



S.O.S. 
Save Our Society From Drugs™

2011
Annual Report

President and Founder Betty S. Sembler

Save Our Society From Drugs was created to motivate, encourage and inspire the promotion of sound drug policies. Working together, we can continue to combine scientific research with proven strategies to successfully educate legislators across the country on the negative impact drugs have on our nation's youth and society. Thank you for all of your dedication and support to this important undertaking.



Executive Director and Founding Board Member Calvinia Fay

As Save Our Society From Drugs prepares for the battles ahead in 2012, we want to thank you for your support, dedication and tireless efforts in fighting against the drug legalization movement. It is because of all of our supporters and partners that S.O.S. is able to lead the way in pushing back against the domestic drug cartels. In 2012, S.O.S. is more committed than ever to promoting sound drug policies that are in the best interest of our nation's youth and society as a whole. We remain dedicated to our mission and thank you for your continued support and commitment to S.O.S.

Other Officers and Board Members Include

Secretary/Treasurer

Stephanie Haynes

Advisory Board Member, Drug Prevention Network of the Americas

Drew Edwards

Behavioral Medicine Consultant/Private Practitioner

T. Williard Fair

President, Greater Miami Urban League

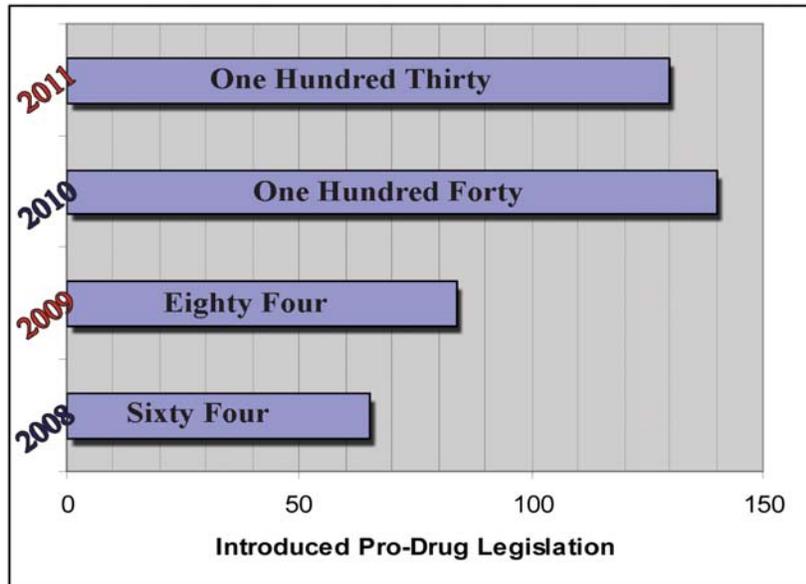
Our Mission Statement

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

The year proved to be a busy one for tracking drug policy legislation. Throughout 2011, 130 different pieces of pro-legalization legislation were introduced by our opponents, compared to 140 filed in 2010, 84 filed in 2009, and 64 filed in 2008. This is the first time since S.O.S. started tracking legislation in 1997, that there was a decrease in the number of pro-legalization bills compared to the previous year!



Of the 130 pro-legalization efforts, we were able to fend off all but 7. This result is directly tied to the aggressive efforts of S.O.S., its members, and its grassroots partners who work passionately to save our society from the dangerous consequences of drug use and abuse.

Pro-drug efforts that were defeated in 2011, include the following:

- ✓ “medical” marijuana bills in Alabama, Connecticut, Florida (a resolution to place the issue on the ballot), Iowa, Idaho, Illinois, Kansas, Missouri, Mississippi, North Carolina, New Hampshire, Oklahoma, Tennessee, Texas (affirmative defense), Virginia and West Virginia;
- ✓ legalize, tax and regulate marijuana bills in California, Connecticut, Maine, Rhode Island and Washington;
- ✓ marijuana dispensary bills in Hawaii, Oregon and Washington; and
- ✓ marijuana decriminalization bills in Arizona, Hawaii, Maine, Rhode Island, Texas and Virginia.

STATE LEVEL LEGISLATION

Pro-drug bills that were passed in 2011, include the following:

- legislation in California that authorizes a pharmacist to sell or furnish up to 10 hypodermic needles or syringes without a prescription and decriminalizes the possession of up to 10 needles/syringes for personal use;
- a bill in California that establishes and promotes needle give away programs through the Department of Public health;
- a bill in Connecticut that decriminalizes the possession of up to a half ounce of marijuana, replacing criminal penalties with a minimal fine;
- a bill that would legalize marijuana under the guise of medicine in Delaware;
- legislation in Maryland that establishes a “medical use” affirmative defense for marijuana possession and convenes a workgroup to develop a model program to “facilitate access” to marijuana for so-called medical reasons;
- legislation in Maine that eliminates state registration requirements for medi-pot users and limits the ability of law enforcement to seize marijuana; and
- a bill in Vermont that allows the state to approve and license 4 marijuana dispensaries.

During 2011 we also saw a significant increase in the amount of anti-drug legislation introduced. Throughout the year, 49 states proactively introduced 299 pieces of anti-drug legislation, almost doubling the 154 bills introduced in 2010. Of the 299 bills introduced, 77 were signed into law.

Greetings from SOUTH DAKOTA, still (thanks to you) a medical marijuana free state! I hope it continues. Thank you again for all of your help in 2010. That defeat still resonates amongst those who work in law enforcement and the medical field. None of it would have been possible without you and your excellent staff.

Trevor, SD



We supported bills that passed in 34 states to prohibit the sale and possession of designer drugs such as K2, Spice and Bath Salts that mimic the effects of marijuana and cocaine. In November 2010, the Drug Enforcement Administration (DEA) used its emergency scheduling authority to temporarily control the five chemicals used to make synthetic marijuana products. As a result, possession and sale of these chemicals became illegal in the US for at least one year, allowing the DEA and the United States Department of Health and Human Services (DHHS) to further study whether the chemicals and products should be permanently controlled.

Other anti-drug legislation that passed included: veteran’s treatment courts, implementing and enhancing state prescription drug monitoring programs (PDMPs), and establishing Good Samaritan laws.

MEDI-POT STATES PUSH BACK

Legislators and/or voters approved “medical” marijuana laws under the belief that they were being compassionate to a small number of chronically ill people. In reality, they got highly abused programs and community pot shops.

In 2011, several medi-pot states sought to repeal or restrict out of control programs and marijuana dispensaries, more accurately described as Domestic Marijuana Cartels (DMCs).

Montana

Dealing with a program containing significant loopholes that allowed for out-of-state “patients” and mobile marijuana doctors, Montana’s legislature decided something needed to be done. When Montana’s so-called medical marijuana program was registering an estimated 4,000 individuals a month, legislators took action. Building on the momentum of the previous year when members of Safe Community, Safe Kids narrowly failed to collect enough signatures to qualify for the ballot, legislators introduced a bill to repeal the state’s “medical” marijuana program. HB 161, introduced by Representative Mike Milburn, passed both the House and Senate and was presented to Governor Brian Schweitzer.

Unfortunately, Governor Schweitzer (who has family members that own/operate pot shops) vetoed the bill.

Not to be defeated, legislators were successful in passing legislation to clarify that the Clean Air Act applies to smoking marijuana even for so-called medical purposes and that employers are not required to provide special accommodations to medi-pot users. Through this bill, the current “medical” marijuana program was repealed and replaced with a more restrictive program.

Your quick response and the wealth of information that you provided me with regarding Dispensaries is greatly appreciated!!! Your willingness to assist on such short notice is incredible!

Paul, VT

Oregon

Legislators in both Oregon and Michigan introduced legislation aimed at restricting their medi-pot programs. In Oregon, legislators introduced 15 bills that would, among other things, reduce the amount of marijuana individuals could possess, prohibit “patients” under the age of 18, require registrants to be residents of Oregon, and restrict the amount of marijuana grown at cultivation sites. Although these bills died in committee, the fact that they were introduced by lawmakers at all is directly tied to the education efforts by S.O.S., its members, and state organizations like Protect Our Society that have partnered with S.O.S.

Michigan

Michigan legislators are also working to curb “medical” marijuana program abuses and have introduced several bills that would define the physician/patient relationship, establish criminal penalties for selling marijuana to a non-registered user, ban “medical” marijuana advertising, and restrict marijuana dispensary locations. These bills remain open with possible passage through January 2012 when their legislative session ends.

Michigan’s Attorney General, Bill Schuette, who fought the 2008 initiative to legalize marijuana under the guise of medicine, continues to support the federal Controlled Substances Act (CSA) and issued a legal memorandum declaring that marijuana dispensaries are illegal and that landlords and building owners have a legal right to prohibit the use or growing of marijuana by tenants.

MEDI-POT STATES PUSH BACK

California

US Attorneys in California launched coordinated efforts to shut down retail pot dispensaries. The federal prosecutors said organized crime has hijacked the state's "medical" marijuana law – making billions in illicit profits. They described the industry as a "nightmare for law enforcement." Notices were sent to local dispensary owners warning that they may still be subject to federal prosecution regardless of local ordinances. They also sent letters to landlords warning that if their renters are violating federal law, the landlords could be held liable and their property could be subject to forfeiture.

A year ago California had thousands of pot shops. At the end of 2011, less than 10% of California cities allow them. The majority of cities have either banned them or enacted moratoriums as they became aware of what pot shops would bring to their communities—more illegal drug use, more crime, and more youth being sold marijuana (and sometimes other drugs) by so-called medical marijuana patients.

Coordinated efforts to shut down marijuana dispensaries are also happening in Oregon and Washington.

Arizona

Arizona Attorney General, Tom Horne, filed a declaratory judgment action, seeking a ruling on whether Arizona's "medical" marijuana law is preempted by the Controlled Substances Act. The action also questioned whether state employees who implemented the "medical" marijuana program would risk prosecution under federal guidelines. These actions greatly delayed implementation of the program and still bring its legality into question.

The efforts in Arizona prompted similar questions from other medi-pot states. Washington's Governor, Chris Gregoire, vetoed legislation that would regulate marijuana cultivation and dispensing, saying she didn't want to put state employees at risk. Citing a memo from the Department of Justice warning federal prosecution, Rhode Island's Governor, Lincoln Chafee, stopped the licensing of marijuana production and distribution centers.

Colorado

Legislators in Colorado, whose state had been dubbed the "wild west" of pot shops, passed legislation to regulate marijuana dispensaries. At the end of 2010 there were over 2,000 marijuana dispensaries and associated businesses in the state so the legislation was greatly needed. A total ban would have been preferable, but the new regulations will help limit the number of businesses and restrict where they can be located. Colorado also further defined the role of "caregivers" to mean more than just supplying one's marijuana.

Thank you so much for the information. I just spent some time on the website and am just excited to not feel quite as alone in this as it appeared!

Pastor Lohr, CO

As states push back against marijuana as big business, there are also major changes in proposed "medical" marijuana legislation. Bills that allow individuals to possess and cultivate mass quantities of marijuana are no longer prevalent. The majority of bills introduced call for "patient" registries and are more restrictive on qualifying medical conditions. Newer legislation limits marijuana possession to two ounces and six plants, where older bills allowed for the possession of up to a half-pound or more of marijuana and a dozen or more plants. Much of this is due to the proactive efforts of S.O.S. to educate lawmakers and the public about the abuses of existing medi-pot laws and the absurdity of smoking pot under the guise of medicine.

PRESCRIPTION DRUG ABUSE

The non-medical use of prescription drugs continues to be a top focus of drug policy issues. The latest Monitoring the Future study showed that prescription drugs are the second most-abused category of drugs after marijuana. S.O.S. is working to combat prescription drug abuse at the local, state and federal levels.

Local Approach

S.O.S. helps create and partners with community coalitions to expand education and prevention efforts while stressing the importance of individual advocacy. A tool is provided on the S.O.S. website that enables individuals to connect free of charge and send messages to their lawmakers.

S.O.S. advocates for the establishment of permanent disposal locations where individuals can rid themselves of unwanted or unused medications. We also participate in state and federal drug take-back days and community health fairs at which we distribute advocacy materials.

S.O.S. also serves on the Pinellas County Prescription Drug Advisory Board. In this capacity we have worked with community stakeholders and developed a county measure to regulate the operation of pain clinics and “high prescribing” physicians. The measure was passed by the Board of County Commissioners and is being used as a model in other states.

State Approach

S.O.S. continues to advocate for the establishment and enhancement of Prescription Monitoring Programs (PMPs) that allow physicians and pharmacists to log filled prescriptions into a state database. These programs are extremely effective in clamping down on “doctor shopping” by prescription drug abusers. To date, 48 states have enacted legislation creating PMPs: 36 of those programs are currently operating. However, not all programs are created equally. S.O.S. supports the Alliance of States with Prescription Monitoring Programs and the PMP Center for Excellence in empowering states to adopt best practices endorsed by S.O.S. and outlined in the National Prescription Drug Abuse Prevention Strategy presented by the Center for Lawful Access and Abuse Deterrence (CLAAD).

S.O.S. collaborates with the Standard Register in promoting Official Prescription programs (OPPs) which require the use of a single prescription format per state. This requirement helps prevent prescription pad thefts and counterfeits and significantly reduces Medicare/Medicaid fraud. According to a report by the Government Accountability Office, an audit of government programs in five large states found about 65,000 instances of beneficiaries improperly obtaining potentially addictive drugs at the cost of \$65 million during 2006 and 2007. The report concludes that when bills from doctor visits and the potential for Medicaid fraud in the states not surveyed is taken into account, hundreds of millions of dollars are at stake. After implementing an official prescription program, New York Medicaid reported savings of \$18 million in January 2007 alone and \$68 million through May 2007. In 2011, we were successful in educating law makers in several states on the benefits of OPPs and are hopeful that those lawmakers will introduce bills in their states during the next legislative session.

PRESCRIPTION DRUG ABUSE

Federal Approach

At the federal level, S.O.S. has encouraged the passage of several legislative efforts aimed at reducing the diversion and non-medical use of prescription drugs. Such legislative efforts include, the Say No to Drug Ads Act, the National All Schedules Prescription Electronic Reporting Reauthorization Act of 2011, the Pill Mill Crackdown Act, the Prescription Drug Abuse and Prevention Treatment Act, and the Ryan Creedon Act.

Continuing our 2009, 2010, and 2011 endorsements of CLAAD's National Prescription Drug Abuse Prevention Strategy, S.O.S. participated, along with other dedicated stakeholders in making policy recommendations for the 2012 strategy paper.

112TH FIRST CONGRESSIONAL SESSION

Pro-Drug Congressional Legislation



As predicted, during the first year of the 112th Congressional session, Congressman Barney Frank introduced two pro-marijuana bills. One bill would amend the Controlled Substances Import and Export Act to allow for the possession and manufacture of marijuana with the intent to distribute. The second bill would restrict provisions of the CSA or Federal Food, Drug and Cosmetic Act from being enforced in states that have legalized marijuana under the guise of medicine.

Other pro-drug federal legislation includes bills that would allow tax deductions for expenses incurred in the trade or business of selling marijuana and a bill that would provide regulatory relief for financial institutions who provide financial services for marijuana dispensing operations. With pressure from S.O.S. and its members, none of these federal bills have seen movement since their introduction.

This year, at the urging of S.O.S. and our colleagues, pressure at the federal level has produced results. Several agencies took proactive stands against “medical” marijuana.

In July, the Drug Enforcement Administration's (DEA) Administrator, Michele Leonhart, reaffirmed that marijuana will remain a Schedule I drug with no accepted medical value. This was in response to a petition filed by activists requesting marijuana's removal from the list of Schedule I controlled substances. In October, the Internal Revenue Services (IRS) issued a ruling against a marijuana dispensary in California. The ruling prohibits business-related tax deductions for businesses selling or cultivating marijuana. Later that same month, the Bureau of Alcohol, Tobacco and Firearms (ATF) issued a one page memo prohibiting gun sales to so-called medical marijuana cardholders.

112TH FIRST CONGRESSIONAL SESSION

Anti-Drug Congressional Legislation

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. Such efforts include legislation that seeks to accomplish the following:



- provide additional support for community coalitions, health care providers, parents, and others to prevent and reduce underage drinking;
- authorize appropriations for drug courts and provide grants to establish veterans' treatment courts;
- prohibit the manufacture, marketing, sale or shipment in interstate commerce of products designed to assist in defrauding a drug test;
- amend the Internal Revenue Code to deny tax deductions for the cost of direct-to-consumer advertisement of prescription drugs;
- encourage a legislative mandate to examine Medicare and Medicaid for fraud and abuse including significant abuse of prescription drug benefits;
- require all prescribers of controlled substances to have education or training related to abuse and addiction; and
- establish a secure nationwide prescription monitoring program to provide prescribers and pharmacists interstate prescription data in real time.

S.O.S. ADVOCACY

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 upon 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. 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 website. Utilizing Cap-Wiz on our site, we are able 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 approximately 30,000 subscribers. In 2011, through this system, S.O.S. subscribers sent out almost 3,000 specific advocacy messages to over 500 elected officials. We were also able to reach more than 5,000 media outlets through the Cap-Wiz system.



S.O.S. 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 likely that elected officials will listen to the message. Membership advantages include the following:

- a strong voice for your concerns on drug-related bills and ballot initiatives in your state and at the federal level;
- the opportunity to network with other grassroots organizations and individuals about the drug problem and/or specific legislation;
- monthly notification of active drug-related legislation at both the state and federal levels, including bill status, committee location, and contact information;
- access to template letters, including specific talking points on drug-related bills of concern;
- analysis of bills, upon request, that are on our active legislative report, pertinent to your state;
- guidance and support on media issues;
- lobbying support on drug-related issues;
- access to research and materials relevant to active drug-related legislation; and
- 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.

twitter



facebook



2012 FOCUS

The year of 2012 is shaping up to be a busy one for state ballot initiatives. “Medical” marijuana initiatives have been filed in Arkansas, Florida, Idaho, Massachusetts, Nebraska, and Ohio. Initiatives to legalize, tax and regulate marijuana have been filed in California, Colorado, Missouri, Montana, Nebraska, Oregon, and Washington. They are all approved to gather signatures to qualify for the 2012 state ballots.

To broaden our community education efforts, S.O.S. will be working in potential initiative states to strategize with local organizations. We will be reaching out to local government agencies, medical societies, law enforcement associations, and anti-drug collations, to encourage them to sign formal resolutions opposing marijuana legalization. We will organize meetings with legislators to educate them on the issue and explore different strategies to defeat the initiatives.

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 2012 will include enhancing prescription monitoring programs to include real time and official prescription programs, increasing the availability and coverage for tamper resistant prescription medications, regulating narcotic prescribing practices that do not impede legitimate patient care, repealing and/or restricting current medi-pot programs, expanding drug court programs to include veteran’s treatment courts, and encouraging random student drug testing and drug free work-places.

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 co-hosting state summits, establishing state specific strategic plans to enhance sound drug policy, helping with letter writing campaigns, training coalitions/anti-drug groups, and organizing grassroots efforts.

S.O.S. will continue its work to increase our media presence through interview opportunities, press releases, and opinion editorials. We will focus on expanding our online presence though social networking sites, such as facebook and twitter, where we can post alerts and information on current drug policy efforts.



COLLABORATORS

American Society of Addiction Medicine
Arizona SADD
Army National Guard
Associates in Emergency Medical Education (AIMME)
Ban Pot Shops Colorado Springs
California Department of Justice
Californians for Drug Free Schools
Californians United Against Drug Abuse
Center for Drug-Free Living
Center For Lawful Access and Abuse Deterrence (CLAAD)
Center for Public Safety Innovation
Christian Drug Education Center
Citizens Against Legalizing Marijuana-CALM
Coalition for a Drug Free California
Community Alliances for Drug Free Youth (CADFY)
Community Anti-Drug Coalitions of America
Courage to Speak Foundation
D.A.R.E. America
Drug Free America Foundation, Inc.
Drug Free Kids: America's Challenge
Drug Free Schools Coalition
Drug Free Schools Project
Drug Prevention Network of the Americas
Drug Watch International
Educating Voices
EM Global
Family Research Council
Fayette Companies
Florida Alcohol and Drug Abuse Association
Florida Association of DUI Programs
Florida Department of Law Enforcement
Florida National Guard
Florida Office of Drug Control Policy
Florida Office of the Governor
FSU Center for Prevention Research
Greater Miami Urban League
Healthy and Drug Free Colorado
Hillsborough County Anti-Drug Alliance
Informed Families
Institute on Global Drug Policy
International Faith Based Coalition
Kansas Family Partnership
Keep AZ Drug Free
Let Us Vote Colorado Springs
Lions Quest
LiveFree!
Main South Alliance for Public Safety
Maricopa County Attorney's Office
Michigan Office of the Governor
Momstell
Mount Hood Coalition
Multijurisdictional Counterdrug Task Force Training
NAACP, St. Petersburg Branch
National Alliance for Model State Drug Laws
National Association of Drug Court Professionals
National Center on Addiction and Substance Abuse (CASA Columbia)

National Drug Free Workplace Alliance
National Families in Action
National Narcotics Officers Association Coalition
National Student Drug Testing Coalition
NO on Prop 19
NOPE-Pinellas
Ocean County Narcotics Task Force
Office of National Drug Control Policy
Ohio Office of the Governor
Operation PAR, Inc.
Oregonians Against Legalization of Marijuana
Parent Resource Institute for Drug Education
Partnership Carson City
Pasco ASAP Anti-Drug Coalition
Pinellas County Sheriffs Office
Pill Free Pasco
PRIDE-Omaha, Inc.
Project GHB
Protect Our Society
Rocky Mountain HIDTA
Safe Community Safe Kids
Saint Petersburg College
San Antonio Council on Alcohol and Drug Abuse
San Diego Alliance for Drug Free Youth
San Diego Prevention Coalition
Say No
South Dakota Pharmacy Association
South Dakota law enforcement
STAND Up Polk
Standard Register
StopDrugAbuse.com
Students Taking Action Not Drugs (STAND)
Texas Commission on Alcohol and Drug Abuse
Texas Narcotic Officers Association
The Benevolent and Protective Order of ELKS
The Inland Valley Drug Free Community Coalition
The Institute for Behavior and Health, Inc.
The Partnership at Drugfree.org
The Stanislaus County Insider
Troy Community Coalition
U.S. Chamber of Commerce
U.S. Department of Health and Human Services,
Substance Abuse & Mental Health Services
U.S. Department of Justice, Office of Juvenile
Justice and Delinquency Prevention
U.S. Department of State
U.S. Drug Enforcement Agency
U.S. Small Business Administration
Washington Drug-Free Business
West Texas HIDTA



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