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Attorneys for Plaintiffs

IN THE UNITED STATES DISTRICT COURT
DISTRICT OF OREGON
(Medford Division)

**THE CHURCH OF THE HOLY LIGHT OF
THE QUEEN**, a/k/a The Santo Daime Church,
an Oregon religious corporation, on its own
behalf and on behalf of all of its members,
JONATHAN GOLDMAN, individually and as
Spiritual Leader of the "Santo Daime Church,"
**JACQUELYN PRESTIDGE, MARY ROW,
M.D., MIRIAM RAMSEY, ALEXANDRA
BLISS YEAGER and SCOTT FERGUSON**,
members of the Santo Daime Church,

Plaintiffs,

v.

Civil No. 08-cv-03095-PA

**AMENDED EXPERT WITNESS
STATEMENT OF DR. JOHN
HALPERN**

MICHAEL B. MUKASEY, Attorney General
of the United States; **KARIN J. IMMERGUT**,
United States Attorney, District of Oregon;
HENRY M. PAULSON, Secretary of the U.S.
Department of the Treasury,

Defendants.

My name is John H. Halpern, M.D.

I have been asked to provide my expert opinions regarding the sacramental use of the Daime Tea used by the Santo Daime Church. In preparation for this report, I have reviewed the statement of Dr. Glacus De Souza Brito, dated March 2, 2000; the declaration of Charles S. Grob, M.D., dated March 30, 2000; the declaration of Charles Schuster, Ph.D., dated June 20, 2000; the declaration of David E. Nichols, Ph.D., dated June 22, 2000; the declaration of Natalia P. Urtiew, dated January 23, 2001; the declaration of Gary T. Sheridan, dated January 24, 2001; the declaration of Robert E. Dalton, dated January 24, 2001; the second declaration of David E. Nichols, Ph.D., dated February 7, 2001; the second declaration of Charles S. Grob, M.D., dated February 8, 2001; and the declaration of Mark Albert Kleiman, Ph.D., dated February 9, 2001. In addition, I have referenced many scientific journals in my accompanying Journal Article. Plaintiffs' Exhibit "7." In addition I have attended a Santo Daime ceremony in Brazil and have spoken with plaintiff Jonathan Goldman about Church practices. At the request of the plaintiffs, I attended a ceremony in Oregon two years ago. I have also interviewed 32 members of the Oregon Santo Daime Church as part of my study. I served as a research assistant to Dr. Rick Strassman who did a study on the effects of DMT in a controlled setting. *See* citation in Footnote 5, page 5, below. I also conducted a study with NIDA funds (in a Mentored Patient-Oriented Research Career Development Award) regarding the mental health and neurocognitive effects of sacramental use of peyote by members of the Native American Church.

I have testified as an expert in trial or at deposition twice since 2000. A list of those occurrences can be found on page 14 of my curriculum vitae which is attached hereto as Exhibit A.

THE MEDICAL AND PSYCHIATRIC SAFETY OF RELIGIOUS "AYAHUASCA" USE

INTRODUCTION

"Ayahuasca" is a liquid brewed from the vine *Banisteriopsis caapi* along with usually the leaves of *Psychotria viridis*. These plants are native to the Amazon Basin of South America and are collected in the wild and by cultivation. Ayahuasca is used by many indigenous South American cultures whose customs have shifted over time due to Western/European influences. Ayahuasca has different functions for these people, including the preservation and continuity of their religious and medical traditions, much of which dates back a few thousand years. In the 20th Century, syncretic religions of Christian and indigenous beliefs were formed in Brazil, which identify ayahuasca as their holy religious sacrament. The two largest, the Santo Daime which evolved in the 1920's, and the União do Vegetal (UDV) which began in the 1960's, have been recognized since the 1980's by the Brazilian Government as having a legitimate right to ingest an ayahuasca sacrament and are therefore afforded the full measure of religious protection under the law in Brazil.¹ To avoid confusion, it should be noted that the brew does have many names depending on geographical location, religion, and people. In addition to "ayahuasca" then, other synonymous terms include "hoasca" or "oasca," "yajé" or "yage," "caapi" or "kahpi," "cipó," "natema" or "natem," "dapa," "mihi," "vegetal," "tea," and "Daime." For the purposes of this report, I will use the term "Daime," as it is the chosen name for the Santo Daime's ayahuasca sacrament.

¹ Dr. Halpern, Dr. Juan Sanchez-Ramos, and Professor Jimmy Gurule submitted an Amicus Curiae Brief on September 5, 2005, supporting the position of the UDV in Gonzales v. O Centro Espirita, No.04-1084, On Writ of Certiorari to the Supreme Court. For purposes of this Declaration, I fully adopt the "Interest of the Amici Curiae" and "II. The Government Does Not Have A Compelling Interest in Prosecuting Sacramental Uses of the Hoasca." Pages 19-30. "Hoasca" is the term used by the UDV for their sacramental ayahuasca. Daime and Hoasca are both made from the same ingredients and all statements made in these sections of the Amicus Brief apply with equal force to the Santo Daime's ayahuasca sacrament, "Daime."

Banisteriopsis caapi is a large, rugged vine containing three chemical β -carboline alkaloids with mechanisms of action similar to certain FDA-approved anti-depressant, hypnotic/sedative, and anxiolytic medications. Psychoactivity commences within 1 hour of drinking a "sufficient amount" and continues for 1 to 2 hours, unless re-ingested. Yawning, emesis, and diarrhea often follows ingestion, but there are no known reports of chronic adverse reactions in the medical or anthropological literature. The three alkaloids are harmaline, harmine, and 1,2,3,4-tetrahydroharmine and are not listed in any Schedule of the Controlled Substances Act (CSA) of 1970 and successive Amendments.

Psychotria viridis is a small plant containing the Schedule I hallucinogen N,N-5,5-dimethyltryptamine (DMT). Numerous other trees, shrubs, and plants found in the Western Hemisphere (including the United States²) also contain DMT, a few of which are also used ceremonially, but not by the above-mentioned Brazilian religions. Neither of the plant species mentioned above are controlled substances. DMT is a very short-acting powerful hallucinogen when smoked, intranasally insufflated, or injected intravenously or intramuscularly. DMT is not orally absorbed (and therefore not psychoactive) unless a gut-lined enzyme, monoamine oxidase (MAO), is destroyed or temporarily inactivated. The three above-mentioned alkaloids of the *B. caapi* vine all possess reversible time-limited MAO inhibition, thereby permitting DMT absorption into the bloodstream and subsequent crossing of the blood-brain barrier. The two plants taken in combination, the typical Daimé brew, steadily induces a psychoactive effect as increasing MAO inhibition enables more remaining DMT to be absorbed through the gastrointestinal tract. With the first ingestion, DMT intoxication occurs within the first hour and then gradually subsides over the next 1 to 2 hours. DMT likely will be absorbed more efficiently on re-ingestion while MAO inhibition continues from the earlier and additional consumption of *B. caapi*.

Pure DMT is not often used for illicit hallucinogen intoxication in America and there are no known reports of ayahuasca, in general, and Daimé, in particular, being diverted to an illicit market anywhere. Human dose-response studies have been performed with synthetic DMT and some

²Halpern JH. Hallucinogens and Dissociative Agents Naturally Growing in the United States. *Pharmacology & Therapeutics*, 102(2):131-138, 2004. Paper first presented at workshop: "Psychoactive Botanical Products." Office of Dietary Supplements & National Institute on Drug Abuse, Rockville, MD, 9/9/03.

neuropsychological, anthropological, and neuroendocrine studies have been conducted with members of the UDV. These early studies conclude that DMT can safely be administered in a research or specific religious setting and that ayahuasca drinkers appear healthy and neurocognitively intact.

Indeed, under my direction, 32 (of approximately 40) current American members of one branch of the Santo Daime Church were interviewed providing demographic information, physical exam, drug use timeline, data about childhood conduct disorder, and careful psychiatric semi-structured interview and questionnaires about anxiety, depression, and general mental health were completed. Subjects were asked about extent of Church participation, what is liked least and most about Daime, and what health benefits or harms they attribute to Daime. These members usually attend services weekly (lifetime 269±314.7 ceremonies; range 20-1300). Physical exam and test scores revealed healthy subjects. Members claimed psychological and physical benefits from Daime. 19 subjects met lifetime criteria for a psychiatric disorder, with 6 in partial remission, 13 in full remission, and 8 reporting induction of remission through Church participation. 24 subjects had drug or alcohol abuse or dependence histories with 22 in full remission, and all 5 with prior alcohol dependence describing Church participation as the turning point in their recovery. This data was presented at a Poster Session of the 70th Annual Scientific Meeting of the College on Problems of Drug Dependence (CPDD), held in San Juan, Puerto Rico, June 14-19, 2008. This study's abstract, as part of CPDD's proceedings, will be published in the peer-reviewed journal *Drug and Alcohol Dependence*; the full manuscript will be published in a peer-reviewed medical journal to be determined.³ The research reveals that there are no apparent short or long term ill health affects associated with sacramental ingestion of Daime.

Turning to the research conducted thus far regarding the pharmacologic effects of DMT, as a chemical in the *P. viridis* plant, taken in combination with MAO inhibitors, as chemicals in the *B. caapi* plant, reveals that there is virtually no possibility of a human being consuming a sufficient quantity of the Daime to cause any immediate toxic or lethal effect.^{4,5}

- 3 Halpern JH, Sherwood AR, Passie T, Blackwell KC, Rutenber AJ (submitted for publication). Evidence of health and safety in American members of a religion that uses a hallucinogenic sacrament.
- 4 Callaway JC (1995). *Pharmahuasca* and contemporary ethnopharmacology. *Curare*; 18:395-398.
- 5 Strassman RJ (1996). Human psychopharmacology of N,N-dimethyltryptamine. *Behav. Brain Res*; 73:121-124.

PREPARATION OF DAIME

As mentioned above, Daime is made by harvesting the vine *B. caapi* and the leaves of *P. viridis*. Rituals and prayers are part of the collection and preparation process for the Santo Daime. Veneration of their holy sacrament includes pilgrimages for collecting the ingredients, and preparing the brew for a stated purpose such as for a specific prayer, religious holiday, or healing session. The traditional preparation of *B. caapi* is strenuous and time-consuming because the vine is a rugged, hard wood. Sections of the vine are cut and then beaten for hours in order to strip the bark and break apart the vine prior to boiling. This process maximizes the extraction of the β -carbolines. Santo Daime church members bond through this day-long ritual by sharing in the preparation of their holy sacrament and by offering hymn and prayer during this work. Typically, the preparation process is a happy time for church members and allows individuals to carefully reflect on their intentions for the coming use of their sacrament. Member's prayers over the brewing Daime may also extend to praying for the good health and emotional well-being of the extended church community that will eventually ingest this sacrament, even though they were unavailable for assisting in the preparation of Daime. The boiling of *B. caapi* takes many hours, with water carefully added such that there are several reductions of the brew. The leaves of *P. viridis* are typically added towards the end of the boiling of the *B. caapi* vine, as DMT quickly dissolves into the brew.

THE RELIGIOUS USE OF DAIME IS DISTINCT FROM ILLICIT DRUG USE

The Santo Daime religion reveals a clear and consistent religious doctrine striving to promote community and family values as well as a healthy work ethic. The use of Daime as a holy sacrament is the central facet in the expression of religious faith for members. This is a vital distinction to be appreciated, as the consumption of Daime as a sacrament is literally then the non-drug use of DMT.

It is scientifically inappropriate to refer to Daime as a hallucinogenic drug as compared to synthetic DMT. The Santo Daime's ingestion of their sacrament then has no relation to recreational drug use of synthetic DMT.

Recreational drug use of DMT remains illegal as set forth by this drug's listing in Schedule I of the CSA. Ingestion of Daime to "get high" is anathema to members and especially the leadership of Santo Daime, who consider the protection of Daime for only proper sacramental purposes as one of their highest responsibilities.

In fact, there is very clear precedent in the United States for permitting the sacramental ingestion of Daime, all the while acknowledging that it also contains a small amount of a chemical listed as a Schedule I substance in circumstances outside of an approved religious setting. Specifically, I refer to the protection of the sacramental use of the peyote cactus (*Lophophora williamsii*) by American citizens who belong to the Native American Church (NAC).

With reference to the neurocognitive risks from Daime use it might be helpful to consider similar evaluations of peyote. With grants from Harvard Medical School, the Heffter Research Institute, and especially the National Institute on Drug Abuse, I completed a study that focused on the neurocognitive effects from lifelong ingestion of peyote by members of the NAC. Final results concluded NAC members are just as neurocognitively healthy as non-peyote using controls.⁶ It is also readily apparent that the religious and visionary experiences NAC members experience during the peyote ceremony should not be properly defined as a hallucinogenic intoxication. Nevertheless, the peyote cactus, and its principle psychoactive alkaloid, mescaline, are both listed in Schedule I of the CSA. In the late 1800's through early 1900's in America, the NAC, a syncretic Christian religion, emerged in which peyote is employed as a sacrament. The NAC is now well established in the United States, despite peyote being a "Schedule I drug." NAC members are deeply offended when people unfamiliar with their religion question the sincerity of their faith and their customs, which they know to be healthy, healing, and promoting the type of family values that dominant American culture actually reveres. Indeed, the use of the term "hallucinogen" is both misleading and inaccurate when describing sacramental peyote use as well as sacramental Daime use. The NAC has over 300,000 members in the United States, making it the largest religion among Native American peoples. Over 2 million peyote "buttons" are

⁶ Halpern JH, Sherwood AR, Hudson JI, Yurgelun-Todd D, Pops HG Jr. Psychological and cognitive effects of long-term peyote use among Native Americans. *Biological Psychiatry*, 58:624-631, 2005.

consumed annually in the United States through a regulated system designed in partnership between the DEA, the Texas Department of Public Safety, and the NAC. This quietly successful partnership offers positive proof that it is possible to safely regulate the wide distribution of an otherwise Schedule I hallucinogen in America when religious freedom hangs in the balance.

There are other important similarities between the religious use of Daimé and peyote. Both have thousands of years of ritual use in the Western Hemisphere. Both may induce nausea and vomiting. They have only rarely been studied and described in peer-reviewed scientific journals. There are no published reports for either peyote or Daimé indicating that their religious use causes Hallucinogen Persisting Perceptual Disorder. There are no published reports of either Daimé or peyote causing any significant medical or psychological harm to members of these religions. Nor has peyote ever been reported to be a popular product of the illicit drug market in the United States. And Daimé has never been reported to be associated in any way with illicit drug markets. It is doubtful that either peyote or Daimé has ever been a minor drug trafficking problem in the United States. Moreover, both the leadership of the Santo Daimé and the NAC consistently state that they would inform law enforcement should they learn of any such illicit drug trafficking of their respective sacraments. These similarities may provide another layer of reassurance at the public policy level that Daimé, like peyote, appears safe for human consumption when taken in strict accordance with bona fide, traditionally accepted religious practices.

THE REAL AND POTENTIAL RISKS OF DAIMÉ TO INDIVIDUALS AND TO THE GENERAL POPULATION

As a physician, I am concerned that proven allopathic medicine not be supplanted with untested, unproved faith healing. I am familiar with the Santo Daimé religious tradition and am aware that the Church leaders do not preach that the ingestion of the sacramental Daimé will "cure" a disease. What they do preach is that taking the sacrament and following the doctrine will promote psychological and physical health in a holistic manner for Church members. I have not found any evidence to question this expression of their faith but have found evidence in support (see Footnote 3 above).

The United States has an important tradition of providing religious freedom even when the resulting exemptions have caused concern amongst the traditional medical community of which I am a member. Thus, religious

exemptions have been granted from vaccination (several religions), treatment by faith-based healers outside allopathic medicine (Christian Scientists), denial of mental illness/opposition to the use of therapeutic psychopharmacological treatments by membership (Scientology), refusal of transfusion of blood products even if known to be lifesaving (Jehova's Witnesses), and opposition to pregnancy abortion when the mother's life is clearly at risk (several religions or specific factions). I note again that the exemption request in this case does not raise any of the real health concerns referred to in the aforementioned exemptions.

Serious medical consequences from ingestion are the rare exceptions with all hallucinogens and physical trauma is typically secondary to activities performed while under the influence of the drug.⁷ Moreover, when a cardiovascular or other serious medical condition arises post hallucinogen ingestion, emergency medical teams generally correctly presume that the individual has taken a compound adulterated with a dangerous non-hallucinogenic substance.⁸

The psychoactive substances such as Daimon and peyote are not known to induce physical dependence. Tolerance is quite rapid, precluding a theoretical scenario in which daily ingestion (which is not a feature of either religion) might lead to physiological dependence. In general, then, these substances have a very low dependence liability.⁹ Generally, those who oppose the religious, medical, or psychotherapeutic use of hallucinogens have incorrectly labeled them as toxic to the CNS resulting in some sort of cognitive or emotional impairment. My review of the literature, which appeared in the CPDD sponsored journal *Drug and Alcohol Dependence*,¹⁰ places these beliefs in serious question as evidence to date supports continued intact cognitive functioning. There are, of course, risks associated with the ingestion of virtually every chemical substance, including those available over the counter, particularly when they are not utilized according to directions.

7 Carvey PM (1998). *Drug Action in the Central Nervous System*. New York: Oxford University Press. 365.

8 Hurlburt KM (1991). Drug-induced psychoses. *Emergency Medicine Clinics of North America*, 9: 31-52.

9 Carvey PM (1998). *Drug Action in the Central Nervous System*. New York: Oxford University Press. 366.

10 Halpern JH, Pope HG Jr (1999). Do Hallucinogens Cause Residual Neuropsychological Toxicity? *Drug Alcohol Dependence*; 53:247-256.

Most traditional users and healers in South America do not screen for specific medical problems because they view the sacramental substance as a direct vehicle for religious and healing sessions, in general, and assisting in diagnosing the nature of the disease presenting before them, in particular. When a Santo Daime congregant wishes to become a Church leader "Padrinho," he/she undergoes extensive training, which includes evaluating each person who desires to become a new church member to determine whether there are any conditions or predisposition to any illness that might render ingestion of the Daime undesirable. For example, the Santo Daime Church has developed a form entitled "Confidential Medical Record" that it proposes to use prior to permitting any participation in Church activities where the Daime might be consumed. These forms are structured to carefully screen for a variety of medical and psychiatric conditions that can then be reviewed by a physician should there be any questions about risks to physical or mental health. The documents clearly indicate that should there be any question about health, a new physical and access to medical and psychiatric records could be requested by Church officials. For example, the form asks individuals if they have ever taken certain psychotropic medications and whether they ever required a psychiatric hospitalization, and this question does provide an indirect way of inquiring about remote major psychiatric illness and psychotropic medication use.

CONCLUSIONS

I have recently reviewed the Brazilian Government 2006 CONAD report on the religious use of ayahuasca.¹¹ The CONAD report states:

For decades, the ritualistic use of *Ayahuasca* – a drink obtained from the decoction of the vine *Banisteriopsis caapi* (jagube, mariri, etc.) and the leaves of *Psychotria viridis* (chacrona, rainha etc.) – has been recognized by Brazilian society as a legitimate religious practice,¹² such that the conclusions of the reports and findings that resulted from the multidisciplinary studies determined by the former CONFEN in 1985 are more than current, when they

¹¹ CONAD is a drug policy arm of SISNAD, the National System of Public Policy on Drugs, and its decisions "must be complied with by organs and entities of the Brazilian Government" November 23, 2006. The Multidisciplinary Working Group, that wrote the CONAD report, was composed of six members. The Santo Daime and the UDV each provided two members. Another member was Dr. Edward John Baptista das Neves MacRae, who was advising the Multidisciplinary Working Group on issues relating to pharmacology and biochemistry. This member, Dr. MacRae, is now serving as an expert for the plaintiffs in this case.

¹² For the Santo Daime and UDV religions.

had verified that *"for many decades the use of Ayahuasca has been occurring without leading to any known social damage."*

The empirical evidence to date fails to establish any threat to individual or long-term health issues but does point to relative safety and possible additional physical and mental health benefits. There is no trafficking in Daimé in the United States. Daimé is not a recreational drug by any definition and is not likely to ever be a concern to the goals of drug enforcement for which the DEA has been chartered. Absent direct evidence that the Daimé is a serious health risk, and such evidence does not currently exist, there appears to be no scientific or medically valid reason to prohibit its ingestion as a bona fide religious sacrament. Finally, a Schedule I drug is, by definition, a drug with a high potential for abuse, which the Daimé clearly is not. In this regard then, there are no public health concerns that would justify criminalizing the Santo Daimé's use of their ayahuasca sacrament, Daimé.

To the extent that control over the Daimé is an interest we all have, I am convinced that the leadership of the Church, no less so than the leaders of the peyote religion, control the distribution of the sacrament limiting its availability to direct use only at prayer services.

The DEA already has in place an elaborate scheme for registering, controlling and accounting for thousand of drugs that are made or imported into this country. Registering the importation of the Daimé and requiring a strict accounting for its dissemination is expected to be a routine matter for the DEA without substantial burden on manpower and resources.

The members of the Santo Daimé Church should be granted the right to ingest its sacrament Daimé at religious services without threat of arrest or criminal prosecution in the United States.

In regard to this present legal matter, since 1999, I have been compensated at the rate of \$150/hour for relevant research and preparation of my declaration. I have been paid approximately \$2,000 to date.

My qualifications are set forth in my Curriculum Vitae, attached hereto as Exhibit A.

Pursuant to 28 USC § 1746, I declare under penalty of perjury that the foregoing is true and correct.

DATED this 5th day of November, 2008.

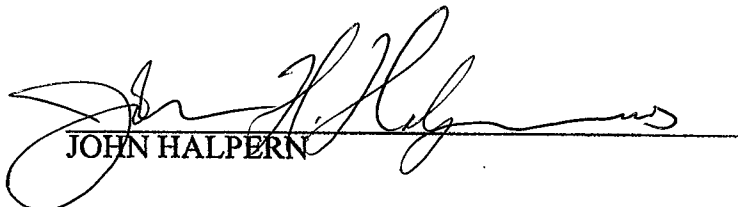

JOHN HALPERN

EXHIBIT A
(CURRICULUM VITAE)

TO
AMENDED EXPERT WITNESS
STATEMENT OF
JOHN HALPERN, M.D.

Case No. 08-cv-03095-PA

E-filed 12/1/08

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Education

1986 Hackley School, Tarrytown, NY.
1990 B.A. The University of Chicago, Chicago, IL. Biological Sciences with Honors.
1994 M.D. The State University of New York Health Science Center at Brooklyn, College of Medicine.

Post Graduate Training

7/94-12/94 Medical Internship, Carney Hospital, Boston, MA.
6/94-6/98 Psychiatry Resident, Harvard Longwood Psychiatry Residency Training Program, Boston, MA.
Clinical Fellow in Psychiatry, Harvard Medical School, Boston, MA.
7/97-6/03 Research Fellow, Clinical Neuroendocrinology Laboratory, Alcohol and Drug Abuse Research Center, Harvard Medical School-McLean Hospital, Belmont, MA.
7/97-6/03 Research Fellow, Biological Psychiatry Laboratory, Alcohol and Drug Abuse Research Center, Harvard Medical School-McLean Hospital, Belmont, MA.
7/98-6/99 Ethel Dupont-Warren Fellow, Harvard Medical School, Boston, MA.

Past Academic Position

7/98-3/06 Instructor in Psychiatry, Harvard Medical School, Boston, MA.

Current Academic Position

4/06- Assistant Professor of Psychiatry, Harvard Medical School, Boston, MA.

Current Positions

- 6/03- Associate Director of Substance Abuse Research, Biological Psychiatry Laboratory, Alcohol and Drug Abuse Research Center, McLean Hospital, Belmont, MA.
- 8/08- Director, Laboratory for Integrative Psychiatry, Addictions Division, McLean Hospital, Belmont, MA.

Current Hospital Privileges

- 4/06- Associate Psychiatrist, McLean Hospital, Belmont, MA.
7/98-3/06 Assistant Psychiatrist.

Awards and Grants

- 1997 APA Young Investigator Award. The 150th Annual Meeting of the American Psychiatric Association, San Diego, CA.
- 7/97-6/98; 8/99-6/00 National Research Service Award, National Institute on Drug Abuse, Rockville, MD. T32-DA-7252. Support for Postdoctoral Fellowship in drug abuse research, Alcohol and Drug Abuse Research Program, Alcohol and Drug Abuse Research Center, Harvard Medical School-McLean Hospital, Belmont, MA.
- 1998 1998 Laughlin Fellow of The American College of Psychiatrists.
- 7/98-6/99 Ethel Dupont-Warren Fellowship Award, Research Committee of the Consolidated Department of Psychiatry, Harvard Medical School, Boston, MA. Support for independent Postdoctoral Fellowship, Alcohol and Drug Abuse Research Program, Alcohol and Drug Abuse Research Center, Harvard Medical School-McLean Hospital, Belmont, MA.
- 7/98-6/99 Peter Livingston Fellowship Award, Research Committee of the Consolidated Department of Psychiatry, Harvard Medical School, Boston, MA.
- 7/98-6/02 Research Grant Award. The Heffter Research Institute, Santa Fe, NM. Support for protocol "Cognitive Effects of Substance Use in Native Americans."
- 9/00-8/04 Mentored Patient-Oriented Research Career Development Award (K23). National Institute on Drug Abuse, Rockville, MD. K23-DA00494. Support for career development, protocol "Cognitive Effects of Substance Use in Native Americans" (use of peyote or alcohol), and protocol "Neurocognitive Consequences of Long-Term Ecstasy Use."

- 9/01-2/06 Research Grant Award. The Multidisciplinary Association for Psychedelic Studies, Sarasota, FL. Support for protocols "Cognitive Effects of Substance Use in Native Americans," "Neurocognitive Consequences of Long-Term Ecstasy Use," and "Phase II Dose-Response Pilot Study of +/- 3,4-methylenedioxymethamphetamine (MDMA)-assisted Psychotherapy in Subjects with Anxiety Associated with Advanced Stage Cancer."
- 9/04- Original Research Grant, National Institute on Drug Abuse, Rockville, MD, 1 R01 DA017953-01A1. NIH grant support for protocol "Neurocognitive Consequences of Long-Term Ecstasy Use."
- 2005- Listed in Marquis' *Who's Who in America*.
- 5/06- Major Donation. Mr. Peter Lewis. Support for protocol "Phase II Dose-Response Pilot Study of +/- 3,4-methylenedioxymethamphetamine (MDMA)-assisted Psychotherapy in Subjects with Anxiety Associated with Advanced Stage Cancer."

Prior Research Experience

- 1989 The University of Chicago, Chicago, IL.
Research Assistant under Morris Goldman, M.D. Project in self-induced water intoxication and schizophrenia. Volunteer at Illinois State Psychiatric Institute.
- 1989-1990 Ben May Institute, The University of Chicago, Chicago, IL.
Research Assistant under Jeffrey Bluestone, M.D. Project in cloning and characterization of murine T-cell receptor genes. Participated in engineering DNA constructs for injection into transgenic mice.
- 1994 The University of New Mexico, Albuquerque, NM.
Fourth year medical student Psychiatry Research Elective under Rick Strassman, M.D. Assisted in the collection of data on the dose response of the hallucinogen dimethyltryptamine (DMT) in human volunteers.
- 7/97-6/00 Alcohol and Drug Abuse Research Program, Alcohol and Drug Abuse Research Center, Harvard Medical School, Harvard University, McLean Hospital, Belmont, MA.
Research Fellowship under Jack Mendelson, M.D. Participated in projects on potential pharmacotherapy of cocaine dependency and cocaine's acute neuroendocrine and immunologic effects in humans. Separate project ran concurrently under Harrison G. Pope, Jr., M.D. on the neurocognitive effects of chronic hallucinogen use or alcoholism in a Native American population; project continued under above-noted K23 Career Development Award.

Publications

Peer Reviewed Articles

Halpern JH. The Use of Hallucinogens in the Treatment of Addiction. *Addiction Research*, 4(2):177-189, 1996.

Halpern JH, Pope HG Jr. Do Hallucinogens Cause Residual Neuropsychological Toxicity? *Drug and Alcohol Dependence*, 53:247-256, 1999.

Halpern JH, Pope HG Jr. Hallucinogens on the Internet: A Vast New Source of Underground Drug Information. *American Journal of Psychiatry*, 158(3):481-483, 2001.

Mendelson JH, Mello NK, Sholar MB, Siegel AJ, Mutschler N, Halpern J. Temporal Concordance of Cocaine Effects on Mood States and Neuroendocrine Hormones. *Psychoneuroendocrinology*, 27:71-82, 2002.

Halpern JH, Pope HG Jr. Hallucinogen Persisting Perception Disorder: What Do We Know After 50 Years? *Drug and Alcohol Dependence*, 69(2):109-119, 2003.

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Duckworth K, Halpern JH, Schutt RK, Gillespie C. Use of Schizophrenia as Metaphor in U.S. Newspapers. *Psychiatric Services*, 54:1402-1404, 2003.

Halpern JH. Hallucinogens and Dissociative Agents Naturally Growing in the United States. *Pharmacology & Therapeutics*, 102(2):131-138, 2004.

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Posters / Presentations

Halpern JH. The Use of Hallucinogens in the Treatment of Addiction. Harvard Research Day. Consolidated Department of Psychiatry, Harvard Medical School, Boston, MA, 3/14/96.

Halpern JH. The Use of Hallucinogens in the Treatment of Addiction. NEDH Scientific Symposium. New England Deaconess Hospital, Boston, MA, 5/11/96.

Halpern JH. Group Psychotherapy in the Detox Setting (Grand Rounds). Detox Unit, Dimock Community Health Center, Roxbury, MA, 1/24/97.

Halpern JH, Halpern AL. Addiction Treatment in the 21st Century: New Therapeutic Approaches and its Forensic Implications. The 49th Annual Meeting of the American Academy of Forensic Sciences, New York, NY, 2/22/97.

Halpern JH, Halpern AL. Anti-craving Chemotherapy: Anticipated Boon for Courts, Corrections, and the Addict Offender. The 6th International Conference of The International Association for Forensic Psychotherapy, London, England, 4/26/97.

Halpern JH, Pope HG. Neurocognitive Deficits in a Peyote Consuming Population. The Young Investigators' Research Colloquium of the 150th Annual Meeting of the American Psychiatric Association, San Diego, CA, 5/18/97.

Halpern JH, Mendelson J, Glowacki J, Sholar M, Lesieur-Brooks A, Pesok A. Diminished Cytokine IL-6 Response in Men and Women After I.V. Cocaine Administration. Harvard Research Day. Consolidated Department of Psychiatry, Harvard Medical School, Boston, MA, 4/22/98.

Halpern JH, Mendelson JH, Glowacki J, Sholar MB, Lesieur-Brooks A, Siegel AJ, Pesok AL. Diminished Cytokine IL-6 Response in Men and Women After I.V. Cocaine Administration (oral presentation). Sixtieth Annual Scientific Meeting of the College on Problems of Drug Dependence, Scottsdale, AZ, 6/14/98.

Mendelson JH, Sholar MB, Mello NK, Siegel AJ, Halpern JH. Cocaine Pharmacokinetics in Men and in Women During Two Phases of the Menstrual Cycle. Sixtieth Annual Scientific Meeting of the College on Problems of Drug Dependence, Scottsdale, AZ, 6/14/98.

Sholar MB, Mendelson JH, Mello NK, Siegel AJ, Halpern JH. Gender Differences in ACTH and Cortisol Responses to I.V. Cocaine Administration. Sixtieth Annual Scientific Meeting of the College on Problems of Drug Dependence, Scottsdale, AZ, 6/14/98.

Halpern JH. Neurocognitive Evaluation of a Peyote Consuming Population (Grand Rounds). The Massachusetts General Hospital, Boston, MA, 4/28/99.

Halpern JH, Pope HG Jr. Hallucinogens on the Internet: A Vast Underground Psychedelic Resource. Sixty-First Annual Scientific Meeting of the College on Problems of Drug Dependence, Acapulco, Mexico, 6/15/99.

Halpern JH. Neurocognitive Effects of Chronic Hallucinogen Use (Neuroscience Seminar Series). McLean Hospital, Belmont, MA, 9/20/99.

Halpern JH. Assessment of the Neurocognitive Functioning of Long-Term Hallucinogen Users: Implications for Clinical Hallucinogen Research. Third International Congress of the European College for the Study of Consciousness, Basel, Switzerland, 11/13/99.

Halpern JH. Hallucinogens: Illicit Use, Religious Use, and American Research (Psychopharmacology Grand Rounds). McLean Hospital, Belmont, MA, 10/19/00.

Halpern JH. Controversial Drugs in Health Care (Lecture sponsored by the MCPHS Faculty Development Committee). Massachusetts College of Pharmacy and Health Sciences, Boston, MA, 11/16/00.

Halpern JH. Legal Invasion of Privacy: Psychiatrists Beware! Presented at Workshop on "The Individual versus the State: Patients' Privacy and Abuses of Psychiatry," 154th Annual Meeting of the American Psychiatric Association, New Orleans, LA, 5/8/01.

Halpern JH. Hallucinogens: Religious Use, Illicit Use, and Current Psychiatric Research. Presented at (and Co-Chair of) Workshop on "Hallucinogens: Religious Use, Illicit Use, and Current Psychiatric Research," 154th Annual Meeting of the American Psychiatric Association, New Orleans, LA, 5/10/01.

Halpern JH, Pope HG Jr. Neuropsychological Effects of Long-Term Hallucinogen Use in Native Americans (oral presentation). Sixty-Third Annual Scientific Meeting of the College on Problems of Drug Dependence, Scottsdale, AZ, 6/18/01.

Halpern JH (Co-chair). Debate: The Use of Psychedelics in Therapy. Addictions 2001 Meeting of the International Society of Addiction Medicine, Tel Aviv, Israel, 9/9/01.

Halpern JH. Neurocognitive Consequences of MDMA and Marijuana. Addictions 2001 Meeting of the International Society of Addiction Medicine, Tel Aviv, Israel, 9/10/01.

Halpern JH. Mescaline: Clinical Neurocognitive Toxicity and Treatment Profile for Severe Alcoholism. Addictions 2001 Meeting of the International Society of Addiction Medicine, Tel Aviv, Israel, 9/10/01.

Halpern JH. Ethnopharmacology of Psychedelics: From Ancient Rites to Modern Therapies. Regional Meeting of the American Chemistry Society, Cambridge, MA, 5/16/02.

Halpern JH. Lecture and Discussant. Workshop: "Youth, the Internet, and Drug Use." National Institute on Drug Abuse, Rockville, MD, 6/6/02.

Halpern JH, Pope HG Jr, Sherwood A, Hudson JI, Yurgelun-Todd D. Neuropsychological Effects of Long-Term Hallucinogen Use Versus Alcoholism in Native Americans: Cultural Limitations of Tests. Sixty-Forth Annual Scientific Meeting of the College on Problems of Drug Dependence, Quebec, Canada, 6/18/02.

Halpern JH. Lecture and Discussant. Workshop: "Psychoactive Botanical Products." Office of Dietary Supplements & National Institute on Drug Abuse, Rockville, MD, 9/9/03.

Halpern JH. Lecture and Discussant. Residual Neuropsychological Effects of Illicit 3,4-Methylenedioxymethamphetamine (MDMA) in Individuals with Minimal Exposure to Other Drugs: Pilot Data from "Pure" Users versus Controls. For symposium, "MDMA Neurotoxicity in Humans: Current Status and Future Prospects." Collegium Internationale Neuro-Psychopharmacologicum, XXIV Congress, Paris, 6/24/04.

Halpern JH. Lecture and Discussant. Workshop: "Naturceuticals (Natural Products), Nutraceuticals, Herbal Botanicals, and Psychoactives: Drug Discovery and Drug-Drug Interactions." National Institute on Drug Abuse, Baltimore, MD, 11/05/04.

Sewell RA, Halpern JH, Pope HG Jr. "The Treatment of Cluster Headaches with Indole-Ring Hallucinogens." Harvard Department of Psychiatry Research Day, Boston, MA, 3/30/05.

Halpern JH. Lecture. Hallucinogens: Neurocognitive Sequelae From Long-Term Use and the Importance of Re-Investigating Their Medicotherapeutic Potentials. Behavioral Pharmacology Research Unit, Department of Psychiatry, Johns Hopkins School of Medicine, Johns Hopkins University, Baltimore, MD, 5/3/05.

Halpern, JH. Lecture and Panelist. Cognitive Effects of Substance Abuse in Native Americans. For the session "Advances in Clinical Neuroscience, Development, and Behavioral Treatment Research" of the conference "Bridging Science and Culture to Improve Drug Abuse Research in Minority Communities." National Institute on Drug Abuse, Atlanta, GA, 10/24/05.

Halpern JH. The Research of MDMA-Assisted Psychotherapy as a Treatment for the Clinical Anxiety of the Dying (Grand Rounds). McLean Hospital, Belmont, MA, 11/03/05.

Sewell RA, Halpern JH. Response of Cluster Headache to LSD and Psilocybin. 17th Annual Meeting of the American Neuropsychiatric Association, 2/21/06.

Halpern JH. Hallucinogens: Harms, Potentials, and Religious Users. 4th Annual Symposium, "Current Trends in Drug Abuse Research." The Center for Drug Discovery, Northeastern University, Boston, MA 4/12/06.

Sewell RA, Halpern JH. Response of Cluster Headache to LSD and Psilocybin. 114th Annual Meeting of the American Psychiatric Association, 5/21/06.

Halpern JH. Advances in the Treatment of Alcohol and Drug Addiction. American Conference on Psychiatric Disorders, New York, NY, 6/24/06.

Halpern JH. Ecstatic States in Psychotherapy and Their Relevance for Mental Health. International Congress on Ecstatic States: Phenomenon, Experience, Healing. Hannover Medical School, Hannover, Germany, 5/24/2008.

Halpern JH. Update on Therapeutic Research of Hallucinogens (Invited Lecture). Department for Psychiatry, Social Psychiatry and Psychotherapy, Hannover Medical School, Hannover, Germany, 5/28/2008.

Halpern JH, Sherwood A, Passie T, Rutenber J. Use of a Hallucinogenic Sacrament by American Members of the Santo Daime Church: Evidence of Safety (Poster). Seventy-First Annual Scientific Meeting of the College on Problems of Drug Dependence, San Juan, PR, 6/17/08.

Peer Review Services

- 1999 *The Oxford Handbook of Clinical Medicine: American Edition*. Oxford University Press, Inc., 1999 (ISBN: 019512572X).
- 2002 *American Journal of Psychiatry*
- 2003 *Archives of General Psychiatry*
Drug and Alcohol Dependence
Journal of Clinical Psychiatry
Social Science & Medicine
- 2004 *American Journal of Psychiatry*
Drug and Alcohol Dependence
Journal of Clinical Psychiatry
Primary Psychiatry
- 2005 *American Journal of Psychiatry*
Cognitive and Behavioral Neurology
Drug and Alcohol Dependence
Experimental & Clinical Psychopharmacology
Forensic Science International
Journal of Clinical Psychiatry
- 2006 *Archives of General Psychiatry*
Drug and Alcohol Dependence
Evidence Based Complementary and Alternative Medicine
Experimental & Clinical Psychopharmacology
Journal of Clinical Psychiatry
Substance Abuse Treatment, Prevention, and Policy
- 2007 *Drug and Alcohol Dependence*
Experimental & Clinical Psychopharmacology
Forensic Science International
- Journal of Clinical Psychiatry*
 Journal of Psychopharmacology

Journal of Psychosomatic Research
Pharmacological Research
Philosophy, Ethics, and Humanities in Medicine

2008 *Biological Psychiatry*
Journal of Psychopharmacology
Journal of Psychosomatic Research

Dissertation Committee

2006 "Metamemory, Memory and Executive Function in Recreational Ecstasy-Polydrug Users." Gill Inder Bedi, Ph.D. Candidate, Monash University, Melbourne, Australia.

NIH Review Services

11/04/05 Member, Center for Scientific Review Special Emphasis Panel, ZRG1 BBBP-D (03): Drug Effects on Biobehavioral Regulation.
6/04/07 Reviewer, NIDA Small Business Innovative Research (SBIR) project, "Discovery and Study of Psychoactive Components of Botanicals."
10/20-21/08 Member, Center for Scientific Review Special Emphasis Panel, 2009/01 ZRG1 DIG-A (50)R: Native American Research Centers for Health.

Editorial Board

2005- *American Psychiatry News* (formerly *CNS News*)
2008- *ISL-Psychiatry Research*, Editor-in-Chief. (1st)

Organizations

1990-2006 Member, American Medical Association.
1990- Member, *Sigma Xi*.
1990-1995 Member, Medical Society of The State of New York.
1992-1995 Member, Drug Abuse Committee.
1995- Member, American Psychiatric Association.
2006-2009 Member, Committee on Training and Education in Addiction Psychiatry
1995- Member, Massachusetts Psychiatric Society.
1995-2001 Special Consultant, Heffter Research Institute.
1996- Member, Massachusetts Medical Society.
1997-2001 Fellow, Boston Medical Library.
1997- Member, American Academy of Forensic Sciences.
2003- Member, Psychiatry & Behavioral Science Section Task Force on Addiction.
2001- Member, American Academy of Psychiatry and the Law.
2004- Member, American College of Psychiatrists.
2007- Regular Member, College on Problems of Drug Dependence
2008- Member, Underrepresented Populations Committee

Licensure

- 1995 Diplomat, National Board of Medical Examiners (USMLE).
- 1996- Medical License, Board of Registration in Medicine, Commonwealth of Massachusetts (#150283).
- 1997- DEA II-V Registration (#BH4926878)
- 1999- Diplomat, American Board of Psychiatry and Neurology (Board Certification # 46440)
- 2004- DEA Buprenorphine Registration (#XH4926878)

Expert Witness Testimony

- 2000 State of Florida v. Valessa Robinson. Case No. 98-11873. Murder case involving hallucinogen intoxication.
- 2002 State of Michigan, in the Circuit Court for the County of Newaygo, Family Division. Case No. 98-000744-DM; In the Matter of Fowler v. Fowler. Family Court hearing involving Native American parental rights to include a child in peyote prayer services of the Native American Church.

CERTIFICATE OF SERVICE

I hereby certify that I served the foregoing AMENDED EXPERT WITNESS STATEMENT OF DR. JOHN HALPERN on:

Eric Joseph Beane / Brigham J. Bowen / Julie Straus / Lily Farel
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by mailing a copy thereof in a sealed, first-class postage prepaid envelope, addressed to each attorney's last-known address and depositing in the U.S. mail at Portland, Oregon on the date set forth below;

by causing a copy thereof to be hand-delivered to said attorneys at each attorney's last-known office address on the date set forth below;

by sending a copy thereof via overnight courier in a sealed, prepaid envelope, addressed to each attorney's last-known address on the date set forth below;

by faxing a copy thereof to each attorney's last-known facsimile number on the date set forth below; or

by filing electronically via the court's CM/ECF system.

DATED this 1st day of December, 2008.

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