

Dear Adele Van Der Plas. Esq.,

I am writing after our discussion to provide expert testimony in the court proceedings involving the Santo Daime Church, Mr. Hans Bogers and Geraldine Fijneman. My credentials include over thirty years of scientific research in the field of drug abuse and public mental health mainly in the United States and Europe, but also in Asia and Africa. Currently, I am an officially recognized expert consultant for drug abuse for the Public Health Research Programme of the Directorate General XII of the Commission of the European Union and for the United Nations Drug International Control Programme. I currently teach and research in the Department of Psychiatry at Maastricht University, The Center of Drug and Social Policy Research at the University of Texas and the Institute of Socialization and Social Psychology of the Goethe University, Frankfurt am Main. My primary residence has been the Netherlands since 1984 where I was invited as the Tinbergen Professor at the Erasmus University Rotterdam and continued on in Rotterdam as the Professor for Addictive Diseases in the Medical Faculty and Founding Director of the Institute for Addiction Research (IVO). My current work is focused on the theme of the development and implementation of a public mental health approach to drug abuse.

While at Rotterdam, together with my assistants, we developed an original social science and public health theory of drug abuse that focused on what we called "rituals of regulation". Our thesis was that the harm caused by drug abuse involved breakdowns in rituals of regulation created by drug users in interaction with their communities. This theory was built out of a strong tradition and a continuing commitment unique to the Netherlands: that drug abuse and its related problems are primarily (not exclusively) issues of social processes. The risks associated with drug use are largely matters of disturbances in social control and the health behavior of individuals and social (risk) groups. All drugs have their beneficial and their adverse consequences and the particular outcome cannot be reduced to the pharmacological actions of any specific drug, but rather the interaction of these actions with set (psychological) and setting factors (social rituals and sanctions). This theory became a pillar of the current harm reduction approach that has become the official policy of the Netherlands and is considered one of the two dominant perspectives in international drug policy.

The current court case of the Santo Daime Church is of international importance since it provides a test case whether the use of a psychoactive and natural preparation in the ritual setting of a "new" religion is a risk or a benefit for the public mental health. My opinion is clear. I strongly feel that the work with ayahuasca as a sacrament of the Santo Daime Church has little risk for public health. The natural preparation has been used for centuries in the Amazon for religious and medical reasons without any acknowledged risks to public health. The use in Europe in the rituals of the Santo Daime Church has involved thousands of persons voluntarily seeking religious, spiritual truth and mental wellness without any serious reported problems. A student of mine in Frankfurt wrote his thesis on the Santo Daime Church in Brazil and Europe (Huttner, Jakob, 1999. "Santo Daime - eine neue

Heilsbewegung." ). The professor of historical anthropology at Institute of Historical Ethnology, Johann Wolfgang Goethe University, Frankfurt am Main. Prof. Dr. Klaus E. Mueller, a recognized expert on the new European religions, supervised the thesis and I functioned as the methodological consultant. The thesis provided ample evidence that the Santo Daime Church was a bona fide new European religion that is especially adapted to the religious crisis, rationalism and secularization that characterizes culture in our contemporary Europe. The religion fills a necessary moral gap left with the abandonment of traditional European religions by large segments of the rational and secularized population. The non-recognition of this new (and functional) religion by the State is tantamount to religious persecution, something that represents a serious infraction of basic human rights. Such an action in the Netherlands would be especially out of touch with the national heritage of religious toleration of "new" religions.

I would also be prepared to defend the argument the toleration of the practice of regulated, ritual use of "Daime" is in the interest of public (mental) health. In a recently published report by Jaap van der Stel commissioned by the "Raad voor Volksgezondheid en Zorg" and the "Raad voor Maatschappelijke Ontwikkeling" argues the most important principle in the social control of drugs is the degree to which the drugs are socially integrated. This principle has been argued by many professional experts as of crucial importance for the public health. The prohibition of socially integrated "rituals of regulation" can only have adverse effects on public health substituting criminalized rituals (with all of the accompanying mental stress and paranoia to the believer) for wholesome community-building rituals.

I have myself attended and participated in several Santo Daime rituals and have found them to be authentic religious experiences with high levels of social control. The leaders of the church currently on trial all have had enough significant health experience both as professionals and patients to recognize a public health danger if they saw one and to plan the rituals with public health in mind. Adverse reactions that I have seen are few and were probably the result of untreated mental disorders which come to the surface during the intense experience of the ritual. I found that the organizers were well aware of the problem and provided information and screening before the ritual to those who were motivated to explore this new religion. A fairly diverse group reflective of the normal Dutch society attended the rituals. A relatively high proportion of professionals and middle-aged persons who appeared to be well socially integrated participated.

This point is significant for my argument that there may be specific benefits for public mental health for certain risk groups in society. Non-repressive religious experience seems to be a protective factor to the public mental health. Surveys of the Dutch general population have indicated high levels of untreated mental health problems. The existing mental health services are well aware that they must outreach to this population who is in need of help. However, often, the consumer-patient does not find what they need in the existing system. Further more he or she is often faced with intolerable waiting lists. This accounts for a growing demand for alternative

and natural medicine and an increased public awareness of the need for healing (as opposed to treatment). One of the essential characteristics of the new religions is their concern for the provision of healing. This seems to be general in history. For example, early Calvinism with its strong emphasis on the healing of (original) sin through entrepreneurial, "this worldly asceticism" followed this pattern 400 years ago as a new European religion. I firmly believe the Santo Daime is providing a contemporary form of healing of the traumas and alienation that account for the high prevalence of mental health problems in the population of a secularized society that has abandoned the belief in original sin..

In closing, I would conclude that the use of "Daime" in a ritual context motivated by a search for spiritual and (mental) health provides an acceptable and minimal risk to public health and, in fact, is likely to provide an unseen benefit for our health system.

If there are any further questions or if I can be of any further assistance in helping the justice process, please feel free to contact me. With best wishes,

Prof. Dr. Charles D. Kaplan