

SACRAMENT OF TRANSITION PROTOCOL FOR IBOGAINA INITIATIONS

Anže Tavčar

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1.

The Sacrament of Transition is a religious community registered with the Office for Religious Communities of the Republic of Slovenia since 1999 in compliance with all applicable laws. The religion of Sacrament of Transition is based upon an initiation ritual in which the Holy Sacrament or IBOgaine in one of its forms is administered by the supervising priest to the prospective initiate. It is not necessary to ingest ibogaine to become a member of this religious community. Although ibogaine is primarily used to stimulate spiritual insights and religious experiences, some people approach the initiation with a notion of health improvement, mainly those who suffer from some form of chemical dependence. Under no circumstances will the Sacrament of Transition priests claim to or attempt to heal or treat any medical condition. That would be in conflict with certain laws of the Republic of Slovenia, by which only medical doctors are allowed to treat a disease, using only the medicinal drugs enlisted in the official Pharmacopoeia. However, the Sacrament of Transition priests are competent to give the prospective initiates all information they need for successful initiation, whether they are drug users or not.

Even though it is based in Slovenia, the Sacrament of Transition loosely hosts or incorporates an almost worldwide network of priests from the United States and Canada to Europe and South Africa. The information flow amongst them via internet provides for thorough knowledge of remarkable details. While not every priest is an initiation practitioner, those who are have first--hand experience with ibogaine and consequently they are thoroughly aware of the sacred state of consciousness the person is experiencing during the initiation act.

There is no single and uniform ibogaine administration protocol in power for the Sacrament of Transition priests. They are free to conduct the initiations by applying their own, in some details unique, but mostly communally acknowledged know-how and methods of ibogaine administration techniques. Initiations may therefore differ significantly from one priest to another. The protocol described here is the one practiced by the founder and the IBOkybernetes (the highest rank of priests, equivalent of the Pope :-) of the Sacrament of Transition, Marko Reza Resinovič. This protocol is generally in use by other Slovenian priests too.

2.

The ibogaine used in initiations by Marko Reza is a high quality, 98% pure ibogaine hydrochloride (HCl). Other priests may use some of a few different products available, namely scrapes of the iboga root bark, the so-called Indra extract, other more or less purified extracts in the HCl form or combinations of them. The use of root bark and extracts other than the first mentioned is not prohibited within the Sacrament of Transition, but kindly not recommended and discouraged for various good reasons. The most important are:

- (1) Unreliability of certain types of iboga and ibogaine;
- (2) Difficulties in assessing the correct dosage with non-standardized materials;
- (3) The effects of other alkaloids in the iboga root bark and lower purity ibogaine extracts; and
- (4) The sheer quantity of the iboga root bark that causes vomiting in combination with its taste and effects.

The dosage regimen of ibogaine HCl in the Sacrament of Transition initiation rituals is the following:

- (1) 12 mg/kg for women and sensitive initiates;
- (2) 14 mg/kg is the standard initiation dose for spiritual seekers; and
- (3) 16-20 mg/kg for opiate and/or stimulant abusers.

This, however, is not a rigid rule. Every priest has his own methods of assessing the dosage in relationship to a number of variables. The most important variables considered are:

- (1) Previous initiations or ibogaine treatments;
- (2) Psychophysical condition and age of the prospective initiate;
- (3) The length, stage and substance of previous drug (ab)use; and
- (4) Personal 'gut feeling' of the priest.

Ibogaine is hand-packed into vegetarian gelatin capsules (which are carefully wiped with paper tissue after filling to remove ibogaine specks attached to them) and usually administered orally in a single dose. A booster dose is prepared in case of excretion of a larger portion of the first dose, or in the case of spiritual seekers demanding a stronger dose (which rarely happens). There is a possibility of rectal administration, if the initiate cannot hold ibogaine down long enough to digest it, but this is almost never necessary.

3.

The process begins with the prospective initiate demanding information about initiation. All telephone calls are transferred to e-mail communication which allows storage of the data given to the priest. The exact and honest information from the side of prospective initiate is of paramount importance, because medical tests are not necessary for acceding to the initiation.

The preparation for initiation can take weeks or even months. The priest must gather all the necessary data about the prospective initiate, he tries to get to know him/her and his/hers motivations and health issues as thoroughly as possible. Family issues, employment, medical insurance, social status, goals in life etc. are all variables which come in handy in counseling the sometimes 'lost' individuals searching for the 'magic cure'.

The individual interested in initiation is encouraged to learn about ibogaine from available sources, mainly from the internet and/or available printed literature. They are advised not to give much credence to experience reports; due to the extreme subjectivity of every single entheogen experience, it is better to approach ibogaine with no well-structured expectations.

4.

As medical tests such as EKG and liver function test are not necessary for inclusion – although they are warmly advised – most inclusion/exclusion criteria are based on self-asserted statements by the prospective initiates, made mostly during the e-mail communication period. If they state physical or mental condition adverse to ibogaine administration, they are – of course – excluded. They can nevertheless join the Sacrament of Transition without having been initiated.

INCLUSION CRITERIA

- The prospective initiate accedes to initiation voluntarily and signs an accession document. By signing this document the subject declares that:
 - He/she is fully acquainted with the course of initiation.
 - He/she will follow all instructions given by the priest.
 - He/she is physically and psychologically healthy and feels capable of enduring the initiation.
 - He/she accepts all material and moral responsibility of and for the initiation and its effects upon him/herself.
 - He/she is acquainted with possible side effects of the initiation and, in the case of their onset, will neither blame the Sacrament of Transition nor its priests.

- Prior to the initiation act, the prospective initiate must provide the contact number of the next of kin and a medical insurance card.

- It is required they turn off their cell phones, pagers or any portable electronic devices and relinquish them to the priest for the duration of the experience.
- In compliance with Article 10 of The Religious Freedom Act of the Republic of Slovenia, a minor who has turned fifteen has the right to make their own decisions regarding their religious freedom. Therefore a minor over fifteen could proceed to initiation if he/she decided to do so voluntarily, but the written consent of their parents or legal guardians is mandatory.

EXCLUSION CRITERIA

- Pregnant women, very old people, minors under fifteen and people in general poor health cannot take part in the initiation.
- Women cannot take part during their menstrual period.
- People with heart condition, high blood pressure, schizophrenia, psychosis, HIV, symptomatic hepatitis C, tuberculosis, gastrointestinal diseases or other adverse medical conditions.
- People who are taking various mental health medications or medications that could interact with ibogaine.
- People who are not willing to follow the instructions by the priest. The priest reserves the right not to initiate anyone, for whichever reason.

5.

All initiations in Slovenia are conducted in private apartments. There are no clinical settings available for initiations. Initiations in rented places, i.e. hotel rooms, are not attempted. If there is a good reason, a priest might agree to conduct the initiation at the prospective initiate's residence, but this seldom happens.

The seat of the Sacrament of Transition is a functional two-bedroom apartment (used only for initiations – nobody lives there) in Maribor, a pleasant town in NE Slovenia. Many prospective initiates expect some sort of sacred place, a church or a chapel, but in reality, as all initiations are conducted with one priest (occasionally two) and always only one initiate at a time, there is no need for larger communal facilities.

The prospective initiate ideally arrives in the evening some twelve hours before the initiation ritual. This extra time allows the priest to get to know the person better and to prevent him/her from taking any drugs. If the person arrives in the company of family members, relatives or friends, they are invited to join the initial discussion, so that information given by the prospective initiate to the priest can be at least partially verified. At this stage, the prospective initiate must cover the expenses of the initiation ritual with a suitable donation.

If the prospective initiate is drug dependent, he/she usually arrives with symptoms of withdrawal crisis. If he/she has some appetite, a light vegetarian dinner is prepared. Water, juice or isotonic beverages are available in abundance for it is necessary to be well-hydrated in order to eliminate some residue opiate and other toxins from the body.

The following morning begins around seven o'clock with the soon-to-be initiate consuming 1-2 (50-100 mg) dimenhydrinatum motion sickness prevention pills with a sip of water on an empty stomach. Some forty-five minutes later the person is ready for initiation to take place.

During this period, all electronic devices brought by the initiate are turned off and put aside along with all (removable) metal objects the person is wearing, such as earrings, piercings, rings, wrist watch, etc. Personal identification and medical insurance card also have to be easily accessible in the case of emergency.

The two-bedroom apartment for initiations is prepared, aired and equipped with utensils: two buckets are needed, one for urinating and the other for vomiting. Paper tissues are needed along with some spare sheets and bedding. During the initiation act, all drinks are served in a plastic cup with a straw.

Final instructions about the effects of ibogaine are given by the priest. The initiate is informed about some aspects of ibogaine trance state, i.e. how the effects begin to unfold at the onset, how to handle eventual unpleasant visions (by wishing them to change, by opening the eyes), the necessity of not resisting the stream or flow of ibogaine action, the distortion of time perception, etc. The initiate is again informed that he/she will not be able to move much under the influence. In case of any need to move, i.e. to relieve him/herself or to drink, this should not be attempted by the initiate alone. The priest should always be called for assistance. It is emphasized that the priest will constantly stay nearby and is there to provide help and support and fulfill whatever the needs of or requirements by the initiate may be.

Women are specifically advised not to traverse any doors or passages seen in ibogaine visions in case they might lead to 'the otherworld'.

As a final preparation procedure, ibogaine in capsules is presented to the initiate. He/she is left alone in the room for a while to meditate or pray over the ibogaine and to try to imprint his/her motivation, thoughts and the reasons for taking it upon the substance. Even if the person does not believe that thoughts can influence the material world, this pre-ritual has an effect. The person's mind gets focused or set upon the psychological issues that ibogaine is supposed to alleviate.

Finally, the initiate ingests ibogaine capsules, usually with a sip of some fruit or vegetable juice, but never with water. Dressed in comfortable and loose clothing he/she retires to the darkened initiation room.

Under no circumstances is the initiate under the influence of ibogaine left alone in the apartment. The priest is constantly present. An accurate timetable of all events during the initiation is recorded. In one way or another, the priest constantly monitors the initiate.

After the onset of ibogaine action, the initiate is checked upon in intervals of 15-30 minutes or less, usually without being interrupted. Later, in the second phase, this interval extends to about one hour; in addition, the check-ups are performed when necessary. At the slightest sign of discomfort, the priest examines out the initiate and offers assistance. The body temperature, pulse and breathing pattern are monitored frequently. If the initiate vomits, the excrement is carefully examined for content of ibogaine powder. A booster dose is considered if a large quantity of powder is excreted.

The entire initiation process usually unfolds in 24-36 hours. No relief medication is provided to the restless and sleepless initiates; they are encouraged to endure this mostly unpleasant state and are reassured that their condition will improve in a couple of days.

Because of the tolerance resetting, the initiates with previous drug dependence are advised to be extremely cautious if they return to opiate use after the initiation. Drinking plenty of water, sauna and hot baths, the latter especially with the addition of cider vinegar, are recommended for body cleansing. It is best not to drive a car or operate heavy machinery for a few days after the initiation.

The Sacrament of Transition provides no particular aftercare for initiates. How they will manage their lives after they have been given the 'window of opportunity' for personal change, is entirely their matter. Many initiates stay in touch with priest(s) for some period. If initiates with previous drug dependence relapse into drug abuse, they often ask for a second initiation, but it is recommended that they wait for at least 33 days after the first session. Smaller doses are administered for the second and any subsequent time.

6.

In the Republic of Slovenia, ibogaine is an unregulated substance. There are no legal restrictions regulating the possession and use of ibogaine. However, importing and selling it is controversial. Medicinal use of ibogaine is prohibited.

There are several advantages of ibogaine provided as the Holy Sacrament in a religious setting under the protection of the religious freedom act. There are some benefits for the priests as well as the prospective initiates. The priests can (at least in theory) rely upon:

(1) Their actions as ibogaine providers are protected by the religious freedom laws. The state must not interfere with religious matters.

(2) The mission of the Sacrament of Transition is clearly stated; the initiation is not a treatment of any kind, it is a religious activity.

(3) In case of health emergencies (for example if the initiate has to see a doctor) they can plausibly explain their actions.

However, there are some difficulties. There is no guarantee that the status of the priest will be recognized by the law enforcement agencies. There is an obvious discrepancy in the recognition of the priesthood status between prevalent Roman Catholic Church, other Christian denominations and smaller Slovenian religions.

The benefits from the side of the prospective initiates are evident:

(1) The cost of initiation is reduced to a minimum; it is available even to the most socially vulnerable populations.

(2) They are initiated in a friendly, informal environment, assisted by the ibogaine experienced priest.

(3) They do not feel like guinea pigs, attached to the medical monitoring, screening or research devices.

Unfortunately, these benefits can be two-sided both for the priest and the initiate. The lack of pre-ibogaine medical tests could easily lead to false statements or lies about the prospective initiate's health, which could even endanger one's life. Therefore the priest should always remind the prospective initiate about fatalities related to ibogaine use.

It is estimated that approximately 180 initiations have been conducted in Slovenia since 1995. Although conducted mostly without medical pre-testing, these initiations were

successfully carried out (meaning there were no hospitalizations or other inconveniences). Perhaps this was pure luck, but most probably this is due to the experience, faith and know-how of the priests.

The connotation of prescribed religious activities can sometimes be negative. Smaller religious communities are constantly designated as 'sects'. It is easy to imagine that a religion that provides some weird African hallucinogen to opioid dependent believers would be stigmatized and viewed upon as troublesome. That, however, is not a noticeable attitude in Slovenia. Apart from recent tabloid allegations about a 'drug dealing religion', there have not been many media attacks on the Sacrament of Transition, although it is hard to imagine that everybody would agree with it.

Anyhow, the membership in the Sacrament of Transition is mandatory only during the three-day initiation period. A single copy of the accession statement is archived. Every believer can withdraw his/hers accession statement and terminate membership at any time.