

# The billionaire, drugs and us

Why is US billionaire George Soros so interested in the reform of WA's drug laws? **Norman Aisbett** finds out.

**R**EGULAR letter writers to *The West Australian* in recent years have come to include a spokesman for an influential lobby group for drug law reform.

That's not so surprising, except that Robert Sharpe and the Drug Policy Alliance are based in far-off Washington in the US.

Mr Sharpe misses no chance to wade into the debate on the need for softer drug laws relating to cannabis in WA and chides anyone with a contrary opinion.

He declares the "war on drugs" is lost and a waste of costly resources that could be used elsewhere; that illicit drug use does not warrant jail or a criminal record; that only crime

churned about \$50 million of his earnings into the cause of wringing change out of hard-line US drug laws.

With his support, the alliance runs an international grants scheme for projects on "drug policy studies" and invites applications on its website. It also gives special awards for areas such as medical and legal work and political leadership. Several award recipients in Australia have got up to \$10,000 each.

Apart from Mr Soros, 72, the other big backers of the alliance are John Sperling, who made billions by creating the University of Phoenix college system, and Peter Lewis, retired CEO of the Cleveland-based Progressive Corporation Insurance Company.

All three reportedly admit to having smoked cannabis. Mr Soros once said: "I have tried marijuana (cannabis) and I enjoyed it but it did not become a habit and I have not tasted it in many years."

According to a recent *Time* magazine cover story, Mr Sperling, 81, once smoked pot to combat pain associated with the cancer he fought in the 1960s. Mr Lewis, 68, is a prominent campaigner for the legalisation of the

ing to change US drug laws, we need reform in Australia, or some other English-speaking country, to help us pressure our legislators, while also believing it's right for Australians.

"Americans are very ethno-centric. If Thailand were to end the drug war (i.e. soften its laws), Americans might never hear about it, except for a network of drug policy reform advocates. "But if Australia were to dramatically change its drug laws, it would be all over CNN and would impact the debate in the US so much more."

Mr Soros started the Lindesmith Center in 1994 as a project of his Open Society Institute. It was named after Alfred Lindesmith, the first prominent American to challenge conventional thinking on drug policy.

Its partner in the alliance, the Drug Policy Foundation (DPF), was founded in 1987.

The executive director of the alliance is fast-talking Harvard PhD Ethan Nadelmann, who has visited Australia twice.

He would presumably be pleased with developments here. In 1987, South Australia decriminalised the law relating to prescribed amounts of cannabis, and the cultivation of a set number of cannabis plants, and similar legislation is imminent in WA.

Under the legislation, expected to be introduced in parliament early next year, the possession of less than 15g of cannabis and up to two plants for personal use will incur a \$100 infringement notice; 15g to 30g and less than three plants will draw a \$150 fine.

Police will retain the right to lay criminal charges for small amounts if they suspect someone is dealing.

**H**OW this was achieved is an intriguing tale of more than a decade of indefatigable politicking by a network of disciplined activists, who include academics, health professionals and the Australian Parliamentary Group for Drug Law Reform.

The latter group includes 18 WA politicians. Among them are Minister for Planning and Infrastructure Alannah MacTiernan, Agriculture Minister Kim Chance and Greens MPs Christine Sharp, Giz Watson and Jim Scott.

Drug law reformers have also used "subversives" to win a sympathetic ear from the Australian media, according to Bill Stronach, executive director of the Australian Drug Foundation, a Victorian-based education group that gets private and government funding.

In 1992 in Washington he boasted to an international conference on drug policy reform that his organisation had "employed journalists not to churn out press releases but to get in there as subversives and work with their colleagues in the mainstream press."

"And that's done through developing very slowly, and very gently, a level of trust, a level of credibility."

"So we have 24-hour availability of those journalists... over the last eight

months, over 50 per cent of the mainstream printed and radio and television reporting on alcohol and drug issues has been generated by the foundation or filtered through it."

When *Weekend Extra* contacted him, Mr Stronach laughed off the comments as "the worst choice of words I ever made". He had simply hired two or three journalists to deal with the media because "journos can talk much better to journos".

In 1997, Mr Soros said: "My sole concern is that the war on drugs is doing untold damage to the fabric of our society. (It is) a utopian dream. Some form of drug addiction or substance abuse is endemic in most societies. Insisting on total eradication of drug use can only lead to failure and disappointment."

With that, he echoes the reformist mantra, worldwide.

He joined the cause after founding the Open Society Institute in 1989. The institute's charter was to fund a global network of Soros foundations to "transform closed societies into open ones and to protect and expand the values of existing open societies".

Its main focus was the East European states made independent by the collapse of the Soviet empire. (Mr Soros was born in Hungary. He is Jewish and as a youth had to flee Nazi persecution during World War II. He migrated to the US in 1956.) He began to spend big to help turn several such States into Western-style democracies.

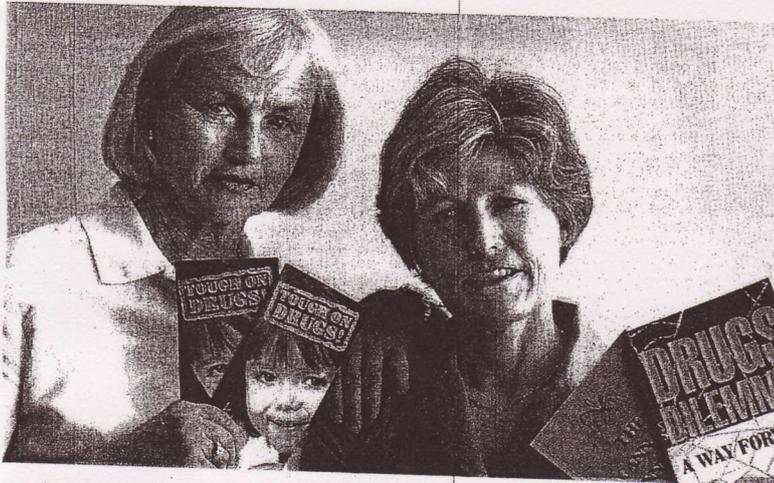
He then decided America's own open society was eroding and turned to domestic causes such as immigrants rights, euthanasia and drug reform. In 1994, he entered the drug debate by founding the Lindesmith Center, and emerged as a strong proponent of "harm reduction" and decriminalisation of the personal use of drugs.

Despite his public statements to the contrary, he has also given encouragement to the bigger goal of legalisation. Ethan Nadelmann, who runs the Drug Policy Alliance, is an even more strident advocate of the legalisation of drugs, and not only cannabis.

But the first and most achievable policy goal of the alliance and other reformers was the recognition by health authorities of "harm reduction". This involves an acceptance that some people will use drugs regardless of laws and must therefore be helped to do so safely; and that illicit drug use is a health issue, not a criminal matter.

Mr Soros started the International Harm Reduction Development Program in 1995, with the main focus on former Soviet bloc countries - at a time when this approach was also gaining acceptance in many Western nations, including Australia, where like-minded health professionals had begun to promote it in the 1980s.

Advocating measures like methadone programs, needle exchanges, safe injecting rooms, harm reduction is viewed by critics as being the stepping stone to the next reformist goal: decriminalisation.



Anti-drug campaigners Geraldine Mullins (left) and Wendy Herbert.

gangs win from "prohibition" by being able to charge high prices; that cannabis is less dangerous than both tobacco or alcohol, and more.

The Drug Policy Alliance, formed in 2001 by the merging of two major US drug legalisation groups, the Lindesmith Center and the Drug Policy Foundation, is backed by some very powerful figures.

George Soros, for one. He is the billionaire US currency speculator and philanthropist who reportedly once caused the British pound to plummet and in 1997 had Malaysia's Prime Minister, Mahathir Mohamad, blaming him for the South-East Asian economic collapse.

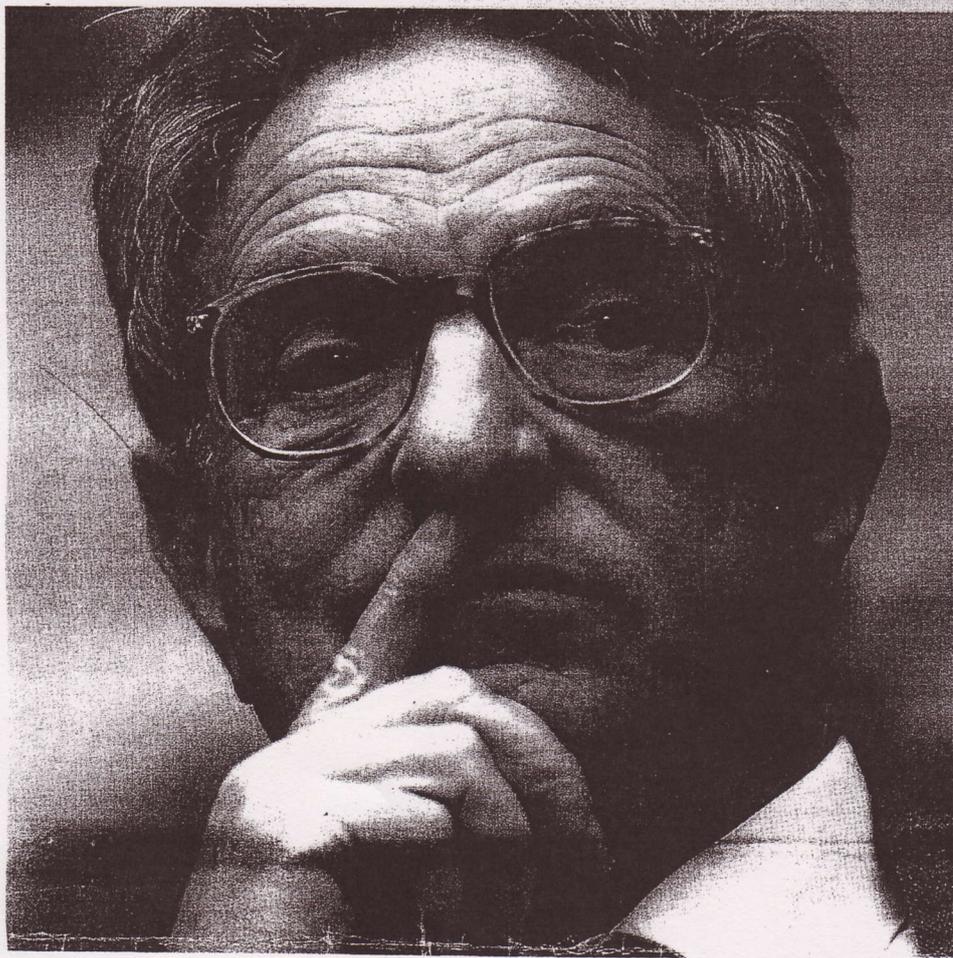
In the past eight years he has

medical use of marijuana. Two years ago he was charged with importing 146 grams of cannabis into New Zealand. He was released without conviction on the basis of donating \$53,000 to a drug rehabilitation program.

But why are these men, through the vigilant Mr Sharpe, so keen to encourage cannabis law reform in WA?

Mr Sharpe was happy to explain when *Weekend Extra* inquired by phone. He said the tough anti-drugs policies of successive US governments were the most "Neanderthal" in the world and threatened to make America the last nation to get liberalised laws.

"From a selfish perspective of want-



*'Without doubt, the drug-reform movement in Australia is closely allied to the Soros-supported movement in the US, so our efforts are dwarfed by comparison.'*  
— Geraldine Mullins, co-founder of the Australian Parent Movement.

But Mr Soros also had an eye to public opinion and had gauged it not ready for legalisation. He said attempts to go against the "prevailing consensus" would be only counter-productive.

Mrs Mullins says the controlled sale of drugs, with tax receipts used to treat health problems, is putting the cart before the horse.

"It's what we do with the Quit campaign," she said. "Why introduce a new drug and repeat the syndrome? The scary part is that his logic appeals."

Dr Alex Wodak, director of Alcohol and Drug Services at St Vincent's Hospital and a leading Australian drug law reformer, says cannabis is a "relatively harmless drug that should be sold on a taxed and regulated basis, like alcohol and tobacco".

Currently, only criminals and corrupt police were benefiting. They would be eliminated from the equation if the sale of cannabis were taxed and regulated.

But he would not say the "L" word. "The status of a drug doesn't really tell you how it's controlled," he said. "Cocaine is an illegal drug that can be used legally in medicine and alcohol is a legal drug that can be used illegally. So I am choosing my words carefully."

No doubt, with polls showing 60 per cent of Australians opposed to the legalisation of cannabis.

At the Drug Policy Alliance's US office, Ethan Nadelmann frankly says it's all about tactics.

"Our policy is to tax and regulate the sale of marijuana. The reason we don't like to say legalisation is that, to the public, it sounds like you are condoning. If you ask people if they want to legalise cannabis, 20 per cent will say yes. But when you ask if they would support a policy to tax, control and regulate it like alcohol, 40 per cent will say yes."

"So (people) are responding to the connotation of a word, rather than to the substance of the policy."

Meanwhile, Mr Soros has campaigned hard for the legalised use of cannabis as a medical palliative, apparently because he thinks it is a winnable first step.

He has funded legislative efforts in several US States, with some success. But an Arizona bid ended remarkably in 1996.

A Bill became law until legislators realised it was written to include not just cannabis but 116 other Schedule One drugs, including LSD and heroin. Another Bill was quickly passed to scrap the whole idea.

The affair had Republican member, Mike Gardner, wondering aloud: "Why should a New York millionaire (Soros) be writing the laws in Arizona?"

Mr Soros replied, via the media: "I live in one place but I consider myself a citizen of the world. I have foundations in 30 countries and I believe certain universal principles apply everywhere — including Arizona."

GRAPHIC: KEN LEUNG



This does not mean legalisation, only that a prosecuted drug user does not incur a damaging criminal record. This should become the case in WA next year.

Opponents of harm reduction policies and decriminalisation include parents of addicts. They argue it sends mixed messages and only helps to sustain a user's addiction, and can even result in their death.

They say abstinence is vital and urge a "tough love" approach with mandatory treatment in an environment that removes addicts from access to any drugs. They see drug courts, plus family and community support, as vital. Drug courts allow the option of mandatory treatment to fines or jail.

Geraldine Mullins, co-founder of the Australian Parent Movement, speaks for them all when she expresses concern about Mr Soros:

"He is powerful and he provides a lot of money for an international battle in which Australia is integral and is seen as being one of the most winnable reform targets."

"Without doubt, the drug-reform movement in Australia is closely allied to the Soros-supported movement in the US, so our efforts are dwarfed by comparison."

"To make things worse, those responsible for public health in Australia have been cleverly drawn into promoting strategies dressed up as compassion but are really about creating chaos in the system and opening the way for cannabis to eventually be sold like alcohol and tobacco."

"We all know the terrible social costs of alcohol and tobacco," Wendy Herbert, spokeswoman for the WA Coalition Against Drugs, agrees health officials have done too little to highlight the risk of addiction and mental illness in cannabis use.

She says the proposed laws will be a "green light" to normalising the practice.

"We believe most children can be taught to say 'no' if given information and family support, and not merely information to supposedly help them use drugs safely. No drugs are safe."

"We need a 'say no' approach backed by the law and by education and intervention for young people through mandatory counselling that involves families."

"People with an entrenched drug problem should be subjected to mandatory rehabilitation orders, perhaps via the Drug Court, to return them to a drug free state, which most

will welcome when achieved. For all this to happen, the illegality must stay. Very, very few people get criminal records for simple drug use anyway."

**I**N his 1995 autobiography, George Soros initially states he is "agnostic" on the big question of legalisation.

But later in the book, he says he could imagine the legalisation of "less harmful and less addictive" drugs might help society by reducing criminality "by around 80 per cent".

He says cannabis is non-addictive but that is wrong. Studies have proved up to 10 per cent of regular users can develop dependency.

"... I would have a strictly controlled distribution network for such drugs and keep prices low enough to destroy the drug trade," he says in the book.

"Once that was attained, I would keep raising the prices, very much like the excise duty on cigarettes, but I would make an exception for registered addicts in order to discourage crime."

Part of the tax income would go on prevention and treatment work, and he would foster "social opprobrium" of drug use.

## What cannabis does

AT THE basic level, cannabis can cause feelings of mild euphoria, relaxation, time distortion and intensification of ordinary sensory experiences. People can also become quiet and reflective, or sleepy. These effects are due to the proactive agent in cannabis, known as THC (Delta 9-tetrahydrocannabinol).

But there can be many other effects, including serious risks, especially where regular to heavy use is involved. They fall into two categories, of acute and chronic effects.

Acute effects are those that occur after a small dose or a small number of times of use.

They include heightened appetite (the "munchies"); reddening of the whites of the eyes; feelings of anxiety, panic and paranoia; impairment of short-term memory and concentration span, such that it becomes dangerous to drive a motor vehicle or operate machinery; and possible psychotic symptoms, such as hallucinations.

Chronic effects are those which can occur after a period of regular use (daily use over a period of years or decades).

These include possible cannabis addiction; probable

respiratory diseases; memory damage and decline in other intellectual skills which can particularly affect school performance and occupational performance in adults; risk of giving birth to low-weight babies; toxic psychosis; and increased risk of developing schizophrenia.

There can also be a loss of energy and motivation, known as amotivational syndrome; depression; reduced libido; and irregular menstrual cycles.

THCs do have anti-nausea properties which reportedly make the drug useful in some clinical settings. But it can be fatal when combined with alcohol because it suppresses the vomiting reflex in teenagers who smoke a joint or two and drink heavily.

Because of its ability to boost appetite, cannabis has been used as an anti-anorexic agent for patients with AIDS wasting syndrome.

But because of potentially serious side effects, the prescription drug in question, Marinol, comes with an information sheet warning that it can cause several of the acute effects mentioned above, including "full blown psychosis".