

# **MDMA Harm Reduction Information & Protocols**

**Disclaimer:** This information has been drawn from resources readily found on the internet. This information is not to be construed as medical advice, but as a summary of some health and safety information that is available for MDMA consumers through internet resources. Anyone taking MDMA, or any other illegal substance is responsible for their own choices and the consequences of those choices. This information sheet should not be construed as an encouragement to participate in illegal activity, rather, its intention is the reduction of harm that could be caused by such activity. Here is some information on Harm Reduction <https://www.hri.global/what-is-harm-reduction>.

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 currently in FDA approved clinical trials and has shown some promising results such as reduction of symptoms of PTSD, anxiety, depression, and alcohol addiction <https://www.healthline.com/health-news/4-conditions-that-ecstasy-may-help-treat#Alcohol-addiction>. There is also a clear argument for the use of MDMA in couples therapy <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.733456/full>. 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 <https://www.mayoclinic.org/diseases-conditions/serotonin-syndrome/symptoms-causes/syc-20354758>.

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. <https://drugpolicy.org/mdma-ecstasy-molly/whats-difference->

[between-molly-ecstasy-and-mdma](#) It is important to test your product before ingesting. You can purchase MDMA test kits and fentanyl test strips at <https://dancesafe.org>

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 8–9 hours. There is a 30–60-minute delay until onset of effect, and the mean effect duration is about 3.5 hours.

<https://onlinelibrary.wiley.com/doi/full/10.1111/j.1742-7843.2007.00159.x>

## **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 (MOA) inhibitors or antidepressants may precipitate serotonin syndrome. There is conflicting information available about the risk serotonin syndrome with SSRI's. Some state there is minimal risk of serotonin syndrome with SSRIs. Other sources state it as a contraindication and recommend that the MDMA psychonaut be off SSRI's for a minimum of three weeks if they are a relatively new SSRI user, and longer for those who have been on SSRIs for longer.  
[https://www.erowid.org/chemicals/mdma/mdma\\_info9.shtml](https://www.erowid.org/chemicals/mdma/mdma_info9.shtml) Any questions about this should be addressed with a safe medical provider.
- **Drugs metabolized through the same liver enzyme as MDMA**
- **Pre-existing Health Conditions** such as heart conditions, liver problems, seizures, some psychiatric disorders, malignant hyperthermia and other susceptibility to heat stroke.
- **MDMA Contraindications handout:** <https://dancesafe.org/drug-information/mdma-contraindications/>
- **MDMA Overdose handout:** <https://www.waterlooregiondrugstrategy.ca/en/prevention-and-safer-drug-use/resources/Documents/MDMA.pdf>

## **MDMA Synergistic Effects**

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). <https://rollsafe.org/mdma-supplements/>

**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.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3492978/>

## **MDMA Supplements**

### **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 alkalizes the gut (it's also great for heartburn and acid reflux)

**Neuroprotection:** there are a variety of supplements that are suggestion for Neuroprotection. The top three are considered the most important. This is often not realistic unless one has a care provider offering such supports. Some say this neuroprotection is only necessary for chronic users.

- **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.
- **ALS ~ 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**

- **Ginger:** 2 g. 4 hours and 1 hour before MDMA ingestion. Also assists with nausea

### **Jaw Clenching**

- Magnesium (esp if psychonaut is 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. You can overdose on 5-htp. 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.

### **A note about frequency**

There are potential negative side effects to chronic use of MDMA, some of which are listed here:

<https://onlinelibrary.wiley.com/doi/full/10.1111/j.1742-7843.2007.00159.x>

I have not come across a recommendation on limitations to frequency, however, my personal believe is that more than once a month is too often as the body needs time to restabilize.

## MDMA Dosage by Erowid

[https://www.erowid.org/chemicals/mdma/mdma\\_dose.shtml](https://www.erowid.org/chemicals/mdma/mdma_dose.shtml)

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

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

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### 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.

## MDMA Harm Reduction Supplements – One Sample Routine

	<b>Day 5, 3, 1 prior:</b>	One Emergen-C tab in 4-8 oz water
	<b>Day 4, 3, 2, 1 prior:</b>	100-200 mg magnesium - for jaw clenching. (This is not necessary if person is taking spirulina or other supplements high in magnesium)
_____	<b>Night before:</b>	800 IU Vitamin E (6-13 hours prior). Take with fat food. 500 mg COQ10
_____	<b>4h before:</b>	Fresh Ginger tea or crystallized ginger (optional)
_____	<b>3h before:</b>	500 mg ALCAR
_____	<b>90 min before:</b>	Crystalized Ginger or Ginger tea (optional esp. if prone to nausea),
_____	<b>45 min before:</b>	¼ tsp baking soda
_____	<b>With MDMA:</b>	200 mg ALA 500 mg ALCAR
_____	<b>2h after</b>	200 mg Nicotinamide 100-200 mg Magnesium (if jaw clenching)
_____	<b>2h after if boosting:</b>	200 mg ALA 500 mg ALCAR
_____	<b>5-6h after:</b>	200 mg ALA 500 mg ALCAR
	<b>Days 1-7 after:</b>	200 mg 5-htp, take with food (wait 24 hours after ingesting MDMA to start)