MDMA and MDA
Harm Reduction Information & Protocols

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Please Read First

This page is educational. It is not medical, legal or professional advice, and I am not a physician or an attorney. I gathered this information 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. Here is some information on harm reduction [1].

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.

About MDMA and Its Effects on the Body

Everything we do has an outcome, or a consequence, both positive and negative and it is important to be informed of all potential outcomes to make informed decisions. Harm reduction protocols are aimed at reducing the potential negative consequences of illicit drug use. In the “pro psychedelic” era that we are currently in, there is often a lack of attention paid to the potential negative outcomes of drug use.

MDMA is not FDA approved. The FDA declined the first application for MDMA-assisted therapy in 8/2024 and asked for more research, and MDMA remains a Schedule I drug. It has shown some promising results in clinical trials, such as reduction of symptoms of PTSD, anxiety, depression, and alcohol addiction [2]. There is also a clear argument for the use of MDMA in couples therapy [3]. MDMA increases the release and prevents reuptake of serotonin, norepinephrine, and dopamine. The 5-HT2 receptor plays a contributing role in its effect. MDMA elevates the hormones oxytocin and vasopressin which act as neurotransmitters and are often referred to as the love hormones as they are most correlated with bonding and attachment. It also elevates cortisol and prolactin. MDMA causes a decrease in cerebral blood flow to the amygdala and hippocampus, an increase in activity in the prefrontal cortex, action in the occipital cortex and insula, and a decrease in functional connectivity between the hippocampus and prefrontal cortex, and an increase between the hippocampus and amygdala.

The most commonly described acute effects of MDMA are a feeling of euphoria and proximity to others, an enhanced impact of sensory – in particular visual and tactile – stimuli, an increased feeling of well-being and extroversion and enhanced communicative skills.

MDMA works by flooding the body with serotonin. Too much serotonin can result in Serotonin Syndrome which is a potentially life-threatening drug reaction that results from having too much serotonin in your body, which is why appropriate dosage is critically important when taking MDMA. Symptoms of serotonin syndrome are: agitation or restlessness, insomnia, confusion, rapid heart rate and high blood pressure, dilated pupils, loss of muscle coordination or twitching muscles, high blood pressure, muscle rigidity, heavy sweating, diarrhea, headache, shivering, and goose bumps. Severe serotonin syndrome can be life-threatening. Signs include: high fever, tremor, seizures, irregular heartbeat, unconsciousness and require immediate medical attention. In lethal MDMA intoxications, the underlying mechanism is believed to be either hyperthermia with multiorgan failure, or more rarely, hyponatremia with brain oedema [4].

An ecstasy tablet usually contains 50–150 mg MDMA. A common dose in clinical trials is about 125 mg, with a booster dose of about 60 mg about 2 hours after the initial dose.

After ingestion of a single dose of MDMA, the elimination half-life is 8 to 9 hours [5]. Effects begin about 20 to 70 minutes after ingestion, depending on the form and stomach contents [6], and peak at 1 to 2 hours [5]. Sources differ on how long the effects last, from 3 to 5 hours (Erowid [6]) to 4 to 6 hours (a study of healthy volunteers [5]), but they generally last 3 to 6 hours.

MDA

MDA is a close chemical relative of MDMA and shares most of its risks: serotonin syndrome, overheating and dehydration, strain on the heart, and dangerous interactions with antidepressants and MAO inhibitors. Everything listed above under Contraindications applies to MDA as well.

MDA is generally described as more psychedelic and less predictable than MDMA, and it lasts longer. The Australian Drug Foundation gives 5 to 8 hours [7], while Erowid says it lasts only slightly longer than MDMA [8].

Pills sold as ecstasy or molly sometimes contain MDA, and MDA is sometimes sold as MDMA. Some reagent tests can help tell them apart. Fentanyl test strips are used separately.

The timing, supplement and amount information on this sheet was written for MDMA only. It does not carry over to MDA. For MDA, use the sources listed at the end of this sheet and check with a medical provider.

How It Is Taken

MDMA is sold as pills, usually called ecstasy, and as a crystal or powder, usually called molly. Pills vary in color, size and logo, and two pills with the same logo can differ in strength and ingredients. Crystal can be clear, white or brown, and powder is sometimes sold already crushed. Products sold as MDMA may hold little or no MDMA and may contain other substances. [22]

Swallowed

Most people swallow it, as a tablet, a capsule or a liquid. [23] Crystal or powder is often put into a gel capsule or wrapped in a small square of edible paper, called a parachute. [24] Effects usually begin 20 minutes to an hour after swallowing. [22] PsychonautWiki, which is community written, lists a come-up of 15 to 30 minutes, a total duration of 3 to 6 hours and after-effects lasting 12 to 48 hours, and says only part of a swallowed dose reaches the bloodstream (37 to 68%). [24] Sources differ a little on timing, so treat these as a general range.

Snorted

People snort crushed tablets or powder. [23] Snorting generally works faster and hits harder than swallowing, lasts a shorter time and needs less material. Blood levels spike higher per milligram, so an amount that is fine swallowed can be too much snorted. [25] Repeated snorting damages the nasal lining and can cause bleeding and damage to cartilage. [25] The Australian Drug Foundation lists these precautions:

- Crush crystals into a fine powder, because crystals can cut the inside of the nose. [22]
- Rinse the nose with water before and after. [22]
- Switch nostrils and take breaks. [22]
- Use your own or a disposable straw, and avoid banknotes, to lower the risk of infection and of spreading viruses such as HIV and hepatitis C. [22]

Rectal (plugging, hooping or boofing)

Some people insert MDMA rectally. [22] They say it brings a faster, more intense experience and avoids nausea, but those are claims, not established facts, and one harm reduction page says it is not inherently safer than swallowing. [26] Faster effects make an amount harder to judge. The listed risks are tears and irritation of the rectal lining that can become infected, impurities reaching the body quickly, and overdose, with overheating, high blood pressure and a racing heart. [26]

Injected and Smoked

MDMA is sometimes injected [22], and MDA is also reported smoked. [7] For injecting, the Australian Drug Foundation says to never share needles or equipment, to use new needles, barrels, filters, sterile water and swabs along with your own spoon or cup and tourniquet, and to visit a needle and syringe program for sterile equipment and advice. Sharing equipment spreads viruses such as HIV and hepatitis C. [22]

MDA

MDA is mainly sold as a tablet or capsule, or as a powder or crystal, and sometimes as a liquid. It is usually swallowed and can also be snorted, smoked, injected or inserted rectally. Swallowed, effects begin within 15 to 70 minutes and last 5 to 8 hours. [7] MDA has far less research behind it than MDMA, so read the route cautions above as applying to it too.

The timing, supplement and amount information on this sheet was written for swallowed MDMA. It does not carry over to other routes, which act faster and make an amount harder to judge.

Legal Status, Street Names and Testing

While it is expected that MDMA therapy (not recreational use) will eventually become legal in the United States, as of the compilation of this informational sheet, it is still illegal unless it is part of an approved FDA trial, which means those taking MDMA outside of trials are generally not purchasing the product from a legitimate pharmacist. MDMA's most common street names are ecstasy and molly, however, these can be mixed with other substances that can be dangerous, like amphetamines, or fentanyl, which can cause death. [9] **It is important to test your product before ingesting.** You can purchase MDMA test kits and fentanyl test strips at dancesafe.org
On 4/18/2026 an executive order (Executive Order 14401) directed federal agencies to speed their review of psychedelic drugs and to set up a Right to Try pathway for eligible patients. It does not change MDMA's Schedule I status. [10]

In Colorado, MDMA is not part of the Natural Medicine Health Act, whose personal use provisions cover psilocybin, psilocin, DMT, ibogaine and mescaline (excluding peyote) [27].

Contraindications

Certain conditions and medications are contraindications for MDMA use. Data here is taken from various websites, which are not entirely reliable sources of information, so you should always check with a medical provider before ingesting MDMA. Some contraindications reported are:

- **Antidepressants:** The use of monoamine oxidase inhibitors (MAOIs) or antidepressants may precipitate serotonin syndrome. There is conflicting information about SSRIs such as Prozac, Paxil and Zoloft. Some sources say they are unsafe with MDMA because of the risk of serotonin syndrome. Other sources say they are not dangerous and mainly blunt the effects of MDMA. [11] [12] Any questions about this should be addressed with a safe and knowledgeable medical provider. Named by DanceSafe: the MAO inhibitors Nardil, Parnate and Marplan are very dangerous with MDMA, and DanceSafe advises stopping an MAO inhibitor at least two weeks beforehand, only with your prescriber's agreement.

Bupropion (Wellbutrin) and the tricyclic antidepressants are not well documented. [11] [12]

- **Drugs metabolized through the same liver enzyme as MDMA**: MDMA is processed by a liver enzyme called CYP2D6, and medicines that block that enzyme can raise MDMA to dangerous levels. Ritonavir, an HIV medication, is the best documented case. A fatal interaction is described in reference [13]. Ask a pharmacist whether any medicine you take works through this enzyme. Other medicines processed by the same enzyme include codeine and other opiate derivatives, and DXM, an ingredient in many over-the-counter cough medicines. Fluoxetine (Prozac) is processed by it too. [11]
- Other medicines that raise serotonin: the Mayo Clinic lists lithium, tramadol and other opioid pain medicines, St. John's wort, the cough ingredient DXM, triptans for migraine, linezolid and several anti-nausea medicines among those associated with serotonin syndrome, and it names ecstasy on the same list. Ask a pharmacist to check anything you take. [4]
- **Pre-existing Health Conditions** such as heart conditions, liver problems, seizures, some psychiatric disorders, malignant hyperthermia and other susceptibility to heat stroke. Named: heart conditions and high blood pressure; liver problems, including hepatitis; seizure disorders (strobe lights can trigger seizures); psychiatric disorders, especially depression; malignant hyperthermia, including Central Core Disease; and other susceptibility to heatstroke, such as after meningitis, with a chronic illness, or with heat-sensitive family members. Heatstroke is the cause of the vast majority of MDMA-related deaths. [11] Also relevant: postural orthostatic tachycardia syndrome (POTS) and other forms of dysautonomia, which are conditions of the autonomic nervous system, the system that governs heart rate, blood pressure and temperature. I did not find a harm reduction source that names these conditions. MDMA raises heart rate and blood pressure [11], and heat can worsen POTS symptoms [14], so talk with a physician who knows your condition before using MDMA or MDA.
- **MDMA Contraindications handout:** https://dancesafe.org/mdma-contraindications/
- **MDMA Overdose handout:** https://www.waterlooregiondrugstrategy.ca/en/prevention-and-safer-drug-use/resources/Documents/MDMA.pdf

Addiction and Misuse

Physical dependence, addiction and misuse are three different things. Physical dependence means the body has adapted to a substance and reacts with withdrawal when it is stopped. Addiction, which the DSM-5 calls substance use disorder, is continued use despite harm, with craving and loss of control. Misuse, sometimes called abuse, is using a substance in a way or an amount that raises the risk of harm, and it can happen without addiction.

For MDMA the evidence is mixed. The National Institute on Drug Abuse says research has not definitively answered whether MDMA is addictive. Animals will self-administer

it, though less than they do cocaine, and some people who use MDMA report craving, tolerance, withdrawal and continued use despite harm. Older studies of non-medical users found low to moderate abuse potential. [15]

MDA has far less research behind it than MDMA, so treat the cautions above as applying to it as well.

Synergistic Effects and Combining Medicines

Many drugs have dangerous synergistic effects, that is, with the interaction of two or more drugs, when their combined effect is greater than the sum of the effects seen when each drug is given alone. An extensive summary is beyond the scope of this summary sheet, but if you are planning on mixing drugs, please do your research to avoid harmful synergistic effects.

Exposure to MDMA usually results in increased heart rate and blood pressure, and moderate elevations in body temperature are common. Transient nausea appears to be widespread, and trismus, bruxism (the grinding of teeth), dryness of mouth, reduced appetite, visual disturbances, headache, vertigo, and motor and sensory disturbances are frequently reported. MDMA pre care is intended to minimize the negative effects of MDMA (harm reduction). [16]

Caffeine interacts poorly with MDMA. Decrease caffeine consumption 1-2 weeks prior to MDMA so that on the day of you can, ideally not have caffeine. If you must, limit caffeine to 1 cup of green tea. [17]

Mixing MDMA with psilocybin mushrooms, sometimes called hippie flipping, raises the risk of serotonin syndrome and puts added strain on the heart. The handout Psychedelics and Cautions names the combinations known to go badly. Read it before combining any medicines.

Preparation, Supplements and Dosage Sources

MDMA Supplements

These supplement suggestions come from RollSafe. Most of the support for them rests on rodent studies and anecdotal reports. [16]

Drinking a lot of plain water on MDMA can also be dangerous, because MDMA makes the body hold on to water and low blood sodium (hyponatremia) can follow. RollSafe advises limiting how much you drink and choosing fluids that contain electrolytes. [16]

Absorption

60-30 minutes prior to ingesting MDMA, take ¼ tsp of baking soda. MDMA is less easily absorbed in an acidic environment and baking soda alkalinizes the gut (it's also great for heartburn and acid reflux)

Neuroprotection: there are a variety of supplements that are suggested for Neuroprotection. The top three are considered the most important

- **ALCAR ~ Acetyl-L-carnitine:** 1000 mg, 3 hours before taking or less (not more than 2500 mg in a day)
- **COQ10:** 200-600 mg of CoQ10 6 hours before taking or longer. CoQ10 will reach maximum levels in your body about 6.5 hours after being ingested (not more than 3600 mg in a day).
- **Vitamin E:** 800-IU, 6-13 hours before taking (not more than 1600-IU in a day). Vitamin E is fat soluble so should be taken with a bit of fat containing food.
- **ALA ~ Alpha Lipoic Acid:** 200 mg with and each hour after until 6 hours following.
- **Ascorbate ~ Vitamin C:** 500 mg. 3 hours before (and 3 and 6 hours after)
- **Nicotinamide:** Niacinamide is believed to be safe when taken in doses up to 900-1500 mg daily. It might cause side effects such as stomach upset, gas, dizziness, headache, and rash.
- **Ginger:** 2 g. 4 hours and 1 hour before MDMA ingestion. Also assists with nausea

Nausea

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Jaw Clenching

- Magnesium (especially if you are low in magnesium).

Serotonin Rebuilding

- **5-HTP:** 24 hours after ingesting MDMA. Take 200 mg for 5 days with food.

  5-HTP is the chemical that is converted into serotonin. There are anecdotal reports that it reduces comedown by reestablishing serotonin stores that are depleted by MDMA. There are different recommendations as to how much to take, but do not take more than 200 mg at once and take with food as it can cause nausea. Very high doses of 5-HTP have been toxic in animal studies, and the effect in humans is not known. Do not take 5-HTP if you're taking other medications that increase serotonin levels, such as antidepressants like SSRIs and MAO inhibitors. Use caution when taking carbidopa, a medication for Parkinson's disease. [18]

A note about frequency

There are potential negative side effects to chronic use of MDMA, some of which are listed here: [19]
I have not come across a recommendation on limitations to frequency, however, my personal belief is that more than once a month is too often as the body needs time to restabilize.

MDMA Dosages by RollSafe [20]

- Dosage guideline: your weight in kg, plus 50 = total dosage in milligrams for the session. (1 kg is approx. 2.2 lbs). Eg. 135 lbs / 2.2 = 61 + 50 = 111 mg dose. (200 lb = 141). The

optimal method for harm-reduction if you're willing is perhaps 1.5 mg/kg total during the session, with a 120 mg maximum even for heavy people, with no redose or booster.

- Or stay below 2 mg/kg MDMA in total (including re-doses) during a session.
- Some say 1.5 mg/kg is high enough, and worry that 120 mg is too high for many smaller people.
- Lower dosages help reduce neurotoxicity risk, help increase enjoyment, and help reduce the risk of serious adverse effects.
- A study found that MDMA desirable effects are maximized, and undesirable effects minimized, at doses between 81-100 mg
- Your MDMA may not be pure, and you may be increasing your risk as a result. 87% of "Molly" analyzed by the DEA between 2009 and 2013 contained 0% MDMA, instead mostly containing "bath salts." Use a test kit to reduce some risks, but know that even test kits cannot guarantee purity. Always re-set your dosage with a new source.
- If less than 120 mg sounds low to you, you may have been taking fake MDMA
- Roll Safe does not support the Erowid dosage advice as it is too high for users that care about their health.

MDMA Dosages by Erowid [6]

The chart below shows what are considered recreational/therapeutic dosages for pure MDMA HCl (the most common crystalline form), measured in milligrams.

Erowid Oral MDMA Dosages	
Threshold	**30 mg**
Light	**40 - 75 mg**
Common (small or sensitive people)	**60 - 90 mg**
Common (most people)	**75 - 125 mg**
Common (large or less sensitive people)	**110 - 150 mg**
Strong	**150 - 200 mg**
Heavy	**200 + mg**

Onset: 20-70 Minutes (depending on form and stomach contents)
Duration: 3-5 hours
Normal After Effects: up to 24 hours
Overdose Effects: Vomiting, headaches and dizziness may result from too high a dose of MDMA. Some people are considerably more sensitive to MDMA than others. Be careful if you are using MDMA for the first time or using material of an unknown purity and strength. Always start low.

Preparation and Integration

Dosing and timing numbers belong to the sources listed at the end of this sheet and to a medical provider, because they change more often than this sheet does.

Before

Preparation starts with the questions this sheet raises. Read the Contraindications against every medicine and condition you have, ask a psychedelic-informed physician to check them, and do not stop a prescribed medicine on your own. Test what you hold, because pills and powders sold as MDMA often are not. Choose a sober person you trust to be with you, a place where you can stay put and keep cool, and a clear day on either side.

After

After-effects can last a day or two [24]. Eat, drink sensibly, sleep when the body asks, and leave one day unscheduled. When the feelings and images begin to find words, write them down or tell someone who can listen without needing them to mean anything. If low mood or anxiety does not lift, or something from the session frightens you, bring it to a qualified professional. Fireside Project offers peer support after an experience as well as during one.

If You Need Help Now

In a medical emergency, call 911. If you are in emotional crisis, you can call or text 988. Call 911 for high fever, seizure, confusion that does not clear, a racing heart that will not settle, severe muscle rigidity, trouble breathing or loss of consciousness. 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. Poison Help is 1-800-222-1222.

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. Library on psychoactive plants and chemicals, with a lab testing results database called DrugsData.
- DanceSafe: https://dancesafe.org. Drug checking, test kits and education.
- TripSit: https://tripsit.me. Harm reduction information and support.
- PsychonautWiki: https://psychonautwiki.org. Community written substance information.
- Zendo Project: https://zendoproject.org. Peer support and education for difficult psychedelic experiences.
- Fireside Project: https://firesideproject.org. Free, confidential psychedelic peer support by phone, text and app.
- MAPS: https://maps.org. Psychedelic research and news.
- Australian Drug Foundation, MDA: https://adf.org.au/drug-facts/mda/

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

References

The numbers in brackets in the text point to these references. The two MDMA handouts under Contraindications are given as web addresses in the text itself.

1. https://www.hri.global/what-is-harm-reduction
2. https://www.healthline.com/health-news/4-conditions-that-ecstasy-may-help-treat
3. https://www.frontiersin.org/articles/10.3389/fpsyg.2021.733456/full
4. https://www.mayoclinic.org/diseases-conditions/serotonin-syndrome/symptoms-causes/syc-20354758
5. https://pubmed.ncbi.nlm.nih.gov/11085324/ (de la Torre et al., Pharmacology of MDMA in humans, 2000)
6. https://www.erowid.org/chemicals/mdma/mdma_dose.shtml
7. https://adf.org.au/drug-facts/mda/ (Australian Drug Foundation)
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9. https://drugpolicy.org/mdma-ecstasy-molly/whats-difference-between-molly-ecstasy-and-mdma
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11. https://dancesafe.org/mdma-contraindications/ (DanceSafe, last updated 6/11/2026)
12. https://www.erowid.org/chemicals/mdma/mdma_info9.shtml
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15. https://drugabuse.gov/publications/mdma-ecstasy-abuse/mdma-addictive (National Institute on Drug Abuse)
16. https://rollsafe.org/mdma-supplements/
17. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3492978/
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22. https://adf.org.au/drug-facts/ecstasy/ (Australian Drug Foundation, page dated 9/21/2026)
23. https://nida.nih.gov/research-topics/commonly-used-drugs-charts (National Institute on Drug Abuse, last modified 6/27/2025)
24. https://psychonautwiki.org/wiki/MDMA (PsychonautWiki, community written)
25. https://erowid.org/ask/ask.php?ID=41 (Ask Erowid, on snorting)
26. https://mistt.msu.edu/boofing-mdma (page on boofing MDMA; no author or date shown)
27. https://vicentellp.com/insights/guidelines-psychedelic-use-under-colorado-natural-medicine-health-act-of-2022 (Vicente LLP, 2/3/2023)