# 5-MeO-DMT
# Harm Reduction Information

Also called 5-methoxy-N,N-dimethyltryptamine; found in the venom of the Sonoran Desert toad (Incilius alvarius, formerly Bufo alvarius)

**Last updated 11/7/2026**

**Safety Warning: 5-MeO-DMT is not N,N-DMT.** The names are close and the substances are different. Smoked, 5-MeO-DMT is about four times as strong as DMT by weight [78][5], and the community dose tables put a common DMT amount at or above the heavy range for 5-MeO-DMT [5][79]. An amount, a routine or a sitter plan that suits DMT can be dangerous with 5-MeO-DMT, which has less physical safety data behind it than DMT [5]. If you are not sure which one you have, treat it as the stronger one. The DMT sheet in this library covers N,N-DMT.

## Please Read First

This page is educational. It is not medical, legal or professional advice, and I am not a physician or an attorney. This information was gathered from published harm reduction organizations, medical and legal sources, and my own training and experience, and I may have made mistakes. You are responsible for confirming anything here before you act on it, with a qualified medical provider and, for questions of law, an attorney. Laws and knowledge about psychedelics change quickly, and some of what is written here may have changed since the date above. Nothing here encourages anyone to break the law. It exists to reduce harm for people who will make their own choices. I do my best to keep up with current law and research, but I cannot promise that anything here is current or complete.

It is advisable to meet with a psychedelic-informed physician for an assessment before using any psychedelic or related substance.

**Where this information came from:** The sources listed under References, and my own training and experience.

This document was drafted with the support of Claude, an AI assistant. I reviewed it, and AI and I can both be wrong, so check anything that matters to you before you act on it.

## What 5-MeO-DMT Is

5-MeO-DMT (5-methoxy-N,N-dimethyltryptamine) is a tryptamine, a relative of DMT. It is found in the parotoid gland secretion of the Sonoran Desert toad (Incilius alvarius, also called the Colorado River toad), in several plants, and it can be made in a lab [1][2]. Plant sources include Anadenanthera seeds (yopo) and Virola resins, which have a long history as South American snuffs, and some ayahuasca recipes include 5-MeO-DMT plants [3][1].

Sources disagree on how much of the dried toad secretion is 5-MeO-DMT: Chacruna says about 25 to 30 percent [4], Drug Science says up to 30 percent [3], and PsychonautWiki and TripSit say about 15 percent, though those two are community wikis [5][6]. Potency per gram of toad material is not reliably known, and secretions vary [4]. The secretion also holds bufotenine [7][8]. The toad makes bufodienolides as well, compounds that act on the heart the way digoxin does [8], and ICEERS says some of its other alkaloids are cardiotoxic [7]. Chacruna says smoking may not neutralize them [4]. The National Park Service has warned that the toxin can sicken people who handle the toad or get it in the mouth, and can kill an adult dog [9].

## Where It Comes From

Wikipedia and Drug Science credit the chemist Toshio Hoshino with the first synthesis in the 1930s. I could not trace that to a primary paper, so treat the date as unverified [10][3]. Use of the plant snuffs in South America is old and well established. Use of the toad is much newer: a 1984 booklet published under a pseudonym spread instructions for collecting, drying and smoking the secretion [11][1][10].

Whether an older Indigenous toad tradition exists is contested. Ermakova's peer-reviewed review found no conclusive historical evidence of Indigenous psychoactive use before the 1984 booklet [1]. Chacruna reported testimony that the Comca'ac (Seri) introduced the toad to Sonoran cultures in 2011 through a citizens' group in Hermosillo, and said the history is not settled [11]. A Border Chronicle interview with the journalist Kimon de Greef describes a key collaborator who relied on a few relationships [12].

## The Toad and Conservation

IUCN lists the toad as Least Concern in a 2004 assessment that may be out of date. Chacruna (2021) reports it presumed extirpated in California, endangered in New Mexico and vulnerable in Arizona [4]. Named threats are habitat loss, pesticides, chytrid fungus, roads, climate shifts, and the stress of milking [4][13][14]. Chacruna says a toad moved away from where it was collected might well die, and Psychedelics Today says moving amphibians can spread chytrid fungus [4][13]. Psychedelics Today (an opinion piece) reports cartel-linked harvesting in Mexico [13]. The Border Chronicle reports that laborers who collect toads are paid by the bag and that some have reportedly been beaten or killed; that is journalism I could not verify independently [12].

Chacruna asks people to weigh the toad's suffering and to choose synthetic 5-MeO-DMT, plant sources, or secretion from road-killed toads [4]. ICEERS says several organizations ask the community to avoid toad venom and use synthetic [7]. Psychedelics Today asks people to choose synthetic, to tell facilitators they will not buy toad material, to avoid moving amphibians or keeping them in bins (which can spread chytrid), and to support the Tucson Herpetological Society's Sonoran Desert Toad Fund [13].

Scientists quoted in DoubleBlind disagree about whether synthetic and toad material differ in the experience. One suggests that the unknown amount of venom may explain differences better than the molecule does [15].

Toad law: Erowid (old, undated) says wild toads may not be possessed, sold or traded in Arizona and that New Mexico lists the toad as threatened [16]. National Geographic (2023) says collecting toads in Arizona without a license is illegal [14]. I could not verify California, Texas or Mexican wildlife law, so check with the state or national wildlife agency.

### About the Sources

Several sources here are weak. PsychonautWiki, TripSit and Wikipedia are community or encyclopedia pages with many uncited claims. Erowid's law pages are old. The Dope Doula is a blog, the Pattern Project advocates for low-dose vape pens, and Bunk Police sells test kits. Psychedelics Today, DoubleBlind and Chacruna's controversies piece are opinion or magazine writing. Company press releases and trade press are named where I used them. I could read several clinical papers only through summaries, and the human studies are small and short. What It Feels Like rests on surveys, interviews and a handful of small studies. I read the two largest data sets, the survey of 515 users and the follow-up of 42 toad users, only as abstracts or summaries. Erowid and similar sites hold the most vivid first-hand reports, and I did not draw on them.

## What It Feels Like

Most of what is known about how 5-MeO-DMT feels comes from surveys of people who used it in retreats and ceremonies, interviews with people soon after a session, one small trial of a vaporized form and an interview study of a nasal form in healthy volunteers [17][18][19]. Toad secretion and synthetic 5-MeO-DMT are not the same product: toad material holds other compounds and varies in strength, and most studies of toad use do not separate out route, strength or setting [20]. People differ a great deal in how far they go, and nothing here promises one outcome.

### The Body

Warmth is what people mention most. Two early self-experiments with smoked toad secretion describe warm waves through the body, one with no nausea and a slight rise in heart rate, the other with pressure in the head and a slow, heavy feeling [21]. A case report of a young woman with PTSD describes feeling very hot, with her body melting [22]. In the nasal study people described floating, tingling, numbness and warm waves, and at high intensity the sense of the body often faded almost entirely [17]. The nasal form also brought burning or stinging in the nose at onset [17].

Tension can leave the body. In one small survey everyone who had the injected form reported physical tension release, and so did most of those who vaporized [23]. At very low amounts, an unreviewed survey of 24 people describes tingling, buzzing and

heaviness [24]. Nausea, headache and the other physical effects measured in the trials are under Other Physical Effects and Risks.

Because onset takes seconds, a person can lose track of the body almost at once. That is my reading of the onset reports and not a finding from a study [23][18].

## How a Session Moves

Vaporized or smoked, effects begin within seconds. Most people who vaporized in one survey reported onset within seconds up to under a minute, and injection was slower [23]; the vaporized trial reports the same range [18]. The peak is brief. The trial investigators estimated the psychedelic experience lasted a short stretch of minutes [18], and the PTSD case describes a quick rise to the peak [22]. In the earliest self-experiment, a few intense minutes were followed by a pleasant afterglow that outlasted the peak by a good while [21].

The interview study divides a session into onset, immersion, reconstitution and afterglow, with the self coming back together gradually after the peak [19]. Memory of the peak can be missing: amnesia for peak moments was reported, mainly in a higher-amount ceremony [19], and a few people in the nasal study remembered nothing of parts of it [17]. The peak is short, but the session is longer, because settling, coming back, sitting up and standing take more time than the peak does. The sources agree the peak is brief.

The nasal form has a different shape: effects begin within a minute or two, peak within a short while and taper over a longer stretch, with some lingering after [17]. That arc does not apply to vaporized use.

## Seeing and Hearing

5-MeO-DMT is mostly not a visual experience the way DMT is. The best description in the interview study is awareness with no specific perceptual content [19]. In the PTSD case colors were intensely vivid at first and then gave way to whiteness [22]. A comparison of one person's near-death experience with a later 5-MeO-DMT experience calls the 5-MeO state content-free, next to a near-death experience full of content [25]. A review lists distortions of hearing and of time among the effects [26]. Reports of DMT describe geometry, places and beings, so the two differ; that is a comparison across my sources and not a head-to-head study.

## Feelings

Positive feeling leads in the surveys. Positive mood was the highest-scoring item on the mystical-experience scale in a retreat sample [20], and about nine in ten respondents to the large survey reported a mystical-type experience [27]. Feeling can also mix and swing at higher intensity. In the nasal study people described sadness and crying, and early fear followed by bliss and gratitude [17]. The PTSD case describes calm and bliss alongside crying and screaming during the session, and smiling afterward [22]. The small low-

amount survey reports calm, peace, joy and emotional release, including sadness and crying [24].

## Insight and the Edge of the Self

Ego dissolution is the defining feature, and it comes in degrees. In the ceremony interview study a complete absence of self-experience with awareness intact happened only in the most extreme cases, in roughly a third of participants, at particular moments [19]. In the nasal study most people kept some sense of self and only a few had complete dissolution; a few described pure consciousness or non-dual states [17]. In the vaporized trial, ego-dissolution scores rose significantly only after the individualized escalation, compared with the lowest amount, and eight of 22 people reached a peak experience by scale, including all four in the escalation group, so how far a person goes varies a lot [18].

A retreat sample scored about as high on a mystical-experience scale as people did on a high psilocybin dose in a different study, and above a moderate dose; that group had also taken ibogaine earlier in the retreat, which may have raised the scores [20]. Presences and beings are not characteristic: the state is typically content-free [19][25].

## When It Is Hard

Fear is present in a minority, and how often it shows is under Toxicity and the Mind. In the lab trial, challenging-experience scores were very low and did not change with the amount [18]. In the nasal study, fear of losing control and resisting the experience went with harder sessions [17]. One participant relived a sexual assault, and some were disappointed when the experience did not match what they expected [17].

Not everyone is better afterward. In the large survey, 4 percent of people with psychiatric conditions reported their symptoms getting worse, against more than half who reported improvement; that figure comes from a press write-up [27]. Craving is under Addiction and Misuse.

## What Shapes the Experience

Route and product change the experience. Injection was slower than vaporizing, with fewer reactivations and fewer re-doses, and re-dosing within a session was more common with vaporizing [23]; the nasal form has its own arc [17]. In one survey, people in a structured group reported reactivations far more often than general-population users, which is correlation and not cause, and more preparation time and a sense of meaning went along with them [28]. The retreat sample had high expectations and an ibogaine session earlier in the retreat [20].

Trial participants were healthy, experienced and supervised [18]. People differ a great deal in how much it takes to reach a peak, and some did not reach one even at the upper end in a controlled setting [18].

### The Days After

The first hours bring a calm, satisfied afterglow, described in the earliest self-experiments [21] and in the last phase of the interview studies [19][17].

At four weeks, 42 people who had inhaled toad secretion in naturalistic settings in Europe reported higher life satisfaction and more convergent thinking than before, and lower depression, anxiety and stress, with mindfulness rising over time. People with strong ego dissolution or oceanic feelings did better [29]. A small prospective study of synthetic 5-MeO-DMT in 11 people found lower depression right afterward and lower anxiety and stress at one week [30]. These were self-selected people in uncontrolled settings, and healthy volunteers in the lab showed no change in mood [18].

The young woman with PTSD went from very high to low symptom scores at one day and stayed low for a year, with a bump midway. That is one person, and it says nothing about how it goes for anyone else [22]. Some people re-enter the experience in the days or weeks after, usually at night; how common that is and how to read it are under Toxicity and the Mind.

## How It Is Taken

### Vaporized or Smoked

This is the usual route for toad secretion and for synthetic freebase [29][4][3]. The pens guide says salt forms must be converted to freebase before they vaporize, which takes advanced chemistry, and that pens hold freebase dissolved in a carrier inside a sealed cartridge [31]. DrugsData's lab says it cannot tell which salt a sample is [32].

Erowid says the vapor can cause lung discomfort or pain [33], and the fast onset can make people drop pipes and knock things over [34]. Drug Science names lung conditions and asthma as a higher risk [3]. For pens, the dose varies with pen strength, how long and how hard the person draws, and refilling can leak. The guides say to keep pens away from anyone who might mistake them for nicotine or cannabis, and not to use one standing or in water [31][35]. No test kit can test what is inside a cartridge [36].

### Forms You May Meet

5-MeO-DMT is sold as dried toad secretion, as a white crystalline powder (freebase or a salt), in capsules and liquids, and in pre-filled vape pens [37][3][31]. Onset and duration for each route are under How Long It Lasts, below.

### Through the Nose

Erowid says insufflated 5-MeO-DMT is slower, longer and less intense than smoked, with the same kinds of effects plus nasal drip, nausea and vomiting [34]. PsychonautWiki discourages it [5]. The Idaho death above involved insufflation after drinking [38]. The clinical nasal powder caused nasal discomfort, and trials excluded people with nasal obstruction [39][40].

### Under the Tongue

The DEA and Wikipedia mention sublingual use [37][10]. One phase 1 trial of repeated sublingual microdoses in 36 adults reported mild events (nausea, headache, a brief rise in heart rate) and no serious ones. I read only an aggregator summary that was internally inconsistent [41].

### Swallowed

5-MeO-DMT is not active by mouth without an MAO inhibitor, because the liver breaks it down on the first pass [8]. PsychonautWiki strongly discourages the combination and cites serotonin syndrome [5], and ICEERS reports deaths after oral combination with beta-carbolines such as harmala [7]. TripSit (a weak source) says eaten toad secretion appears toxic [6].

### Other Routes

Injection: Ermakova's review lists anecdotal intravenous and intramuscular reports without controlled data [1].

### How Long It Lasts

Vaporized or smoked, effects begin within seconds to about a minute, peak at roughly 5 to 15 minutes, and last about 20 to 40 minutes in total, with after-effects for 15 to 60 minutes [34][5][7]. Drug Science says it is usually under 30 minutes [3]. In the GH001 trials, a company release gave a median psychoactive experience of about 11 minutes [42], and a postpartum trial gave a median of 22 to 25 minutes with a range of 5 to 62 [43]. In the main depression trial, nearly all participants were ready to leave at 1 hour and one needed 3 hours [44].

Through the nose, onset is 1 to 10 minutes, the peak comes 10 to 40 minutes in, the total is 2 to 3 hours, and after-effects can last 1 to 3 hours [34][5]. ICEERS puts the main effects at 30 to 60 minutes with residual effects up to 3 hours [7], and Drug Science says up to 45 minutes [3]. These figures are community reports, not controlled measurements. TripSit's duration table contradicts itself, so I did not use it [6]. Some people re-experience effects on following evenings [7].

## About 5-MeO-DMT and Its Effects on the Body

Controlled research on 5-MeO-DMT is small. Most of what follows comes from short clinical trials of a vaporized or nasal form, from community reports, and from a handful of case reports [45][46].

### How It Works in the Body

Sources disagree on the mechanism. PsychonautWiki says its effects are believed to come mainly from partial activation of the serotonin 1A receptor, and that the mechanism

is unclear [5]. The University of Virginia toxicology bulletin says activity at the 2A receptor is likely the main hallucinogenic mechanism and that both receptors matter [8].

The enzyme MAO-A is the main way the body clears it. The liver enzyme CYP2D6 converts part of it to bufotenine, which is also psychoactive [1]. Drug Science says blocking MAO-A can raise levels to a dangerous point and cause overheating [3]. In a phase 1 nasal trial, bufotenine in blood and urine was negligible and the half-life was about 15 to 27 minutes [39].

## Heart, Blood Pressure and Body Temperature

Short rises in blood pressure and heart rate appear in most trials that measured them [45] [39][43][47]. In the nasal phase 1 trial, about 23 percent of people went above 100 beats per minute after dosing (the highest was 166), and systolic pressure went above the reference range in about 48 percent (the highest was 181). Everything settled within 90 minutes [39]. In the postpartum trial, pressure and heart rate returned to baseline within 20 to 60 minutes [43]. The main depression trial reported no clinically significant change in vital signs, though its detail sits in a supplement I could not see [44]. The vaporized phase 1 trial found blood pressure unaffected and heart rate drifting only a little within the normal range [18], and the PTSD case recorded modest rises in pulse and blood pressure [22]. Drug Science says people with cardiac problems should avoid it [3].

Temperature is the sharper concern when 5-MeO-DMT meets an MAO inhibitor. In mice, 5-MeO-DMT alone raised body temperature at higher amounts and harmaline strongly increased the rise [48]. Erowid lists reports of dangerously high temperature [33]. Ermakova's review reports overheating in pigs, fatal in pigs prone to malignant hyperthermia [1].

## Other Physical Effects and Risks

In the main depression trial, 72.5 percent of people given GH001 had an adverse event, against 7.3 percent on placebo. All were mild or moderate. Nausea (42.5 percent), excess saliva (20 percent) and tingling or numbness (20 percent) led the list [44]. The nasal form brought nasal discomfort, nausea, vomiting and headache [39]. In the vaporized phase 1 trial most events were mild and passed on their own: nausea, headache, anxiety and a brief hallucination or flashback, with one moderate rise in heart rate and one moderate case of fatigue [18]. The PTSD case had mild nausea that cleared [22].

Unresponsiveness is part of the experience for many people, and Warning Signs says what to expect. Erowid says moving around during the peak can cause falls and injuries [33][34]. PsychonautWiki names vomiting while unconscious or semi-conscious as the main reason for having a sober person present [5].

A narrative review raises a possible link to seizure-like electrical activity, citing animal seizures and reports after toad secretions. It is a hypothesis and is unconfirmed [49]. The trials excluded people with a seizure history [39][40].

The best-documented medical emergency involved a 17-year-old who smoked and snorted 5-MeO-DMT together with Syrian rue seeds, which block MAO. He had severe agitation, a temperature of 40.7 C, a pulse of 186 and muscle breakdown (rhabdomyolysis). The authors blamed MAOI poisoning and a later critique favored serotonin toxicity [50].

I found no death clearly caused by 5-MeO-DMT alone. Cases that involve it: a 25-year-old died in December 2004 after taking it with ayahuasca, and the cause was recorded as hallucinogen intoxication with the manner undetermined [38][51]. A man in Idaho died on 1/17/2017 of aspiration after heavy drinking and insufflating it, and the death was ruled a preventable accident [38]. A photographer died in Spain in July 2019 after a ritual using burned toad scales, and the facilitator was charged with reckless homicide in 2021 [52]. The DEA's 2010 rule mentions emergency room visits and one death without detail [53]. CAHMA says no deaths from pure 5-MeO-DMT are known but some followed dried toad secretion, with no citation [54]. The Border Chronicle reports deaths at ceremonies run by one facilitator in Mexico; those are allegations I could not verify [12]. Erowid says deaths are rare enough that the true risk is hard to estimate, and probably higher alongside other substances or without a sober sitter [38].

Toad secretion carries its own poisoning risk. Bufodienolides can cause dangerous heart rhythms, a slow pulse, high potassium and collapse. Treatment is symptomatic, and a digoxin antidote is used for the worst rhythms [8].

## Toxicity and the Mind

Fear is part of the experience for many people. Erowid describes both terror and bliss, with a rushing sensation, loss of ordinary awareness and a sense of the void [34]. ICEERS says onset is sudden and intense, fear and panic are common, and people can scream, cry or move without being aware of it [7].

In a survey of 515 users, about 37 percent reported at least one challenging experience, and about 1 percent each reported legal, medical or psychiatric problems they linked to use. The sample was self-selected and many used other drugs [27]. Erowid reports lasting PTSD-type reactions in some users and panic attacks, ongoing anxiety and insomnia after single smoked sessions, with no known frequency [33]. Drug Science says sleep disturbance, lasting anxiety and panic can follow a single use, and that disturbances or resurfacing effects can last weeks [3].

Ramaekers and colleagues write that rare psychotic reactions can occur with these psychedelics and suggest screening [46]. Drug Science says people prone to psychosis may see onset or worsening of symptoms [3], and the trials excluded psychotic disorders, bipolar disorder and a family history of them [55][40].

Reactivations are flashback-like returns of the experience days or months later. Surveys put them anywhere from 27 to 73 percent of users, negative in about 4 to 7 percent [49]. One survey of 513 people found them more likely in women, in people who first used at

an older age, in people with more education and in group settings, and often neutral or positive [28]. The authors of the seizure-hypothesis review say they should be treated as possible adverse events [49], while Ramaekers calls them brief, benign sensory re-experiences [46]. In the small comparison of routes, 69 percent of people who vaporized and 21 percent of people who were injected reported them [23]. They usually come at night when falling asleep and fade within days or weeks, though a small minority describe distressing, persistent episodes that may resemble hallucinogen persisting perception problems, and online posts link these to high-amount toad use, with no amount data [28]. Night terrors that began a few months after a toad session in the PTSD case were considered a possible reactivation [22].

The nasal phase 1 trial reported no lasting depersonalization or hallucinogen persisting perception problems at follow-up [39]. A study of 608 people with extended difficulty after psychedelics lumped 5-MeO-DMT into an Other category with no separate count; about a third of the difficulties lasted over a year, and guided settings went with a narrower range of difficulties [56].

Safety was not systematically measured in the follow-up studies of people who used toad secretion in naturalistic settings [29]. Reports of an afterglow and later benefit are under What It Feels Like.

## Legal Status

Last checked 10/27/2026.

### Federal

5-MeO-DMT is Schedule I. The DEA's final rule was published on 12/20/2010 and took effect on 1/19/2011, and it covers salts and isomers [53]. Bufotenine, which is in toad secretion, is also Schedule I [57]. The Schedule I list covers any material that contains any quantity of a listed substance [57], and the DEA acknowledged that 5-MeO-DMT occurs in certain toads and plants and rejected the argument that natural occurrence prevents control [53].

Whether toad secretion itself is covered is less clear in the sources. Erowid says the living toad is not scheduled and calls the status ambiguous [16], and ScienceInsights (unsourced) says raw and dried venom are covered [58]. I found no DEA statement. Penalty ranges: not verified.

In research, the FDA granted Breakthrough Therapy designation to BPL-003 on 10/16/2025 (company release) [59], and lifted a clinical hold on GH001 on 1/5/2026 (company release) [42]. No 5-MeO-DMT product is FDA approved, and I found no 2025 or 2026 change to its Schedule I status.

### Colorado

Colorado's Natural Medicine Health Act, Proposition 122, defines natural medicine as dimethyltryptamine, mescaline (not peyote), ibogaine, psilocybin and psilocyn, and says it does not include a synthetic or synthetic analog of those [60]. 5-MeO-DMT is not named in any Colorado natural medicine source I read [60][61][62][63]. Licensed healing centers are limited to psilocybin and psilocyn, and DMT and mescaline can be added on or after 6/1/2026 if the board recommends it and state authorities approve [61][64]. An Axios article of 2/3/2026 said DMT and mescaline would be considered starting in July and did not mention 5-MeO-DMT [63]. Colorado's 2026 SB26-031 allows FDA-approved prescription products that contain Schedule I substances if they are federally rescheduled, and it excludes natural medicine [65].

Colorado's own Schedule I statute lists bufotenine, dimethyltryptamine, ibogaine and 5-MeO-DiPT. The text I obtained did not show 5-MeO-DMT by name, and it has an analog provision that might reach it [66]. I could not confirm how Colorado classifies 5-MeO-DMT or its penalty class. The official Colorado Revised Statutes are the place to check.

## Contraindications

No trial has tested 5-MeO-DMT with other medicines. The evidence is strongest for MAO inhibitors. Much of the rest comes from what clinical trials excluded, which is a precaution and not proof of harm, and from harm reduction groups [40][50]. Where a line rests only on a trial exclusion, it says so.

**Confusing 5-MeO-DMT with N,N-DMT is itself a contraindication.** Do not use DMT amounts (aka N,N-DMT), DMT habits or DMT timing for 5-MeO-DMT. Smoked, it is about four times as strong as DMT by weight [78][5], nausea and anxiety are reported more often with it [5], and its onset can take a person out of contact within seconds, which is why the **sober sitter and the clear space matter more here** (see Preparation and Integration). DMT is often taken with MAO inhibitors, as ayahuasca or as changa blends; with 5-MeO-DMT that combination is the best-documented danger listed under Medications below [50][51]. The physical risks are described under Heart, Blood Pressure and Body Temperature and Other Physical Effects and Risks.

### Medications

MAO inhibitors, including harmine, harmaline, ayahuasca and Syrian rue. This is the best-supported danger: severe high blood pressure, overheating and serotonin syndrome [33], deaths reported after oral combinations [7], and the overheating in mice and the 17-year-old with a temperature of 40.7 C described above [48][50]. Drug Science and CAHMA say not to combine them [3][54], and every trial excluded MAO inhibitor use [39][55][44]. ICEERS says never to take 5-MeO-DMT by mouth with ayahuasca or harmalines [51]. ICEERS offers timing suggestions for ayahuasca and inhaled toad material, and its author labels them speculative [51].

Moclobemide, selegiline and linezolid. PsychonautWiki says reversible MAO inhibitors in general are dangerous [5], and CAHMA names tranylcypromine [54].

SSRIs. Drug Science says combinations were studied only in tightly controlled settings and are not assumed safe [3]. PsychonautWiki and the Dope Doula list SSRIs as risky (both weak sources) [5][67]. Halman's review found no human study of 5-MeO-DMT with any SSRI [50]. The trials excluded antidepressants [55][44][40].

SNRIs and tricyclic antidepressants. The BPL-003 protocol excludes them [40].

Lithium. The Pattern Project says never to combine them [35], and the BPL-003 protocol excludes it [40]. A study of anonymous online reports found seizures in many people who combined lithium with classic psychedelics, and 5-MeO-DMT was not among the psychedelics it covered [68].

Tramadol. CAHMA says it may raise seizure risk [54], and the BPL-003 protocol excludes it [40].

Stimulants. CAHMA says they may increase anxiety [54], and the Dope Doula (weak) cites strain on the heart [67].

Dextromethorphan. CAHMA lists it, together with MDMA, as raising the risk of serotonin syndrome [54], and PsychonautWiki lists it [5].

Triptans, St. John's wort, 5-HTP and medicines that block CYP2D6. Named only in the BPL-003 trial exclusion list [40].

Antipsychotics. The GH001 trials did not allow them [44][43], and so did the BPL-003 protocol [40].

Benzodiazepines, beta blockers and other blood pressure medicines. The University of Virginia bulletin lists benzodiazepines among treatments for agitation in poisoning [8], and the BPL-003 protocol excluded uncontrolled high blood pressure [40].

## Conditions

Heart disease and high blood pressure. The BPL-003 protocol excluded severe coronary disease, a prior heart attack, unstable angina, stroke, valve disease, heart failure and uncontrolled high blood pressure [40]. The phase 1 nasal trial enrolled only people with normal blood pressure [39], and Drug Science advises people with cardiac problems to avoid it [3].

Psychosis, bipolar disorder and a family history of either. Excluded in trials [55][40], warned about by Drug Science [3], and named as a higher risk by the HALI Foundation [69].

Seizure disorders and a personal or family history of malignant hyperthermia. Excluded in trials [39][40].

Pregnancy and breastfeeding. Trials excluded pregnancy [39][40], and the postpartum trial required pausing breastfeeding from before dosing until 24 hours after [43].

Lung disease and asthma. Drug Science names them for vaporized use [3].

Liver conditions. The BPL-003 protocol excluded clinically significant liver illness [40].

Suicidal thinking or a recent attempt, alcohol or drug dependence, PTSD, and uncontrolled or insulin-dependent diabetes. Each appears only as a trial exclusion [55][39][40].

Driving. A pens article says not to drive for at least an hour or two beyond the end of the effects [31].

### Other Substances and Combinations

Combinations of medicines get their own document, with a large warning at the top; below are the ones that matter most with 5-MeO-DMT, beyond the medicines listed above.

MDMA and other serotonin-raising drugs. Not assumed safe [3][35], and CAHMA says MDMA raises the risk of serotonin syndrome [54].

Other tryptamines, mescaline and ibogaine. ICEERS says effects are unpredictable [51]. PsychonautWiki lists many psychedelics, stimulants and dissociatives with varying levels of caution, and the list may be incomplete [5].

Cannabis. CAHMA says it may increase anxiety and paranoia [54]. The DEA's 2009 rule cites internet reports of added risks when 5-MeO-DMT is combined with cannabis, ecstasy and several other drugs [37].

Alcohol. The Idaho death involved heavy drinking [38], and a pens guide says not to combine 5-MeO-DMT with alcohol or other drugs [35].

Opioids and tramadol. Excluded in a clinical protocol [40].

MAO inhibitors, ayahuasca and harmala, lithium, stimulants, dextromethorphan and SSRIs are covered under Medications above.

## Addiction and Misuse

Physical dependence. Repeated-dose animal studies showed no withdrawal [1].

Tolerance. PsychonautWiki (weak) says tolerance builds almost at once, halves in about an hour and returns to baseline in about two hours [5]. Animal studies show tolerance to some effects with frequent dosing but not with once-daily dosing [1]. Macaques showed sensitization after 12 days of daily dosing, and the authors raise a kindling-like possibility with repeated rapid dosing [49].

Craving and use patterns. In the survey of 515 users, 8 percent reported craving, 39 percent redosed in the same session and about 95 percent had never tried to cut down.

The authors concluded addiction potential is low, based on self-report [27]. Drug Science cites a survey in which most users took it less than once a year [3], and the Kwasny review says survey data suggest low addiction potential [45].

Addiction and misuse are different things. In plain words, addiction is a compulsion to keep using despite harm, usually with changes in the brain's reward system and often withdrawal. Misuse is use that causes harm or goes beyond what was intended, without that compulsion. The first looks uncommon with 5-MeO-DMT, and the second can happen with any substance, for example using it alone, with an MAO inhibitor, or while intoxicated.

# Testing and Purity

## What Is Really in the Product

Drug-checking results for 5-MeO-DMT are a small, non-random set, so they say nothing about how common problems are. A sample sold as 5-MeO-DMT held 5-MeO-NMT and unidentified chemicals and prompted a European drug-checking alert on 11/6/2019 [70]. A sample sold as Orchid Extract held 5-MeO-DALT [71]. A sample from 6/8/2021 was 5-MeO-DMT with a synthesis byproduct provisionally identified as N-methyl-pinoline, with unknown health effects [32][72]. The DEA's 2009 rule says 5-MeO-DMT has been sold as counterfeit MDMA [37].

Toad or synthetic cannot be told by color or by a reagent test. Toad secretion contains other alkaloids and varies in potency [4][13]. A pens guide stresses that the contents of a pen are unknown [35]. Standard urine drug panels do not detect 5-MeO-DMT [73].

## Test Kits

Reagent results for single samples: Marquis orange to brown, Mecke brown and Mandelin green to purple for the 5-MeO-DMT sample, which was freebase [32]; Marquis brown, Mecke orange to brown and Mandelin orange for the 5-MeO-DALT sample [71]. Treat these as anecdotal. A test kit vendor says Ehrlich turns purple with any indole, so it cannot separate 5-MeO-DMT from DMT, and only lab analysis confirms identity [74]. Erowid's column says the same about Ehrlich [72].

The Pattern Project says some kits test only for DMT and not 5-MeO-DMT, and that no kit can test a vape cartridge's contents; false negatives are possible [36]. Reagents cannot detect filler [74]. The same vendor suggests fentanyl strips on unknown powder and says they miss nitazenes and some analogs [74]. CAHMA points to CanTEST in Australia [54].

# Preparation and Integration

## Before

Go over your medications and health conditions with a clinician who knows the substance, using the Contraindications section as the list to bring [3][40]. Have a sober person present for the peak who is not using, and agree beforehand what they will do if you

become unresponsive [33][7][67]. Choose a private, comfortable place with no hazards such as water or steep drops, and stay seated or lying down, since consciousness can leave briefly [3][31][35]. Avoid alcohol and other drugs [35]. Sources disagree on stomach contents. One pens guide suggests considering fasting if you are prone to nausea [35], while PsychonautWiki names vomiting while unresponsive as the main danger [5].

Set and setting matter even though the experience is brief. The pens guides advise starting with the smallest amount and waiting before taking any more [35]. Amounts are left to the sources and a medical provider.

### Choosing a Facilitator

If a facilitator is involved, ask about their training, whether the material is synthetic or toad, how they screen for medications and conditions, what aftercare they offer, and how they handle consent around touch [75][12]. Chacruna's community guide, written for ayahuasca settings, advises against being alone with a healer, researching reputation, watching for warning signs, and saying no to any touch, and it says abuse is never the participant's fault. Consent is complicated by the power imbalance [75]. The Border Chronicle describes facilitation with little preparation, mass dosing, minimal aftercare and allegations of coercion [12].

### After

Stay with the person until they are oriented, and let them talk or not as they wish. Zendo's steps: ask whether they want help, talk them through the experience, offer blankets and water in a calm space, ask permission before any touch, bring in outside help for serious episodes, avoid restraint or sedation, and support integration afterward [76].

In the following days and weeks, watch for reactivations, sleep trouble and anxiety [33][3][28]. Fireside Project offers free peer support by phone or text, including for making sense of an earlier experience [77]. If panic, insomnia, intrusive re-experiencing or a sense of being cut off from reality continues beyond a few days, speak with a clinician who is non-judgmental about psychedelics.

## If You Need Help Now

In a medical emergency, call 911. If you are in emotional crisis, you can call or text 988. Fireside Project has trained volunteers who talk with you by phone or text during and after a psychedelic experience, and DanceSafe sells kits for testing what you hold.

### Warning Signs

Expected during the peak: brief unresponsiveness, vocal sounds, muscle jerking and drooling. Do not restrain the person [34]. Unresponsiveness of 1 to 10 minutes is frequent at higher amounts [33].

Call 911 for extreme agitation, overheating, a racing heart, seizure, chest pain, trouble breathing, or unconsciousness with breathing difficulty [3][54][67]. No source gives a

minute count for when to call about unresponsiveness. My own reading of the sources is to call if the person is not breathing normally or cannot be roused after the expected short period. That is my synthesis and not a quoted guideline.

While you wait, put the person in the recovery position, keep the airway clear if they are vomiting or drowsy [3], and keep the space clear. Tell medical staff everything taken, including MAO-containing plants [67].

Serotonin toxicity shows as agitation, psychosis, altered awareness, a fast heart rate, brisk reflexes and high temperature. Poisoning from toad secretion shows as vomiting, diarrhea, irregular heartbeat and collapse [8]. Poison Help is 1-800-222-1222.

Fireside Project is a peer support line and is not a crisis, clinical or suicide line [77]. For emotional crisis, call or text 988.

## Where to Find More Information and Support

Amounts, timing and combinations are best checked against these sources and with a medical provider, because they are updated more often than this sheet. Erowid, TripSit and PsychonautWiki include user reports and community writing, so read them as experience as well as research.

Erowid: https://erowid.org

DanceSafe: https://dancesafe.org

TripSit: https://tripsit.me

PsychonautWiki: https://psychonautwiki.org

Zendo Project: https://zendoproject.org

Fireside Project: https://firesideproject.org

MAPS: https://maps.org

Poison Help: 1-800-222-1222

### For 5-MeO-DMT and Toad Questions

ICEERS publishes basic information on the toad, on combining toad with ayahuasca, and on harm reduction and legal support: https://www.iceers.org

Chacruna Institute publishes toad conservation writing and the community guide on sexual abuse awareness: https://chacruna.net

### Mailing Lists

Erowid Monthly, a free email list: https://www.erowid.org/about/about_announcements.shtml

Erowid Extracts, the members' newsletter: https://erowid.org/membership/

MAPS email newsletter: sign up at https://maps.org

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