



Use of Psychedelic Substances in the United States, 2025:

Results from the National Survey
Investigating Hallucinogenic Trends (NSIHT)

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Key Insights

Main Findings

In 2025, an estimated 5.3% of all adults aged 18 years and older (13.9 million people) in the United States used at least one psychedelic, hallucinogenic, or dissociative substance in the last 12 months. This report provides key findings and prevalence of use across 13 psychedelic substances and highlights specific behaviors and experiences around four — psilocybin, MDMA (3,4-methylenedioxymethamphetamine), LSD (lysergic acid diethylamide), and prescription ketamine/esketamine. Here are some key insights from the 2025 National Survey Investigating Hallucinogenic Trends (NSIHT).

Psychedelic use prevalence varied geographically.

The prevalence of any psychedelic use was highest in the Pacific census division (6.9% of adults in the U.S.) and lowest in the East South Central census division (3.3%).

Psychedelic use prevalence varied by substance.

Psilocybin was used by 2.9% of adults (7.8 million people) in 2025, an increase from 2.1% in 2024. It remained the most commonly used psychedelic substance in the U.S., followed by MDMA (1.6% of adults, 4.2 million people), prescription ketamine/esketamine (1.2%, 3.3 million), and LSD (1.0%, 2.6 million). Use of MDMA increased between 2024 and 2025. Use of *Salvia divinorum* (0.4%, 1.0 million) and mescaline derivatives (peyote, San Pedro, or synthetic mescaline) (0.7%, 1.7 million) decreased between 2024 and 2025. The least commonly used substances captured in this report for 2025 were 5-MeO-DMT (5-O-methoxy-N,N-dimethyltryptamine), ayahuasca, and ibogaine (approximately 0.3%, 750,000 each).

i EXPLORE MORE > For detailed data on these subjects and more, visit the [Appendix](#).

Across all psychedelic substances, use was highest among males and younger adults. Use of every psychedelic substance captured in this report was approximately 2 times higher or more among biological males than females. Use of nearly every substance was also highest among adults aged 18-25 years, followed by adults aged 26-49 years and those aged 50 years and older. The only exception was illicit ketamine, which was most commonly used by adults aged 26-49 years. Use of psilocybin among adults aged 26-49 was almost as high as use among adults aged 18-25.

Psychedelics were perceived to improve mental health more often than they were perceived to worsen mental health. Among all adults who used psychedelics, adults who used psilocybin had the largest difference between perceived improvements in mental health due to their psilocybin use (49.9% of those who used) compared with perceived worsening of their mental health (4.6%). Noticeable differences were also found among adults who used LSD (43.1% improvement vs. 8.8% worsening) and those who used prescription ketamine/esketamine (47.3% improvement vs. 11.1% worsening). Those who used MDMA had the largest proportion who did not perceive any mental health change (42.5%).

Side effects differed by substance. The percentage of people who experienced at least one side effect (see [Definition](#)) among those who used in the last 3 months was 72.6% for psilocybin, 77.2% for MDMA, 82.1% for LSD, and 68.8% for prescription ketamine/esketamine. Physical discomfort was the most common symptom-based side effect for psilocybin (38.2%), MDMA (55.9%), LSD (58.6%), and prescription ketamine/esketamine (52.9%). Psychological side effect symptoms were often experienced with MDMA (31.3%), LSD (43.3%), and prescription ketamine/esketamine (35.4%). Desire to take the substance again was high (more than 40%) for psilocybin, MDMA, and LSD but lower for prescription ketamine/esketamine (24.5%).

Key Insights

Public Health and Policy Implications

Specificity matters — data on prevalence, preferences, behaviors, and geography differ between substances.

- Prevalence of use is increasing for some psychedelics, but not for all. Each substance has a unique profile that should be considered when interpreting the use patterns observed in the U.S. When discussing public health, research, or policy, it is critical to be specific about which substances are involved.

It is imperative to determine the controllable factors that alter risk and benefit of psychedelic use, such as the characteristics of the individual, substances used, context of use, and policy environment.

- Understanding controllable factors that optimize benefits while reducing risks should be a primary goal of future work, given that side effects and perceived effects on mental health differ by substance. Though access to some of these substances is possible through medical channels or state-approved programs, using for fun or enjoyment and in small private settings is very common.

Health care providers should talk to their patients about these substances — adults are experiencing side effects and seeking health care due to psychedelic use.

- When having discussions with patients, health care providers should include specific substance names in addition to general terms like “psychedelics” to maximize acknowledgment of use.¹

- There are resources available if you, someone you know, or a patient is concerned about the effects of a substance. If you are concerned about the immediate effects of a substance call the Poison Help line at 1-800-222-1222 to be connected to your local poison control center. If emotional support from peers is needed, talk to a trusted person or call the Fireside Project’s Psychedelic Support Line at 623-473-7433 (62-FIRESIDE). For medical emergencies, call 911.

States that are considering policy actions related to psychedelics should be prepared to collect data in both regulated and unregulated settings, with attention given to both health outcomes and therapeutic impacts as the contexts around use evolve over time.

- Increased prevalence of psychedelic use among adults may be attributed to decriminalization, suggesting that both medical and unregulated use are affected by policy changes.²
- Continued rigorous research on real-world psychedelic use is important for informing clinical care, guiding public health strategies, and making evidence-based policy decisions.

Beyond the Key Insights

This report presents select findings. For detailed tables of data in this report, see the [Appendix](#). Visit the RMPDS website (www.rmpds.org/nsiht) for additional information and resources to support your work. Reach out to info@rmpds.org with any questions.

About the Report

Use of psychedelics has become more common in the United States.^{3,4,5} These substances are gaining attention as more data support the therapeutic potential of psychedelics and more states consider new legislation, including decriminalizing possession and creating pathways for therapeutic applications.⁶ There is a renewed interest in using psychedelics for mental health and well-being — many of these substances are being rigorously evaluated to treat conditions such as depression, anxiety, post-traumatic stress disorder (PTSD), and substance use disorders.⁷

This report showcases how and why adults used psychedelics in the United States in 2025. 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 change 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 on a wide range of psychedelic substances, specifically highlighting psilocybin, MDMA, LSD, and prescription ketamine/esketamine. Specifics of each substance are available in the [Definition](#). Changes in prevalence between 2024 and 2025, as well as other prevalence data, are provided in the [Appendix](#).

Survey Design and Methods

NSIHT is an online cross-sectional survey fielded twice per year, in the summer and winter; annual data in this report include both launches. Responses are confidential and anonymous. NSIHT is designed and operated by RMPDS. **The survey is designed around three primary domains: studying the evolving environment, measuring behaviors and outcomes of psychedelic use, and understanding people.**

Measures of behaviors and outcomes around psychedelic use include which substances

National Survey Investigating Hallucinogenic Trends Model

Understanding People

Socioecological approach to consider the influence of individual, community, and societal factors on lived experience

Evolving Environment

Flexible content to monitor the rapidly changing environment for policy change and market introductions



Measuring Behaviors and Outcomes

In-depth measurement of substance-specific behaviors and corresponding risks/benefit

About the Report

were used, how frequently, and how recently, as well as some measures of safety. Other survey content includes the context in which 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.

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 saw unique surveys tailored to their own experiences. The survey was developed 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.⁸ A test-retest study was also conducted in 2024 to assess the reliability of self-reported psychedelic use within the last 12 months. Past-year use of all substances included in this report showed substantial to excellent reliability, including overall agreement (all above 85%, mean 90%) and Gwet's AC1 (all above 0.73, mean 0.87).⁹

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. Oversampling allows for capture of a wider spectrum of behaviors and estimation of rare behaviors that probability

sampling is poorly suited to estimate accurately. The sample is intentionally recruited from the adult population 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.¹⁰ 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.¹¹

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

Estimates Presented

This report summarizes the 2025 NSIHT data. Data were collected from all 50 states and Washington, D.C. A total of 52,764 surveys were completed, with 3,880 adults reporting psychedelic use in the last year. Among all adults in the U.S. who used a psychedelic substance in the last year, the mean age was estimated at 35.3 years. This population was estimated as 64.2% male, 35.8% female, 26.4% of Hispanic ethnicity, 1.1% Native Hawaiian or Pacific Islander, 10.4% Asian, 6.7% American Indian/Alaska Native, 21.6% Black or African American, 65.5% White, and 8.5% of another race. Additionally, an estimated 39.6% were married, 20.5% had a high school diploma or GED, 18.4% had a master's degree or higher, and 33.5% had an annual income greater than \$100,000.

About the Report

All prevalence estimates can be interpreted as self-reported behaviors of psychedelic use (including classic psychedelic, hallucinogenic, and dissociative substances) in the last 12 months among all U.S. adults. All estimates shown in this report have met the standards for statistical precision and properly account for sampling error. National prevalence data for 2024 and 2025, both the percentage and number of adults, are presented for each of the following substances: psilocybin, MDMA, LSD, prescription ketamine/esketamine combined, DMT (N,N-dimethyltryptamine), illicit ketamine, mescaline derivatives (peyote, San Pedro, and synthetic mescaline combined), *Salvia divinorum*, and 5-MeO-DMT. For the following substances, only 2025 data are presented: 2C-B (4-bromo-2,5-dimethoxyphenethylamine), ayahuasca, and ibogaine. Prevalence data for all substances are presented overall, by age group, and by sex. Estimates for the use of any psychedelic substance (from 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/Esketamine**

For these four substances, infographics highlight key findings and prevalence is additionally presented by census region in the [Appendix](#). Tables 7-10 in the Appendix provide detailed breakdowns of behaviors and outcomes related to use of each of these substances in the last 12 months, including:

reasons for use; frequency of use; initiation (first time use); concomitant use with (use at the same time as) alcohol, cannabis, or another psychedelic; setting of use; whom they were with; self-reported improvement of physical and mental health due to use; and self-assessed side effects and safety outcomes (in the last 3 months). See [Definition](#) for more information on these key measurements.

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 U.S. However, some populations may still be underrepresented, such as those who are Indigenous, institutionalized, or without internet access. Additionally, the data are based on self-report. NSIHT survey methods and content will continue to be evaluated and refined into the future.

Future Directions

NSIHT is committed to constant improvement through validation of content and methods presented in scientific peer-reviewed literature or future data reports. Though not included in this report, the NSIHT survey also studies additional safety outcomes, preparation for and integration of psychedelic experiences, microdosing, travel to use psychedelics, and many other topics. Additional topics of public health interest will be added in future years. To inquire about data or other topics covered by the survey, please contact info@rmpds.org.



National Prevalence of Psychedelic Use

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

Psychedelic Use in the Last Year by Age and Sex

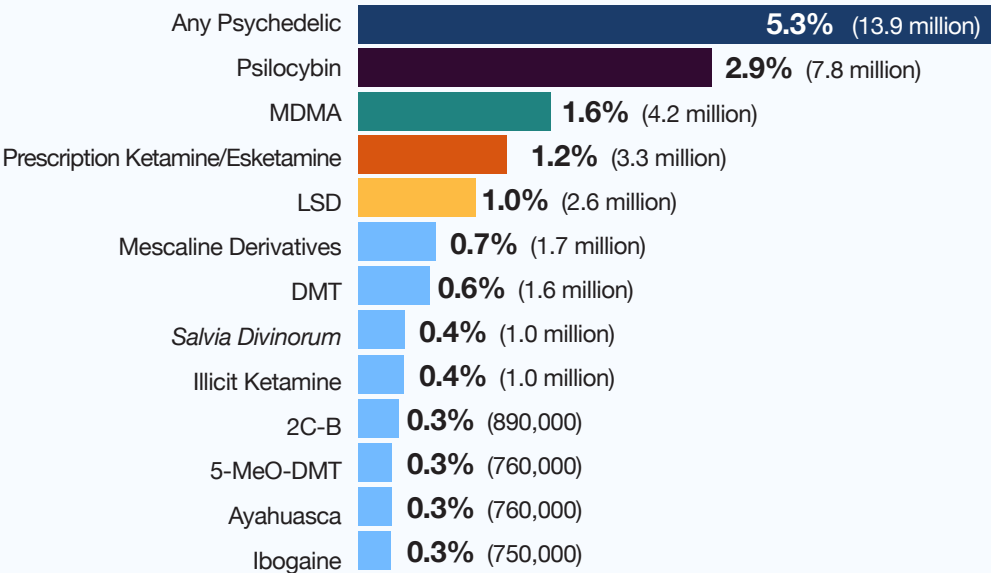
Among Adults in the U.S., 2025

	Overall	Aged 18-25 years	Aged 26-49 years	Aged 50+ years	Female	Male
Any Psychedelic	5.3% 13.9 million	9.8% 3.4 million	8.1% 8.5 million	1.6% 2.0 million	3.7% 5.0 million	7.0% 8.9 million
Psilocybin	2.9% 7.8 million	4.6% 1.6 million	4.5% 4.7 million	1.2% 1.4 million	2.3% 3.1 million	3.7% 4.7 million
MDMA	1.6% 4.2 million	3.6% 1.3 million	2.6% 2.7 million	0.2% 280,000	1.2% 1.6 million	2.1% 2.7 million
LSD	1.0% 2.6 million	1.9% 660,000	1.5% 1.6 million	0.3% 320,000	0.6% 840,000	1.4% 1.8 million
Prescription Ketamine/ Esketamine	1.2% 3.3 million	2.6% 910,000	2.0% 2.1 million	0.2% 230,000	0.8% 1.1 million	1.7% 2.2 million

In 2025, **13.9 million** adults (5.3%) were estimated to have used any psychedelic in the last year.

Prevalence of Psychedelic Use in the Last Year

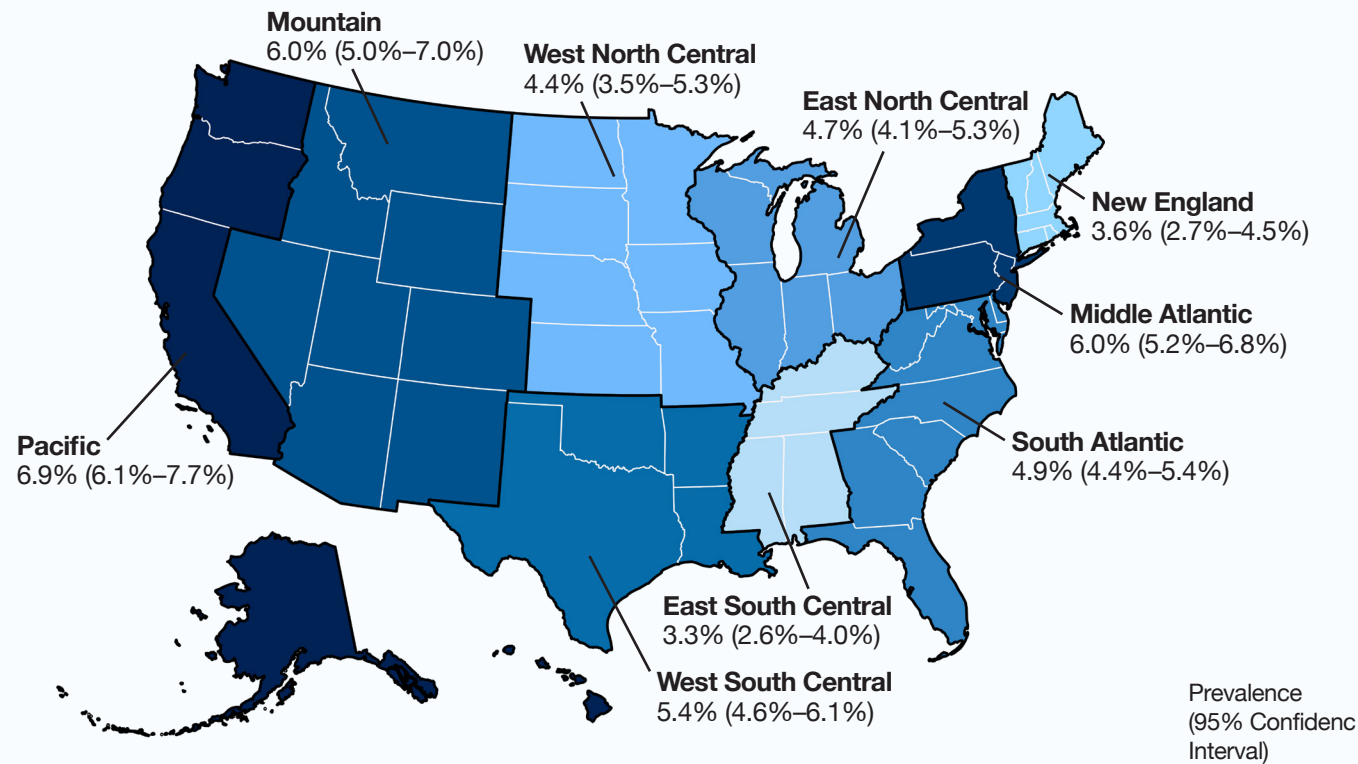
Among Adults in the U.S., 2025



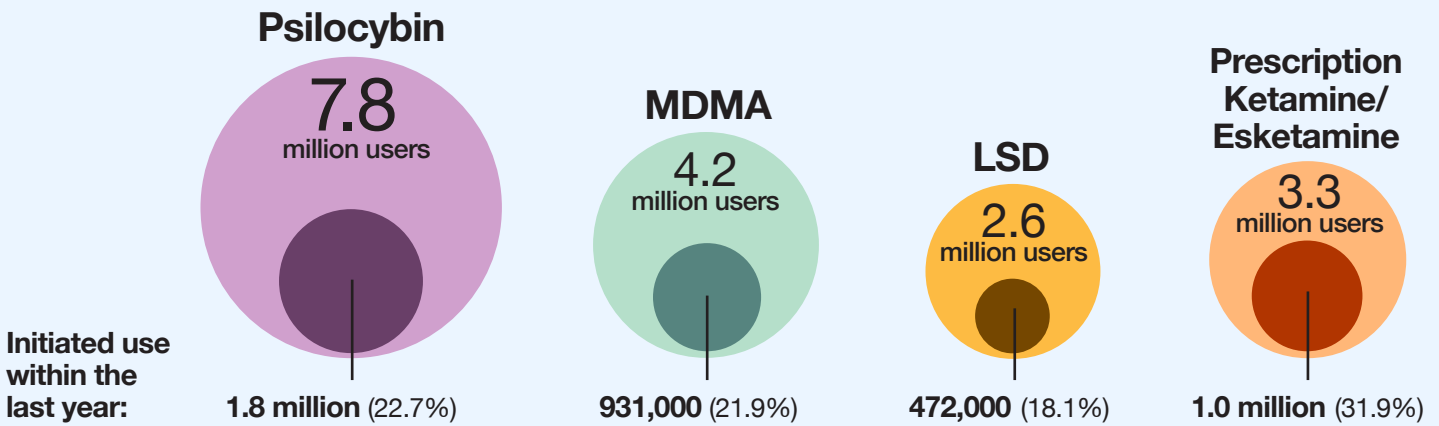
EXPLORE MORE > See Appendix Tables 1–3 for detailed national estimates of psychedelic use, disaggregated by age and sex.

National Prevalence of Psychedelic Use

In 2025, the prevalence of any psychedelic use in the last year was **highest in the Pacific Division** and **lowest in the East South Central Division**.



Initiation of Use



A smaller proportion of people who took LSD initiated use in the last year compared with the other highlighted substances.

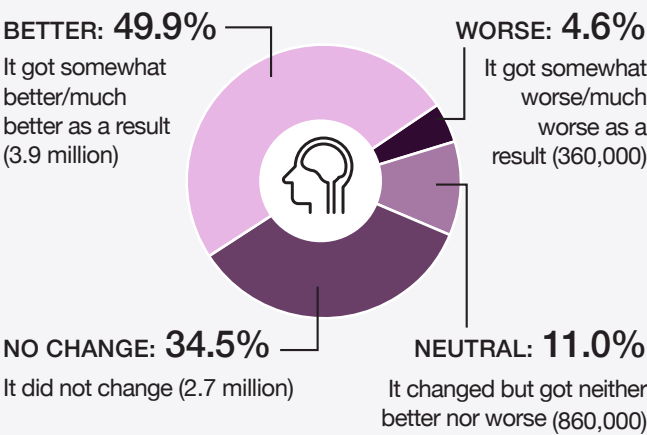
EXPLORE MORE > See Appendix Table 5 for detailed census division prevalence estimates of any psychedelic use and Tables 7-10 for additional national prevalence estimates of drug-specific use behaviors and outcomes

Psilocybin Highlights

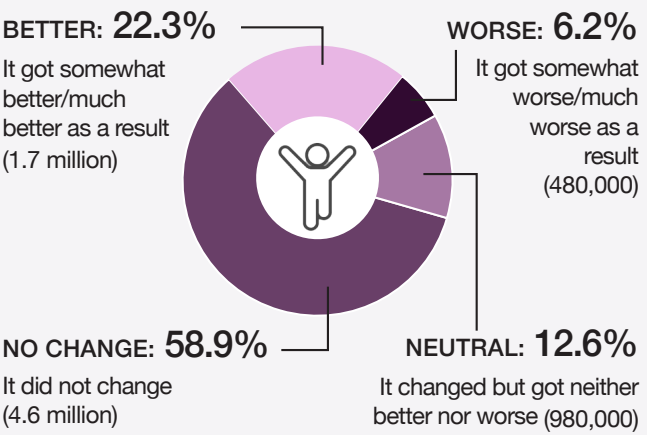
Perceived Improvements in Health

Among adults who used psilocybin in the last year, **49.9% (3.9 million)** reported that their **mental health** got somewhat or much better as a result of their psilocybin use, and **22.3% (1.7 million)** reported that their **physical health** got somewhat or much better.

Mental Health

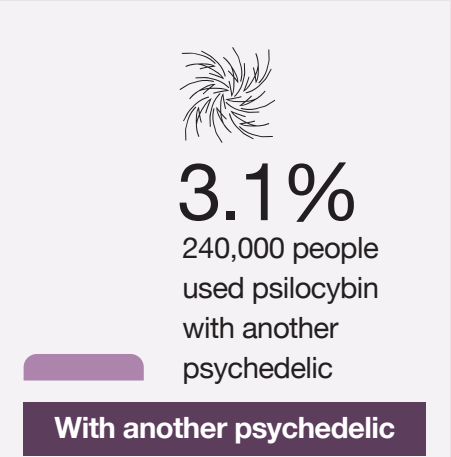
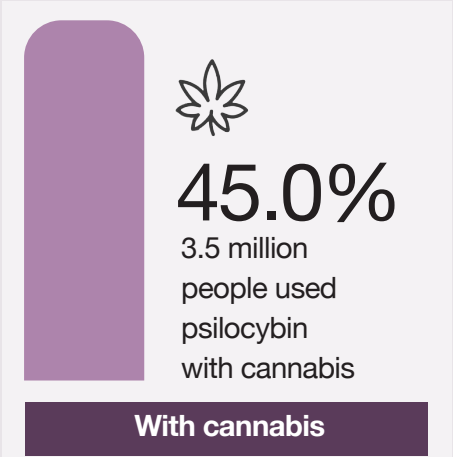
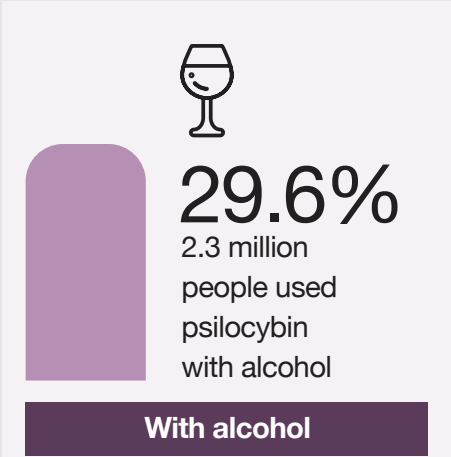


Physical Health



Concomitant Use

45.0% of adults who used psilocybin in the last year (3.5 million) **used cannabis at the same time**, more than those who used alcohol or another psychedelic at the same time.



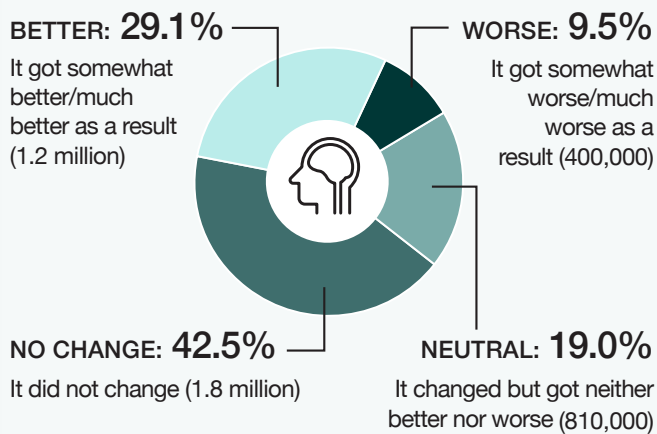
EXPLORE MORE > See Appendix Table 7 for additional national prevalence estimates of psilocybin use behaviors and outcomes.

MDMA Highlights

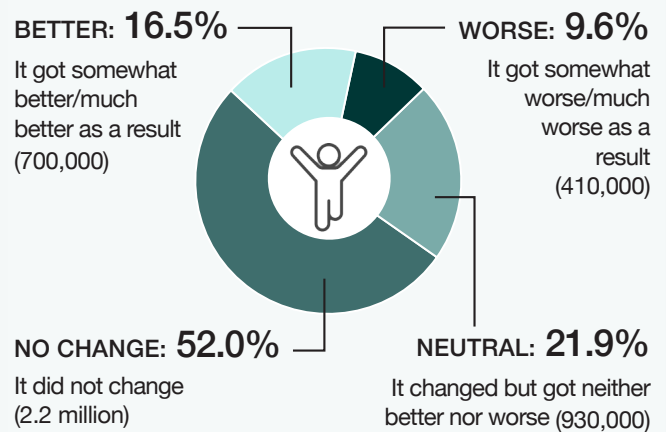
Perceived Improvements in Health

Among adults who used MDMA in the last year, **29.1% (1.2 million)** reported that their **mental health** got somewhat or much better as a result of their MDMA use, and **16.5% (700,000)** reported that their **physical health** got somewhat or much better.

Mental Health

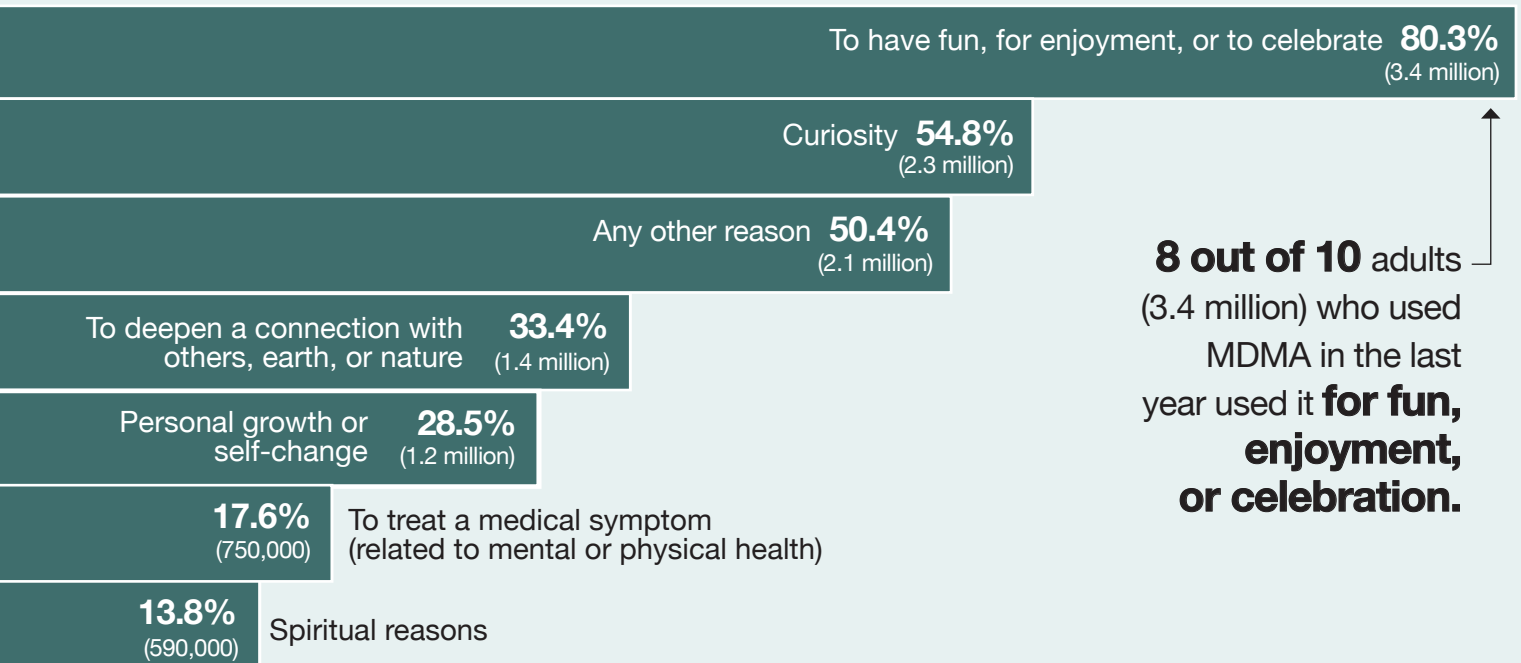


Physical Health



Reasons for Use

Adults could select multiple reasons for psychedelic use.



8 out of 10 adults (3.4 million) who used MDMA in the last year used it **for fun, enjoyment, or celebration.**

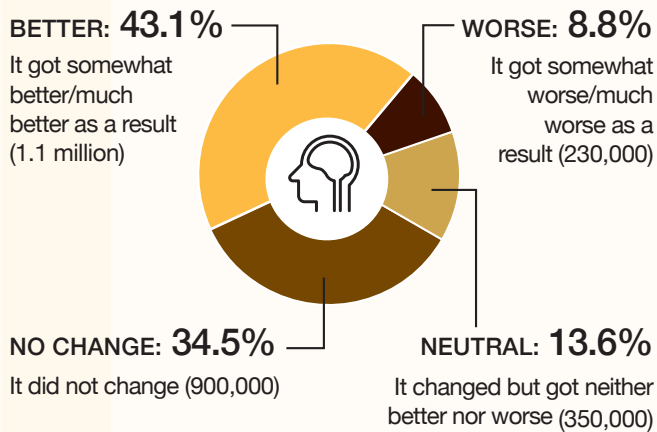
EXPLORE MORE > See Appendix Table 8 for additional national prevalence estimates of MDMA use behaviors and outcomes.

LSD Highlights

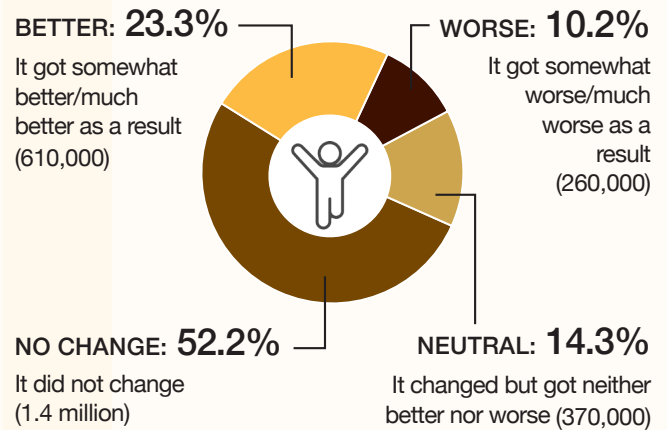
Perceived Improvements in Health

Among adults who used LSD in the last year, **43.1% (1.1 million)** reported that their **mental health** got somewhat or much better as a result of their LSD use, and **23.3% (610,000)** reported that their **physical health** got somewhat or much better.

Mental Health



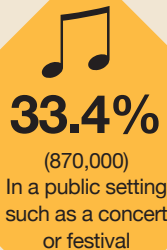
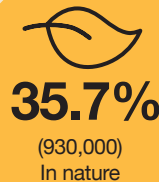
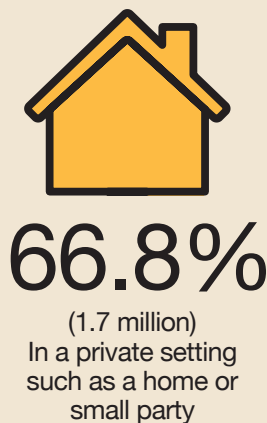
Physical Health



Setting of Use

Adults could select multiple settings of psychedelic use.

Two-thirds of adults who used LSD in the last year (1.7 million) used it in a **private setting**, more than in any other setting.



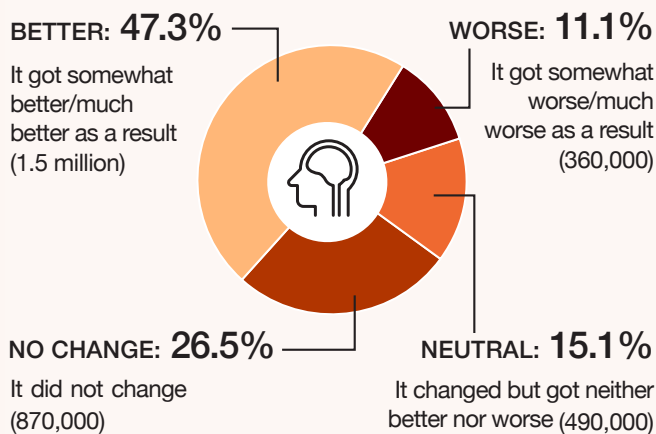
EXPLORE MORE > See Appendix Table 9 for additional national prevalence estimates of LSD use behaviors and outcomes.

Prescription Ketamine/Esketamine Highlights

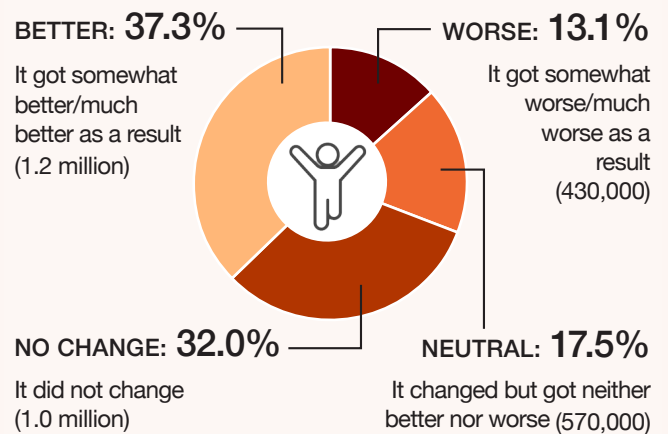
Perceived Improvements in Health

Among adults who used prescription ketamine or esketamine in the last year, **47.3% (1.5 million)** reported that their **mental health** got somewhat or much better as a result of their prescription ketamine/esketamine use, and **37.3% (1.2 million)** reported that their **physical health** got somewhat or much better.

Mental Health



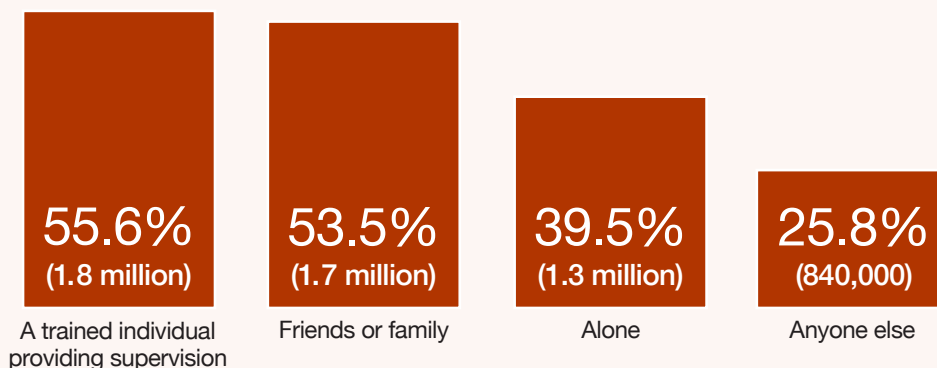
Physical Health



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** (1.8 million) or with **friends or family** (1.7 million), a higher percentage than those who used alone or with anyone else.



i EXPLORE MORE > See Appendix Table 10 for additional national prevalence estimates of prescription ketamine/esketamine use behaviors and outcomes.

Psychedelic Substances

Psychedelics are psychoactive substances that can have complex effects on the body, including altering perception, mood, and cognitive processes.^{12,13}

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 (both of which cause feelings of empathy, connectedness, or insight); dissociatives (which cause senses to feel less intense and make people feel detachment); and atypical psychedelics (which cause alterations in perception, emotion, and cognition that often differ from classic psychedelics). This report includes the following substances:

Psilocybin: Psilocybin, or psilocin, 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 empathogen often referred to as “ecstasy” or “molly.”

LSD: Lysergic acid diethylamide is a classic psychedelic often referred to as “acid.”

Prescription ketamine/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 an anesthetic 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.
- **Mescaline derivatives:** Mescaline is a classic psychedelic which occurs naturally in some cacti like peyote and San Pedro and can also be made in a lab. Data on peyote, San Pedro, and synthetic mescaline were collected separately and combined in this report.
- **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-Methoxy-N,N-dimethyltryptamine 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). It can also be synthesized in a laboratory setting.
- **2C-B:** 4-bromo-2,5-dimethoxyphenethylamine compounds are a family of synthetic psychedelic substances.
- **Ibogaine:** Ibogaine is an atypical psychedelic and a naturally occurring substance derived from plants such as *Tabernanthe iboga*. It is known for its hallucinogenic and dreamlike effects and potential to cause abnormal cardiac rhythms.
- **Ayahuasca:** Ayahuasca is a naturally occurring entheogen found in plants that are often brewed and consumed. It is known for its intense psychological and spiritual experiences.

Specifics of Psychedelic Use

Use of a psychedelic substance 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 of the psychedelic substances presented in this report in the last 12 months at the time of the survey.

Frequency of Use

Frequency of use was defined by how many times respondents took a psychedelic substance in the last 12 months. Respondents could choose from five response options, which were condensed into the following three categories for this report: “once,” “several times,” and “monthly or more” in the last year.

Reasons for Use

Respondents were asked why they chose to take each psychedelic in the last 12 months. They could select from multiple options: to have fun, for enjoyment, or to celebrate; curiosity; to deepen a connection with others, earth, or nature; personal growth or self-change; to treat a medical symptom; spiritual reasons; or any other reason.

Initiation in the Last Year

Initiation of psychedelic use was defined as respondent reporting their first use within one year of their current age.

Concomitant Use

Concomitant use was defined as use of the substance at the same time as alcohol, cannabis, or another psychedelic substance. Respondents could select multiple options.

Setting of Use

Setting of use was asked for each reason for use given. For the purposes of this report, settings were combined and reported regardless of reason for use. Respondents were asked where they were when they took each substance. They could select from multiple options: in nature; at a facility under supervision (including a conventional medical provider’s office or psychedelic healing center); 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

Respondents were asked whom they were with when they took each substance. They could select from multiple options: with a trained individual providing supervision (such as a medical provider, trained facilitator or guide, or spiritual leader); alone; with friends or family; or with anyone else.

Self-Perceived Effectiveness

Self-perceived effectiveness was based on respondents’ self-description of changes in their health due to taking each substance. Respondents were asked to describe changes in their mental and physical health over the last 12 months as: got somewhat or much better; changed, but got neither better nor worse; got somewhat or much worse; or had no perceived change.

Side Effects

Side effects were evaluated using a validated self-administered scale for psychedelic side effects called the Swiss Psychedelic Side Effects Inventory.¹⁴ Side effects among those who used in the last 3 months were categorized into: cardiovascular effects (“racing or irregular heartbeat, or pressure or pain in your chest”);

physical discomfort (“headache”; “nausea or vomiting”; “fatigue or tiredness”); psychological distress (“paranoia, or feeling like others are watching you or want to harm you”; “feeling anxious, fearful, or panicked”); and substance desire (“desire to take the substance again”). Six other scale elements included in estimates of at least one side effect were: “thoughts of wanting to go to sleep and not wake up, or of taking your own life”; “feeling like some substance effects have returned without taking the substance again”; “memory problems or blackouts”; “changes in vision”; “feeling so elated, overjoyed, excitable, or impulsive that others become concerned”; and “sleep difficulties

Health Care Actions Taken

Respondents were asked if they accessed health care or support services due to psychedelic use. Affirmative responses can be interpreted as self-report of health care utilization due to use of specific substances, and do not necessarily reflect clinical indications or report of substance use to health care providers in a clinical setting. Safety outcomes comprised the following categories: seeking acute care (visited an emergency room or urgent care because of taking <substance> in the last 12 months); utilizing health care services (visited an emergency room or urgent care, or visited regular or primary care doctor, because of taking <substance> in the last 12 months); and calling a support line (called a helpline or hotline because of taking <substance> in the last 12 months).

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Appendix

TABLE 1: National Prevalence of Psychedelic Use Among Adults Aged 18 or Older Who Used in the Last Year, 2025

Substance	Prevalence	95% CI	Number in thousands	95% CI
Any psychedelic	5.3%	5.0%–5.5%	13,901	13,224–14,577
Psilocybin	2.9%	2.8%–3.1%	7,759	7,261–8,258
MDMA	1.6%	1.5%–1.8%	4,245	3,847–4,643
Prescription ketamine/ esketamine	1.2%	1.1%–1.4%	3,265	2,938–3,592
LSD	1.0%	0.9%–1.1%	2,602	2,292–2,912
Mescaline derivatives	0.7%	0.6%–0.8%	1,722	1,456–1,989
DMT	0.6%	0.5%–0.7%	1,580	1,342–1,818
<i>Salvia divinorum</i>	0.4%	0.3%–0.5%	1,045	829–1,262
Illicit ketamine	0.4%	0.3%–0.5%	1,026	854–1,199
2C-B	0.3%	0.3%–0.4%	888	687–1,088
5-MeO-DMT	0.3%	0.2%–0.4%	764	579–950
Ayahuasca	0.3%	0.2%–0.4%	764	572–955
Ibogaine	0.3%	0.2%–0.4%	745	548–943

Note. Shown in decreasing prevalence order. Psilocybin refers to psilocybin or psilocin. Prescription ketamine and esketamine data were combined. Mescaline derivatives combined peyote, San Pedro, and synthetic mescaline data. CI = confidence interval; MDMA = 3,4-methylenedioxymethamphetamine; LSD = lysergic acid diethylamide; DMT = N,N-dimethyltryptamine; 2C-B = 4-bromo-2,5-dimethoxyphenethylamine; 5-MeO-DMT = 5-methoxy-N,N-dimethyltryptamine.

TABLE 2: National Change in Prevalence of Psychedelic Use Among Adults Aged 18 and Older Who Used in the Last Year, 2024 to 2025

Substance	Prevalence (95% CI)			
	2024	2025	Change	Significance
Any psychedelic	—	5.3% (5.0%–5.5%)	—	—
Psilocybin	2.1% (1.9%–2.2%)	2.9% (2.8%–3.1%)	^	<.001
MDMA	1.3% (1.2%–1.4%)	1.6% (1.5%–1.8%)	^	.002
Prescription ketamine/ esketamine	1.1% (1.0%–1.2%)	1.2% (1.1%–1.4%)	≈	.115
LSD	0.9% (0.8%–0.9%)	1.0% (0.9%–1.1%)	≈	.085
Mescaline derivatives	1.0% (0.9%–1.1%)	0.7% (0.6%–0.8%)	v	<.001
DMT	0.6% (0.5%–0.7%)	0.6% (0.5%–0.7%)	≈	.861
Illicit ketamine	0.3% (0.3%–0.4%)	0.4% (0.3%–0.5%)	≈	.104
<i>Salvia divinorum</i>	0.5% (0.5%–0.6%)	0.4% (0.3%–0.5%)	v	.034
2C-B	—	0.3% (0.3%–0.4%)	—	—
5-MeO-DMT	0.5% (0.4%–0.5%)	0.3% (0.2%–0.4%)	v	<.001
Ayahuasca	—	0.3% (0.2%–0.4%)	—	—
Ibogaine	—	0.3% (0.2%–0.4%)	—	—

^ Increase
v Decrease
≈ No change
— Not measured

Note. Shown in decreasing prevalence order by 2025 prevalence. Significance based on Rao-Scott chi-square test's *p*-values. Dashes indicate no data. 2C-B, ayahuasca, and ibogaine are new to the report this year and have no 2024 comparison data. Estimates of any psychedelic use from 2024 are not comparable. Psilocybin refers to psilocybin or psilocin. Prescription ketamine and esketamine data were combined. Mescaline derivatives combined peyote, San Pedro, and synthetic mescaline data. CI = confidence interval; MDMA = 3,4-methylenedioxymethamphetamine; LSD = lysergic acid diethylamide; DMT = N,N-dimethyltryptamine; 2C-B = 4-bromo-2,5-dimethoxyphenethylamine; 5-MeO-DMT = 5-methoxy-N,N-dimethyltryptamine.

Appendix

TABLE 3: National Prevalence of Psychedelic Use Among Adults Aged 18 and Older Who Used in the Last Year, by Age, 2025

Substance	Adults aged 18-25 years				Adults aged 26-49 years				Adults aged 50+ years			
	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	9.8%	8.7%–10.8%	3,449	3,044–3,853	8.1%	7.6%–8.6%	8,481	7,976–8,986	1.6%	1.4%–1.8%	1,971	1,756–2,186
Psilocybin	4.6%	3.8%–5.3%	1,614	1,348–1,881	4.5%	4.2%–4.9%	4,714	4,335–5,094	1.2%	1.0%–1.3%	1,431	1,241–1,620
MDMA	3.6%	2.9%–4.3%	1,274	1,023–1,525	2.6%	2.3%–2.9%	2,693	2,394–2,992	0.2%	0.2%–0.3%	279	200–358
Prescription ketamine/ esketamine	2.6%	2.0%–3.2%	913	700–1,126	2.0%	1.8%–2.3%	2,117	1,876–2,359	0.2%	0.1%–0.2%	235	174–295
LSD	1.9%	1.4%–2.4%	661	483–839	1.5%	1.3%–1.8%	1,620	1,382–1,858	0.3%	0.2%–0.3%	321	231–411
Mescaline derivatives	1.7%	1.2%–2.2%	596	423–769	1.0%	0.8%–1.2%	1,014	817–1,211	0.1%	0.1%–0.1%	112	64–160
DMT	1.1%	0.7%–1.5%	394	261–527	1.0%	0.8%–1.2%	1,046	855–1,236	0.1%	0.1%–0.2%	140	87–192
<i>Salvia divinorum</i>	1.0%	0.6%–1.5%	369	224–515	0.6%	0.5%–0.8%	640	481–799	<0.1%	<0.1%–<0.1%	35	11–60
Ibogaine	0.9%	0.5%–1.2%	301	160–442	0.4%	0.3%–0.5%	405	270–540	<0.1% ^a	<0.1%–0.1%	40	10–69
2C-B	0.7%	0.4%–1.0%	247	133–361	0.6%	0.4%–0.7%	607	444–771	<0.1% ^a	<0.1%–<0.1%	33	9–57
5-MeO-DMT	0.6%	0.4%–0.9%	228	127–330	0.5%	0.3%–0.6%	492	340–644	<0.1% ^a	<0.1%–0.1%	44	13–76
Ayahuasca	0.6%	0.3%–0.9%	217	114–320	0.5%	0.3%–0.6%	519	360–678	<0.1% ^a	<0.1%–<0.1%	28	0–61
Illicit ketamine	0.5%	0.3%–0.6%	162	104–219	0.8%	0.6%–0.9%	803	643–963	0.1% ^a	<0.1%–0.1%	62	34–90

Note. Shown in decreasing prevalence order for adults aged 18-25 years. Psilocybin refers to psilocybin or psilocin. Prescription ketamine and esketamine data were combined. Mescaline derivatives combined peyote, San Pedro, and synthetic mescaline data. CI = confidence interval; MDMA = 3,4-methylenedioxymethamphetamine; LSD = lysergic acid diethylamide; DMT = N,N-dimethyltryptamine; 2C-B = 4-bromo-2,5-dimethoxyphenethylamine; 5-MeO-DMT = 5-methoxy-N,N-dimethyltryptamine.

^a Indicates potential instability in the annual estimate due to limited sample size; interpret with caution.

Appendix

TABLE 4: National Prevalence of Psychedelic Use Among Adults Aged 18 and Older Who Used in the Last Year, by Sex, 2025

Substance	Females				Males			
	Prevalence	95% CI	Number in thousands	95% CI	Prevalence	95% CI	Number in thousands	95% CI
Any psychedelic	3.7%	3.4%–4.0%	4,974	4,594–5,353	7.0%	6.6%–7.4%	8,927	8,361–9,493
Psilocybin	2.3%	2.1%–2.5%	3,090	2,791–3,388	3.7%	3.3%–4.0%	4,670	4,267–5,072
MDMA	1.2%	1.0%–1.3%	1,558	1,338–1,778	2.1%	1.8%–2.4%	2,687	2,355–3,019
Prescription ketamine/esketamine	0.8%	0.7%–0.9%	1,055	883–1,227	1.7%	1.5%–1.9%	2,210	1,932–2,489
LSD	0.6%	0.5%–0.7%	842	679–1,006	1.4%	1.2%–1.6%	1,760	1,496–2,023
DMT	0.4%	0.3%–0.5%	493	358–628	0.9%	0.7%–1.0%	1,087	891–1,283
Mescaline derivatives	0.3%	0.2%–0.4%	449	326–572	1.0%	0.8%–1.2%	1,274	1,037–1,510
Illicit ketamine	0.2%	0.2%–0.3%	324	226–421	0.5%	0.4%–0.7%	703	560–845
<i>Salvia divinorum</i>	0.2%	0.1%–0.2%	239	154–324	0.6%	0.5%–0.8%	806	607–1,005
5-MeO-DMT	0.1%	0.1%–0.2%	177	90–263	0.5%	0.3%–0.6%	587	423–752
Ayahuasca	0.1%	0.1%–0.2%	173	100–247	0.5%	0.3%–0.6%	590	413–768
2C-B	0.1%	0.1%–0.1%	144	88–200	0.6%	0.4%–0.7%	744	551–936
Ibogaine	0.1%	0.1%–0.1%	140	78–203	0.5%	0.3%–0.6%	605	417–793

Note. Shown in decreasing prevalence order for females. Psilocybin refers to psilocybin or psilocin. Prescription ketamine and esketamine data were combined. Mescaline derivatives combined peyote, San Pedro, and synthetic mescaline data. CI = confidence interval; MDMA = 3,4-methylenedioxymethamphetamine; LSD = lysergic acid diethylamide; DMT = N,N-dimethyltryptamine; 2C-B = 4-bromo-2,5-dimethoxyphenethylamine; 5-MeO-DMT = 5-methoxy-N,N-dimethyltryptamine.

Appendix

TABLE 5: Census Division Prevalence of Any Psychedelic Use Among Adults Aged 18 and Older Who Used in the Last Year, 2025

Census division	Prevalence	95% CI	Number in thousands	95% CI
Pacific	6.9%	6.1%–7.7%	2,850	2,510–3,190
Middle Atlantic	6.0%	5.2%–6.8%	2,000	1,729–2,270
Mountain	6.0%	5.0%–7.0%	1,208	1,010–1,406
West South Central	5.4%	4.6%–6.1%	1,767	1,519–2,014
South Atlantic	4.9%	4.4%–5.4%	2,630	2,348–2,912
East North Central	4.7%	4.1%–5.3%	1,762	1,534–1,991
West North Central	4.4%	3.5%–5.3%	749	591–908
New England	3.6%	2.7%–4.5%	425	317–533
East South Central	3.3%	2.6%–4.0%	510	403–617

Note. Shown in decreasing prevalence order by census division. CI = confidence interval

TABLE 6: Census Region Prevalence of Psychedelic Use Among Adults Aged 18 and Older Who Used in the Last Year, by Substance Type, 2025

Census region	Prevalence	95% CI	Number in thousands	95% CI
Psilocybin				
Midwest	2.5%	2.2%–2.9%	1,390	1,186–1,594
Northeast	2.7%	2.3%–3.2%	1,233	1,026–1,440
South	2.6%	2.3%–2.8%	2,625	2,346–2,904
West	4.2%	3.7%–4.6%	2,511	2,211–2,811
MDMA				
Midwest	1.4%	1.1%–1.7%	780	621–939
Northeast	1.8%	1.4%–2.2%	831	648–1,015
South	1.6%	1.3%–1.8%	1,617	1,381–1,852
West	1.7%	1.3%–2.0%	1,017	806–1,228
LSD				
Midwest	0.9%	0.7%–1.2%	510	370–650
Northeast	0.9%	0.7%–1.2%	414	296–533
South	1.0%	0.8%–1.2%	1,042	840–1,243
West	1.1%	0.8%–1.3%	636	486–786
Prescription ketamine/esketamine				
Midwest	1.1%	0.9%–1.4%	604	467–742
Northeast	1.2%	1.0%–1.5%	565	431–699
South	1.3%	1.1%–1.5%	1,325	1,103–1,548
West	1.3%	1.0%–1.5%	771	626–916

Note. Psilocybin refers to psilocybin or psilocin. Prescription ketamine and esketamine data were combined. CI = confidence interval; MDMA 3,4-methylenedioxymethamphetamine; LSD = lysergic acid diethylamide.

Appendix

TABLE 7: National Prevalence of Psilocybin Use Behaviors and Outcomes Among Adults Aged 18 and Older Who Used in the Last Year, 2025

Stratification	Prevalence	95% CI	Number in thousands	95% CI
Frequency of use				
Once	39.0%	35.8%–42.1%	3,025	2,715–3,336
Several times	45.4%	42.1%–48.6%	3,519	3,186–3,853
Monthly or more	15.7%	13.2%–18.1%	1,215	1,006–1,424
Initiation of use				
Initiation within the last year	22.7%	19.8%–25.6%	1,760	1,495–2,024
Reasons for use				
To have fun, for enjoyment, or to celebrate	80.0%	77.3%–82.6%	6,205	5,761–6,648
Curiosity	55.0%	51.7%–58.2%	4,265	3,888–4,641
To improve or change oneself (personal growth or self-change)	49.2%	46.0%–52.4%	3,818	3,452–4,184
To deepen a connection with others, earth, or nature	50.7%	47.5%–53.9%	3,933	3,565–4,301
To treat a medical symptom (related to mental or physical health)	31.3%	28.3%–34.3%	2,426	2,145–2,707
For spiritual reasons	28.8%	25.8%–31.9%	2,237	1,946–2,528
For any other reason	36.2%	33.0%–39.4%	2,807	2,491–3,123
Setting of use				
At a facility under supervision	14.3%	11.8%–16.8%	1,110	899–1,320
In nature	34.9%	31.7%–38.0%	2,707	2,402–3,011
At a ceremonial site or designated retreat	13.7%	11.1%–16.2%	1,060	838–1,281
In a private setting (such as a house or small party)	76.1%	73.3%–78.8%	5,903	5,467–6,340
In a public setting (such as a concert or festival)	24.9%	21.9%–27.8%	1,928	1,660–2,197
Companions in use				
With a trained individual providing supervision	16.9%	14.1%–19.7%	1,311	1,069–1,553
With friends or family	71.8%	68.8%–74.7%	5,568	5,145–5,992
Alone	41.9%	38.6%–45.1%	3,248	2,919–3,576
With anyone else	21.8%	19.0%–24.6%	1,694	1,446–1,942
Concomitant use				
With alcohol	29.6%	26.7%–32.4%	2,295	2,038–2,552
With cannabis	45.0%	41.8%–48.2%	3,494	3,166–3,822
With another psychedelic	3.1%	1.8%–4.5%	244	135–352
Perceived changes in mental health				
It got somewhat better or much better as a result	49.9%	46.7%–53.1%	3,872	3,505–4,238
It changed but got neither better nor worse as a result	11.0%	9.0%–13.1%	856	685–1,028
It got somewhat worse or much worse as a result	4.6%	3.1%–6.1%	357	240–474
It did not change	34.5%	31.5%–37.4%	2,675	2,402–2,947
Perceived changes in physical health				
It got somewhat better or much better as a result	22.3%	19.6%–25.0%	1,731	1,492–1,970
It changed but got neither better nor worse as a result	12.6%	10.4%–14.7%	975	800–1,150
It got somewhat worse or much worse as a result	6.2%	4.4%–8.0%	480	336–623
It did not change	58.9%	55.7%–62.2%	4,574	4,196–4,952
Health care actions taken				
Seeking acute care	6.7%	4.8%–8.5%	516	368–664
Utilizing health care services	15.2%	12.7%–17.8%	1,182	964–1,401
Calling support line	5.6%	4.0%–7.3%	438	304–573
Side effects in the last 3 months				
Cardiovascular effects	15.0%	11.5%–18.6%	631	464–799
Physical discomfort	38.2%	33.9%–42.5%	1,603	1,371–1,835
Psychological distress	24.2%	20.4%–28.1%	1,017	831–1,203
Substance desire	44.2%	39.9%–48.6%	1,857	1,623–2,091

Note. Psilocybin refers to psilocybin or psilocin. Side effects were evaluated using the validated Swiss Psychedelic Side Effects Inventor . CI = confidence interval

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TABLE 8: National Prevalence of MDMA Use Behaviors and Outcomes Among Adults Aged 18 and Older Who Used in the Last Year, 2025

Stratification	Prevalence	95% CI	Number in thousands	95% CI
Frequency of use				
Once	36.4%	31.8%–40.9%	1,545	1,301–1,789
Several times	48.1%	43.4%–52.8%	2,042	1,755–2,329
Monthly or more	15.5%	12.6%–18.4%	658	528–788
Initiation of use				
Initiation within the last year	21.9%	17.9%–26.0%	931	733–1,129
Reasons for use				
To have fun, for enjoyment, or to celebrate	80.3%	76.6%–84.0%	3,409	3,051–3,767
Curiosity	54.8%	50.1%–59.5%	2,324	2,033–2,615
To improve or change oneself (personal growth or self-change)	28.5%	24.5%–32.6%	1,212	1,019–1,404
To deepen a connection with others, earth, or nature	33.4%	28.9%–37.8%	1,416	1,187–1,644
To treat a medical symptom (related to mental or physical health)	17.6%	14.1%–21.1%	748	585–911
For spiritual reasons	13.8%	10.8%–16.9%	587	448–726
For any other reason	50.4%	45.7%–55.2%	2,141	1,867–2,416
Setting of use				
At a facility under supervision	19.1%	15.4%–22.9%	813	637–989
In nature	25.0%	20.9%–29.0%	1,060	861–1,259
At a ceremonial site or designated retreat	16.7%	13.2%–20.1%	708	548–868
In a private setting (such as a house or small party)	69.1%	64.7%–73.4%	2,931	2,600–3,263
In a public setting (such as a concert or festival)	41.6%	37.0%–46.3%	1,768	1,503–2,032
Companions in use				
With a trained individual providing supervision	21.4%	17.5%–25.2%	907	725–1,089
With friends or family	78.1%	74.3%–81.9%	3,317	2,962–3,672
Alone	35.3%	30.9%–39.8%	1,500	1,265–1,736
With anyone else	31.8%	27.4%–36.3%	1,352	1,118–1,585
Concomitant use				
With alcohol	42.3%	37.6%–46.9%	1,794	1,528–2,060
With cannabis	36.9%	32.5%–41.4%	1,568	1,334–1,801
With another psychedelic	5.6%	3.6%–7.5%	237	153–321
Perceived changes in mental health				
It got somewhat better or much better as a result	29.1%	25.0%–33.2%	1,234	1,033–1,435
It changed but got neither better nor worse as a result	19.0%	15.2%–22.7%	805	626–985
It got somewhat worse or much worse as a result	9.5%	6.6%–12.4%	402	271–534
It did not change	42.5%	37.8%–47.1%	1,804	1,541–2,066
Perceived changes in physical health				
It got somewhat better or much better as a result	16.5%	13.4%–19.7%	702	559–845
It changed but got neither better nor worse as a result	21.9%	17.7%–26.1%	930	724–1,135
It got somewhat worse or much worse as a result	9.6%	6.7%–12.4%	406	279–533
It did not change	52.0%	47.3%–56.7%	2,207	1,924–2,490
Health care actions taken				
Seeking acute care	9.6%	6.6%–12.7%	409	273–545
Utilizing health care services	20.2%	16.4%–24.0%	856	676–1,036
Calling support line	7.1%	5.1%–9.2%	302	213–390
Side effects in the last 3 months				
Cardiovascular effects	26.6%	20.8%–32.4%	629	464–793
Physical discomfort	55.9%	49.8%–62.1%	1,322	1,088–1,556
Psychological distress	31.3%	25.3%–37.2%	739	568–911
Substance desire	43.5%	37.5%–49.6%	1,029	858–1,201

Note. Side effects were evaluated using the validated Swiss Psychedelic Side Effects Inventory. MDMA = 3,4-methylenedioxymethamphetamine; CI = confidence interval. Use of Psychedelic Substances in the United States, 2025: Results from the National Survey Investigating Hallucinogenic Trends (NSIHT)

TABLE 9: National Prevalence of LSD Use Behaviors and Outcomes Among Adults Aged 18 and Older Who Used in the Last Year, 2025

Stratification	Prevalence	95% CI	Number in thousands	95% CI
Frequency of use				
Once	41.8%	35.8%–47.7%	1,087	880–1,294
Several times	40.1%	34.3%–45.9%	1,043	851–1,236
Monthly or more	18.1%	13.6%–22.6%	471	343–600
Initiation of use				
Initiation within the last year	18.1%	13.2%–23.0%	472	329–615
Reasons for use				
To have fun, for enjoyment, or to celebrate	79.3%	74.8%–83.7%	2,062	1,778–2,346
Curiosity	50.5%	44.6%–56.5%	1,315	1,097–1,533
To improve or change oneself (personal growth or self-change)	49.3%	43.3%–55.3%	1,282	1,043–1,521
To deepen a connection with others, earth, or nature	50.5%	44.5%–56.4%	1,313	1,078–1,548
To treat a medical symptom (related to mental or physical health)	25.4%	20.0%–30.9%	662	495–829
For spiritual reasons	36.5%	30.5%–42.5%	949	742–1,157
For any other reason	51.5%	45.6%–57.4%	1,340	1,101–1,579
Setting of use				
At a facility under supervision	29.6%	24.0%–35.2%	770	594–946
In nature	35.7%	29.9%–41.6%	930	739–1,122
At a ceremonial site or designated retreat	22.5%	17.1%–27.8%	584	423–746
In a private setting (such as a house or small party)	66.8%	61.3%–72.3%	1,738	1,480–1,995
In a public setting (such as a concert or festival)	33.4%	27.9%–38.9%	869	700–1,038
Companions in use				
With a trained individual providing supervision	28.9%	23.4%–34.5%	753	579–927
With friends or family	68.4%	62.6%–74.2%	1,779	1,534–2,025
Alone	47.6%	41.6%–53.6%	1,239	1,009–1,469
With anyone else	29.9%	24.3%–35.5%	778	602–955
Concomitant use				
With alcohol	29.5%	24.1%–34.9%	767	600–933
With cannabis	37.9%	32.2%–43.7%	987	798–1,177
With another psychedelic	4.1%	2.1%–6.0%	106	55–157
Perceived changes in mental health				
It got somewhat better or much better as a result	43.1%	37.1%–49.1%	1,121	911–1,332
It changed but got neither better nor worse as a result	13.6%	9.6%–17.6%	354	243–464
It got somewhat worse or much worse as a result	8.8%	5.5%–12.1%	229	139–318
It did not change	34.5%	28.9%–40.1%	898	720–1,077
Perceived changes in physical health				
It got somewhat better or much better as a result	23.3%	18.3%–28.3%	606	460–753
It changed but got neither better nor worse as a result	14.3%	10.1%–18.6%	373	253–494
It got somewhat worse or much worse as a result	10.2%	7.1%–13.3%	264	181–348
It did not change	52.2%	46.2%–58.1%	1,358	1,126–1,589
Health care actions taken				
Seeking acute care	14.0%	9.6%–18.4%	365	239–490
Utilizing health care services	23.4%	18.1%–28.7%	608	448–768
Calling support line	12.8%	8.4%–17.3%	334	208–460
Side effects in the last 3 months				
Cardiovascular effects	31.4%	23.2%–39.6%	409	269–549
Physical discomfort	58.6%	51.1%–66.0%	762	594–930
Psychological distress	43.3%	35.3%–51.3%	563	415–712
Substance desire	40.4%	32.7%–48.0%	526	398–653

Note. Side effects were evaluated using the validated Swiss Psychedelic Side Effects Inventory. LSD = lysergic acid diethylamide; CI = confidence interval

TABLE 10: National Prevalence of Prescription Ketamine/Esketamine Use Behaviors and Outcomes Among Adults Aged 18 and Older Who Used in the Last Year, 2025

Stratification	Prevalence	95% CI	Number in thousands	95% CI
Frequency of use				
Once	24.5%	20.0%–29.0%	800	627–973
Several times	40.0%	35.2%–44.8%	1,308	1,116–1,499
Monthly or more	35.5%	30.6%–40.3%	1,158	956–1,360
Initiation of use				
Initiation within the last year	31.9%	27.3%–36.5%	1,042	865–1,220
Reasons for use				
To have fun, for enjoyment, or to celebrate	49.5%	44.4%–54.5%	1,615	1,365–1,865
Curiosity	47.0%	42.0%–52.1%	1,536	1,289–1,783
To improve or change oneself (personal growth or self-change)	45.3%	40.3%–50.3%	1,479	1,261–1,698
To deepen a connection with others, earth, or nature	28.9%	24.3%–33.5%	943	764–1,122
To treat a medical symptom (related to mental or physical health)	47.6%	42.6%–52.6%	1,555	1,338–1,773
For spiritual reasons	20.1%	15.9%–24.3%	657	503–812
For any other reason	45.8%	40.8%–50.7%	1,494	1,279–1,709
Setting of use				
At a facility under supervision	57.4%	52.4%–62.4%	1,875	1,631–2,118
In nature	24.0%	19.2%–28.9%	784	594–975
At a ceremonial site or designated retreat	23.6%	19.1%–28.1%	770	597–943
In a private setting (such as a house or small party)	54.5%	49.5%–59.4%	1,779	1,524–2,034
In a public setting (such as a concert or festival)	26.4%	21.8%–30.9%	860	688–1,033
Companions in use				
With a trained individual providing supervision	55.6%	50.6%–60.6%	1,815	1,571–2,059
With friends or family	53.5%	48.5%–58.4%	1,746	1,493–1,999
Alone	39.5%	34.5%–44.5%	1,291	1,075–1,508
With anyone else	25.8%	21.1%–30.5%	842	658–1,025
Concomitant use				
With alcohol	22.3%	18.3%–26.4%	729	581–878
With cannabis	19.0%	15.1%–22.9%	620	479–762
With another psychedelic	5.2%	2.7%–7.6%	169	86–252
Perceived changes in mental health				
It got somewhat better or much better as a result	47.3%	42.3%–52.3%	1,544	1,326–1,762
It changed but got neither better nor worse as a result	15.1%	11.7%–18.6%	494	373–614
It got somewhat worse or much worse as a result	11.1%	7.7%–14.5%	362	244–480
It did not change	26.5%	21.9%–31.1%	865	689–1,042
Perceived changes in physical health				
It got somewhat better or much better as a result	37.3%	32.6%–42.1%	1,218	1,030–1,407
It changed but got neither better nor worse as a result	17.5%	13.7%–21.3%	572	435–708
It got somewhat worse or much worse as a result	13.1%	9.5%–16.7%	429	302–555
It did not change	32.0%	27.3%–36.8%	1,047	853–1,240
Health care actions taken				
Seeking acute care	22.8%	18.4%–27.2%	745	578–912
Utilizing health care services	40.2%	35.3%–45.1%	1,313	1,108–1,517
Calling support line	18.9%	14.9%–22.8%	616	471–760
Side effects in the last 3 months				
Cardiovascular effects	25.5%	20.0%–31.0%	603	448–757
Physical discomfort	52.9%	47.1%–58.8%	1,251	1,041–1,461
Psychological distress	35.4%	29.7%–41.1%	837	667–1,007
Substance desire	24.5%	20.4%–28.7%	801	648–954

Note. Prescription ketamine and esketamine data were combined. Side effects were evaluated using the validated Swiss Psychedelic Side Effects Inventor . CI = confidence interval
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