DMT (N,N-DMT)
Harm Reduction Information

Full name N,N-dimethyltryptamine; the psychoactive part of ayahuasca

Last updated 11/7/2026

Safety Warning: DMT is not 5-MeO-DMT. The names are close and the substances are different. Smoked, 5-MeO-DMT is about four times as strong as DMT by weight [64], so an amount that suits DMT can be a heavy dose of 5-MeO-DMT, and 5-MeO-DMT has less physical safety data behind it than DMT [65]. The amounts, timing and sitter plans on this page are for N,N-DMT; do not carry them over to 5-MeO-DMT. If you are not sure which one you have, treat it as the stronger one. The 5-MeO-DMT sheet in this library covers 5-MeO-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 DMT Is

DMT is the shortest of the big journeys. Inhaled, it comes on in seconds and is gone in minutes, which is exactly why it is easy to underestimate. It is a tryptamine, related to serotonin and melatonin, and it acts mainly on the serotonin 2A receptor [1][2]. Swallowed on its own it does nothing, because the enzyme MAO breaks down more than 90 percent of it; that is why ayahuasca pairs a DMT plant with an MAO-blocking vine [1][3]. Ayahuasca has its own sheet.

You will also hear it called dimethyltryptamine and the spirit molecule, the last from the title of Rick Strassman's 2001 book [1]. Businessman's trip is an old 1960s nickname, because it comes and goes fast [1]. Breakthrough is community language for a full, immersive inhaled experience. It is easy to confuse DMT with 5-MeO-DMT, which is a different compound, shorter-acting and more sensitive to dose, with its own sheet [4][5].

Where It Comes From

DMT occurs in many plants, notably Psychotria viridis, Mimosa tenuiflora and Diplopterys cabrerana, and some snuffs made from Virola and Anadenanthera carry it as a minor alkaloid [1]. Street and clinical DMT is usually made in a lab or extracted from plant material. The usual street form is freebase crystal, which vaporizes at moderate heat and does not dissolve in water; clinical research uses a salt such as the fumarate, which does dissolve [6][7].

The body also appears to make small amounts. Barker's 2018 review describes a pathway from tryptophan to tryptamine to DMT through an enzyme called INMT, found in human tissues, and DMT can often be measured in human body fluids when mass spectrometry confirms it [8]. A 2019 rat study found neurons carrying the synthesis enzymes and DMT rising after induced cardiac arrest [9]. Many early high readings were probably misidentifications, and more than 60 older studies found no repeatable link between DMT levels and psychiatric diagnosis [8]. Claims that DMT is released at death or causes dreams or near-death experiences are speculation, and the rat study's own authors say the link needs careful study [9].

Richard Manske first synthesized DMT in 1931 and did not test it on people. A plant source was identified in 1946, and in 1956 Stephen Szara reported its psychedelic effects after injection; swallowed, it did nothing [8][3]. Sources disagree on whether Szara used extracted or synthesized DMT, so I say only that he reported the effects. In the 1950s and 1960s researchers explored whether an endogenous hallucinogen might explain psychosis, and that did not pan out [8].

In the 1990s Rick Strassman ran the first modern placebo-controlled human DMT studies at the University of New Mexico, under an FDA investigational permit and a DEA Schedule I researcher license [10][11]. Imperial College London published an EEG study of intravenous DMT in 2019 and an EEG-fMRI study of 20 volunteers in 2023 [12]. Basel and Dutch groups ran infusion and bolus studies from 2022 to 2026 [13][14][15].

A phase 2a trial of intravenous DMT (SPL026) in 34 adults with moderate to severe major depression was published in Nature Medicine in February 2026. Two weeks after a single dose with therapeutic support, the DMT group scored about 7 points better on the MADRS depression scale; 35 percent responded against 12 percent on the active placebo, with benefit reported up to three months. Side effects were mostly mild to moderate (nausea, brief anxiety, infusion-site pain, brief rises in heart rate and blood pressure) with no treatment-related serious adverse events. The authors named the small

size and probable unblinding as limits, and I read this through press coverage, not the paper [16]. The company, now called Helus Pharma, does not plan to advance SPL026 in its current form [16][17]. A modified DMT given by injection for anxiety has company-reported results that I could not find in a peer-reviewed paper [17].

About the Sources

PubMed, PubMed Central and Europe PMC were closed to me during this research, so many trial figures come from summaries or press coverage, and the reference list says which. The controlled studies are small and mostly of healthy, screened adults. Street-use information comes from community sources such as PsychonautWiki, TripSit and Erowid. Law-firm explainers carry some of the legal points, and I note where I could not check them against primary text. Erowid asks that its experience reports not be analyzed by AI, so What It Feels Like draws on published studies and not on Erowid reports.

What I did not find, gathered here once: a published analysis of what street DMT crystal or DMT vape cartridges contain; peer-reviewed data on lung harm from smoked or vaporized DMT; a DMT-specific first aid protocol; and a verified Colorado drug-checking provider.

What It Feels Like

No one can promise you what a session will be. Inhaled DMT comes on fast and hard, and people describe it in very different ways: as joy, as terror, as a meeting, as something they cannot put into words, and sometimes as several of these inside one short session. This section gives the range people report, so the first time holds fewer surprises. The best accounts of the inhaled route are a content analysis of 3,778 experiences posted on Reddit, a survey of 2,561 people chosen because they had met an entity, and two interview studies of 36 experienced users questioned right after inhaling at home [18][19][20][21]. All of them lean toward people who found the experience notable, and the entity survey was selected for entity encounters, so its percentages say nothing about how often entities appear. The best controlled data come from intravenous doses in lab volunteers [22][23][24]. Those feel similar in shape (very fast, very intense, short) but are not the same as inhaling, so I mark them intravenous. Percentages below are shares of reports, not odds for you. I read most of these studies only as abstracts or summaries, and the reference list says which.

The Body

For most people the body goes first. In the home-inhalation interviews, onset brought labored breathing (seven accounts) and a physical rush (five), and one person described a kundalini hit [21]. Strassman's intravenous volunteers also described a brief, overwhelming rush [22]. In the Reddit reports, a body vibration, buzz or tingling came up in about a quarter (27 percent), an out-of-body feeling in 17 percent, falling or accelerating in 9 percent, warmth in 4 percent and an unpleasant taste in 5 percent; a body high

appeared in 5.5 percent, a body load (heaviness or discomfort) in 4.8 percent, and a temporary sense of paralysis in 1.3 percent [18]. In the interviews, 28 percent described pleasurable body effects, including pain relief and ecstatic bodily bliss, 25 percent described uncomfortable ones, and 22 percent neutral or mixed ones, such as spontaneous hand gestures or apparent convulsions; one person felt turned into a plant [21]. Nausea (2.8 percent) and vomiting (1.8 percent) were uncommon, so the purge that marks ayahuasca is not a usual part of the inhaled experience; that is my reading of the numbers [18]. Effects on heart rate and blood pressure are under Heart, Blood Pressure and Body Temperature.

How a Session Moves

Onset is almost immediate and comes as a surge. In Strassman's intravenous study, effects began almost at once, peaked very quickly and were largely over soon after: a brief overwhelming rush that gave way to a dissociated state [22]. In the extended-infusion study, effects began at once, peaked soon after, settled into a slightly lower plateau while the infusion ran, and dropped when it stopped [24]. In the home-inhalation interviews, the first moments came in three kinds: sensory flooding (39 percent, described as submergence, or in one account as coming "like a typhoon over me"), emotion and body (42 percent), and shifts of space and time (28 percent), with some people feeling reality break down and some landing abruptly in a scene without moving through a tunnel [21]. The most common psychological theme (86 percent) was difficulty putting it into words, often by metaphor, and temporary memory loss during the experience came up in 15 accounts [21]. In the Reddit reports, 13.6 percent described partial amnesia, 1.8 percent full amnesia and 1.2 percent blackouts [18]. So it is fast on, short and fast off, but short describes the main event; the afterglow is community-reported and not measured (see How Long It Lasts).

Seeing and Hearing

Visuals dominate. In the Reddit reports, fractals, geometry and patterns appeared in 32.6 percent, vivid or intensified color in 25 percent, changes with the eyes open (walls or the room distorting) in 13 percent, shaky or vibrating vision in 3.7 percent, cartoon-like imagery in 3 percent, and visions of relatives, living or dead, in 2 percent [18]. In the interviews, 75 percent described visual effects, mostly geometric and fractal and often called hyperdimensional, and many described the visuals as sentient and as in some sense themselves; open-eye effects such as pixelation and a sense of reality breaking down came up in 31 percent [21]. Sound mixed with the visuals (synaesthesia) came up in 28 percent of the interviews, and ringing or buzzing in the ears in 15 percent of the Reddit reports [21][18]. Strassman's intravenous volunteers described mostly fast-moving, brightly colored visuals and fewer sounds, more vivid than dreams or ordinary waking awareness [22]. In the EEG study, the eyes-closed visual component tracked the peak of the experience [23].

Many people describe going somewhere. In the Reddit reports, alternate or higher dimensions appeared in 25 percent, rooms in 15 percent (including a waiting room in 2.8 percent), tunnels in 10 percent and voids in 6 percent [18]. All 36 interviewees described emerging into a different reality, often nebulous (36 percent), natural (28 percent) or artificial (17 percent) [20].

Feelings

Positive feeling is the majority experience in these samples, which lean toward people who liked it. Positive mood appeared in 79 percent of the Reddit reports [18], and 94 percent of the interviews included positive emotion: connection and love (10 accounts), profundity (14), gratitude (8), healing (5) and release or relief (4) [21]. In 21 or 22 of the 36 interviews the emotion was neither simply positive nor negative, and often simply at maximum intensity [21]. Humor or hilarity came up in 7 accounts, often mixed with profundity and with the ego being humbled [21]. Tears appeared in several accounts, usually tied to love, gratitude or release; one participant cried during a playful, joyful encounter and read it as release [20][21]. In the Reddit reports, 2.9 percent described tearfulness and 2.5 percent euphoria [18]. One person can also feel two things at once: Strassman's intravenous volunteers had euphoria and anxiety that alternated or coexisted during the rush [22]. Among people who met an entity, joy (65 percent), trust (63), surprise (61), love (59) and kindness (56) were all common; 41 percent felt fear at some point, but fear was the most prominent feeling for only 7 percent, and love was for 21 percent [19].

Insight, Presences and the Edge of the Self

Presences are common but not universal. In the home-inhalation interviews, 94 percent met beings experienced as separate from the self, most often helping or nurturing (53 percent) or showing and communing (47), and in 17 percent controlling; 72 percent of the beings were non-human, 56 percent charming and inviting and 14 percent mischievous; communication was mostly intuitive or telepathic, and the messages were often about love, letting go and the nature of the universe [20]. In the Reddit reports, 45.5 percent included an entity, and in nearly all of these (97.8 percent) the being initiated contact. Interactions were mostly positive (34.9 percent of encounters), often in the role of companion, guide or teacher (32 percent), and 9 percent were medical-type examinations [18]. In the entity survey, 81 percent said the encounter felt more real than everyday waking life while it lasted and 65 percent said so afterward; 80 percent said their conception of reality changed, and 60 percent of those found the change desirable; 69 percent came away with a message or insight; and only 9 percent thought the being was entirely inside themselves [19]. These data describe what people report, and they leave open what the beings are. Beliefs about that differ from person to person, and this sheet does not take a side.

In these reports ego dissolution is less central than the visuals and the meetings. In the Reddit reports, 6.9 percent included an item from an ego-dissolution questionnaire, while

71 percent included at least one item from a mystical-experience questionnaire, mostly amazement and a loss of the usual sense of space [18]. In the interviews, the sense of self was kept by some (one person was always aware of being themselves though reality had been replaced), lost by others, and for some moved between lucid self-awareness and unity; half of the interviews touched this theme [21]. In the extended-infusion study, ego dissolution stayed minimal even as a sense of boundlessness and a restructuring of vision rose (intravenous) [24]. The edge of death shows up too: terror or panic at onset, with fear of dying in five of the six accounts, in the interviews [21], and a feeling of being dead or dying in 6.2 percent of the Reddit reports, against an acceptance of death or loss of the fear of it in 1.6 percent [18].

When It Is Hard

The experience is often called overwhelming, not just strange, even by people who later call it meaningful. Both are true in the data. In the Reddit reports, 27 percent included at least one challenging item: fear in 22 percent, grief or suffering in 11 percent, being stuck in a time loop in 0.8 percent, and suicidal thoughts mentioned in nine experiences (0.2 percent) [18]. Of the people who met an entity, 32 percent rated the experience among the five most psychologically challenging of their lives [19]. In the interviews, 17 percent were challenging, mostly because of the fear at onset [21]. Fearsome beings were uncommon: 11 percent of the Reddit entity encounters were negative or menacing, with 5.4 percent menacing, and in the field study 3 of 36 people met fearsome beings, one hearing "Do not go there! Are you sure?" from hooded figures; the authors say it was unclear whether the figures were protective or testing, and that the menacing ones were typically brief [18][20].

The speed is part of the difficulty. The surge can outrun a person's ability to prepare; that is my reading of the onset accounts [21]. The authors of the field study caution that less experienced or more vulnerable people might find the intensity and the sense of an alternate reality hard to bear, and that their sample was experienced and screened [20]. Clinical findings on panic and anxiety are under Toxicity and the Mind.

What Shapes the Experience

Dose, experience, setting and route all change the picture. Dose: Strassman's intravenous study showed a clear dose-response, with the lowest doses mainly affective and bodily and the least desirable experiences at an intermediate dose, and in the Basel work higher doses brought more fear and anxiety [22][13][15]. Smoked doses cannot be controlled the same way; that is my reasoning. Experience: both field studies recruited experienced users, and for 67 percent of the entity-survey respondents this was the first time they had met an entity [20][19]. Setting and company: the field sessions took place at home or an agreed location, some with another person present who sometimes seemed transformed to the user [20]. Preparation: the SPL026 depression team tentatively linked the placebo group's better-than-expected response to a longer preparation phase and a stronger bond with the therapists (the trial is under Where It Comes From) [16]. Route: a

steady intravenous infusion kept intensity high and anxiety low but ego dissolution minimal, which is not how smoked users describe a breakthrough, so the routes should not be mixed up [24]; bolus against slow infusion is under Injected.

The Days After

Among entity-survey respondents, a selected group looking back with no set timeframe, lasting positive changes were attributed to the encounter, in well-being and in a sense of life purpose and meaning, with only 1 to 5 percent reporting negative changes; self-described atheists fell from 28 percent to 10 percent [19]. Memory of the experience can be poor, as the amnesia figures above show [18][21]. Community reports of lingering body sensations and after-effects are under How Long It Lasts, and lasting effects are under Toxicity and the Mind.

How It Is Taken

Vaporized or Smoked

This is the most common route outside research. Crystal is heated until it vaporizes and the vapor is inhaled, through a glass pipe or an electronic vaporizer. Erowid describes the vapor as harsh, with a plastic taste, needing deep inhalation because onset is so fast; residue left in a pipe can contaminate a later load, and waiting too long to inhale again can mean the effect has already started [25]. Risks are loss of control, falls, burns, unpredictable strength and lung irritation. The field study had guides present [20].

Forms You May Meet

Forms sold are crystal or powder (freebase), changa, vape cartridges, plant material and extracts, and brews [7]. Erowid's extraction page warns that the nonpolar solvents used (petroleum ether, dichloromethane and naphtha-type fuels) are poisonous, that cheap plastic containers can leach plasticizers, that incomplete evaporation leaves an oily or gummy residue, and that other plant alkaloids can come along and lower purity [6].

Changa and other smokable blends. Changa is DMT dissolved in a solvent, often isopropyl alcohol, added to an MAOI herb blend such as Syrian rue or Banisteriopsis caapi, dried and smoked. It was developed around 2003 to 2004 and had spread by about 2015 [26]. It is said to be easier to smoke and to last longer than crystal, about 10 to 20 minutes and possibly 10 to 30 minutes longer than pure DMT, though the page is inconsistent [26]. The main risk it names is serotonin syndrome from combining the blend with other serotonin-active drugs, and the lists are under Contraindications. The ratio of DMT to MAOI varies batch to batch, and the evidence is community only [26].

Vape pens and cartridges. These hold DMT dissolved in a carrier such as propylene glycol, vegetable glycerin or PEG in a cartridge for a battery pen [7][27][28]. One review page lists advertised concentrations from 10 to 800 mg per mL and says the dose per puff is inconsistent across and within brands, but it cites DanceSafe and Energy Control analyses without figures or links, so I could not check it [27]. Malcolm and Thomas note

that 5-MeO-DMT and some novel compounds have been linked to more severe outcomes, particularly when adulterated or combined with MAOI preparations [29].

Other Routes

Through the nose. PsychonautWiki describes fast onset, with secretions carrying some of the dose down the throat where it is broken down, which makes results unpredictable. TripSit says it can cause significant discomfort and that very basic substances can damage the nasal passages [2][30]. These are community sources.

Injected. Clinical research uses intravenous bolus or infusion and, in newer programs, intramuscular injection, under monitoring [13][14][15][17]. Szara's early work used intramuscular injection [3]. TripSit says injecting DMT is considerably more dangerous and advises against it [30]. In trials, a bolus produced more intense and more negative experiences than a slow infusion [13].

Swallowed with an MAO inhibitor. Swallowed DMT works only when an MAO inhibitor is on board, and then lasts hours [1][3]. The MAO inhibitor is typically taken first [2]. Every source names serotonin toxicity with SSRIs and other serotonin-active drugs as the key risk [29][31]. See the ayahuasca sheet.

Other routes with an MAO inhibitor. Rectal, sublingual and intranasal use with an MAO inhibitor are described as bypassing the liver and extending effects, with rectal duration reported at about 5 to 8 hours. Dose and safety are unknown, and the source is community only [2].

How Long It Lasts

Sources do not agree, and community figures are user reports. For smoked or vaporized DMT, onset runs from about 10 seconds to a few minutes, with a total of about 5 to 20 minutes (up to 30 in TripSit), and 10 to 60 minutes of afterglow or residual body sensation [1][2][25][30]. The median in the Reddit analysis was about 10 minutes [18]. Differences come partly from how long the first breath is held and whether a source means first effect or full effect. Drug Science's own page gives different figures in different sections [32].

Intravenous, in the controlled trials: effects peak within about 2 minutes and fade over roughly 12 to 30 minutes [15]. In a continuous infusion study, effects built over about 30 minutes, plateaued, and collapsed within about 15 minutes of stopping [13]. Intramuscular DMT peaks later and lasts about 30 to 60 minutes, though sources vary [1][2]. Insufflated use is described as fast but unreliable, with TripSit giving 45 to 60 minutes [30]. Swallowed with an MAO inhibitor, the experience runs about 4 to 8 hours [30][1]. The clinical timings are the most reliable ones.

The peak ending does not always mean the person is fully back. Erowid and PsychonautWiki describe a lingering body sensation for up to an hour, and PsychonautWiki adds that physical or mental after-effects of intense short trips can show up for a day or two [25][2].

About DMT and Its Effects on the Body

How It Works in the Body

The psychedelic effect comes mainly from partial agonism at 5-HT2A, with activity reported at 5-HT1A, 5-HT2C and sigma-1 receptors [1][2]. DMT also releases serotonin in lab assays and binds 5-HT2B strongly, a receptor linked with heart valve disease in other drugs after long exposure; that concern is speculative for DMT and relevant mainly to frequent long-term use [1]. Inhaled DMT bypasses most of the first-pass breakdown, and some liver metabolism by CYP2D6 and CYP2C19 is reported [1]. After an intravenous dose, the first-phase half-life is about 6 to 7 minutes [15].

In a 2026 analysis of 12 experienced users, pindolol, which blocks 5-HT1A, intensified DMT's effects and raised blood pressure more [33]. A common class of heart medicine can therefore change the experience, which matters under Contraindications.

Heart, Blood Pressure and Body Temperature

DMT reliably raises blood pressure and heart rate. In Strassman and Qualls (1994), 11 experienced users received four intravenous doses; blood pressure, heart rate, pupil size and rectal temperature rose with dose, as did beta-endorphin, ACTH, cortisol and prolactin [10]. Four closely spaced doses are under Addiction and Misuse [34].

In a 6-hour infusion study of 29 participants, systolic blood pressure rose about 10 mm Hg at the middle dose and about 20 mm Hg at the highest, with individual peaks of 39 and 25 mm Hg; diastolic rose about 9 mm Hg at the highest dose, everything returned to baseline within an hour of stopping, and no clinically significant ECG changes appeared [14]. In the Basel study of 27 healthy adults, the cardiovascular stimulation was stronger at the start of a quick bolus than during a steady infusion [13]. Reported effects include headache, trouble concentrating, weakness and palpitations [15]. Research volunteers are screened for high and low blood pressure, psychiatric history, pregnancy and interfering medicines [35]. Street users are not. Temperature data come only from the 1994 study of 11 people.

Toxicity and the Mind

Overdose and deaths. No human lethal dose has been established [2]. A 2025 report described two UK deaths. A 36-year-old man died after cocaine and DMT, with alcohol also in his blood and with coronary atherosclerosis and an enlarged heart as secondary causes. A 58-year-old man with depression and high blood pressure, taking venlafaxine, mirtazapine and blood pressure medicines, was found dead with a burnt foil spoon carrying DMT traces; ketamine and harmala alkaloids were in his blood, and the cause was recorded as hypertensive crisis and serotonin syndrome. The authors judged that DMT alone did not explain either death, and that deaths are probably under-reported because DMT is not routinely tested for [36]. Earlier published deaths were largely tied to ayahuasca, including a 2005 herbal tonic with 5-MeO-DMT and a Colombian ceremony death involving hyoscine [36]. My reading: DMT by itself appears to have a wide physical

margin in healthy adults, and real deaths happen with serotonin-active drugs, cocaine, heart disease or uncontrolled high blood pressure. These are case reports. DMT can also cause a false-positive amphetamine screen, which matters in an emergency room or at a workplace [37].

Seizures. PsychonautWiki calls seizures very rare and more likely in people who are dehydrated, exhausted or undernourished, a community source [2]. Drug Science says high doses have been linked to seizures, breathing problems and coma, without citing cases [32]. Lithium and tramadol raise the risk and appear under Contraindications, and seizure first aid is under Warning Signs.

Fear, panic and being alone in it. How often fear, grief and amnesia come up is under What It Feels Like and When It Is Hard. In clinical work, one 18-year-old psychedelic-naive woman in the infusion study had panic attacks that took up to six months of counseling to resolve [14], and a Basel participant developed anxiety and panic attacks that recurred and were treated with psychotherapy and escitalopram [15]. The practical danger is structural: someone who is out of their body for several minutes with no sober person present can stumble, fall, vomit or panic with nobody there.

Psychosis and mania. Case reports of DMT-linked psychosis exist, and I confirmed only titles and journals [38]. Hallucinogen-induced psychotic disorder is rare, under 1 percent of classic psychedelic users, but that figure is for classic psychedelics in general [1]. PsychonautWiki and Drug Science advise against use with a personal or family history of psychosis or bipolar disorder, and trials exclude them [2][32][35].

Lingering effects. A 2022 scoping review puts milder flashback-like experiences at 5 to 50 percent of hallucinogen users and disabling HPPD at about 4.2 percent, implicates LSD most and cannabinoids and MDMA next, and does not mention DMT in the summary I read [39]. One Basel participant had flashbacks starting about two weeks after a session and resolving over several weeks [13]. TripSit mentions depersonalization or derealization that can last up to several months in some people [30]. For DMT specifically, lasting effects look uncommon.

Lungs, burns and accidents. TripSit advises vaporizing over smoking, since burning may create harsher breakdown products [30]. For vape pens, a DoubleBlind article points to the CDC vaping lung injury figures (60 deaths and 2,668 hospitalizations since August 2019) as the reason to worry about vitamin E acetate in unregulated liquids; that is a worry about unregulated liquid, not a DMT finding [28]. A death from aspiration after a different tryptamine, DPT, has been published, and it should not be read as a DMT case. Impaired coordination and thinking create plain risks of falls, injury and vomiting while lying flat [32].

Legal Status

Last checked 10/27/2026.

Federal

DMT is a Schedule I controlled substance, listed at 21 CFR 1308.11(d)(19), DEA code 7435 [4]. The Cornell text I read has no exemption for DMT-containing plants, and I did not read the last portion of that section [4]. Treat the idea that the plants are legal as false. 5-MeO-DMT is a separate Schedule I entry, (d)(15), code 7431, by a final rule published 12/20/2010 and effective 1/19/2011 [4][5]. One vape-pen article claims 5-MeO-DMT is not federally controlled, and the Federal Register shows that claim is wrong [27][5].

Ayahuasca churches have won religious exemptions under the Religious Freedom Restoration Act, beginning with the Supreme Court's 2006 decision for the UDV; the exemptions belong to the organizations and do not cover other ceremonies or commercial retreats [11]. Reports of later church exemptions in 2009, 2024 and 2025 come from a legal information site, and I did not verify them independently [11].

Recent developments as of 10/27/2026: no DMT rescheduling petition or new drug application is pending, per a legal explainer [11]. On 9/23/2026 the DEA published a proposal (Federal Register document 2026-19400, comments due 10/23/2026) to place five other tryptamines in Schedule I: 4-OH-DiPT, DiPT, 5-MeO-AMT, 5-MeO-MiPT and 5-MeO-DET. Neither DMT nor 5-MeO-DMT is part of it [40][41]. Research on DMT requires a DEA Schedule I researcher registration [11].

Colorado

Colorado's Natural Medicine Health Act (Proposition 122, passed 11/2022) names dimethyltryptamine, ibogaine, mescaline (excluding peyote), psilocybin and psilocin in any form [42]. For adults 21 and older it removes state criminal and civil penalties for possessing, storing, using, transporting, buying and consuming natural medicine for personal use, giving it away without payment to other adults 21 and older, and growing or processing the plants or fungi at a private residence, secured from anyone under 21. Personal use includes an amount to be shared with adults in counseling, spiritual, community or supported-use settings, and excludes sale [42]. Under-21 violations carry a drug education or counseling consequence [42]. This is state law only, and federal law is unchanged [11][43].

SB23-290 (signed 5/23/2023, effective 7/1/2023) built the licensing framework [44]. According to a law firm explainer, personal cultivation is capped at 12 by 12 feet unless a locality allows more, open and public use stays prohibited, and payment for bona fide harm reduction or support services alongside free sharing is allowed if there is no advertising and the provider says they are not a licensed facilitator. I did not check those details against the bill text [44].

The regulated program is limited to psilocybin and psilocin. After 6/1/2026 the state may add DMT, ibogaine and mescaline (not peyote) only if the Natural Medicine Advisory Board recommends it [42][45]. The board recommended ibogaine on 9/18/2025 [46], HB 26-1325 (signed 6/4/2026) created an ibogaine research pilot [47], and an emergency rule

effective 8/12/2026 created Limited Regulated Natural Medicine Sales Licenses [48]. An Axios report in February 2026 said DMT and mescaline were under consideration but the board had not begun discussing them [49]. The state's stakeholder meeting pages show no DMT item [50]. As far as I could find, DMT has not been added to the regulated program. I could not open the board's 2025 and 2026 minutes, so a recent discussion cannot be ruled out.

Whether personal-use protection covers lab-made DMT is unsettled. Law firms say synthetics and synthetic analogs are excluded from the regulated program [44]. The text of Proposition 122 says in any form and does not address synthetics for the decriminalization section [42]. Nothing I could read settles it, so I will not tell anyone a synthetic DMT cartridge is protected. Selling and advertising DMT remain illegal in Colorado. A DMT vape pen bought from a vendor is a sale. Federal Schedule I applies to everyone in Colorado.

Contraindications

Evidence key: CT means controlled trial data, CASE means case reports, REPORTS means self-reports or community experience, and THEORY means expected from the pharmacology with no DMT report found. Never stop a prescribed medicine on your own. Talk to the prescriber first, since stopping can carry its own risk [31].

Confusing DMT with 5-MeO-DMT is itself a contraindication. This page covers N,N-DMT only. Smoked, 5-MeO-DMT is about four times as strong as DMT by weight [64], so a DMT amount can be a heavy 5-MeO-DMT dose, and 5-MeO-DMT has less physical safety data behind it [65]. Common reagent tests react similarly to both and cannot tell you which one you have [7]. If you are not sure which one you have, treat it as the stronger one, and do not use the amounts, timing or sitter plans on this page for it.

Medications

MAO inhibitors (phenelzine, tranylcypromine, moclobemide, selegiline, and natural ones: harmine, harmaline, Syrian rue, Banisteriopsis caapi). They make swallowed DMT active, intensify and prolong DMT, and raise the risk of serotonin toxicity, especially with other serotonin-active drugs. Every source calls this the key interaction. CT (pharmacology and ayahuasca studies) and CASE (a fatal serotonin syndrome case with harmala alkaloids present) [1][36][3][29][31].

SSRIs and SNRIs. In ayahuasca, Callaway and Grob reported three cases of agitation, confusion, sweating, fever and rigidity in 1998, and Grob advises stopping SSRIs well ahead, describing 4 to 5 weeks, which only a prescriber can guide [31]. Malcolm and Thomas predict little to no severe toxicity from standard SSRI or SNRI doses with a non-MAOI psychedelic, high risk once an MAO inhibitor is present, and some blunting of effects [29]. The 2025 fatal case on venlafaxine and mirtazapine is described under Toxicity and the Mind [36]. CASE and THEORY.

Tricyclics, mirtazapine and trazodone. Same serotonin reasoning, with no DMT-specific controlled data [29]. Mirtazapine and venlafaxine were both in the fatal case described under Toxicity and the Mind [36]. THEORY and CASE.

Lithium. In an analysis of 62 online reports, 47 percent described seizures with lithium; nearly all involved LSD (27 seizures in 55 reports) and psilocybin (2 in 6), and the one DMT report had no seizure. The authors call it a signal and suggest treating lithium as a contraindication to classic psychedelics beyond microdosing [51]. PsychonautWiki strictly discourages the combination [2]. REPORTS.

Tramadol. It lowers the seizure threshold and is also serotonin-active [2][32][26]. THEORY and community.

Other opioids (codeine, morphine). Drug Science lists opioids among interaction concerns, and both were found in a fatal poly-drug case [32][36].

Bupropion. It lowers the seizure threshold and blocks CYP2D6, which handles some DMT, and that is my reasoning, not a finding [1]. THEORY.

Triptans, St. John's wort, 5-HTP and dextromethorphan. The changa page lists 5-HTP and DXM among serotonin-toxicity concerns [26]. THEORY.

Stimulants (amphetamine, methylphenidate, cocaine). They add to DMT's own rise in heart rate and blood pressure and are tied to anxiety, thought loops, paranoia and mania in community reports [2][30][52]. Cocaine was in the first fatal case, in a man with heart disease [36]. REPORTS and CASE.

Antipsychotics. Second-generation antipsychotics block 5-HT2A and may reduce or end the experience; in an older psilocybin study risperidone reduced effects while haloperidol did not and may have worsened them. Drug Science says some antipsychotics may block DMT, and a HPPD review says some atypical antipsychotics were reported to worsen HPPD [53][32][39]. CT (psilocybin only) and THEORY.

Benzodiazepines. No DMT-specific safety source. They are used in medical management of agitation and serotonin toxicity [29], PsychonautWiki says anxiolytics can numb the experience [2], and diazepam was in a fatal poly-drug case [36]. THEORY.

Blood pressure medicines and beta blockers. Drug Science lists antihypertensives among concerns [32]. Pindolol is under How It Works in the Body [33]. Propranolol was present in the fatal case under Toxicity and the Mind [36]. Grob is cautious about telling people to stop blood pressure or rhythm medicines [31]. CT (pindolol only) and CASE.

QT-prolonging drugs. The healthy group in the infusion study had no clinically significant ECG changes [14].

Vasodilators and sedating medicines. Drug Science lists them without detail [32].

Conditions

Personal or family history of psychosis, schizophrenia or bipolar disorder. Advised against by PsychonautWiki and Drug Science, excluded from the Basel trials, and case reports of DMT-linked psychosis exist [2][32][35][38].

Uncontrolled high blood pressure. DMT reliably raises blood pressure and heart rate [10][14], the fatal case of a man with high blood pressure is under Toxicity and the Mind [36], and the Basel trial excludes readings above 140/90 [35].

Heart disease and arrhythmia. Wikipedia calls acute cardiovascular events the main long-term concern, Drug Science flags heart conditions, and heart disease was a secondary cause in the first fatal case [1][32][36].

Seizure disorders. Drug Science and PsychonautWiki mention seizure risk, and seizures are a serotonin toxicity warning sign [32][2][29].

Pregnancy and breastfeeding. Clinical trials exclude both [35]. Human data on ayahuasca in pregnancy are sparse, and a 2013 review cautioned against applying mixed animal findings to humans [54]. No DMT-alone pregnancy data exist, so safe use is unknown.

Lung conditions such as asthma or COPD. No DMT-specific evidence. Inhaling hot vapor or smoke is not advisable with them, and that is an inference.

PTSD and dissociation. TripSit mentions depersonalization and derealization as possible after-effects [30]. This is where a clinician who knows your history matters most.

Dehydration, exhaustion, undernourishment and eating disorders. PsychonautWiki links them with seizure risk, a community source [2].

Heavy alcohol or substance use. Trials exclude it [35].

Food and the Diet

Swallowed DMT needs an MAO inhibitor, and the diet rules that go with prescription irreversible MAO inhibitors (the tyramine risk, sometimes called the cheese effect) apply to that route. TripSit says strict dietary care matters with irreversible MAO inhibitors and less with reversible ones such as Syrian rue [30]. The ayahuasca sheet has the longer food list. Fasting advice is under Before.

Other Substances and Combinations

Combinations of medicines get their own document with a large warning at the top; this is the short version for DMT, beyond the medicines listed above. Most of the evidence is community level, and very little is controlled.

Cannabis. TripSit rates it Caution, with unexpectedly strong and somewhat unpredictable synergy [52]. PsychonautWiki lists it as a dangerous interaction for anxiety, paranoia, panic and psychosis [2], and Drug Science names it as a concern [32].

Alcohol. TripSit rates it Low Risk and Decrease, and Drug Science advises avoiding alcohol and other drugs [52][32]. Alcohol was also in the blood of the first fatal case (see Toxicity and the Mind) [36]. This is an organization rating only.

MDMA. The changa page lists serotonin releasers, such as MDMA, 4-FA, methamphetamine, methylone and alpha-MT, with DMT-plus-MAOI blends as a serotonin syndrome risk, and Malcolm and Thomas call MAO inhibitors with MDMA high risk and contraindicated [2][26][29].

Other psychedelics. Drug Science names other hallucinogens as a concern, and the changa page names 25x-NBOMe drugs for heart and seizure risk [32][26].

Ketamine. Ketamine was in the blood of the 58-year-old in the second fatal case, among many other drugs [36].

Addiction and Misuse

Physical dependence. Wikipedia calls DMT non-addictive with low abuse potential, and a 2026 paper says withdrawal syndromes are rare [1][37]. PsychonautWiki says withdrawal is virtually absent, a claim marked citation needed [2].

Tolerance is complicated. In Strassman's four-dose study, subjective effects did not diminish, though heart rate response and some hormone responses did, while mean arterial pressure stayed up [34][55]. In continuous infusion, effects stopped increasing between 30 and 90 minutes while plasma levels rose, which suggests acute tolerance [13]. The 2026 bolus study found none with repeated boluses [15]. PsychonautWiki says tolerance does not appear to develop, and Drug Science says it builds quickly [2][32]. A 1963 study found no cross-tolerance in people tolerant to LSD, old and small [1].

Compulsive redosing with vape pens is a concern in community discussion and is unstudied. The reasons people point to are plausible: a very short effect, fast onset, a cartridge that is always in a pocket, and no clear unit of dose. A survey about 5-MeO-DMT found more redosing among people who vaporized than among those who injected (8 against 2), but that is a different compound and 27 people [56]. Treat redosing as a reported pattern, not a finding.

Addiction means loss of control, craving and use that continues despite harm, often with withdrawal. Misuse means use that raises risk or causes harm: using alone, mixing with serotonin-active drugs, using to avoid feelings, using while working or driving, or repeatedly seeking an escape. DMT's short length means it can be used compulsively as an escape without any pharmacological dependence. That is my clinical lens.

Testing and Purity

What Is Really in the Product

Street DMT is mostly freebase crystal (see Where It Comes From), and extraction can leave solvent residues (see Forms You May Meet). For vape cartridges, mislabeling claims exist without data, and carrier liquids and additives such as vitamin E acetate are a theoretical concern drawn from cannabis vaping injury [27][28]. Reagent colors differ a little between freebase and salt, so compare against the right reference [7].

Test Kits

DanceSafe sells nine reagents. A tiny sample goes on, you compare the color, and the test destroys the sample. Reagents cannot confirm what is in a sample: an unexpected color is a red flag, a match only means no red flags were found, you usually need more than one reagent, and reagents cannot detect fentanyl [57]. The Bunk Police, a kit seller, calls Hofmann the primary test for DMT (yellow, drifting toward yellow-green). Ehrlich detects the indole ring and turns purple or pink for DMT and many other indoles, read at about 5 minutes. Mecke works on dry powder only, and Marquis, Mandelin and Simon give other colors [7].

What reagents cannot tell you: which tryptamine you have (DPT, 4-HO-MET, 4-HO-MiPT, MiPT and 5-MeO-DMT react similarly), how much is present or how pure it is, or a minor component hidden by a major one. Vitamin B6 gives a pink Ehrlich that can look like a positive [7]. For vape liquid, Mecke reacts with the solvent and hides the result, so use Ehrlich plus Hofmann, and know that testing says nothing about the carrier, the hardware, or breakdown products from heating [7].

Laboratory Testing

Transparency Testing runs mail-in analysis by FTIR, LC-MS, NMR and NIR for powders, crystals, plant material and extracts. Its site states that it cannot accept liquids, so vape cartridge contents are out [58]. DanceSafe says it accepts samples from within the US and abroad and that no US walk-in site offers confirmatory lab testing such as GC/MS [57]. DrugsData no longer accepts submissions, though past results can be searched [57]. Energy Control in Spain runs a mail-in service, and I could not confirm whether it accepts DMT [59].

Preparation and Integration

No dosing or timing numbers are given here. Those are left to the sources and a medical provider.

Before

Read the Contraindications first, especially family history of psychosis or bipolar disorder, blood pressure and heart history, and any prescription or supplement that is serotonin-

active, lowers seizure threshold, or is lithium or an MAO inhibitor. Talk with a prescriber or physician, and do not stop a medicine yourself [31].

Drug Science and TripSit recommend a stable, positive state of mind and a calm and safe place [32][30]. PsychonautWiki suggests fasting or eating lightly to reduce nausea, and ties seizure risk to dehydration, fatigue and undernourishment, which is community advice [2]. Know the form and source, and consider testing it [32][25].

Choosing a Sitter

A sober sitter is the main safeguard the sources name. Drug Science and TripSit recommend one for during and after, PsychonautWiki recommends one especially for large smoked doses, and a sitter should be sober, should stay, and should not try to steer or fix the experience [32][30][2][60]. The reason is under Fear, panic and being alone in it, in Toxicity and the Mind. Sit or lie down in a clear space with nothing to climb, no water, no stairs and no driving. For vaporizing, use a stable surface, keep flame and hot glass away from hands, set the pipe down before leaning back or closing your eyes, and keep water or an extinguisher within reach; this is practical advice, not evidence. Do not redose in an unclear moment [25].

After

TripSit says the experience can be hard to integrate, and a lasting shift in perspective is likely [30]. Other substances taken without recovery time raise the risk of a rough post-trip period [2]. How long after-effects last is under How Long It Lasts. In clinical trials, preparation and integration therapy surround the dose [16].

Fear is common in the reports and mostly short [18], but a minority develop lasting anxiety or panic (see Toxicity and the Mind) [14][15]. Tell someone safe, sleep, eat, drink water, avoid more substances, and contact a therapist or Fireside Project if it lingers [60].

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

Call 911 for any seizure. Do not put anything in the mouth, move hard objects away, and note the time. Call for chest pain, severe palpitations, shortness of breath or fainting, since DMT raises blood pressure and heart rate in everyone studied and the fatal cases involved the heart [10][14][36].

Serotonin toxicity shows as confusion, agitation, sweating, high temperature, high blood pressure, rigid or jerking muscles, seizure and altered consciousness [29][31]. The risk is highest after an MAO inhibitor, an antidepressant or a stimulant. Call 911 and tell the

responders exactly what was taken. Treatment is supportive and starts with stopping the serotonin-active drugs [29]. Overheating with agitation or rigidity is also a 911 call [29].

Call 911 for unconsciousness, unresponsiveness, choking, vomiting while lying flat, or trouble breathing, and place a breathing person on their side. Call for extreme agitation, aggression or danger to self or others [61]. Get medical help for confusion or psychotic symptoms that do not pass after the drug should have worn off [38].

While you wait, stay with the person, keep them from driving or going outside, speak simply, do not argue with what they report seeing, keep them cool if overheated, give nothing more, and gather the product or cartridge and the packaging to show responders. If breathing stops, start CPR as the 911 dispatcher directs [60][62]. These are standard first aid steps.

For suicidal thoughts, call or text 988, any hour [63]. Poison Help at 1-800-222-1222 is free and confidential [62]. Fireside Project at 62-FIRESIDE (623-473-7433) is open daily from 11 a.m. to 11 p.m. Pacific time, which is noon to midnight Mountain time. Its volunteers are trained peers rather than clinicians, and it is not a medical service or a suicide line [60].

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 DMT Questions

Drug Science, a UK charity: https://drugscience.org.uk/drugs/dmt/

DMT-Nexus, a community forum and wiki written by users, not clinical. I could not tell whether it is currently active: https://www.dmt-nexus.me/

Transparency Testing, mail-in lab analysis: https://www.transparencytesting.com/

Chacruna Institute, on plant medicines and psychedelic justice: https://chacruna.net

Colorado Division of Natural Medicine: https://nmd.colorado.gov/

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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