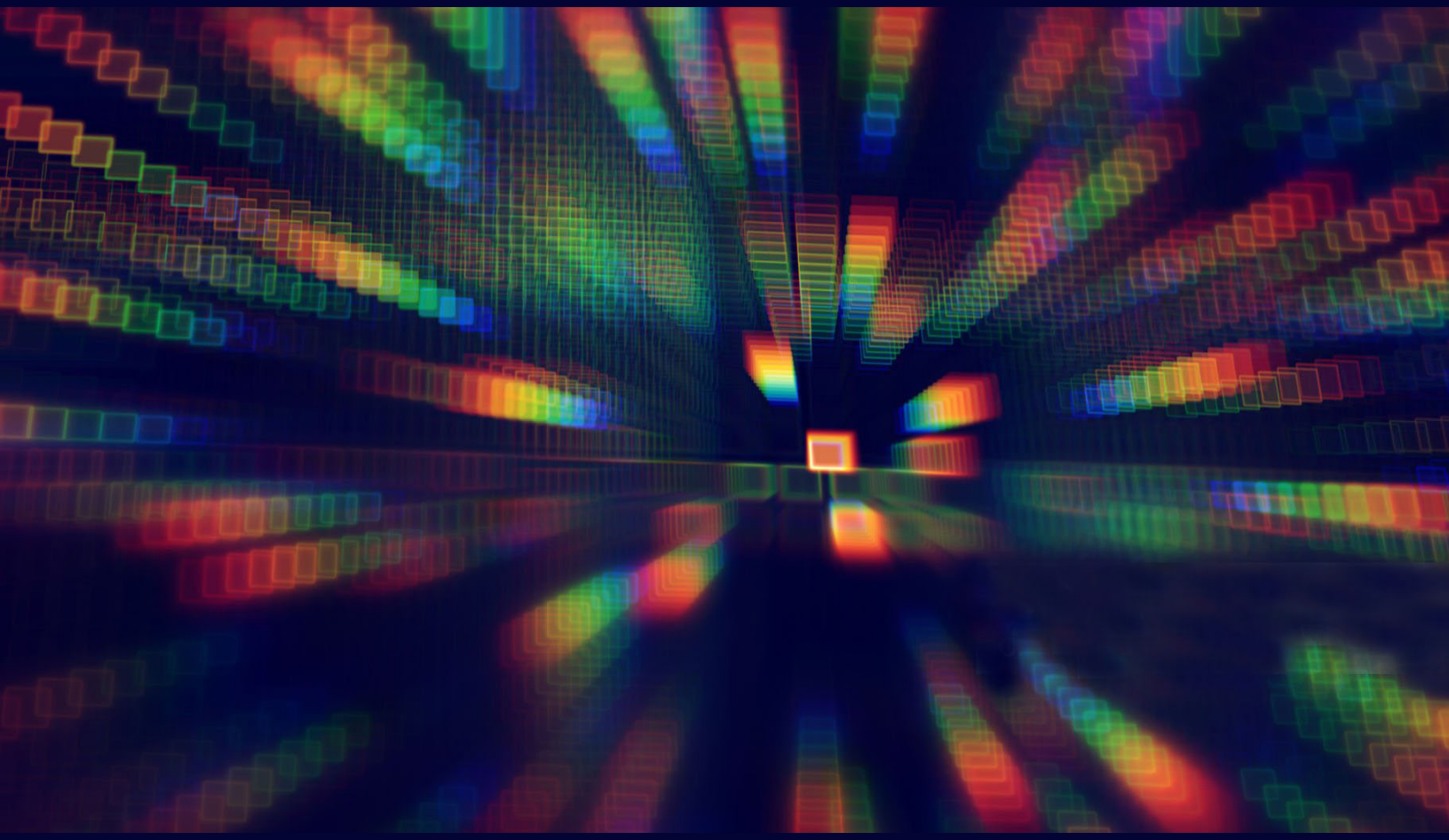
USE OF PSYCHEDELIC SUBSTANCES IN THE UNITED STATES, 2024:

Results from the National Survey Investigating Hallucinogenic Trends (NSIHT)



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DIVISION OF DENVER HEALTH AND HOSPITAL AUTHORITY

Table of Contents

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Key Insights

Main Findings

In 2024, 4.5% (12 million) of all adults (aged 18 years and older) in the United States reported using at least one psychedelic substance in the last 12 months (including classic psychedelic, empathogenic, and dissociative substances). This report showcases any psychedelic use and highlights four substances: psilocybin, MDMA, LSD, and prescription ketamine/esketamine. Five key insights from the National Survey Investigating Hallucinogenic trends are shown below.

Psychedelic substance use was highest among younger adults.
Psychedelic use was highest among adults aged 18-25 (7.9%) in 2024, followed by adults aged 26-49 (7.0%). Adults aged 50 and older had the lowest prevalence (1.4%).

Psilocybin was the most used psychedelic substance.
Psilocybin was the substance estimated to be most used (2.1%, 5.5 million adults). The other top five substances were MDMA (1.5%, 3.8 million), prescription ketamine/esketamine (1.2%, 3.2 million), mescaline derivates (like peyote, San Pedro, or synthetic mescaline; 1.0%, 2.7 million), and LSD (0.9%, 2.5 million).

Estimates of other substances are in the appendix.

Psychedelic use prevalence use varies by census division.
Psychedelic use varied by census division and was highest in the Pacific division and lowest in the New England division.

Estimates for prevalence of any psychedelic use by division are provided in the appendix. More detailed data are available upon request for specific substances.

Psychedelics were perceived to improve mental health.
More adults perceived improvements to mental health as compared to physical health improvements for all four of the highlighted substances. Those who used prescription ketamine/esketamine were most likely to report perceived improvement of physical health in addition to mental health.

Most common settings of use included use with friends or family and in small private settings.
For psilocybin, MDMA, and LSD, the most common settings for use included use with friends or family and in small private settings. For prescription ketamine/esketamine, use at a facility under supervision was the most common setting.

Key Insights

Public Health and Policy Implications

These new findings can have many impacts on public health, research, and policy related to health.

> Use of psychedelics varied by geography. Fun or enjoyment was the most common reason for use in 2024.

- Risk reduction strategies such as trip preparation, use within intentional settings, and supervision planning, among others, may help prevent and mitigate potential risk of harms with any type of use.
- Individuals should talk to health care providers about their risk including current medical conditions or medication use that may interact with psychedelic substances.

> Policy change or educational campaigns may be implemented to address changes in use patterns.

- Educational campaigns uniquely tailored to each substance would be most effective to serve diverse groups of people who may use psychedelics in a variety of contexts.
- Individuals perceive benefits of these substances. Expansion of mental health services may be necessary to serve individuals seeking psychedelic-assisted therapy to actualize benefits of these substances. However, except for ketamine/esketamine, no other psychedelic substance has been approved by the U.S. Food and Drug Administration (FDA) for medical use.
- Individuals may also have negative experiences with these substances, such as psychological distress, unwanted continued effects, vulnerability in a suggestive state, need to seek medical care, etc. These risks may be elevated among those who use serotonin-modulating drugs, have a history of psychosis or other psychiatric illnesses, or are using multiple other unapproved psychoactive substances.

> Continued rigorous research on real-world psychedelic use is important to inform clinical care, advise public health strategies, and make evidence-based policy decisions.

- Measuring diverse perspectives and experiences is critical to research, as shown in these data by diverse use patterns.
- Rigorous methodology must be employed to ensure accurate findings.

Beyond the Key Insights

This report presents select findings. For detailed data tables, see the appendix. Visit the Rocky Mountain Poison & Drug Safety website (www.rmpds.org) for additional information and resources to support your work. Reach out with questions at info@rmpds.org.

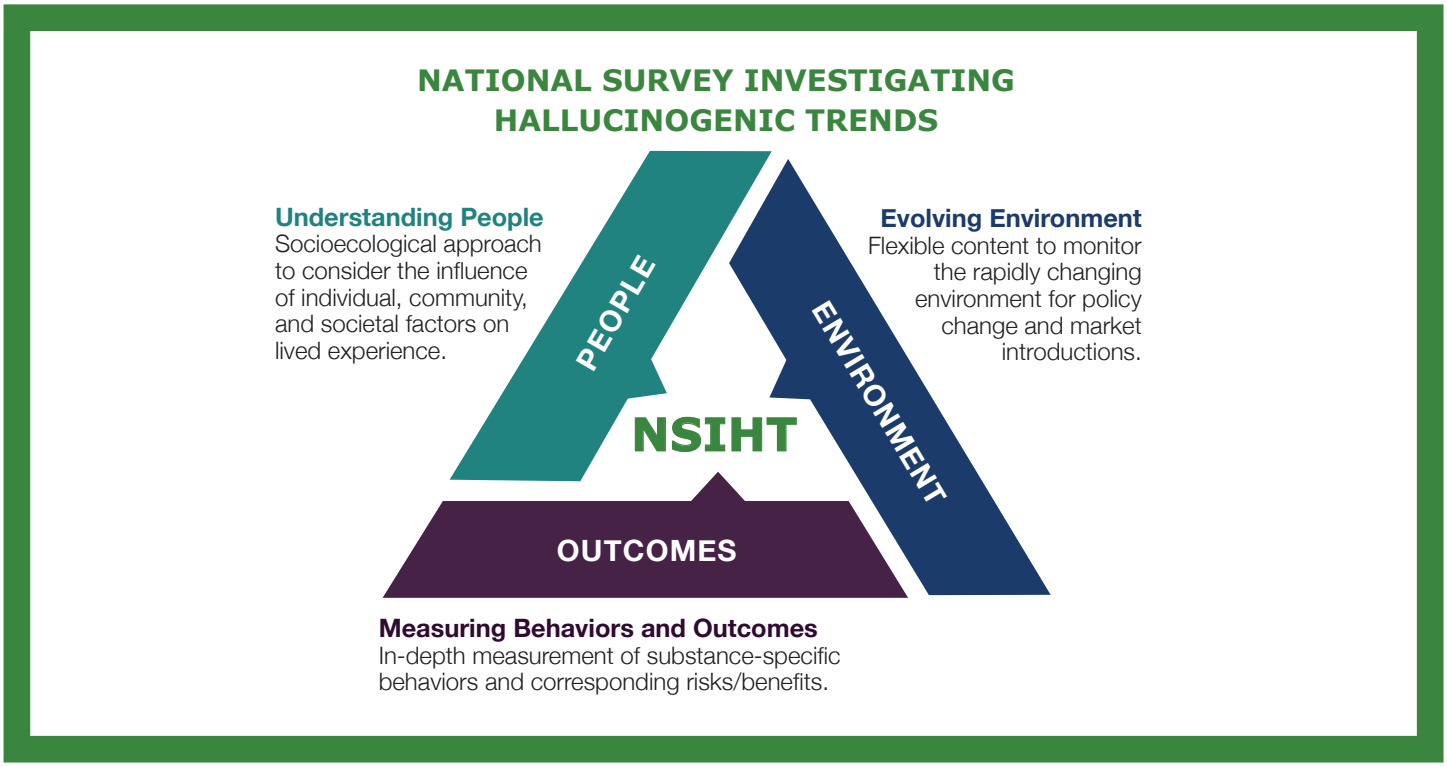
Introduction

Use of psychedelics has become more common in the United States.[1,2,3] These substances are gaining attention as more states consider new legislation, including decriminalizing possession and creating pathways to use psychedelic substances for mental health and well-being.[4] There is a renewed interest in therapeutic applications — many of these substances are being rigorously evaluated to treat mental health conditions such as depression, anxiety, and post-traumatic stress disorder (PTSD).[5]

Psychedelics have been used for centuries. **This report showcases how and why adults used psychedelics in the United States in 2024.** The National Survey Investigating Hallucinogenic Trends (NSIHT) is designed to study the context surrounding how adults use these substances, including detailed measurements of behaviors related to the use of specific substances. The survey also monitors changes in psychedelic use over time. This report provides data for researchers and decision-makers in public health and other health care fields to better understand the prevalence of use, behaviors, safety outcomes, and self-perceived effectiveness of psychedelics. **This report includes data from 2024 on a wide range of psychedelic substances, specifically highlighting psilocybin, MDMA, LSD, and prescription ketamine/esketamine.** See page 13 for definitions of each substance.

Survey Design

The National Survey Investigating Hallucinogenic Trends (NSIHT) is an online, cross-sectional survey design that is confidential and anonymous. The NSIHT survey is fielded twice per year, in the summer and winter; data in this report include both launches from 2024. NSIHT is designed and operated by Rocky Mountain Poison & Drug Safety (RMPDS) through a grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). **The survey is designed around three primary domains: measuring behaviors and outcomes of psychedelic use, understanding people, and studying the evolving environment.**



Introduction

Several best survey design practices were employed to ensure high-quality data. The survey content was designed using randomization of question order and answer options, adaptive questioning, and mobile-friendly responsive design, meaning that adults see unique surveys tailored to their own experiences. RMPDS developed the survey after consulting with subject matter experts and conducting focus groups of people with lived experiences. Furthermore, the survey development pathway included studies on the comprehension of survey questions and answers. Additional quality controls were implemented to remove responses consistent with inattentive survey behaviors, which have been detailed in previous work.[6] A test-retest study was also conducted to assess the reliability of self-reported psychedelic use within the last 12 months. All substances included in this report showed substantial to excellent reliability statistics, including overall agreement (all above 85%, average 90%) and Gwet's AC1 (all above 0.73, average 0.87).[7]

NSIHT methods yield **rigorously collected** and **reliable survey data** on psychedelic use in the U.S.

NSIHT uses a strategic oversampling technique to recruit survey respondents who have used at least one psychedelic substance in the last 12 months prior to the time of the survey. The sample is intentionally recruited from a neutral pool of participants and not from a source enriched in psychedelic drug enthusiasts or critics. These individuals answer detailed questions about their psychedelic experiences. Survey responses are then combined with another nationally representative general population sample, the Survey of Non-Medical Use of Prescription Drugs (NMURx), also owned and operated by RMPDS. NMURx has been shown to provide generalizable estimates to the national U.S. adult population.[8] With this combined approach, one large sample enriched with adults who use psychedelics is created. Through the process of transport weighting and data fusion, a weighting scheme is applied to the NSIHT data to correct for selection bias, which leads to reliable nationally representative estimates of use behaviors and outcomes.

NSIHT measures behaviors and outcomes around psychedelic use, including how frequently, how recently, and how often they were taken. Other survey content includes the context in which the adults took psychedelics, why and where they took them, whom they took them with, what mindset they were in, where they got psychedelic substances, if they took them with any other substances at the same time, and what experiences and outcomes they had as a result.

This report summarizes the 2024 NSIHT data. Data were collected from all 50 states and Washington, D.C. A total of 57,309 surveys were completed, with 4,329 adults reporting psychedelic use in the last year. Among all U.S. adults who used a psychedelic substance in the last year, the mean age was estimated at 36.2 years with 63.8% being male, 36.2% being female, 22.4% reporting Hispanic ethnicity, and the following self-reported race: Native Hawaiian or Pacific Islander (1.1%), Asian (3.2%), American Indian/Alaska Native (3.6%), Black or African American (15.7%), White (74.1%), or another race (6.9%). Additionally, an estimated 46.4% were married, 27.0% had a high school diploma or GED, 13.9% had a master's degree or higher, and 32.4% had an income greater than $100,000 annually.

Introduction

Estimates Presented

All prevalence estimates can be interpreted as behaviors of use in the last 12 months among all U.S. adults for psychedelics (including classic psychedelic, empathogenic, and dissociative substances). All estimates shown in this report have met the standards for statistical precision and properly account for sampling error. National prevalence, both the percentage and number of adults, are presented for each of the following substances: psilocybin, MDMA (3,4-methylenedioxymethamphetamine), LSD (lysergic acid diethylamide), prescription ketamine/esketamine combined, DMT (N, N-dimethyltryptamine), illicit ketamine, mescaline derivatives (Peyote, San Pedro, or synthetic mescaline) combined, *Salvia divinorum,* and 5-MeO-DMT (O-methyl-bufotenin). These estimates are presented overall, by age group, and by sex. Estimates for the use of any psychedelic substance (of those listed above) are available nationally and by census division.

More information is provided on four of the most commonly used psychedelic substances:

Psilocybin

MDMA

LSD

Prescription Ketamine or Esketamine

For these four groups, prevalence is additionally presented by census region on page 18. Information on behaviors and outcomes in the last 12 months related to use and perceived effectiveness of taking these four psychedelic groups is included: reasons for use; frequency of use; initiation; concomitant use (use at the same time as) with alcohol, cannabis, or another psychedelic; setting of use; who they were with; and self-report of physical and mental health improvement due to use. Detailed definitions of these key measurements can be found on page 14. Infographics are provided to highlight key findings, and detailed data tables are provided at the end of the report.

Strengths and Limitations

The comprehensive substance coverage of NSIHT and all estimates presented in this report were collected using a robust survey methodology with proactive bias control. The broad recruitment strategy provides diverse use patterns observed for real-world use in the United States. However, some populations may still be underrepresented, such as those who are Indigenous, institutionalized, or without internet access. Given this was the first year of data collection, the NSIHT survey content will continue to be improved and refined into the future.

Future Directions

NSIHT is committed to constant improvement through validation of content and methods presented in the scientific peer-reviewed literature or future data reports. Other topics which were not showcased in this report include safety, preparation for and integration of psychedelic experiences, microdosing, psychedelic travel, state behaviors, among others. Additional topics of public health interest will continue included in future years.

National Prevalence of Psychedelic Use

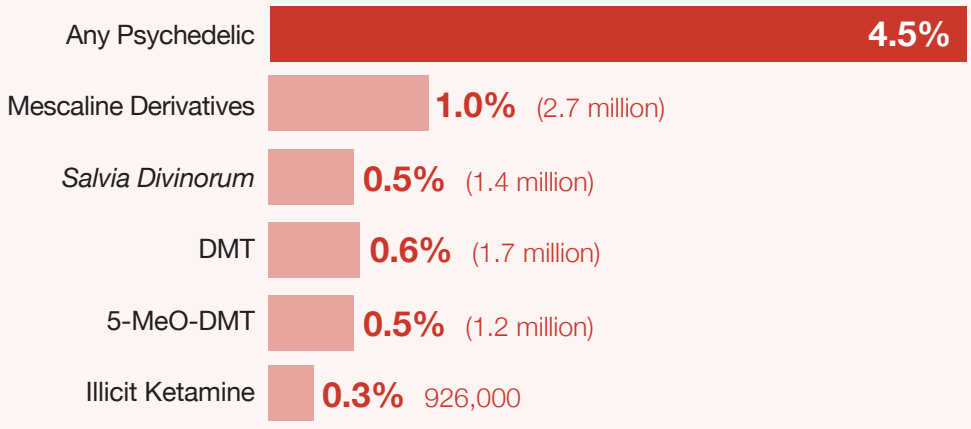
NSIHT asked U.S. adults if they used any psychedelics in the last year, including the substances highlighted in this report (psilocybin, MDMA, LSD, and prescription ketamine/esketamine) and seven other psychedelic substances.

Psychedelic Use in the Last Year

	Overall	Aged 18-25	Aged 26-49	Aged 50+	Female	Male
Any Psychedelic	4.5%	7.9%	7.0%	1.4%	3.2%	5.9%
	12.0 million	2.8 million	7.4 million	1.7 million	4.3 million	7.6 million
Psilocybin	2.1%	3.1%	3.0%	1.0%	1.5%	2.6%
	5.5 million	1.1 million	3.2 million	1.2 million	2.1 million	3.4 million
MDMA	1.5%	3.5%	2.1%	0.2%	1.0%	2.0%
	3.9 million	1.3 million	2.3 million	306,000	1.3 million	2.6 million
LSD	0.9%	1.8%	1.4%	0.3%	0.6%	1.3%
	2.5 million	626,000	1.5 million	326,000	836,000	1.6 million
Prescription Ketamine or Esketamine	1.2%	2.2%	2.0%	0.3%	0.8%	1.7%
	3.2 million	787,000	2.1 million	313,000	1.1 million	2.1 million

In 2024, **12.0 million adults** (4.5%) were estimated to have **used any psychedelic** in the last year.

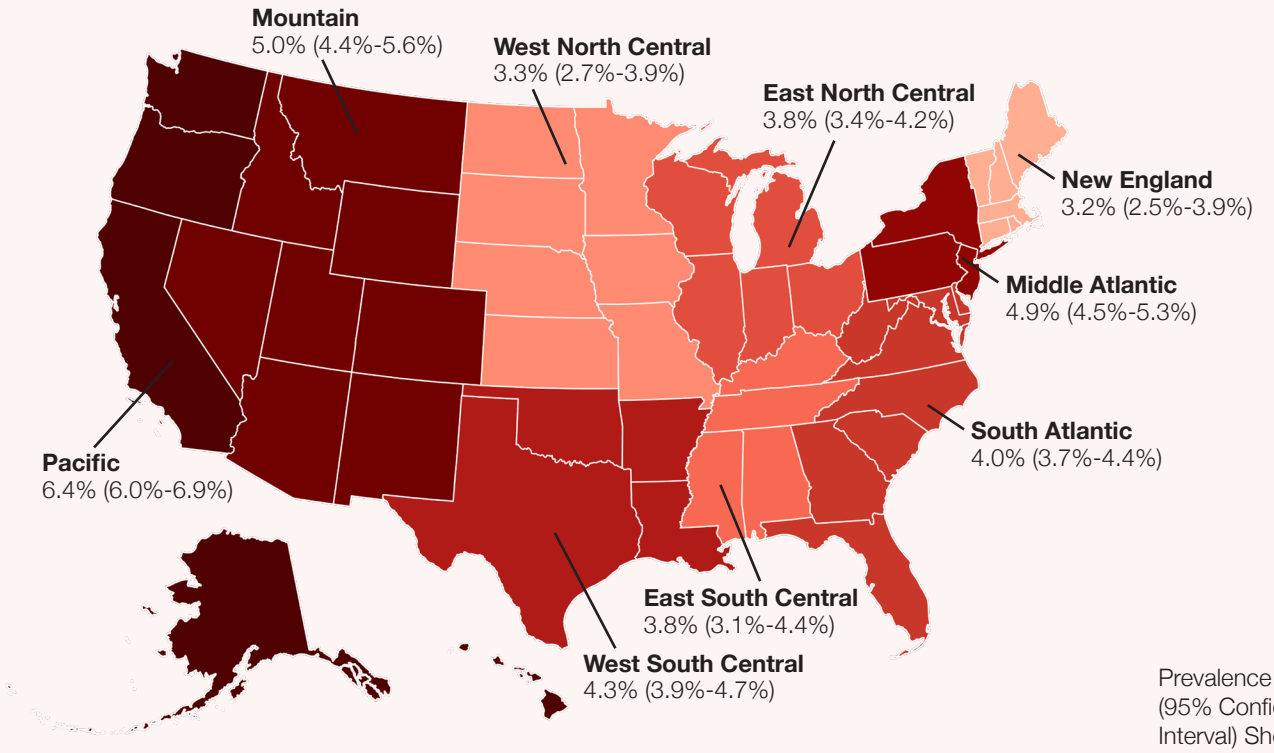
Other Psychedelic Substance Use in the Last Year



EXPLORE MORE > See Appendix Tables 1–3 for detailed national estimates of psychedelic use, disaggregated by age and sex.

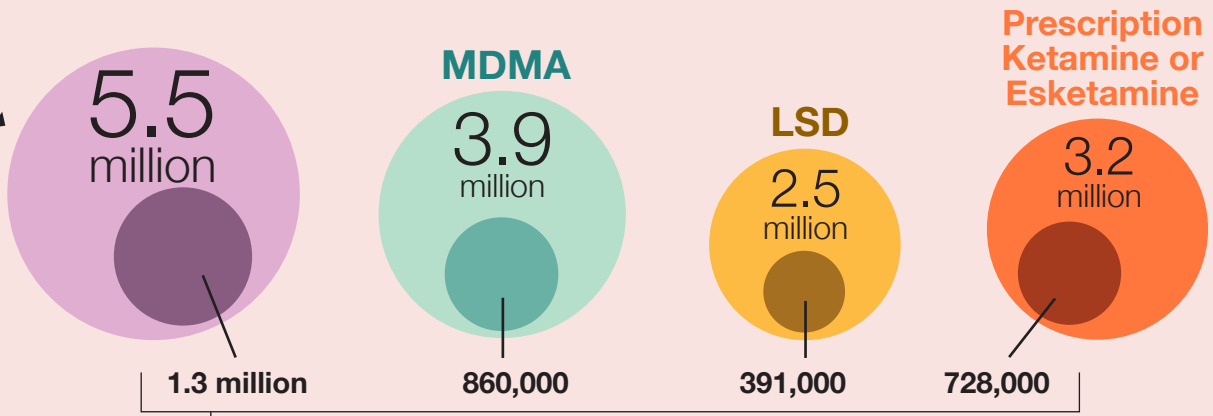
National Prevalence of Psychedelic Use

Prevalence of Any Psychedelic Use in the Last Year Was **Highest in the Pacific Division** and **Lowest in the New England Division.**



Prevalence (95% Confidence Interval) Shown

In 2024, 5.5 million adults (2.1%) reported using **psilocybin** in the last year.



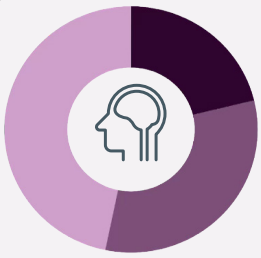
Of those who reported using LSD in the last year, **391,000 adults (15.8%) initiated use within the last year,** a lower proportion than the other three substances.

EXPLORE MORE > See Appendix Table 4 for detailed census division prevalence estimates of any psychedelic use and Tables 6-9 for additional national prevalence estimates of drug-specific use behaviors and outcomes.

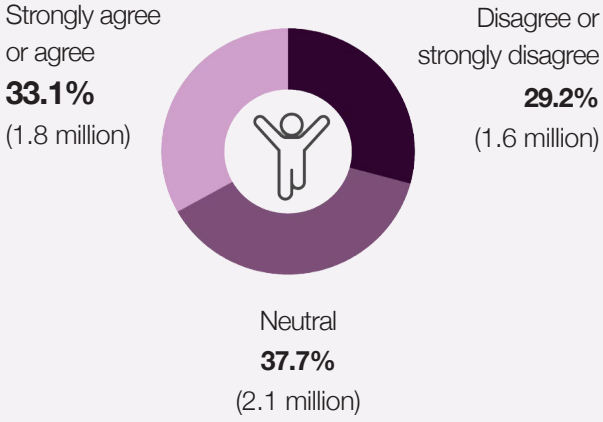
Psilocybin

Perceived Improvements in

Mental Health



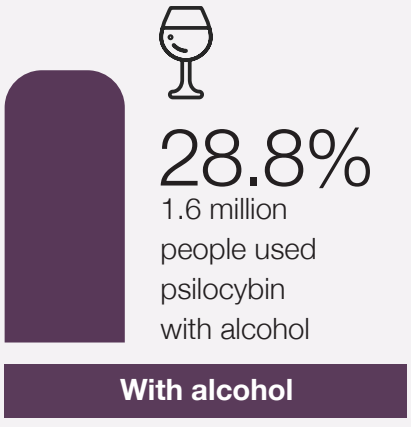
Physical Health

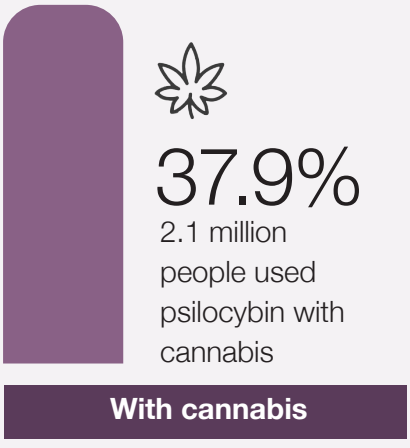


When asked about perceived improvements to their health, **46.7% of adults** (2.6 million) who used psilocybin in the last year agreed or strongly **agreed that it improved their mental health** and **33.1%** (1.8 million) agreed or strongly **agreed that it improved their physical health**.

Concomitant Use

37.9% of adults who used psilocybin in the last year **used cannabis at the same time**, more than those who used alcohol or another psychedelic at the same time.

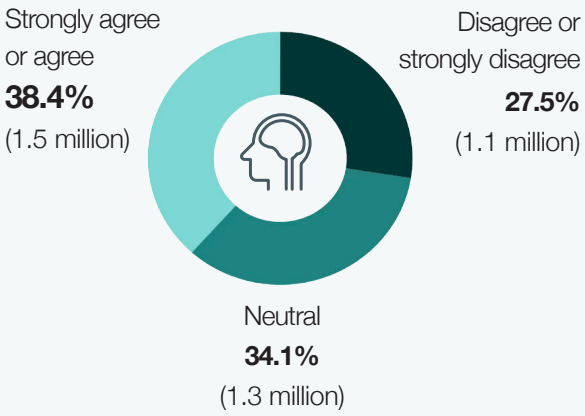




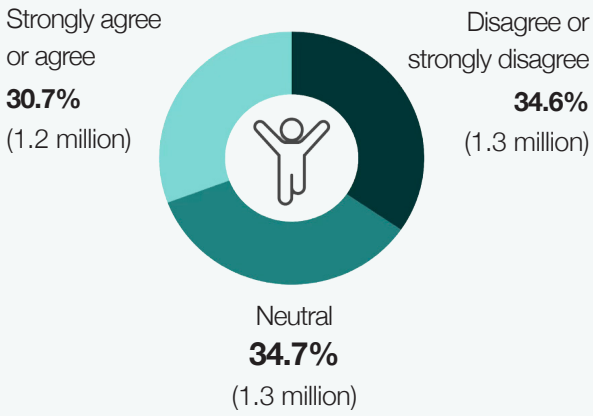
EXPLORE MORE > See Appendix Table 6 for additional national prevalence estimates of psilocybin use behaviors and outcomes.

Perceived Improvements in

Mental Health



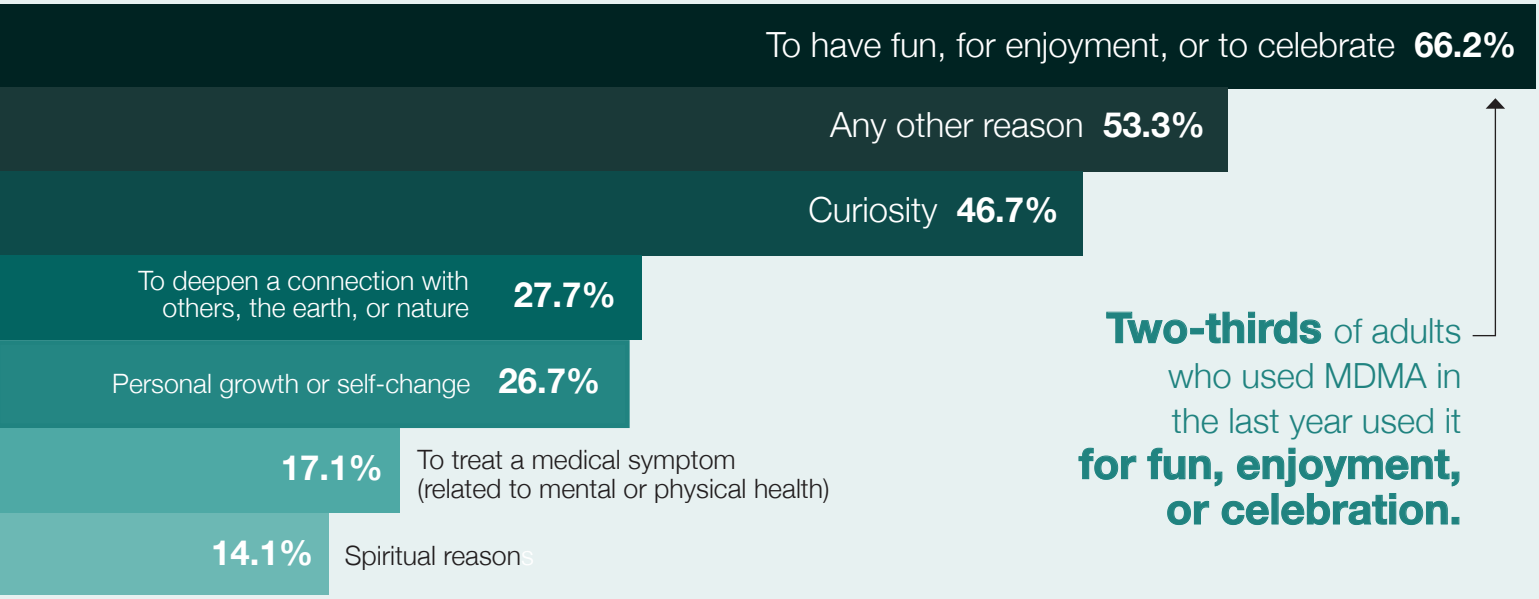
Physical Health



When asked about perceived improvements to their health, **38.4% of adults** (1.5 million) who used MDMA in the last year agreed or strongly **agreed that it improved their mental health** and **30.7%** (1.2 million) agreed or strongly **agreed that it improved their physical health**.

Reasons for Use

Adults could use psychedelics for multiple reasons.

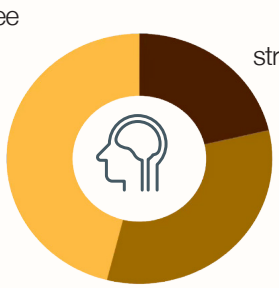


Two-thirds of adults who used MDMA in the last year used it **for fun, enjoyment, or celebration.**

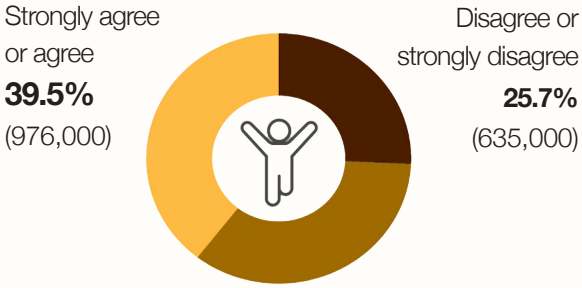
EXPLORE MORE > See Appendix Table 7 for additional national prevalence estimates of MDMA use behaviors and outcomes.

Perceived Improvements in

Mental Health



Physical Health



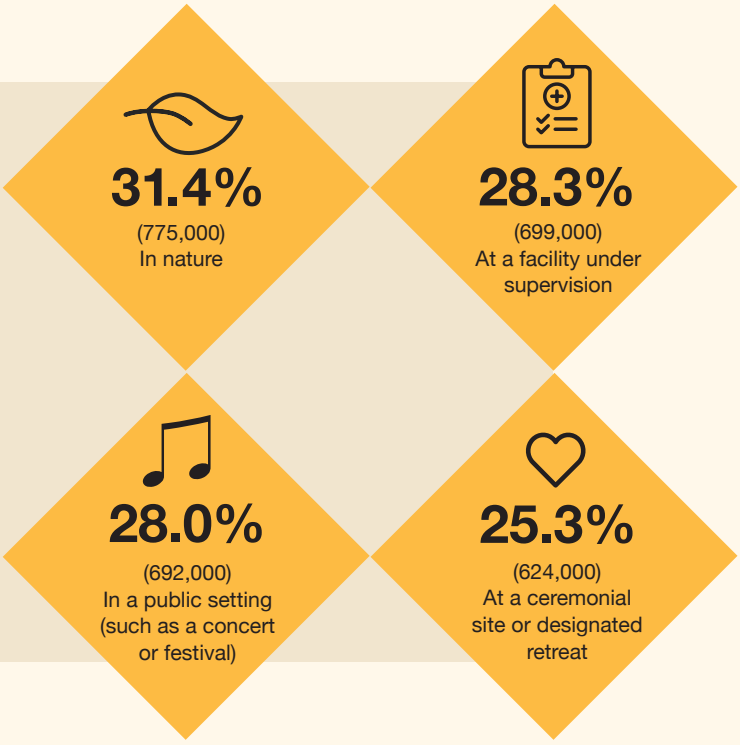
When asked about perceived improvements to their health, **46.1% of adults** (1.1 million) who used LSD in the last year agreed or strongly **agreed that it improved their mental health** and **39.5%** (976,000) agreed or strongly **agreed that it improved their physical health**.

Setting of Use

Adults could use psychedelics in multiple settings.

More than half of adults who used LSD in the last year (1.4 million) used it in **a private setting,** more than in any other setting.

57.1%
(1.4 million)
In a private setting (such as a home or small party)

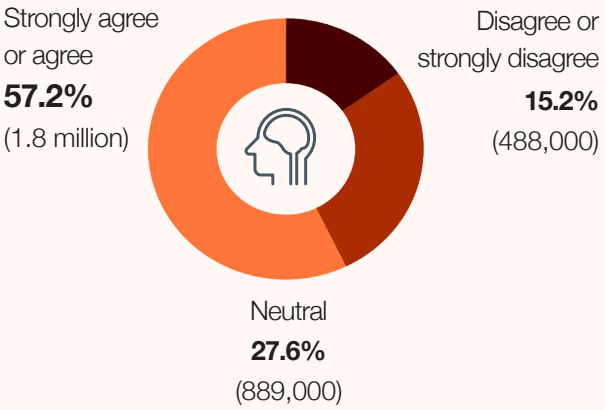


EXPLORE MORE > Appendix Table 8 for additional national prevalence estimates of LSD use behaviors and outcomes.

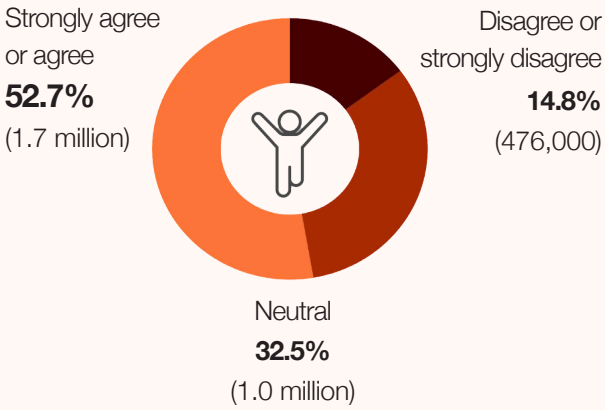
Prescription Ketamine or Esketamine

Perceived Improvements in

Mental Health



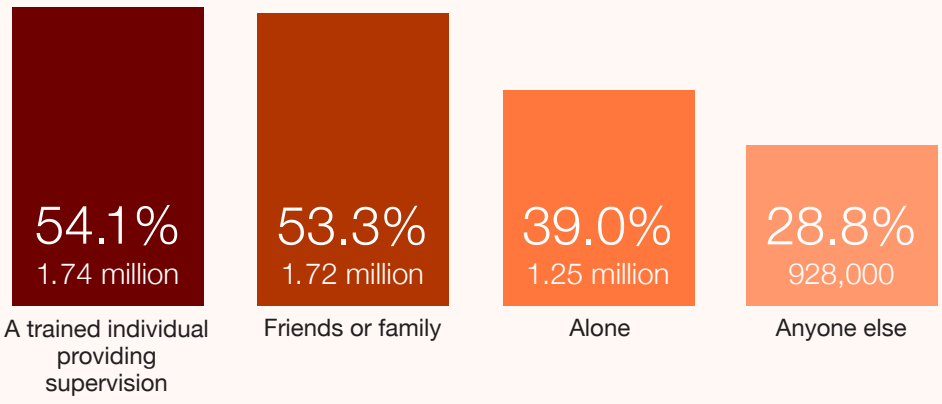
Physical Health



When asked about perceived improvements to their health, **57.2% of adults** (2.0 million) who used prescription ketamine or esketamine in the last year agreed or strongly **agreed that it improved their mental health** and **52.7%** (1.8 million) agreed or strongly **agreed that it improved their physical health**.

Companions in Use

More than half of adults who used prescription ketamine or esketamine in the last year used it with **a trained individual providing supervision** (54.1%) or **friends or family** (53.3%), a higher percentage than those who used alone or with anyone else.



EXPLORE MORE > See Appendix Table 9 for additional national prevalence estimates of prescription ketamine/esketamine use behaviors and outcomes.

Psychedelic Substances

Psychedelic substances are psychoactive substances that can have complex effects on the body, including altering perception, mood, and cognitive processes.[9,10] Psychedelics can be categorized by how they affect the body: There are classic psychedelics (which cause hallucinations, alter perception or emotions, or enhance senses), entactogens or empathogens (which tend to cause feelings of empathy, connectedness, or insight), and dissociatives (which can make senses feel less intense and make people feel detachment). This report includes the following substances:

- **Psilocybin (or psilocin):** Psilocybin is a natural substance that is found in psychedelic mushrooms. It can also be synthesized and found in edible products like capsules, chocolates, or tea. It is a classic psychedelic and is often referred to as "magic mushrooms" or "shrooms."
- **MDMA:** 3,4-methylenedioxymethamphetamine is an entheogen and is often referred to as "ecstasy" or "molly."
- **LSD:** Lysergic acid diethylamide is a classic psychedelic and is often referred to as "acid."
- **Prescription ketamine or esketamine:** Ketamine and esketamine are dissociatives that can produce similar altered states of consciousness and are used to treat some medical conditions. They require a prescription from a health care provider. Ketamine is a painkiller and can also be used to treat several mental health conditions. Esketamine is used to treat depression and suicidal ideation. Data on prescription ketamine and prescription esketamine were collected separately and combined in this report.
- **Illicit ketamine:** Illicit ketamine is ketamine used without a prescription. This can include ketamine that was made for veterinary use.
- **DMT:** N,N-dimethyltryptamine is a natural substance that is found in many plants and animals. It is a classic psychedelic that commonly has a rapid onset and short duration. While it is the main ingredient in ayahuasca, estimates in this report reflect DMT alone; ayahuasca data was collected separately but not shown here.
- **Mescaline derivatives including Peyote, San Pedro, or synthetic mescaline:** Mescaline is a classic psychedelic which occurs naturally in some cacti like Peyote and San Pedro and can also be made in a lab.
- ***Salvia divinorum:*** *Salvia divinorum* is a naturally occurring substance derived from a species of sage plant that can cause hallucinations and dissociation.
- **5-MeO-DMT:** 5-O-methyl-bufotenin-DMT is a naturally occurring classic psychedelic that is found in many plants as well as the Colorado River toad (also called the Sonoran Desert Toad).

Specific Psychedelic Use

Use of each psychedelic above was defined as taking the substance at least one time in the last 12 months at the time of the survey, even just once or just a little bit.

Any Psychedelic Use
Any psychedelic use was defined as taking at least one psychedelic substance in the last 12 months at the time of the survey.

Frequency of Use
Frequency of use was defined by how often They could choose from five response options, which were condensed into the following three categories for this report: "once," "several times in the last year," and "monthly or more often in the last year."

Reasons for Use
Adults were asked why they chose to take each psychedelic in the last 12 months. They could select from multiple options, including recreational, therapeutic, and spiritual reasons.

Initiation in the Last Year
Initiation of psychedelic use was defined as a respondent reporting their first use within one year of their current age.

Concomitant Use
Concomitant use was defined by report of use of each substance at the same time as alcohol, cannabis, or another psychedelic substance. They could select multiple options, and the estimates include all options.

Setting of Use
Setting of use was connected to each reason for use, but for the purposes of this report all settings are combined regardless of reason for use. Adults were asked where they were when they took each substance. They could select from multiple options which included: in nature; at a facility under supervision (including a conventional medical provider's office or psychedelic healing centers; at a ceremonial site or designated retreat; in a private setting (such as a home or small party); or in a public setting (such as a concert, festival, or club).

Companions in Use
Adults were asked who they were with when they took each substance. They could select from multiple options which included: alone; with friends or family; with a trained individual providing supervision (such as a medical health care provider, trained facilitator or guide, or spiritual leader); or with anyone else.

Self-Perceived Effectiveness
Self-perceived effectiveness included report of strongly agree, agree, neutral, strongly disagree, or disagree with the statements: "My physical health has improved because of taking <substance> in the last 12 months" and "My mental health has improved because of taking <substance name> in the last 12 months."

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Appendix

TABLE 1: National Prevalence of Any Psychedelic Use Among Adults Aged 18 or Older Who Used in the Last Year, 2024

Substance	Prevalence	95% CI	Number in thousands	95% CI	Rationale
Any psychedelic substance	4.5%	4.4%–4.7%	11,965	11,562–12,368	High confidence in estimate.
Psilocybin [a]	2.1%	2.0%–2.2%	5,495	5,214–5,777	High confidence in estimate.
MDMA [b]	1.5%	1.4%–1.5%	3,855	3,618–4,092	High confidence in estimate.
Prescription ketamine/ esketamine [c]	1.2%	1.1%–1.3%	3,219	3,010–3,428	High confidence in estimate. Additionally, ketamine distinction identified through double endorsement.
Mescaline derivatives [d]	1.0%	0.9%–1.1%	2,715	2,519–2,910	Moderate to high confidence in estimate.
LSD [e]	0.9%	0.9%–1.0%	2,471	2,285–2,656	High confidence in estimate.
DMT [f]	0.6%	0.6%–0.7%	1,670	1,520–1,820	High confidence in estimate.
Salvia divinorum	0.5%	0.5%–0.6%	1,444	1,306–1,582	Moderate to high confidence in estimate.
5-MeO-DMT [g]	0.5%	0.4%–0.5%	1,204	1,077–1,331	Moderate to high confidence in estimate.
Illicit ketamine	0.3%	0.3%–0.4%	926	813–1,039	Moderate to high confidence in estimate. Additionally, ketamine distinction identified through double endorsement.
2-CB	—	—	—	—	More work needed before showing estimates. 2-CB and corresponding chemical derivatives were evolving during data collection.
Ayahuasca	—	—	—	—	More work needed before showing estimates.
Ibogaine	—	—	—	—	More work needed before showing estimates. Ibogaine and population recognition were evolving during data collection.

Note. Shown in decreasing prevalence order. CI = confidence interval. High confidence in estimates means statistical test-retest reliability results and higher prevalence, therefore less susceptible to statistical error. Moderate to high confidence in estimates means statistical test-retest reliability but estimated lower prevalence, therefore susceptible to statistical error. More work needed before showing estimates can be due to concerns over the correct participant interpretation or reliability of the substance endorsed.
[a] Psilocybin or psilocin. [b] 3,4-Methylenedioxymethamphetamine. [c] Prescription ketamine and esketamine data combined. [d] Peyote, San Pedro, and synthetic mescaline data combined. [e] Lysergic acid diethylamide. [f] N,N-Dimethyltryptamine. [g] 5-MeO-DMT (O-methyl-bufotenin).

Appendix

TABLE 2: National Prevalence of Any Psychedelic Use Among Adults Aged 18 or Older Who Used in the Last Year, by Age Category, 2024

	Adults aged 18-25				Adults aged 26-49				Adults aged 50+			
Substance	Prevalence	95% CI	Number in thousands	95% CI	Prevalence	95% CI	Number in thousands	95% CI	Prevalence	95% CI	Number in thousands	95% CI
Any psychedelic substance	7.9%	7.3%–8.5%	2820	2,604–3,037	7.0%	6.7%–7.2%	7,428	7,117–7,738	1.4%	1.3%–1.5%	1,717	1,562–1,872
MDMA [a]	3.5%	3.1%–3.9%	1,253	1,105–1,402	2.1%	2.0%–2.3%	2,295	2,120–2,470	0.2%	0.2%–0.3%	306	244–368
Psilocybin [b]	3.1%	2.7%–3.5%	1,107	968–1,246	3.0%	2.8%–3.2%	3,215	3,004–3,427	1.0%	0.8%–1.1%	1,173	1,044–1,302
Prescription ketamine/ esketamine [c]	2.2%	1.9%–2.5%	787	672–901	2.0%	1.8%–2.1%	2,119	1,957–2,281	0.3%	0.2%–0.3%	313	244–382
Mescaline derivatives [d]	2.2%	1.9%–2.5%	776	663–888	1.6%	1.4%–1.7%	1,697	1,548–1,846	0.2%	0.1%–0.2%	241	180–302
LSD [e]	1.8%	1.5%–2.0%	626	523–729	1.4%	1.3%–1.6%	1,519	1,380–1,659	0.3%	0.2%–0.3%	326	259–393
Salvia divinorum	1.2%	1.0%–1.4%	421	344–499	0.9%	0.8%–1.0%	916	808–1,024	0.1%	0.1%–0.1%	106	68–145
DMT [f]	1.1%	0.9%–1.3%	400	321–478	1.1%	1.0%–1.2%	1,150	1,028–1,272	0.1%	0.1%–0.1%	120	81–160
5-MeO-DMT [g]	1.0%	0.8%–1.2%	348	272–424	0.7%	0.6%–0.8%	787	689–884	0.1%	0.0%–0.1%	69	38–100
Illicit ketamine	0.6%	0.4%–0.8%	217	156–277	0.6%	0.5%–0.7%	610	522–698	0.1%	0.1%–0.1%	99	64–135

Note. Shown in decreasing by adults aged 18-25. CI = confidence interval.
[a] 3,4-Methylenedioxymethamphetamine. [b] Psilocybin or psilocin. [c] Prescription esketamine and ketamine data combined. [d] Peyote, San Pedro, and synthetic mescaline data combined. [e] Lysergic acid diethylamide.
[f] N,N-Dimethyltryptamine. [g] 5-MeO-DMT (O-methyl-bufotenin).

TABLE 3: National Prevalence of Any Psychedelic Use Among Adults Aged 18 or Older Who Used in the Last Year, by Sex, 2024

	Females				Males			
Substance	Prevalence	95% CI	Number in thousands	95% CI	Prevalence	95% CI	Number in thousands	95% CI
Any psychedelic substance	3.2%	3.0%–3.4%	4,334	4,098–4,570	5.9%	5.6%–6.1%	7,631	7,297–7,964
Psilocybin [a]	1.5%	1.4%–1.7%	2,074	1,906–2,242	2.6%	2.5%–2.8%	3,421	3,193–3,650
MDMA [b]	1.0%	0.9%–1.1%	1,303	1,171–1,434	2.0%	1.8%–2.1%	2,552	2,354–2,750
Prescription ketamine/esketamine [c]	0.8%	0.7%–0.9%	1,069	953–1,185	1.7%	1.5%–1.8%	2,150	1,975–2,325
LSD [d]	0.6%	0.5%–0.7%	836	730–942	1.3%	1.1%–1.4%	1,635	1,482–1,787
Mescaline derivatives [e]	0.6%	0.5%–0.7%	796	696–896	1.5%	1.3%–1.6%	1,918	1,750–2,087
DMT [f]	0.4%	0.3%–0.4%	509	431–586	0.9%	0.8%–1.0%	1,161	1,032–1,290
Salvia divinorum	0.4%	0.3%–0.4%	474	399–550	0.7%	0.7%–0.8%	969	854–1,085
5-MeO-DMT [g]	0.3%	0.2%–0.3%	381	312–451	0.6%	0.6%–0.7%	823	716–930
Illicit ketamine	0.2%	0.2%–0.3%	315	250–381	0.5%	0.4%–0.5%	611	518–703

Note. Shown in decreasing by females. CI = confidence interval.
[a] Psilocybin or psilocin. [b] 3,4-Methylenedioxymethamphetamine. [c] Prescription ketamine and esketamine data combined. [d] Lysergic acid diethylamide. [e] Peyote, San Pedro, and synthetic mescaline data combined.
[f] N,N-Dimethyltryptamine. [g] 5-MeO-DMT (O-methyl-bufotenin).

Appendix

TABLE 4: Census Division Prevalence of Any Psychedelic Use Among Adults Aged 18 or Older Who Used in the Last Year, 2024

Census Division	Prevalence	95% CI	Number in thousands	95% CI
East North Central	3.8%	3.4%–4.2%	1,437	1,283–1,591
East South Central	3.8%	3.1%–4.4%	591	490–692
Middle Atlantic	4.9%	4.5%–5.3%	1,752	1,612–1,893
Mountain	5.0%	4.4%–5.6%	1,127	995–1,260
New England	3.2%	2.5%–3.9%	325	253–397
Pacific	6.4%	6.0%–6.9%	2,634	2,446–2,822
South Atlantic	4.0%	3.7%–4.4%	2,319	2,129–2,509
West North Central	3.3%	2.7%–3.9%	530	441–619
West South Central	4.3%	3.9%–4.7%	1,248	1,127–1,370

Note. CI = confidence interval.

TABLE 5: Census Region Prevalence of Psychedelic Use Among Adults Aged 18 or Older Who Used in the Last Year, by Substance Type, 2024

Census Region	Prevalence	95% CI	Number in thousands	95% CI
Psilocybin [a]				
Midwest	1.9%	1.6%–2.1%	1,021	891–1,152
Northeast	1.7%	1.5%–1.9%	768	671–865
South	1.8%	1.6%–1.9%	1,787	1,624–1,950
West	3.1%	2.8%–3.3%	1,919	1,752–2,086
MDMA [b]				
Midwest	1.1%	0.9%–1.3%	600	500–701
Northeast	1.5%	1.3%–1.7%	687	593–780
South	1.4%	1.3%–1.6%	1,435	1,287–1,584
West	1.8%	1.6%–2.0%	1,132	1,005–1,259
LSD [c]				
Midwest	0.9%	0.7%–1.0%	469	380–558
Northeast	1.0%	0.8%–1.1%	439	368–510
South	0.8%	0.7%–0.9%	777	672–882
West	1.3%	1.1%–1.4%	785	682–889
Prescription ketamine/esketamine [d]				
Midwest	0.8%	0.6%–0.9%	422	341–504
Northeast	1.4%	1.2%–1.6%	645	557–732
South	1.2%	1.0%–1.3%	1,195	1,064–1,327
West	1.5%	1.3%–1.7%	956	844–1,069

Note. CI = confidence interval.
[a] Psilocybin or psilocin. [b] 3,4-Methylenedioxymethamphetamine. [c] Prescription esketamine and ketamine data combined. [d] Lysergic acid diethylamide.

TABLE 6: National Prevalence of Psilocybin Use Behaviors and Outcomes Among Adults Aged 18 or Older Who Used in the Last Year, 2024

Stratifications	Prevalence	95% CI	Number in thousands	95% CI
Frequency of use				
Once	37.2%	34.7%–39.7%	2,043	1,868–2,218
Several times	44.5%	41.9%–47.1%	2,444	2,256–2,633
Monthly or more	18.3%	16.3%–20.3%	1,008	887–1,129
Initiation of use				
Initiation within the last year	22.8%	20.6%–25.0%	1,253	1,111–1,394
Reasons for use				
Curiosity	46.3%	43.7%–48.9%	2,546	2,349–2,743
For spiritual reasons	23.6%	21.4%–25.8%	1,298	1,157–1,438
To deepen a connection with others, earth, or nature	37.4%	34.9%–39.9%	2,057	1,881–2,232
To have fun, for enjoyment, or to celebrate	68.2%	65.8%–70.6%	3,745	3,510–3,980
To improve or change myself (personal growth or self-change)	38.6%	36.1%–41.2%	2,124	1,942–2,305
To treat a medical symptom (related to mental or physical health)	26.8%	24.5%–29.1%	1,471	1,323–1,619
For any other reason	36.6%	34.1%–39.1%	2,010	1,839–2,182
Setting of use				
At a ceremonial site or designated retreat	13.3%	11.5%–15.0%	729	626–832
At a facility under supervision	15.0%	13.1%–16.8%	822	711–933
In nature	30.7%	28.3%–33.1%	1,688	1,533–1,844
In a private setting (such as a house, small party, etc.)	72.4%	70.1%–74.7%	3,977	3,735–4,218
In a public setting (such as concert, festival, etc.)	24.3%	22.1%–26.6%	1,337	1,193–1,480
Companions in use				
A trained individual providing supervision	18.9%	16.9%–20.9%	1,037	914–1,159
Alone	36.9%	34.4%–39.5%	2,030	1,856–2,204
Friends or family	69.1%	66.7%–71.4%	3,795	3,559–4,031
Anyone else	19.8%	17.8%–21.9%	1,089	964–1,215
Concomitant use				
With alcohol	28.8%	26.5%–31.1%	1,582	1,437–1,728
With cannabis	37.9%	35.4%–40.4%	2,082	1,908–2,256
With another psychedelic	3.9%	2.9%–4.8%	212	159–265
Perceived improvements in mental health				
Strongly agree/agree	46.7%	44.1%–49.3%	2,569	2,374–2,763
Neutral	32.1%	29.7%–34.4%	1,761	1,604–1,919
Disagree/strongly disagree	21.2%	19.0%–23.4%	1,165	1,031–1,300
Perceived improvements in physical health				
Strongly agree/agree	33.1%	30.7%–35.6%	1,821	1,658–1,984
Neutral	37.7%	35.1%–40.2%	2,069	1,896–2,242
Disagree/strongly disagree	29.2%	26.8%–31.6%	1,606	1,450–1,762

Note. CI = confidence interval.

TABLE 7: National Prevalence of MDMA Use Behaviors and Outcomes Among Adults Aged 18 or Older Who Used in the Last Year, 2024

Stratifications	Prevalence	95% CI	Number in thousands	95% CI
Frequency of use				
Once	32.6%	29.7%–35.5%	1,257	1,120–1,395
Several times	42.8%	39.7%–45.9%	1,649	1,492–1,806
Monthly or more	24.6%	22.0%–27.2%	949	834–1,064
Initiation of use				
Initiation within the last year	22.3%	19.6%–25.0%	860	738–981
Reasons for use				
Curiosity	46.7%	43.6%–49.8%	1,800	1,632–1,968
For spiritual reasons	14.1%	11.9%–16.2%	542	453–632
To deepen a connection with others, earth, or nature	27.7%	24.9%–30.5%	1,067	941–1,193
To have fun, for enjoyment, or to celebrate	66.2%	63.4%–69.1%	2,554	2,357–2,750
To improve or change myself (personal growth or self-change)	26.7%	23.9%–29.5%	1,030	904–1,157
To treat a medical symptom (related to mental or physical health)	17.1%	14.7%–19.6%	660	556–764
For any other reason	53.3%	50.2%–56.4%	2,054	1,876–2,231
Setting of use				
At a ceremonial site or designated retreat	19.0%	16.5%–21.4%	732	627–837
At a facility under supervision	21.8%	19.2%–24.3%	838	727–950
In nature	26.0%	23.2%–28.7%	1,002	878–1,125
In a private setting (such as a house, small party, etc.)	63.9%	60.9%–66.8%	2,461	2,270–2,652
In a public setting (such as concert, festival, etc.)	33.6%	30.7%–36.6%	1,296	1,155–1,437
Companions in use				
A trained individual providing supervision	25.0%	22.3%–27.6%	962	846–1,079
Alone	38.1%	35.0%–41.1%	1,467	1,316–1,618
Friends or family	68.1%	65.3%–70.9%	2,624	2,424–2,825
Anyone else	29.6%	26.8%–32.5%	1,142	1,011–1,273
Concomitant use				
With alcohol	37.3%	34.3%–40.3%	1,438	1,291–1,585
With cannabis	30.5%	27.6%–33.4%	1,177	1,042–1,312
With another psychedelic	5.4%	4.1%–6.8%	209	156–262
Perceived improvements in mental health				
Strongly agree/agree	38.4%	35.4%–41.3%	1,479	1,336–1,621
Neutral	34.1%	31.2%–37.1%	1,316	1,177–1,455
Disagree/strongly disagree	27.5%	24.6%–30.4%	1,060	928–1,192
Perceived improvements in physical health				
Strongly agree/agree	30.7%	27.9%–33.5%	1,184	1,056–1,312
Neutral	34.7%	31.8%–37.7%	1,338	1,199–1,478
Disagree/strongly disagree	34.6%	31.6%–37.6%	1,332	1,187–1,477

Note. CI = confidence interval.

TABLE 8: National Prevalence of LSD Use Behaviors and Outcomes Among Adults Aged 18 or Older Who Used in the Last Year, 2024

Stratifications	Prevalence	95% CI	Number in thousands	95% CI
Frequency of use				
Once	38.8%	35.2%–42.5%	960	846–1,076
Several times	37.8%	34.1%–41.4%	933	817–1,048
Monthly or more	23.4%	20.3%–26.6%	578	490–667
Initiation of use				
Initiation within the last year	15.8%	12.9%–18.7%	391	312–471
Reasons for use				
Curiosity	36.8%	33.1%–40.5%	909	792–1,025
For spiritual reasons	22.7%	19.5%–25.8%	560	471–649
To deepen a connection with others, earth, or nature	29.0%	25.6%–32.4%	718	619–817
To have fun, for enjoyment, or to celebrate	55.0%	51.3%–58.8%	1,360	1,222–1,498
To improve or change myself (personal growth or self-change)	32.9%	29.3%–36.4%	812	705–920
To treat a medical symptom (related to mental or physical health)	19.8%	16.8%–22.8%	489	406–573
For any other reason	41.5%	37.7%–45.2%	1,024	903–1,146
Setting of use				
At a ceremonial site or designated retreat	25.3%	22.0%–28.5%	624	532–716
At a facility under supervision	28.3%	24.9%–31.7%	699	602–796
In nature	31.4%	27.9%–34.8%	775	673–878
In a private setting (such as a house, small party, etc.)	57.1%	53.3%–60.8%	1,410	1,270–1,550
In a public setting (such as concert, festival, etc.)	28.0%	24.6%–31.4%	692	592–792
Companions in use				
A trained individual providing supervision	30.3%	26.9%–33.8%	750	650–850
Alone	36.1%	32.4%–39.7%	891	778–1,004
Friends or family	60.8%	57.1%–64.5%	1,502	1,357–1,647
Anyone else	27.2%	23.8%–30.6%	672	573–770
Concomitant use				
With alcohol	28.7%	25.3%–32.1%	708	609–807
With cannabis	33.1%	29.5%–36.6%	817	709–924
With another psychedelic	7.7%	5.7%–9.7%	191	140–242
Perceived improvements in mental health				
Strongly agree/agree	46.1%	42.3%–49.8%	1,138	1,015–1,261
Neutral	32.6%	29.0%–36.2%	806	696–916
Disagree/strongly disagree	21.3%	18.2%–24.4%	527	440–614
Perceived improvements in physical health				
Strongly agree/agree	39.5%	35.8%–43.2%	976	860–1,091
Neutral	34.8%	31.2%–38.4%	860	751–970
Disagree/strongly disagree	25.7%	22.3%–29.0%	635	538–732

Note. CI = confidence interval.

TABLE 9: National Prevalence of Prescription Ketamine or Esketamine Use Behaviors and Outcomes Among Adults Aged 18 or Older Who Used in the Last Year, 2024

Stratifications	Prevalence	95% CI	Number in thousands	95% CI
Frequency of use				
Once	26.1%	23.2%–29.0%	840	730–950
Several times	42.0%	38.8%–45.2%	1,352	1,220–1,485
Monthly or more	31.9%	28.8%–35.0%	1,026	906–1,146
Initiation of use				
Initiation within the last year	22.6%	19.8%–25.5%	728	623–833
Reasons for use				
Curiosity	33.1%	29.9%–36.2%	1,065	939–1,190
For spiritual reasons	17.8%	15.2%–20.4%	573	480–666
To deepen a connection with others, earth, or nature	22.1%	19.3%–24.8%	710	608–812
To have fun, for enjoyment, or to celebrate	39.3%	36.1%–42.5%	1,266	1,131–1,400
To improve or change myself (personal growth or self-change)	36.9%	33.8%–40.1%	1,189	1,060–1,318
To treat a medical symptom (related to mental or physical health)	40.5%	37.3%–43.8%	1,305	1,165–1,445
For any other reason	42.2%	38.9%–45.4%	1,357	1,217–1,498
Setting of use				
At a ceremonial site or designated retreat	30.7%	27.7%–33.8%	989	870–1,108
At a facility under supervision	51.5%	48.2%–54.7%	1,657	1,503–1,811
In nature	25.2%	22.3%–28.0%	810	706–914
In a private setting (such as a house, small party, etc.)	47.3%	44.0%–50.6%	1,523	1,378–1,668
In a public setting (such as concert, festival, etc.)	28.8%	25.8%–31.8%	926	811–1,042
Companions in use				
A trained individual providing supervision	54.1%	50.8%–57.3%	1,741	1,585–1,897
Alone	39.0%	35.8%–42.2%	1,254	1,121–1,387
Friends or family	53.3%	50.1%–56.6%	1,717	1,559–1,875
Anyone else	28.8%	25.8%–31.8%	928	811–1,044
Concomitant use				
With alcohol	27.3%	24.4%–30.2%	878	769–988
With cannabis	24.4%	21.5%–27.2%	784	680–888
With another psychedelic	7.5%	5.9%–9.1%	241	188–295
Perceived improvements in mental health				
Strongly agree/agree	57.2%	54.0%–60.4%	1,841	1,683–2,000
Neutral	27.6%	24.7%–30.5%	889	780–998
Disagree/strongly disagree	15.2%	12.8%–17.6%	488	404–572
Perceived improvements in physical health				
Strongly agree/agree	52.7%	49.5%–56.0%	1,697	1,544–1,850
Neutral	32.5%	29.4%–35.5%	1,045	926–1,164
Disagree/strongly disagree	14.8%	12.5%–17.1%	477	396–558

Note. CI = confidence interval.

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