



**S.O.S.**   
**Save Our Society From Drugs™**

2010  
Annual Report

President and Founder Betty S. Sembler



Executive Director and Founding Board  
Member Calvinia Fay

## Other Officers and Board Members Include

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## Our Mission Statement

Save Our Society From Drugs (S.O.S.) was founded by community activist and drug prevention/education specialist Betty S. Sembler. The purpose of S.O.S. is to help Americans defeat ballot initiatives, statutory proposals and other attempts to "medicalize" unsafe, ineffective and unapproved drugs such as marijuana, heroin and crack cocaine.

S.O.S. works to prevent, counter and refute all drug legalization efforts throughout our nation. Through grassroots and direct lobbying, education and all other legal means at our disposal, we work to reduce illegal drug use, drug addiction and drug-related illness and death.

# STATE LEVEL LEGISLATION

2010 was a busy year tracking drug legalization efforts and activities, showing a 60% increase in the introduction of pro-drug legislation compared to 2009. 140 different pieces of pro-legalization legislation were introduced throughout 2010, compared to 84 filed in 2009 and 64 filed in 2008.

Due to the aggressive efforts of S.O.S., our members and grassroots partnerships, of the 140 legislative efforts, 110 were defeated.

## **Defeated pro-drug efforts include:**

- ✓ **“Medical” marijuana bills in Alabama, Iowa, Kansas, Massachusetts, Maryland, Minnesota, Missouri, Mississippi, North Carolina, Tennessee, Virginia and Wisconsin**
- ✓ **Tax and regulate bills in California, Connecticut, Massachusetts, New Hampshire, Rhode Island, Vermont and Washington**
- ✓ **Marijuana dispensary bills in Hawaii and Vermont**
- ✓ **Decriminalization bills in Connecticut, Hawaii, Mississippi, New Hampshire, Rhode Island, Virginia, Vermont and Washington**

Of the 140 introduced bills, 23 will remain open through January 2011, and they include bills to legalize marijuana under the guise of medicine in Illinois, New York, Ohio and Pennsylvania.

Seven of the 140 pro-drug bills passed in 2010, including a bill in California that removes criminal penalties for possession of an ounce of marijuana (making it a civil penalty), a bill in Colorado that lowers penalties for marijuana offenses, a bill in Maine that determines rules and regulations for a ballot measure passed by voters in 2009 to establish marijuana dispensaries, a legislative measure in New Mexico that creates a “medical” marijuana day, a bill in Washington that exempts healthcare professionals from liability and prosecution for authorizing the use of marijuana to a person that qualifies under their state established medi-pot program and a bill in D.C. that establishes rules and regulations for implementation of a “medical” marijuana program previously passed by voters.

During 2010 we also saw a significant increase in the number of anti-drug legislation introduced. Throughout the year, 36 states proactively introduced 154 pieces of anti-drug legislation, almost doubling the 85 bills introduced in 2009 and more than four times as many as were introduced in 2008.

Of the 154 bills introduced, 47 were signed into law, including 6 bills in Utah addressing prescription drug abuse; a bill in Alabama that expands their drug court to each judicial circuit; a bill in California that limits where marijuana dispensaries can be located and allows local governments the ability to make stricter guidelines; and bills in Georgia, Kansas, Louisiana, Michigan, Mississippi and Missouri that address the scheduling of synthetic cannabinoids such as those found in K2 and Spice.

# SPECIAL FOCUS PRESCRIPTION DRUG ABUSE

The diversion of prescription drugs is expanding at an alarming rate; so much so, that the White House Office of National Drug Control Policy has made it a main priority of its strategy to combat drug abuse.

The frightening rise in the scope of prescription drug abuse problems indicates the need for a multi-level approach. The National Survey on Drug Use and Health reports that in 2000, 3.8 million people aged 12 and older reported the current nonmedical use of a prescription drug. In 2009 that figure increased more than 84 percent to seven million Americans.

The 2009 National Survey of American Attitudes on Substance Abuse found that nearly one in five teens (4.7 million) can get prescription drugs (in order to get high) in an hour, and more than one-third of teens (8.7 million) can get prescription drugs within a day.

S.O.S. is working to combat prescription drug abuse at the local, state and federal level.

## FEDERAL APPROACH

At the federal level S.O.S. has encouraged the passage of several legislative efforts aimed at reducing the diversion and nonmedical use of prescription drugs. Such legislative efforts include the Safe Drug Disposal and Education Act, the Drug Overdose Reduction Act, the National All Schedules Prescription Electronic Reporting Reauthorization Act and the Secure and Responsible Drug Disposal Act.

In 2008 S.O.S. worked with the Center for Lawful Access and Abuse Deterrence to pass the Ryan Haight Act, federal legislation that addressed rogue online pharmacy practices. Since fully implementing the Act in 2010, 10,000 online pharmacies have been shut down, making a significant impact on online access.

Continuing our 2009 and 2010 endorsement of CLAAD's National Prescription Drug Abuse Prevention Strategy, S.O.S. participated, along with 42 other representatives, in making policy recommendations for the 2011 National Prescription Drug Abuse Strategy.



## STATE AND LOCAL GOVERNMENT APPROACH

In 2010 several state legislatures introduced and passed bills to address the economic and societal impact that prescription drug diversion and abuse have had on their states. Of the 154 anti-drug bills tracked in 2010, 24 addressed prescription drug abuse.

The Florida Office of Drug Control identified five ways in which prescription drugs are diverted to be used for nonmedical purposes. In order of prevalence, the five divisions of diversions include: friends and family, doctor shopping, stolen prescription pads/fraudulent scripts, pill mills, and street drug dealers. S.O.S. has adopted these divisions of diversion to use as a guideline when supporting state legislative efforts and when making recommendations on how to address the epidemic of prescription drug abuse.



# SPECIAL FOCUS

## PRESCRIPTION DRUG ABUSE

### Friends and Family

S.O.S. partners with community coalitions to expand education and prevention efforts to include the importance of individual advocacy. On a broad scope, we accomplished this by producing our first ever voter's information guide in which, among other questions, we asked if the candidates would make funding of the state's prescription drug monitoring program a legislative priority. Our voters guide was distributed online via Cap Wiz to all of our Florida subscribers and was highlighted and available at the Pinellas County NOPE Vigil held in memory of loved ones lost to drugs.

S.O.S. also serves on the board of the Pinellas County Prescription Drug Advisory Board and is a member of LiveFree! Substance Abuse Coalition.

### Doctor Shopping

Prescription Drug Monitoring Programs (PMPs) allow physicians and pharmacist to log filled prescriptions into a state database. When utilized, PMPs help medical professionals prevent abusers from obtaining prescriptions from multiple sources. As of July 2010, 34 states have operational PMPs, and 7 states (including Florida) have enacted legislation to establish a PMP but are not fully operational.

### Update on Florida PMP

Due to bid protests and funding issues the prescription drug monitoring program has yet to be implemented. A new bid process has started, and the program is expected to be running by early 2011. S.O.S. is working with law enforcement and grassroots organizations to recommend enhancing the program to include real time and interstate connectivity as well as requiring prescribers and distributors to use the program.

### Stolen Prescription Pads/Fraudulent Scripts

Prescription fraud is a lucrative criminal enterprise. It is estimated that 35% of the supply of prescription drugs sold on our streets are from prescription forms that are stolen, photocopied or altered and used to divert drugs for profit and recreational use. The high street value for prescription narcotics such as oxycodone encourages this criminal activity, and, without regulations in place, it will continue to flourish at the expense of the nation's well-being.

S.O.S. collaborates with the Standard Register in promoting Official Prescription Programs (OPPs). These programs require the use of a single prescription format per state, allowing only authorized prescribers to order such products, and thereby establishing an automated prescription validation process. OPPs can be introduced as a stand alone program or as an enhancement to an already established PMP.

In 2010, our partnership with the Standard Register was successful in getting several states to introduce legislation for establishing Official Prescription Programs, having a program included as a policy recommendation to Governor Strickland in Ohio and for passage of an OPP by the West Virginia legislature as an enhancement to their current PMP program.

### Pill Mills

Regulation of pain clinics is a policy that is being examined at both at the state and local levels. Regulation of legitimate clinics will weed out rogue operations more commonly known as "pill mills." Many states are looking to Florida, the pill mill capital, to address the problem and come up with model legislation.

Continuing the momentum of the passage of a Prescription Monitoring Program in Florida, legislators in the 2010 session introduced and passed legislation to regulate pain management clinics. The new laws would make it illegal for anyone other than a doctor in good standing to run a pain clinic, ban advertising by the clinics and limit how much pain medicine can be dispensed at one time. The new law, however, is being held up because of legislation that requires state agencies to receive legislative approval before implementing any rules that would have an economic impact on small businesses. This means that the legislature must approve the rules before the Department of Health can move forward to begin inspecting, regulating and closing down the illegally operating pain clinics in Florida.

Taking matters into their own hands, several local government officials have passed moratoria on the establishment of new pain clinics and are requiring current pain clinics to register with the county. S.O.S. worked with several counties to share experiences and to draft measures to regulate pain clinics.

# 2010 BALLOT MEASURES/INITIATIVES

Legalization activists were busy at the initiative level as well as the legislative level. During 2010 we saw a significant increase in attempts made to qualify state-wide ballot measures. Twenty-four separate initiatives were introduced in eleven states and the US Virgin Islands. Of the 24 only four were successful in qualifying for November's ballot.

## Measure 74

In Oregon, where voters approved a medi-pot act in 1998, the pro-drug lobby came back in hopes of passing Measure 74, a ballot measure that would set up a marijuana supply system and allow for the sale of marijuana under the guise of medicine through pot shops across the state. A well-financed pro-legalization group sold Oregon voters the idea back in 1998 that only chronically ill or terminal patients would be using marijuana as a so-called medicine. The reality is, as of October 1, 2010, the Oregon Medical Marijuana Program has 36,673 individuals that legally hold "medical" marijuana ID cards, and of those, an average of only 7% are treating the more serious conditions such as cancer, glaucoma and HIV+/AIDS while a huge majority is treating undefined "pain."

To successfully oppose Measure 74, S.O.S. collaborated with Protect Our Society (P.O.S.), an Oregon based group we formed in 2008 whose main objective is to repeal the state's current "medical" marijuana program. We expanded the mission of P.O.S. to help fight Measure 74 and established a P.O.S. website to house information on the harms of dispensaries. Through P.O.S. we sent several press releases and CapWiz alerts aimed at educating the public on the harmful effects Measure 74 would have on their communities.

Thanks to our aggressive efforts, Oregon's Measure 74 was opposed by 55.8% of voters, who clearly did not want to expand an already highly abused program.

## Measure 13

South Dakota voters opposed a "medical" marijuana program for the second time in less than five years. In 2006, voters opposed legalizing marijuana under the guise of medicine by 53% of the vote. This year voters said a resounding "NO" to Measure 13 with 63.31% of the vote!

Our success was made possible by partnering with a small but highly efficient and motivated group of professional individuals and community members in South Dakota who worked together to oppose Measure 13. S.O.S. developed a website for the No on 13 campaign and, in addition to website content, worked to educate voters in South Dakota through weekly CapWiz alerts and engage the media through press releases.

"Compassion Shouldn't Mean Addiction," the No on 13 slogan, successfully connected with voters as evidenced by November's vote.



## Proposition 203

Despite the hard working efforts of our S.O.S. members and Arizona colleagues, voters in Arizona narrowly passed Proposition 203, a medi-pot and dispensary measure, by 50.13%. In 1996 voters in Arizona passed a similar proposition by 65.4% before the legislature stepped in and wisely blocked the measure. The fact that although financed to the tune of over \$792,000, Prop 203 won by just 4,341 votes is evidence of the success of the educational campaign opposing marijuana as a so-called medicine. Clearly, the voters in Arizona are beginning to understand the true intent of the medical marijuana scam.

S.O.S. will continue to work with Keep Arizona Drug-Free, the main state opposition group to Prop. 203, to make suggestions about program rules and regulations in an effort to ensure Arizona does not witness the same program abuses seen in other states that have established "medical" marijuana programs.

# 2010 BALLOT MEASURES/INITIATIVES

## Proposition 19

By far the issue gaining the most media attention was California's Proposition 19, a ballot measure that sought to legalize the possession, cultivation, sale and transportation of marijuana by anyone 21 or under, including college students. The initiative was backed by Richard Lee, founder of Oaksterdam University. George Soros, dubbed the "Daddy Warbucks" of drug legalization, also donated \$1 million to the effort.

S.O.S. worked with the following organizations to defeat Proposition 19: The Coalition for a Drug Free California, Community Alliances for Drug Free Youth-CADFY, Opposition to the California Marijuana Legalization Initiative, The Stanislaus County Insider, Citizens Against Legalizing Marijuana-CALM, International Faith Based Coalition and NO on Prop 19.

Working closely with CADFY, we were successful in bringing together religious leaders that resulted in establishing our first faith based coalition in California. United to oppose the legalization of marijuana, the International Faith Based Coalition, led by Bishop Ron Allen, was recently successful in linking with the National Black Church Initiative, a coalition representing 34,000 churches.

The organization and hard work of so many grassroots efforts in California delivered a hard blow to the marijuana legalization movement who sees California as a national platform to advance their pro-drug message. Instead, the nation witnessed Californians, perhaps sick and tired of being known as the marijuana capital of the nation, oppose Prop 19 by 54%.

## Special Focus - What is Florida Facing?

A group called People United for Medical Marijuana (PUFMM) circulated a petition to get "medical" marijuana on Florida's 2010 ballot. Due in part to the aggressive efforts by S.O.S. and our members, the group was unsuccessful in gathering the number of signatures to qualify. Under Florida law, the group may continue gathering signatures for the 2012 ballot and have vowed to do so.

According to their website and their Facebook group, they are hosting college campus competitions to collect signatures. They are also seeking donations to support it.

The initiative they have drafted for the 2012 ballot would have significant unintended consequences. It does not limit the amount of marijuana one would be able to possess nor does it limit the medical conditions for which one would be eligible to "treat" with marijuana. In "medical" marijuana states that track conditions under which people qualify, on average, only 7% of "patients" have terminal or life-threatening illnesses. The vast majority are smoking marijuana for pain (a subjective term that is being used to cover medical conditions such as menstrual cramps, headaches, and minor arthritis). The idea of "treating" pain with smoked marijuana is of particular concern for Florida as we are experiencing an epidemic of prescription drug abuse and pill mills popping up at alarming rates. We cannot afford to legalize another dangerous substance that unscrupulous individuals, looking to make a quick buck, will use to turn their pill mill practices into pot shops.

## Local Ballot Measures - Pot Shops

Marijuana dispensaries continued to be a topic of concern. In 2009, after Attorney General Eric Holder announced that the federal authorities would not prosecute marijuana dispensaries that operated within their state guidelines, states like Colorado and Montana experienced an alarming increase in pot shops opening throughout their communities.

Using the same model that has been successful in California, S.O.S. partnered with several grassroots organizations and concerned individuals to urge city and county council members in several states to ban marijuana dispensaries and in some areas put the issue to the voters. In Colorado, voters acted to ban dispensaries in 22 of the 30 locations where the option appeared on the ballot.

# 111TH SECOND CONGRESSIONAL SESSION

As the 111th congressional session comes to an end, we are extremely excited to announce that with their adjournment, several pro-marijuana legislative efforts will die on the floor.

In 2009 three bills were introduced pertaining to marijuana. The first two, H.R. 2943 and H.R. 2835, both introduced by Representative Barney Frank [MA-4], sought to legalize marijuana under the guise of medicine and eliminate federal penalties for possession of marijuana for personal use. The third bill, H.R. 3939 introduced by Representative Sam Farr [CA-17], sought to provide an affirmative defense to possession of marijuana if used under the guise of medicine.

S.O.S. was able to illustrate widespread program abuse in state medi-pot programs and successfully use this information to overcome the natural inclination of our lawmakers to vote for compassion and allow them to see through the smokescreen put up by legalization activists. All three bills failed to move from their house of origin prior to adjournment. In fact, none of the three bills made it to a floor debate.



## Special Focus

### Secure and Responsible Drug Disposal Act of 2010-S. 3397

On October 12, President Obama signed into law the Secure and Responsible Drug Disposal Act of 2010, S. 3397. The law allows state and private businesses to set up responsible drug take-back programs in accordance with rules to be established by the Drug Enforcement Administration. The law also requires the United States Sentencing Commission to review federal sentencing guidelines for individuals who use disposal programs to divert controlled substances for illegal purposes rather than properly disposing of them. S.O.S. supported the passage of this legislation and believes that it is an important step in reducing the amount of prescription drugs that end up on our streets.

### Combat Methamphetamine Enhancement Act-H.R. 2923

H.R. 2923 intensified efforts of the 2006 Combat Methamphetamine Epidemic Act by requiring all persons engaged in retail sales of ephedrine or pseudoephedrine products to be certified and that distributors of these products only sell to registered or certified retailers. Recent Monitoring the Future studies show that methamphetamine use is slowly declining since the original legislation was passed; however, the use of methamphetamine remains a grave concern. S.O.S. supported this enhancement legislation and believes it is an important step in continuing the battle against the production and abuse of methamphetamines.

In the upcoming session, S.O.S. will continue to work with members of Congress to strengthen drug policy and enhance funding opportunities for drug education, prevention and treatment programs as well as increase funding for state prescription drug monitoring programs. Such efforts include legislation that seeks to place criminal responsibility on those who make products specifically designed to defraud a drug test, establish veterans' treatment courts, and efforts to reinforce support for the minimum legal drinking age of 21.



# SOS ADVOCACY

## Why is advocacy important and who should advocate on drug policy issues?

Why is advocacy important and who should advocate on drug policy issues? Advocacy is an important tool to bring about change in public attitudes and policies that impact people's lives. Drug policy is an issue that impacts us all. You might be an employer working to maintain a drug-free workplace, an employee whose safety depends on working in a drug-free environment, a drug court client who was given the opportunity to participate in treatment instead of jail, a teacher who sees the undeniable signs of drug use in a student, a victim of a drugged driving accident or a parent or sibling whose family bears the scars of addiction or drug-related death. The list could go on - what matters is that you don't have to be a "drug policy expert" to effectively advocate, you just need to be yourself. **You can make a difference!**

S.O.S. makes advocacy simple through our Cap-Wiz program. Cap-Wiz is a web-based program and enables us to post alerts, distribute lobbying materials and engage others to send advocacy messages. The system allows us to send state-specific or national alerts. Our alerts are received by 28,509 subscribers, up by 9,504 from 2009. In 2010 S.O.S. subscribers sent out 2,185 advocacy messages through this system to over 600 elected officials. An alert blaster feature allows our organization's alerts to be posted on other sites such as AOL, Yahoo, MSN and Congress.org. In 2010 our custom advocacy alerts were accessed 3,498 times on other sites, bringing the viewer back to our S.O.S. website.



# SOS MEMBERSHIP

S.O.S. continues to offer membership packages to individuals and organizations. All monies received from membership packages help S.O.S. in its ongoing efforts to counter and refute drug legalization attempts throughout our nation. Membership is vital in that it builds the numbers in our army of like-minded individuals. The more people that S.O.S. represents, the more important the message becomes to elected officials. Advantages to being a member include the following:

- \* A strong voice for your concerns on drug-related bills and ballot initiatives in your state and at the federal level. Networking with other grassroots organizations and individuals in your state who are concerned about the drug problem and/or specific legislation.
- \* Monthly notification of active drug-related legislation at both the state and federal level, including bill status, committee location and contact information.
- \* Template letters including specific talking points on drug-related bills of concern.
- \* Upon request, analysis of bills that are on our active legislative report in your state.
- \* Media guidance and support.
- \* Lobbying support on drug-related issues.
- \* Access to research and materials relevant to active drug-related legislation.
- \* Background information on what drives the pro-drug political agenda.

Follow us on Twitter and/or become a fan on Facebook to view breaking news updates on drug policy issues and research.

# 2011 FOCUS

We are excited to see that 27 anti-drug bills have been pre-filed in eight states. We are encouraged that this signifies that lawmakers are aware of the destructive unintended consequences legalization efforts are having on our nation and are ready to stand behind sound drug policies issues aimed at decreasing access to drugs and decreasing drug abuse, addiction and drug-related deaths.

## “Medical” Marijuana Recall

S.O.S. is working with *Safe Community Safe Kids*, a coalition of concerned community members who united to repeal the Montana “medical” marijuana law. Safe Community Safe Kids started as a handful of moms who met at a local city council meeting. Outraged at what was happening in their community, they decided to take action and give a voice to many in the state who share their concerns. S.O.S. connected with the group while they were waiting for final approval to circulate their petition. Approval came a week before the deadline to qualify for the November 2010 ballot. S.O.S. helped get the word out through media alerts and connecting the group with the Elks Drug Awareness State Chairman of Montana.



In less than one week, the coalition was able to collect approximately 19,000 of the required 24,337 signatures needed to qualify their initiative to repeal Montana’s medi-pot law for the November ballot. We did not make the ballot, but what we were able to achieve proves there is overwhelming support for their mission.

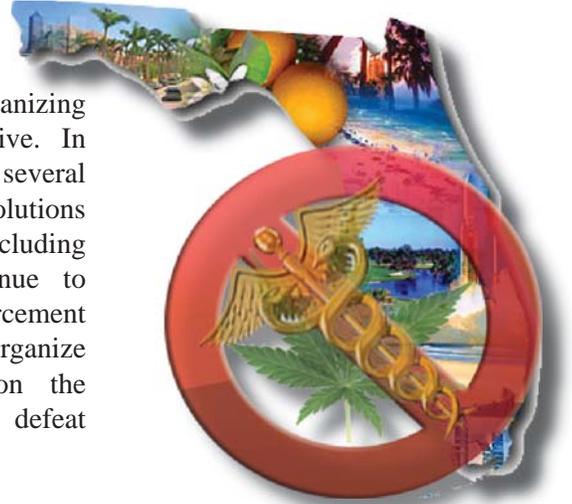
S.O.S. will continue to work with Safe Community Safe Kids to inform community members and work with other coalitions in the state who want to repeal “medical” marijuana in Montana. The coalition also plans to take its message to legislators. Recent media reports show that Montana legislators are voicing concern over the state program, specifically pot shops and the significant increase in registered users. Several pieces of legislation, looking to tighten up the laws of the state-run medi-pot program, have been pre-filed by Montana legislators, including an effort to put a recall initiative to voters in 2012.



S.O.S. is also involved in serious discussions and strategic planning for overturning “medical” marijuana measures in California and Oregon.

# 2011 FOCUS

Our 2011 focus in Florida will be organizing opposition to a possible 2012 medi-pot initiative. In 2010 we were successful in reaching out to several local government officials who in turn passed resolutions opposing the legalization of marijuana including under the guise of medicine. We will continue to reach out to medical societies, law enforcement associations, and anti-drug collations. We will also organize meetings with legislators to educate them on the issue and explore different strategies to defeat the initiative.



We anticipate 2010 to be busy with pro-legalization legislation efforts in many states, including re-introduction of “medical” marijuana bills in Kansas, Illinois, Massachusetts, Missouri, New York, Ohio, Pennsylvania and Wisconsin. We predict legalization activists will prey on states experiencing tough economic times and unbalanced budgets to mislead law makers into introducing bills to tax and regulate marijuana.

S.O.S. will actively search for opportunities to support federal and state legislative efforts that seek to strengthen our efforts to combat drug use and abuse. Such efforts in 2011 will include expansions of drug free workplaces, promotion of random student drug testing, expansions of drug court programs to include veterans’ treatment courts and linking services for co-occurring disorders, enhancements to prescription drug monitoring programs to include real time and official prescription programs, regulations to pain management practices that do not impeded legitimate patient access to needed medications, and restricting access to synthetic cannabinoids.

We will continue to expand our collaboration with drug-free community coalitions and grassroots organizations to better coordinate anti-legalization efforts nationwide and share resources. Collaboration will include establishing state specific strategic plans to oppose pro-drug efforts that include letter writing campaigns, individual websites, face to face meetings with law makers, and organizing grassroots efforts.

