

MDMA-assisted therapy

A course of psychotherapy built around a small number of supervised MDMA sessions, with preparation before and integration between and after. It has been developed mainly for post-traumatic stress. This reading is for someone who wonders whether it could help them.



What is MDMA?

MDMA is a synthetic substance that acts on serotonin and other chemical messengers. For a few hours it raises energy, lowers fear, and opens a sense of warmth and closeness to others; it is not a classic psychedelic, and perception changes less than with psilocybin. In therapy, the MDMA is a pharmaceutical preparation of known dose and purity. Pills sold as ecstasy or molly are something else: their contents are uncertain and often mixed.¹

Therapy or recreation?

What MDMA does is the same in both settings; what it is used for is not. At a party, the warmth and energy are the point, and the setting, heat, dancing and whatever else is taken add their own risks. In therapy, the lowering of fear is used for one purpose: to let a person approach what they have not been able to approach. Someone who has been through trauma often cannot think about it, let alone speak of it, without being overwhelmed. For a few hours, MDMA makes it possible to stay with the memory and the feeling in the company of a therapist who has prepared them for it and will stay to the end. That is the therapy. The substance makes the work possible; it does not do the work.



The therapeutic relationship and medical oversight matter throughout the process.

What does the process look like?

Preparation comes first, over several meetings: what you are carrying, your history and your health, what you hope for and what you fear, and how the sessions will be held. Trust matters more here than in most therapies, because of what the sessions ask of you; consent is worked out in detail, including how you will be supported if you become distressed and how you can stop at any point. Each MDMA session lasts a day, with the therapist present throughout and a physician on hand. Painful memories tend to become approachable; grief, anger and bodily discomfort are part of it. Integration sessions follow each one, to work with what came up and with what it changes in your relationships and your daily life. A course usually involves two or three MDMA sessions over a few months, with the integration work in between.

What is it used for?

MDMA-assisted therapy has been developed and studied for post-traumatic stress disorder, including severe and long-standing forms that have not responded to other treatments. Related difficulties have been explored, but PTSD is where the work stands. People who seek it have usually tried other forms of help first.^{1, 2}

Adverse effects

During the session, a faster heartbeat, a rise in blood pressure and temperature, jaw tension, sweating and nausea are common. Anxiety and emotional distress can occur as painful material comes forward; that is expected, and it is what the preparation and the presence are for. In the days after, fatigue and low mood are frequent and usually pass within the week.¹

Who should not do this?

Heart disease, high blood pressure, liver or kidney problems, epilepsy and diabetes call for caution or rule the approach out, because of what MDMA does to the heart, the temperature and the body's fluids. So do certain medications: antidepressants and some other treatments can interact with MDMA, in rare cases dangerously, and no medication is stopped to make the therapy possible without the prescriber's agreement. A personal or family history of psychosis, and a period of acute crisis, also call for caution. These are not a checklist to apply to yourself: they are discussed with the clinician. One more point: the closeness that MDMA produces does not change the boundaries of the therapeutic relationship. What was agreed in preparation holds during the session. ¹

Where things stand in Canada

MDMA is not an approved treatment in Canada; outside authorised medical and scientific use, it is illegal. Access exists through authorised clinical trials and, for some people, through Health Canada's Special Access Program, requested by a regulated practitioner, case by case. Neither route establishes general availability or your eligibility. A consultation with a qualified clinician is the place to find out what applies to you; support without a substance is available in the meantime (see Psychedelic harm reduction and integration). ¹

Questions to bring to a consultation

- Given what I wish to address, what is the best way forward?
- Is this approach suited to my situation, my health and the treatments I take?
- Who will be with me during the sessions, and what is their training?
- How is distress during a session handled, and what happens afterwards?
- What does the integration work look like between sessions?
- How does this compare with the trauma therapies available to me now?

Sources and further reading

1. Health Canada / Santé Canada · MDMA (ecstasy).
Public information on effects, risks and Canadian status; French version available.

2. Mitchell et al. (2023) · MDMA-assisted therapy for moderate to severe PTSD, phase 3.
Nature Medicine. doi 10.1038/s41591-023-02565-4

General information to support a clinical conversation. This resource does not determine treatment suitability or offer access to a substance.