know also that they can order online. So, I don't know-- sometimes we think anecdotally that there is better access to cannabis products.

And so for these younger kids, it's easier for them to just get their hands on it and try it. I don't know what the data would necessarily be between those students that are trying it for the first time and those that are still using two or three years after initiation. That's unfortunately not something we're really able to track at school. But yeah, I would say home and online are probably the two most common ways that students are accessing.

NINA MOINI: Yeah, and I'm also curious to what symptoms a student would show up with and how you would determine, oh, was this cannabis use? Is it a tummy ache? Or what types of symptoms do you see?

LANI LOVAS: We see more severe symptoms than a stomachache. So we see elevated heart rate. We sometimes see a depressed respiratory rate. So sometimes it almost looks to us like it could be an opioid rather than THC.

We don't know for sure, but we'll see students who are overall very depressed, so slow breathing, shallow breathing, very difficult to rouse. We've also seen students who are hallucinating and very, very anxious and spiraling, so high heart rate, high blood pressure, which has to do with a lot of the anxiety with a drug.

NINA MOINI: And I would assume that they would have to eventually just say, this is what I ingested, or this is what happened. There's no other way that you can test for that.

LANI LOVAS: Correct. Usually, with the nurses, they're willing to let us know because we just explain, we're not here to be punitive. We're here to support you and keep you safe.

NINA MOINI: Yeah, that's number one.

LANI LOVAS: And so a lot of times, they'll share. But to be honest, a lot of times, they don't know exactly what was in the vape that they tried either. So we have had to send students by ambulance a few times just based on their vital signs and their overall presentation and the fact that we're not entirely sure what they might have ingested or vaped.

NINA MOINI: And I'm sure that's something that you educate students around in this day and age too, is that you don't necessarily know what you're taking or what the ingredients of something like that might be. I am curious to know, just from your perspective, again, Lani, are there other drugs that are more popular or that you see more often for this generation that's in school right now?

LANI LOVAS: We hear a lot about other drugs that are around, but we certainly see nicotine most often and then THC. The other drugs are much more rare for us to see in school.

NINA MOINI: We hear a lot, in the conversation of addiction and just how the brain works, about phones and social media. I wonder if that aspect of technology fits into some of the work or the education that you might do with students around just substance use too.

LANI LOVAS: Well, we do have a great program here in Bloomington called PAWS, and it is a restorative and educational program where students go, for example, if they have multiple chemical health incidents at school. And we have a social worker and a special education teacher who really work on some education and some support, trying to find resources to help these students. But they use a podcast, and we do try to look for things.

The best way to get to students is by their peers in middle school and high school. But middle school especially, students aren't so much interested in what adults have to say. They're really interested in what their peers have to say. So we are working actually right now with Bloomington Public Health and Frazier to develop some programming for substance use prevention and education and talking about maybe some peer groups that might be more supportive.

NINA MOINI: Amazing. Lani, is there anything else that you want families to know or people listening to know, just as it relates to students and what might be going on at school?

LANI LOVAS: Yes, I think it's that what you say in the moment when something is happening is what holds the most water. So when something happens right then at that moment, creating a space where students can feel safe to talk about what's happening, will create an environment, I guess, in a relationship that's much more receptive both ways. And that's the key thing to working with students who are using chemicals and making sure that we can keep them safe is being able to have those open kinds of conversations and relationships where they feel safe coming to you, and then they feel like what you are saying to them makes more sense, and they're more willing to work with you.

NINA MOINI: So important. Thank you so much for your time and your perspective, Lani. We really appreciate it.

LANI LOVAS: Thank you so much for having me.

NINA MOINI: Lani Lovas is health services director for Bloomington Public Schools.