

National Survey Investigating Hallucinogenic Trends (NSIHT)

State Estimates for Use of Psychedelic Substances in the United States, 2025

Data Tables and State Estimates

Rocky Mountain Poison & Drug Safety, a Division of Denver Health and Hospital Authority

Last Updated: September 2026

Purpose

To provide the estimates from NSIHT 2025 including:

National prevalence tables | State prevalence maps | State prevalence tables



National Survey Investigating Hallucinogenic Trends (NSIHT): State Estimates for Use of Psychedelic Substances in the United States, 2025

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1. About This Document

The National Survey Investigating Hallucinogenic Trends (NSIHT) is an ongoing, cross-sectional surveillance study of psychedelic use among adults (ages 18+ years) in the United States (U.S.); owned and operated by Rocky Mountain Poison & Drug Safety (RMPDS). NSIHT is a self-administered online questionnaire and uses a sampling strategy enriched for adults in the U.S. reporting use of psychedelic, hallucinogenic, or dissociative substances in the prior 12 months, a group which will be referred to as “psychedelics” hereafter. Data from the enriched survey are fused with a large general-population anchor survey and calibrated to support nationally representative population inference.^{1,2} For full information on study design, weighting, and validation see the NSIHT “Study Design and Methodology” documentation found at <https://www.rmpds.org/nsiht-data-reports>.

This document presents 2025 prevalence estimates from the NSIHT survey launches. All prevalence estimates can be interpreted as psychedelic use in the last 12 months among all U.S. adults or adults living within one of the 50 states or Washington D.C. All estimates shown in this report have met the standards for statistical precision and properly account for sampling error (see [Section 3](#)). National and state prevalence data for 2025, both the percentage and number of adults, are presented for each of the following substances: psilocybin, 3,4-methylenedioxy methamphetamine (MDMA), lysergic acid diethylamide (LSD), prescription ketamine or esketamine combined, N,N-dimethyltryptamine (DMT), illicit ketamine, mescaline derivatives (peyote, San Pedro, and synthetic mescaline combined), *Salvia divinorum*, 5-O-methyl-bufotenin-DMT (5-MeO-DMT), and ayahuasca. Only national data are presented for 4-bromo-2, 5-dimethoxyphenethylamine (2C-B) and ibogaine; more data are needed before providing state prevalence estimates for these substances. This report includes prevalence data presented at the national level and model-based state prevalence maps and tables for the 50 states and Washington, D.C. State estimates represent respondents' state of residence, not the location where a substance was used.

All prevalence estimates are shown with 95% confidence intervals (CI). State estimates are model-based small area estimates. All estimates are available for download in excel format at <https://www.rmpds.org/nsiht-data-reports>.

For full information on study design, weighting, and validation see the NSIHT “Study Design and Methodology” documentation found at <https://www.rmpds.org/nsiht-data-reports>.

2. Small Area Estimation

Direct design-based state estimates are often limited for psychedelic substances because many outcomes are uncommon and the effective sample size within individual states can be small. NSIHT therefore uses small area estimation (SAE) to generate annual state-level prevalence estimates when direct estimation is insufficiently precise. SAE combines respondent-level survey information with geographic auxiliary information and partial pooling across areas, allowing information from related areas and measured predictors to stabilize estimates in states with smaller samples.^{3,4} The SAE validation approach was pre-registered before final model selection and was developed to support estimates for all 50 states and Washington D.C.⁵

State-level estimates are model-based rather than purely design-based. Accordingly, their validity depends on both the underlying NSIHT survey design and the adequacy of the SAE model. States with less information contribute less independent information and may borrow more from the hierarchical model structure; CI should therefore be interpreted alongside the point estimates.

2.1 Development and Validation

The SAE models were validated using the 2025 annual NSIHT data and respondent-level transport-calibrated weights normalized to a mean of one to preserve relative weighting while improving numerical stability. Binary past 12-month substance-use outcomes were modeled using multilevel generalized linear mixed models with a logit link. The development process first focused on an "any hallucinogen" outcome constructed to align as closely as possible with the corresponding adult (ages 18+ years) measure available from the National Survey on Drug Use and Health (NSDUH) 2023-2024 state estimates as an external benchmark.⁶

Candidate fixed effects included respondent-level demographic, socioeconomic, mental-health, and substance-use characteristics together with county- and state-level auxiliary variables. Three geographic random-effects structures were compared to evaluate alternative assumptions about geographic pooling: (1) a state-level random intercept, (2) state nested within U.S. census division, and (3) spatially structured state effects based on neighboring-state adjacency. Fixed-effect selection was guided primarily by Akaike information criterion (AIC), while also considering convergence, multicollinearity, interpretability, and stability of the resulting state estimates.

Validation was conducted in two stages. In Stage 1, each candidate geographic structure for past 12-month any hallucinogen use was benchmarked against the 2023-2024 NSDUH state-level SAE estimates. Because the NSDUH benchmark and NSIHT data differed in survey design and data-collection period by up to two years, model selection emphasized reproduction of the relative state-level distribution rather than exact equality of absolute prevalence. Each state's prevalence estimate was divided by the corresponding national prevalence estimate within NSIHT or NSDUH. Average difference, average absolute deviation, and root mean square error (RMSE) were calculated for the differences between these state-to-national ratios, with the lowest RMSE used as the primary criterion for selecting the baseline geographic structure. The geographic pooling of state within census division model provided the best external benchmarking performance and was selected as the baseline structure. This model therefore became the framework transferred to the substance-specific models.

In Stage 2, the selected "any hallucinogen" model form was applied to individual psychedelic substances with past 12-month use outcome for which no external state-level benchmarks were available. SAE state predictions were aggregated to the nine U.S. census divisions and compared with design-based direct NSIHT division estimates in which there was sufficient sample size as an internal validation. The division-level SAE estimates showed strong agreement with direct estimates calculated from the same 2025 NSIHT data for all substance-specific models. Validation metrics included average difference, average absolute deviation, and RMSE. A model was prespecified as "well performing" when the absolute modeled-versus-direct difference was less than one percentage point for substances with national prevalence greater than 1% and less than 0.5 percentage points for substances with national prevalence

below 1%. If models for specific substances did not meet this threshold, more data would need to be collected before showing any state level estimates.

Internal validation showed strong agreement for all substance-specific models retained for annual state reporting shown in this report. This validation framework functions as a reporting decision rule rather than as a descriptive diagnostic alone.

2.2 Final Model Description

All substance-specific SAE models for predicting state level prevalence of use in the past 12-months had the same base form. This baseline specification was applied to each substance-specific outcome. Additional predictors were explored for substance specific models but were only retained when they improved model fit based on AIC without adversely affecting convergence, interpretability, or estimate stability. All models took the form (Equation 1):

$$P(Y_{ijk} = 1 | \mathbf{X}_{ijk}, \mathbf{Z}_{jk}, \mathbf{W}_k, u_{d(k)}, v_k) = p_{ijk}, \quad \text{logit}(p_{ijk}) = \beta_0 + \mathbf{X}_{ijk}\boldsymbol{\beta} + \mathbf{Z}_{jk}\boldsymbol{\gamma} + \mathbf{W}_k\boldsymbol{\delta} + u_{d(k)} + v_k,$$

Here, Y_{ijk} indicates past 12-month use for respondent i in county j within state k ; p_{ijk} is that respondent's modeled probability of use given all effects; $\mathbf{X}_{ijk}$ represents a vector of fixed-effect respondent-level predictors with coefficients $\boldsymbol{\beta}$; $\mathbf{Z}_{jk}$ represents a vector of fixed-effect county-level predictors which vary by county within state with coefficients $\boldsymbol{\gamma}$; $\mathbf{W}_k$ represents a vector of fixed-effect state-level predictors which vary by state with coefficients $\boldsymbol{\delta}$; $u_{d(k)}$ is the random intercept for the census division containing state k ; and v_k is the state random intercept. The division and state effects were modeled separately as independent, identically distributed random effects with mean zero and level-specific variances [e.g., $u_{d(k)} \sim N(0, \sigma_u^2)$ and $v_k \sim N(0, \sigma_v^2)$]. Models were fitted using a fully Bayesian framework via the integrated nested Laplace approximation (INLA) algorithm⁷ implemented through the R-INLA package (version 24.04.29;⁸ see [R-INLA Official Website](#)).

The respondent-level fixed effects from the NSIHT data included age, sex, household income, educational attainment, self-reported race, work limitations, current employment, student status, any military service, problematic drug use measured by Drug Abuse Screening Test (DAST-10),^{9,10} generalized anxiety symptom severity measured by the Generalized Anxiety Disorder (GAD-7),^{11,12} and lifetime history of any mental health diagnosis by a healthcare provider. County-level fixed effects included the socioeconomic theme of the Social Vulnerability Index,¹³ percentage with severe housing cost burden, and county-data from the County Health Rankings & Roadmaps¹⁴ including percentage of adults with frequent physical distress, ratio of other primary care provider availability to population, the percentage of uninsured adults <65 years, percentage of adults with excessive drinking, and suicide age-adjusted rate. State-level fixed effects included data from the Behavioral Risk Factor Surveillance System (BRFSS)¹⁵ including percentage of lifetime depression diagnosis and mean number of poor physical health days. The models also included state effects nested within U.S. census division to partially pool information across geographic areas. Several substance specific models also included additional covariates. The final ayahuasca model additionally included respondent self-reported spirituality. The final prescription ketamine/esketamine model additionally included county-level¹⁴ ratio of mental health provider availability to population and a respondent-level indicator of receiving mental health treatment in the past year. No additional substance-specific predictors were retained for the other final models.

For stable models, respondent-level predicted probabilities were aggregated to produce annual prevalence estimates and 95% CI for each state and Washington, D.C. The SAE framework permits model-based state estimates for outcomes and states with limited direct-estimation precision. These estimates remain subject to model dependence and may have wide CIs, particularly for low-prevalence substances or states with limited information.

SAE models are subject to ongoing stewardship, and model form may vary in subsequent years. Model performance will be revisited as additional annual NSIHT data accumulate, as new external benchmarks become available, and as policy or behavioral predictors change. Predictor sets and geographic pooling assumptions may be periodically reassessed to preserve calibration and interpretability over time.

3. Uncertainty, Reporting, and Suppression Rules

NSIHT applies disclosure and statistical-stability rules to all reported estimates. These rules are intended to reduce confidentiality risk and prevent presentation of estimates that are too unstable for responsible interpretation (Table 1).

Table 1. Current NSIHT Suppression and Instability Rules

Criterion	Action	Current Reporting Rule
Unweighted numerator <5	Suppress	No count or summary statistic may be shown; this criterion reduces privacy-breach risk.
Coefficient of variation >0.80	Suppress	No count or summary statistic may be shown because of statistical instability in the estimate.
Coefficient of variation ≥ 0.33 and ≤ 0.80	Flag	The estimate may be shown but should be identified as potentially unstable in reporting and interpreted with caution.
Estimated prevalence <0.0005	Suppress	The estimate may not be shown because of statistical instability.

4. National Prevalence Estimates

Estimates describe last-12-month use among U.S. adults in 2025. Prevalence and estimated population are shown with 95% CI. All national estimates stratified by age and sex can be found in the most recent public data report at <https://www.rmpds.org/nsiht-data-reports>.

Table 2. National Prevalence of Psychedelic Use Among Adults Aged 18 or Older Who Used in the Last Year, 2025

Substance	Prevalence, % (95% CI)	Estimated adults, millions (95% CI)
Any psychedelic substance ^a	5.3 (5.0, 5.5)	13.9 (13.2, 14.6)
Psilocybin	2.9 (2.8, 3.1)	7.76 (7.26, 8.26)
MDMA	1.6 (1.5, 1.8)	4.25 (3.85, 4.64)
Prescription ketamine/esketamine	1.2 (1.1, 1.4)	3.27 (2.94, 3.59)
LSD	1.0 (0.9, 1.1)	2.60 (2.29, 2.91)
Mescaline derivatives	0.7 (0.6, 0.8)	1.72 (1.46, 1.99)
DMT	0.6 (0.5, 0.7)	1.58 (1.34, 1.82)
<i>Salvia divinorum</i>	0.4 (0.3, 0.5)	1.05 (0.829, 1.26)
Illicit ketamine	0.4 (0.3, 0.5)	1.03 (0.854, 1.20)
2-CB	0.3 (0.3, 0.4)	0.888 (0.687, 1.09)
5-MeO-DMT	0.3 (0.2, 0.4)	0.764 (0.579, 0.950)
Ayahuasca	0.3 (0.2, 0.4)	0.764 (0.572, 0.955)
Ibogaine	0.3 (0.2, 0.4)	0.745 (0.548, 0.943)

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.

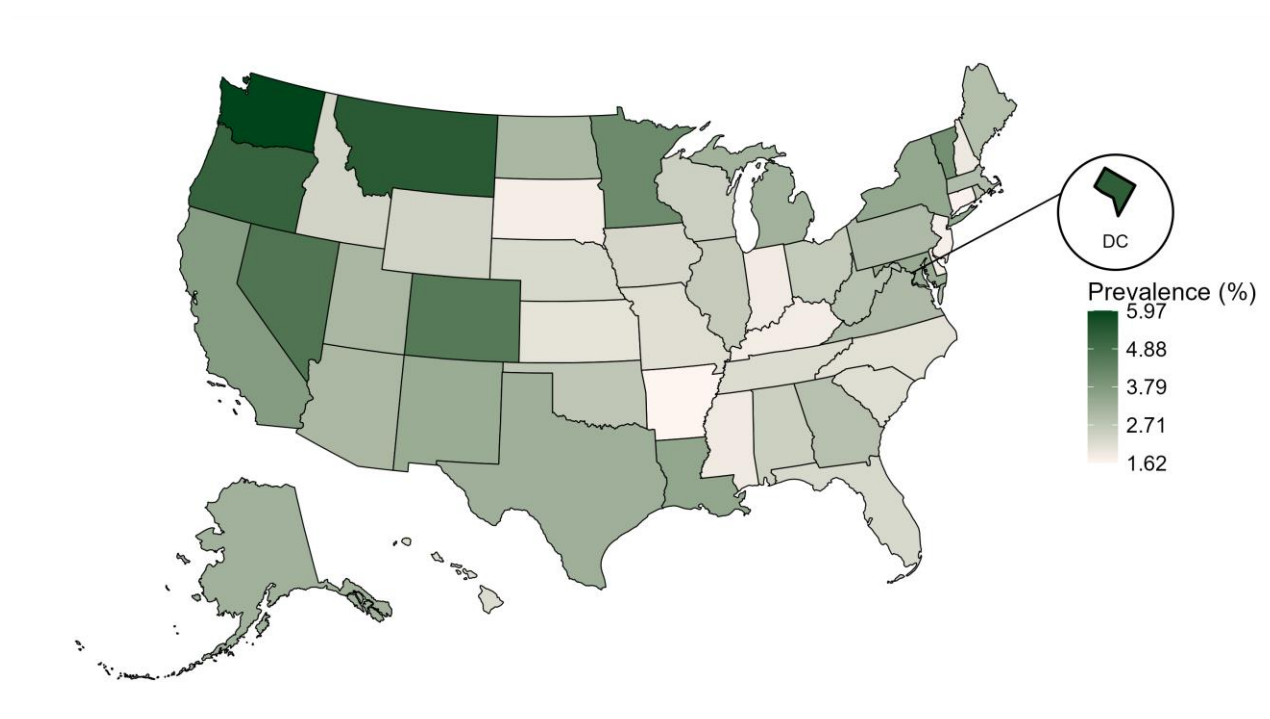
^aAny psychedelic substance includes endorsement of use of at least one individual psychedelic substances listed in this table.

5. State Prevalence Maps

Maps show model-based small area estimates of last-12-month substance use by state of residence for 2025. State estimates are presented for the 50 states and Washington, D.C. in order of descending prevalence at the national level. While national estimates for 2C-B and ibogaine are provided, more data are needed before state level estimates for these substances are provided. For exact estimates and 95% CI see [Section 6](#).

5.1 Psilocybin

Figure 1. State Prevalence of Psilocybin Use in Last Year Among Adults 18 and Older, 2025

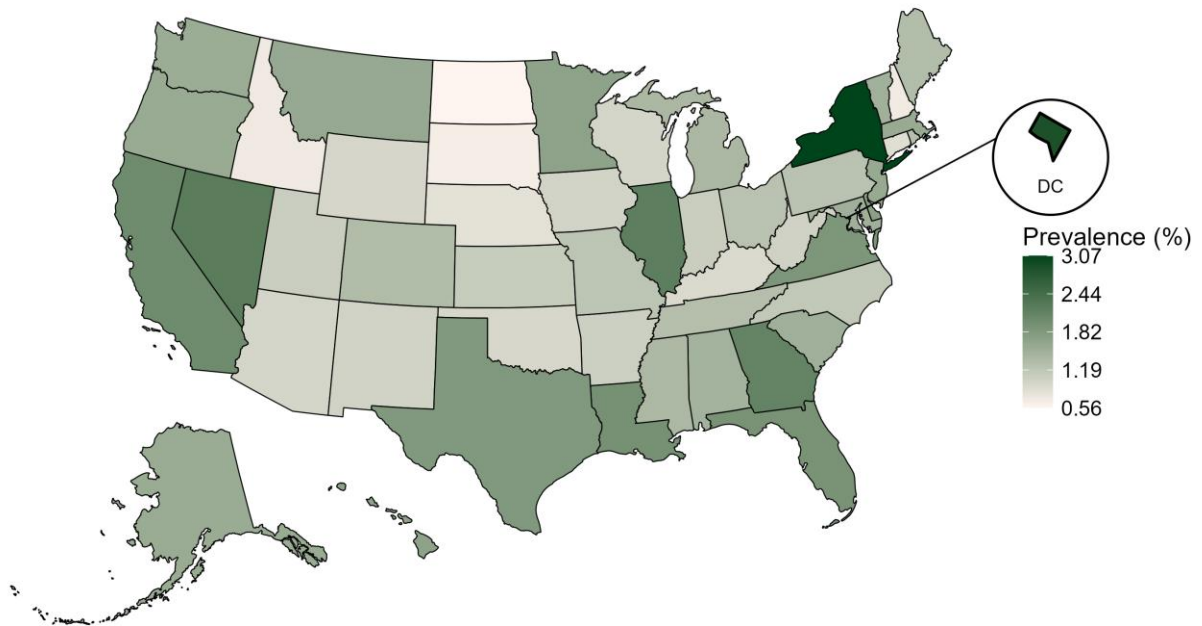


Note. Psilocybin refers to psilocybin or psilocin.

[Jump to specific estimates](#)

5.2 MDMA

Figure 2. State Prevalence of MDMA Use in Last Year Among Adults 18 and Older, 2025

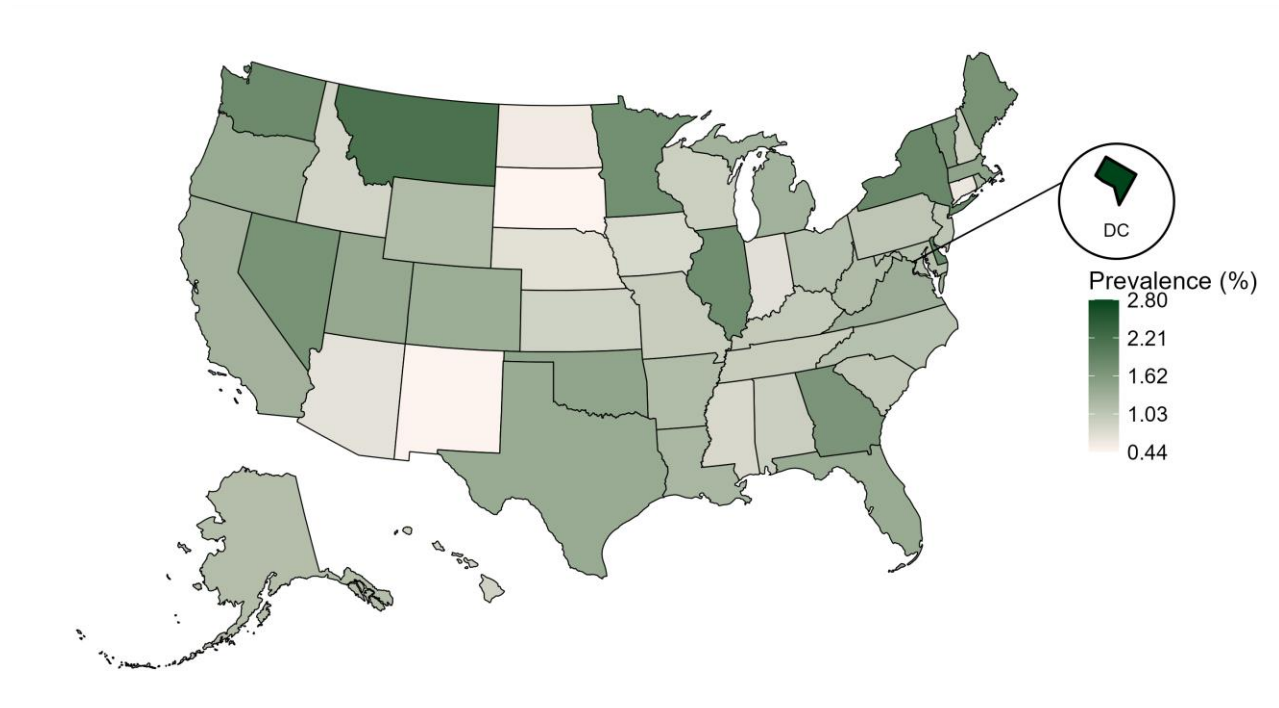


Note. MDMA = 3,4-methylenedioxymethamphetamine

[Jump to specific estimates](#)

5.3 Prescription Ketamine and Esketamine

Figure 3. State Prevalence of Prescription Ketamine or Esketamine Use in Last Year Among Adults 18 and Older, 2025

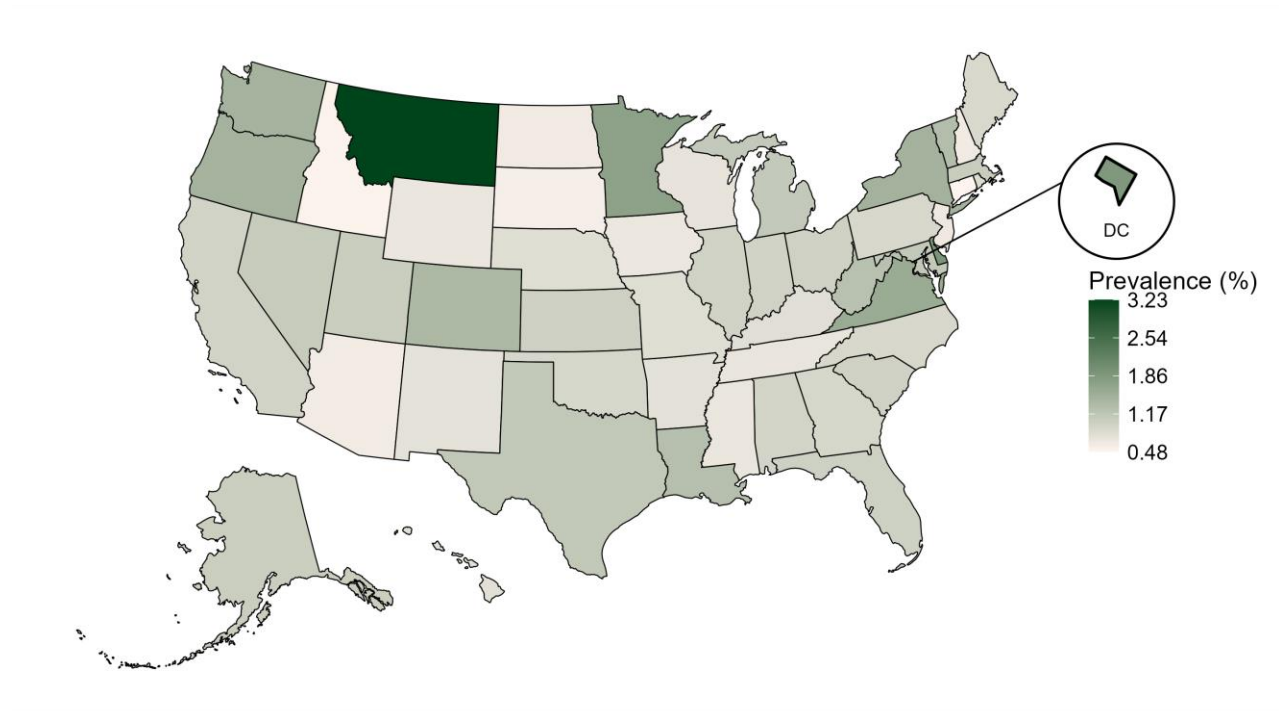


Note. Prescription ketamine and esketamine data were combined

[Jump to specific estimates](#)

5.4 LSD

Figure 4. State Prevalence of LSD Use in Last Year Among Adults 18 and Older, 2025

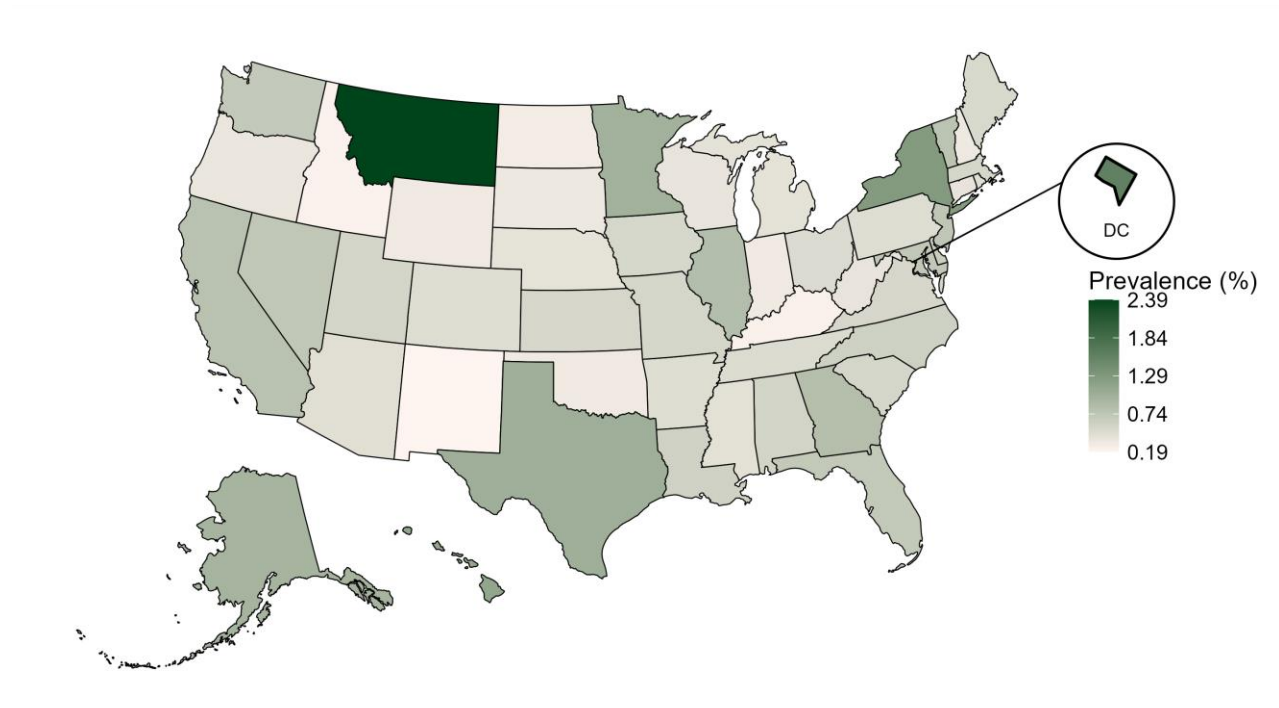


Note. LSD = lysergic acid diethylamide

[Jump to specific estimates](#)

5.5 Mescaline Derivatives

Figure 5. State Prevalence of Mescaline Derivates Use in Last Year Among Adults 18 and Older, 2025

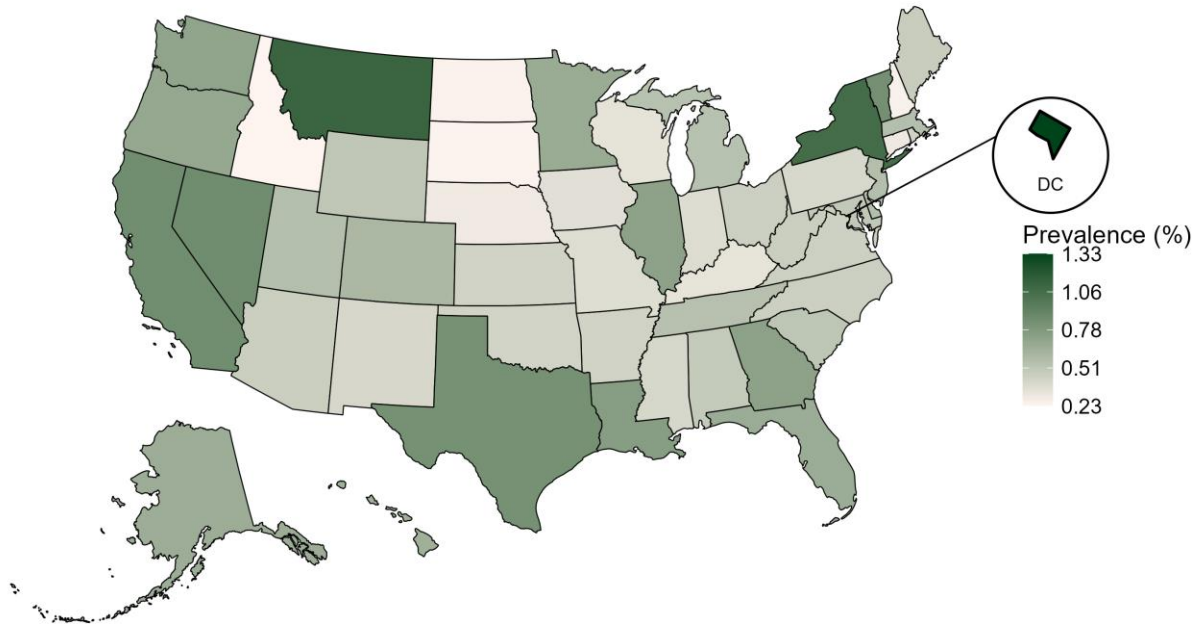


Note. Mescaline derivatives combined peyote, San Pedro, and synthetic mescaline data

[Jump to specific estimates](#)

5.6 DMT

Figure 6. State Prevalence of DMT Use in Last Year Among Adults 18 and Older, 2025

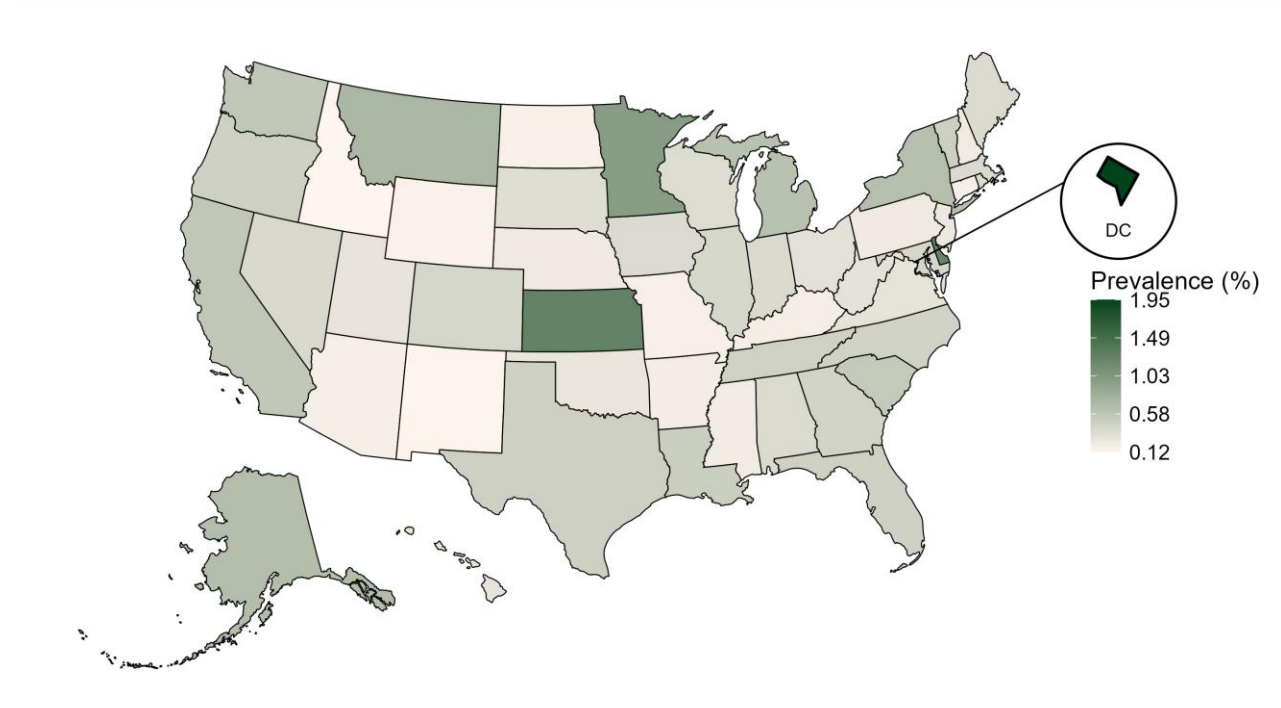


Note. DMT = N,N-dimethyltryptamine

[Jump to specific estimates](#)

5.7 Salvia Divinorum

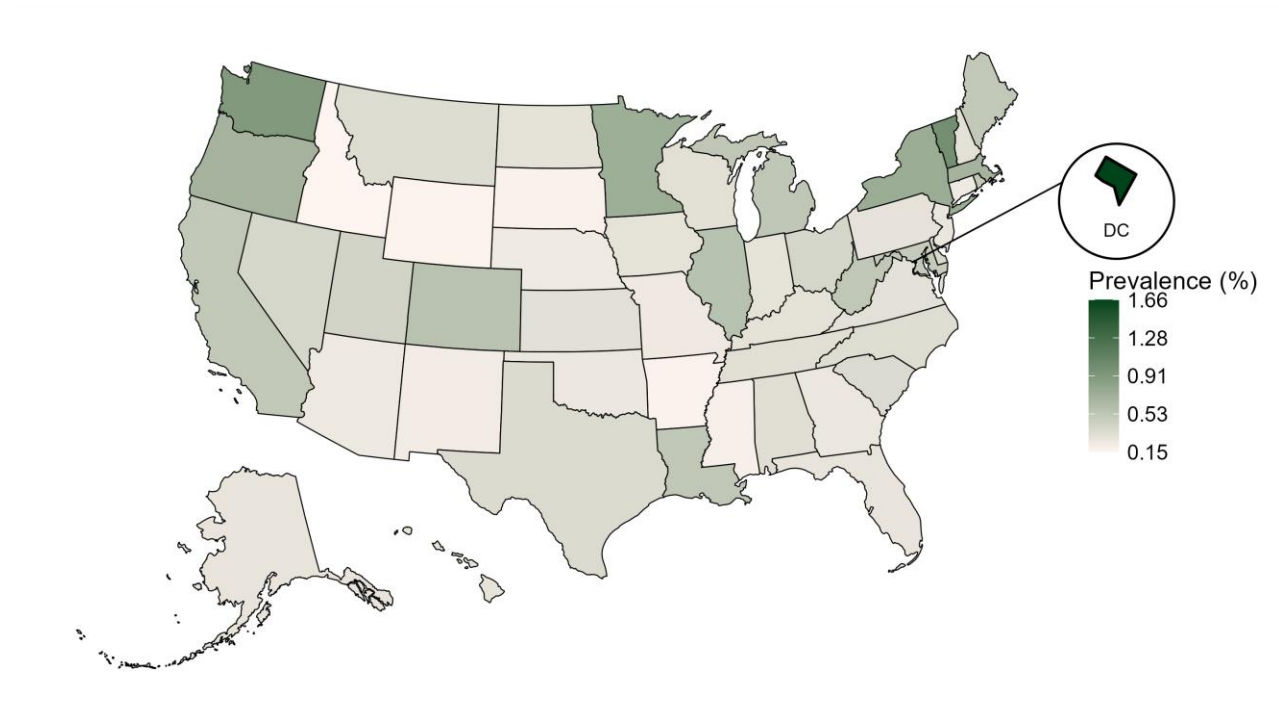
Figure 7. State Prevalence of *Salvia Divinorum* Use in Last Year Among Adults 18 and Older, 2025



[Jump to specific estimates](#)

5.8 Illicit Ketamine

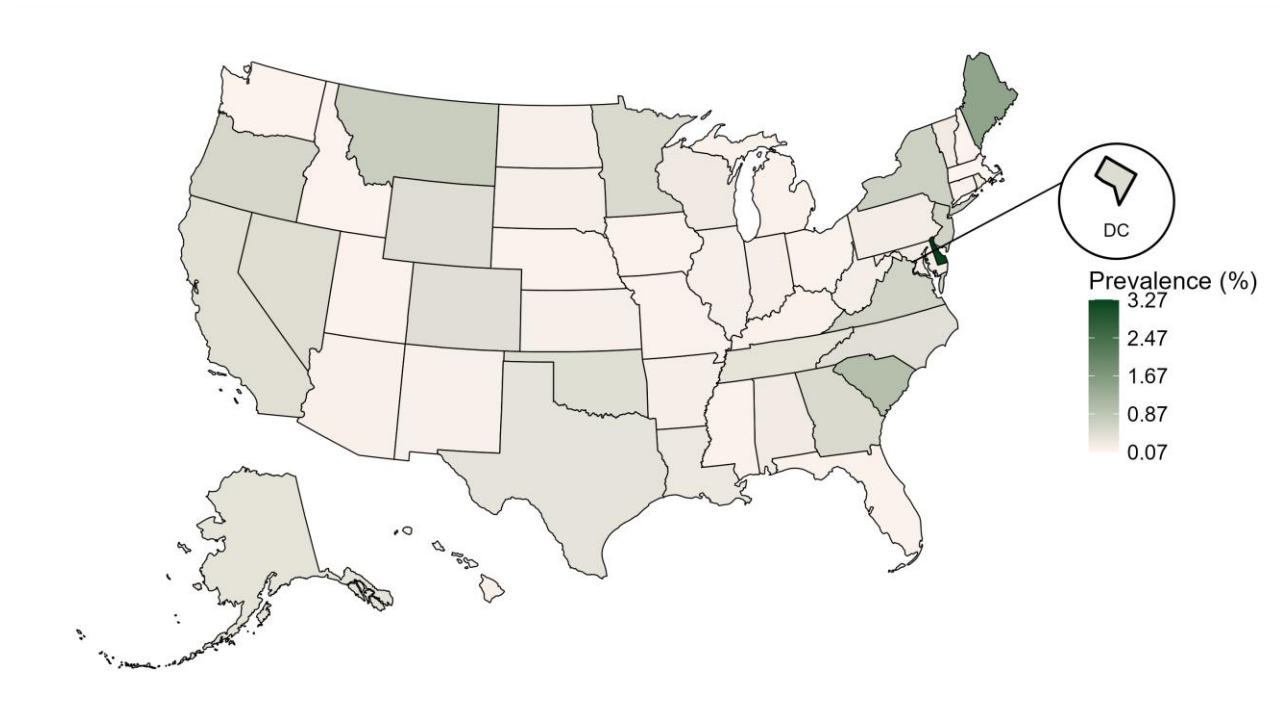
Figure 8. State Prevalence of Illicit Ketamine Use in Last Year Among Adults 18 and Older, 2025



[Jump to specific estimates](#)

5.9 5-Meo-DMT

Figure 9. State Prevalence of 5-MeO-DMT Use in Last Year Among Adults 18 and Older, 2025

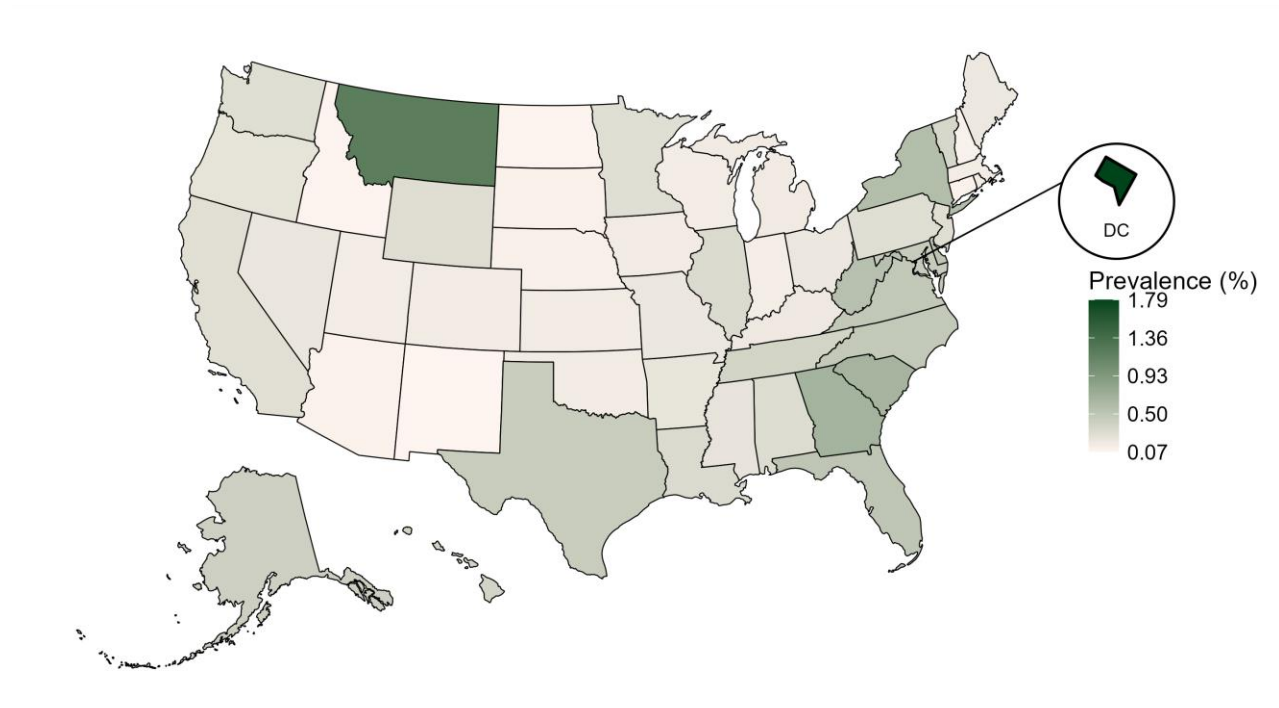


Note. 5-MeO-DMT = 5-methoxy-N,N dimethyltryptamine

[Jump to specific estimates](#)

5.10 Ayahuasca

Figure 10. State Prevalence of Ayahuasca Use in Last Year Among Adults 18 and Older, 2025



[Jump to specific estimates](#)

6. State Prevalence Tables

Values are model-based prevalence percentages with 95% CI by state of residence for 2025.

6.1 Psilocybin, MDMA, and Prescription Ketamine/Esketamine

Table 3. State Prevalence Estimates Across Three Substance Groups, 2025

State	Psilocybin % (95% CI)	MDMA % (95% CI)	Prescription ketamine/ esketamine % (95% CI)
Alabama	2.48 (1.61, 3.64)	1.46 (0.90, 2.26)	0.91 (0.43, 1.57)
Alaska	3.21 (1.55, 5.39)	1.55 (0.85, 2.55)	1.13 (0.53, 1.99)
Arizona	3.03 (2.04, 4.31)	0.97 (0.55, 1.50)	0.67 (0.35, 1.13)
Arkansas	1.62 (0.84, 2.68)	1.05 (0.54, 1.73)	1.16 (0.58, 2.09)
California	3.71 (2.81, 4.78)	2.00 (1.38, 2.78)	1.29 (0.82, 1.91)
Colorado	4.59 (3.14, 6.41)	1.33 (0.80, 2.07)	1.35 (0.75, 2.26)
Connecticut	1.68 (0.98, 2.63)	0.86 (0.46, 1.34)	0.61 (0.28, 1.06)
Delaware	1.80 (0.92, 2.98)	1.72 (1.05, 2.86)	1.87 (1.05, 3.25)
District of Columbia	5.29 (2.86, 8.51)	2.87 (1.53, 4.55)	2.80 (1.39, 5.02)
Florida	2.26 (1.62, 3.07)	1.90 (1.28, 2.69)	1.38 (0.86, 2.09)
Georgia	2.82 (1.93, 3.95)	2.12 (1.37, 3.09)	1.67 (0.97, 2.68)
Hawaii	2.18 (1.06, 3.61)	1.68 (1.00, 2.71)	0.88 (0.39, 1.57)
Idaho	2.37 (1.34, 3.86)	0.71 (0.40, 1.22)	0.84 (0.41, 1.60)
Illinois	2.58 (1.81, 3.55)	2.19 (1.45, 3.20)	1.78 (1.08, 2.75)
Indiana	1.85 (1.17, 2.74)	1.08 (0.66, 1.74)	0.70 (0.34, 1.21)
Iowa	2.31 (1.41, 3.53)	1.00 (0.56, 1.56)	0.78 (0.40, 1.37)
Kansas	2.04 (1.09, 3.28)	1.10 (0.62, 1.77)	0.87 (0.43, 1.52)
Kentucky	1.81 (1.06, 2.82)	0.92 (0.50, 1.49)	0.97 (0.49, 1.69)
Louisiana	3.46 (2.28, 4.99)	1.92 (1.21, 2.82)	1.23 (0.67, 2.01)
Maine	2.90 (1.65, 4.68)	1.32 (0.78, 2.19)	1.70 (0.95, 2.83)
Maryland	3.36 (2.25, 4.81)	1.50 (0.91, 2.26)	1.13 (0.61, 1.84)
Massachusetts	2.95 (1.99, 4.19)	1.57 (0.99, 2.31)	1.49 (0.88, 2.39)
Michigan	3.18 (2.23, 4.37)	1.38 (0.87, 2.06)	1.30 (0.76, 2.05)
Minnesota	4.16 (2.88, 5.77)	1.68 (1.06, 2.56)	1.75 (1.03, 2.79)
Mississippi	1.86 (1.07, 2.99)	1.37 (0.80, 2.13)	0.80 (0.39, 1.45)
Missouri	2.12 (1.35, 3.13)	1.20 (0.74, 1.84)	0.95 (0.50, 1.57)
Montana	5.39 (3.08, 8.87)	1.59 (0.90, 2.63)	2.17 (1.24, 3.18)
Nebraska	2.25 (1.31, 3.61)	0.83 (0.45, 1.32)	0.69 (0.32, 1.24)
Nevada	4.69 (3.13, 6.67)	2.22 (1.41, 3.45)	1.70 (1.01, 2.68)
New Hampshire	1.90 (0.99, 3.15)	0.70 (0.40, 1.13)	0.89 (0.45, 1.57)
New Jersey	1.75 (1.14, 2.55)	1.58 (1.01, 2.35)	1.04 (0.59, 1.68)
New Mexico	3.33 (1.96, 5.39)	1.02 (0.58, 1.77)	0.45 (0.20, 0.84)

State	Psilocybin % (95% CI)	MDMA % (95% CI)	Prescription ketamine/ esketamine % (95% CI)
New York	3.45 (2.51, 4.61)	3.07 (2.13, 4.24)	1.85 (1.18, 2.73)
North Carolina	2.09 (1.40, 2.98)	1.15 (0.72, 1.72)	1.10 (0.63, 1.77)
North Dakota	3.06 (1.62, 5.59)	0.56 (0.30, 0.94)	0.56 (0.25, 1.05)
Ohio	2.60 (1.80, 3.59)	1.23 (0.79, 1.83)	1.11 (0.65, 1.76)
Oklahoma	2.71 (1.70, 4.09)	0.95 (0.55, 1.51)	1.46 (0.80, 2.53)
Oregon	5.18 (3.56, 7.19)	1.56 (0.95, 2.43)	1.38 (0.78, 2.28)
Pennsylvania	2.99 (2.13, 4.06)	1.24 (0.79, 1.82)	1.03 (0.60, 1.62)
Rhode Island	2.79 (1.56, 4.56)	1.27 (0.71, 1.96)	1.26 (0.61, 2.15)
South Carolina	2.13 (1.35, 3.15)	1.49 (0.92, 2.39)	1.03 (0.56, 1.77)
South Dakota	1.79 (0.92, 3.14)	0.66 (0.36, 1.14)	0.44 (0.19, 0.84)
Tennessee	2.20 (1.42, 3.21)	1.29 (0.81, 1.92)	0.94 (0.48, 1.60)
Texas	3.26 (2.40, 4.31)	1.81 (1.20, 2.60)	1.38 (0.84, 2.12)
Utah	3.07 (1.87, 4.69)	1.08 (0.62, 1.75)	1.42 (0.75, 2.46)
Vermont	4.04 (2.18, 6.54)	1.48 (0.84, 2.27)	1.61 (0.83, 2.61)
Virginia	2.99 (2.03, 4.23)	1.85 (1.10, 2.99)	1.35 (0.76, 2.26)
Washington	5.97 (4.34, 7.94)	1.54 (0.94, 2.31)	1.82 (1.12, 2.80)
West Virginia	2.84 (1.56, 4.55)	1.02 (0.52, 1.75)	1.17 (0.55, 2.27)
Wisconsin	2.47 (1.63, 3.59)	0.98 (0.60, 1.50)	0.91 (0.50, 1.51)
Wyoming	2.39 (1.07, 4.21)	0.96 (0.51, 1.67)	1.16 (0.50, 2.16)

Note. Shown in alphabetical state order. Psilocybin refers to psilocybin or psilocin; MDMA = 3,4-methylenedioxymethamphetamine; Prescription ketamine and esketamine data were combined; CI = confidence interval.

Jump to maps of [psilocybin](#), [MDMA](#), or [prescription ketamine/esketamine](#)

6.2 LSD, Mescaline Derivatives, DMT, and *Salvia divinorum*

Table 4. State Prevalence Estimates Across Four Substance Groups, 2025

State	LSD, % (95% CI)	Mescaline Derivatives % (95% CI)	DMT % (95% CI)	<i>Salvia Divinorum</i> % (95% CI)
Alabama	0.95 (0.46, 1.72)	0.57 (0.31, 0.94)	0.48 (0.24, 0.86)	0.37 (0.12, 0.82)
Alaska	1.04 (0.37, 2.20)	0.95 (0.49, 1.68)	0.66 (0.32, 1.24)	0.66 (0.20, 1.49)
Arizona	0.61 (0.28, 1.13)	0.44 (0.24, 0.74)	0.46 (0.23, 0.81)	0.18(0.05, 0.44)
Arkansas	0.76 (0.31, 1.55)	0.46 (0.22, 0.85)	0.43 (0.19, 0.85)	0.19 (0.04, 0.55)
California	0.96 (0.57, 1.51)	0.78 (0.44, 1.28)	0.85 (0.47, 1.42)	0.56 (0.25, 1.10)
Colorado	1.37 (0.69, 2.43)	0.46 (0.24, 0.82)	0.59 (0.29, 1.08)	0.40 (0.12, 0.99)
Connecticut	0.48 (0.18, 0.95)	0.39 (0.21, 0.65)	0.30 (0.12, 0.54)	0.18 (0.04, 0.48)
Delaware	1.91 (0.75, 4.11)	0.64 (0.36, 1.05)	0.55 (0.29, 0.98)	1.23 (0.29, 3.41)
District of Columbia	1.87 (0.65, 3.86)	1.58 (0.80, 2.77)	1.33 (0.58, 2.76)	1.95 (0.56, 4.59)
Florida	1.00 (0.57, 1.62)	0.69 (0.39, 1.15)	0.66 (0.35, 1.14)	0.47 (0.19, 0.95)
Georgia	0.90 (0.46, 1.57)	0.83 (0.43, 1.43)	0.73 (0.36, 1.29)	0.44 (0.16, 0.95)
Hawaii	0.77 (0.26, 1.61)	1.12 (0.62, 1.83)	0.65 (0.31, 1.17)	0.28 (0.06, 0.81)
Idaho	0.51 (0.19, 1.07)	0.22 (0.11, 0.41)	0.23 (0.11, 0.44)	0.12 (0.02, 0.34)
Illinois	0.97 (0.52, 1.63)	0.83 (0.47, 1.37)	0.73 (0.38, 1.23)	0.40 (0.15, 0.87)
Indiana	0.98 (0.49, 1.76)	0.32 (0.16, 0.56)	0.38 (0.18, 0.67)	0.38 (0.12, 0.93)
Iowa	0.67 (0.27, 1.31)	0.53 (0.28, 0.91)	0.36 (0.18, 0.65)	0.37 (0.11, 0.92)
Kansas	1.01 (0.44, 1.96)	0.53 (0.27, 0.95)	0.43 (0.20, 0.80)	1.26 (0.40, 2.94)
Kentucky	0.78 (0.34, 1.51)	0.23 (0.10, 0.46)	0.34(0.15, 0.65)	0.19 (0.04, 0.52)
Louisiana	1.26 (0.62, 2.26)	0.60 (0.32, 1.01)	0.75 (0.38, 1.34)	0.49 (0.16, 1.17)
Maine	0.88 (0.34, 1.79)	0.51 (0.27, 0.87)	0.47 (0.19, 0.87)	0.37 (0.08, 0.96)
Maryland	1.11 (0.55, 2.00)	0.71 (0.38, 1.21)	0.49 (0.24, 0.92)	0.40 (0.12, 0.94)
Massachusetts	1.06 (0.54, 1.85)	0.55 (0.29, 0.93)	0.55 (0.25, 0.96)	0.38 (0.12, 0.88)
Michigan	1.11 (0.60, 1.87)	0.41 (0.22, 0.72)	0.54 (0.27, 0.95)	0.62 (0.24, 1.33)
Minnesota	1.72 (0.93, 2.87)	0.98 (0.56, 1.59)	0.67 (0.34, 1.18)	0.98 (0.45, 1.86)
Mississippi	0.69 (0.29, 1.39)	0.42 (0.21, 0.74)	0.41 (0.19, 0.74)	0.20 (0.05, 0.54)
Missouri	0.81 (0.38, 1.48)	0.55 (0.30, 0.91)	0.37 (0.18, 0.66)	0.17 (0.04, 0.45)
Montana	3.23 (1.31, 6.22)	2.39 (1.70, 3.12)	1.11 (0.55, 1.95)	0.72 (0.19, 1.65)
Nebraska	0.81 (0.34, 1.67)	0.40 (0.21, 0.70)	0.30 (0.15, 0.53)	0.22 (0.05, 0.60)
Nevada	1.07 (0.49, 1.98)	0.72 (0.39, 1.20)	0.86 (0.44, 1.48)	0.39 (0.11, 0.96)
New Hampshire	0.63 (0.23, 1.30)	0.33 (0.17, 0.59)	0.26 (0.10, 0.48)	0.21 (0.05, 0.59)
New Jersey	0.65 (0.31, 1.17)	0.73 (0.39, 1.22)	0.55 (0.28, 0.96)	0.24 (0.07, 0.58)
New Mexico	0.75 (0.30, 1.64)	0.19 (0.09, 0.36)	0.41 (0.19, 0.74)	0.13 (0.03, 0.38)
New York	1.46 (0.85, 2.31)	1.27 (0.75, 1.98)	1.06 (0.57, 1.79)	0.64 (0.28, 1.24)
North Carolina	0.89 (0.46, 1.55)	0.60 (0.32, 1.03)	0.45 (0.22, 0.84)	0.45 (0.16, 1.00)

State	LSD, % (95% CI)	Mescaline Derivatives % (95% CI)	DMT % (95% CI)	Salvia Divinorum % (95% CI)
North Dakota	0.63 (0.21, 1.35)	0.29 (0.14, 0.53)	0.25 (0.12, 0.46)	0.16 (0.03, 0.48)
Ohio	0.99 (0.53, 1.67)	0.49 (0.26, 0.84)	0.45 (0.22, 0.80)	0.30 (0.10, 0.68)
Oklahoma	0.90 (0.41, 1.73)	0.32 (0.16, 0.57)	0.43 (0.21, 0.76)	0.26 (0.07, 0.70)
Oregon	1.44 (0.72, 2.57)	0.36 (0.18, 0.65)	0.69 (0.34, 1.26)	0.47 (0.14, 1.15)
Pennsylvania	0.89 (0.48, 1.51)	0.46 (0.24, 0.79)	0.40 (0.21, 0.70)	0.22 (0.07, 0.52)
Rhode Island	0.84 (0.31, 1.72)	0.44 (0.24, 0.77)	0.44 (0.19, 0.78)	0.37 (0.09, 1.00)
South Carolina	0.99 (0.48, 1.84)	0.54 (0.29, 0.91)	0.51 (0.26, 0.92)	0.53 (0.19, 1.18)
South Dakota	0.58 (0.21, 1.31)	0.34 (0.17, 0.63)	0.24 (0.11, 0.46)	0.34 (0.08, 1.03)
Tennessee	0.70 (0.31, 1.30)	0.48 (0.25, 0.83)	0.54 (0.28, 0.93)	0.46 (0.17, 0.97)
Texas	1.13 (0.65, 1.81)	1.02 (0.56, 1.69)	0.83 (0.44, 1.43)	0.47 (0.19, 0.97)
Utah	1.05 (0.47, 1.97)	0.55 (0.27, 1.00)	0.55 (0.26, 1.02)	0.28 (0.07, 0.73)
Vermont	1.29 (0.46, 2.60)	0.76 (0.40, 1.31)	0.84 (0.39, 1.44)	0.47 (0.10, 1.34)
Virginia	1.56 (0.79, 2.73)	0.53 (0.28, 0.93)	0.45 (0.22, 0.82)	0.29 (0.09, 0.71)
Washington	1.44 (0.78, 2.42)	0.69 (0.37, 1.17)	0.71 (0.36, 1.26)	0.56 (0.21, 1.20)
West Virginia	1.23 (0.47, 2.47)	0.38 (0.16, 0.76)	0.46 (0.18, 0.98)	0.30 (0.06, 0.86)
Wisconsin	0.72 (0.34, 1.33)	0.38 (0.20, 0.65)	0.34 (0.17, 0.60)	0.35 (0.12, 0.84)
Wyoming	0.68 (0.22, 1.51)	0.31 (0.14, 0.61)	0.50 (0.22, 0.97)	0.15 (0.03, 0.48)

Note. Shown in alphabetical state order. LSD = lysergic acid diethylamide; Mescaline derivatives combined peyote, San Pedro, and synthetic mescaline data; DMT = N,N-dimethyltryptamine; CI = confidence interval.

Jump to maps of [LSD](#), [mescaline derivatives](#), [DMT](#), or [Salvia divinorum](#)

6.3 Illicit Ketamine, 5-MeO-DMT, and Ayahuasca

Table 5. State Prevalence Estimates Across Three Substance Groups, 2025

State	Illicit ketamine % (95% CI)	5-MeO-DMT % (95% CI)	Ayahuasca % (95% CI)
Alabama	0.33 (0.13, 0.69)	0.24 (0.04, 0.76)	0.28 (0.09, 0.70)
Alaska	0.28 (0.10, 0.63)	0.38 (0.02, 1.66)	0.40 (0.13, 0.96)
Arizona	0.25 (0.10, 0.51)	0.16 (0.03, 0.51)	0.09 (0.02, 0.26)
Arkansas	0.17 (0.06, 0.42)	0.17 (0.01, 0.73)	0.21 (0.05, 0.61)
California	0.50 (0.21, 0.98)	0.42 (0.16, 0.90)	0.26 (0.09, 0.59)
Colorado	0.56 (0.22, 1.18)	0.43 (0.11, 1.16)	0.14 (0.04, 0.39)
Connecticut	0.24 (0.10, 0.49)	0.11 (0.01, 0.48)	0.09 (0.02, 0.25)
Delaware	0.37 (0.16, 0.75)	3.27 (1.05, 7.30)	0.51 (0.19, 1.08)
District of Columbia	1.66 (0.61, 3.50)	0.48 (0.02, 2.28)	1.79 (0.53, 4.28)
Florida	0.28 (0.12, 0.58)	0.12 (0.03, 0.34)	0.50 (0.18, 1.11)
Georgia	0.26 (0.10, 0.55)	0.53 (0.16, 1.27)	0.67 (0.23, 1.51)
Hawaii	0.29 (0.10, 0.68)	0.15 (0.01, 0.76)	0.36 (0.11, 0.87)
Idaho	0.15 (0.06, 0.35)	0.09 (<0.01, 0.46)	0.07 (0.02, 0.19)
Illinois	0.57 (0.26, 1.09)	0.16 (0.03, 0.48)	0.30 (0.10, 0.70)
Indiana	0.30 (0.12, 0.60)	0.18 (0.03, 0.59)	0.13 (0.04, 0.32)
Iowa	0.30 (0.11, 0.62)	0.12 (0.01, 0.49)	0.15 (0.04, 0.38)
Kansas	0.31 (0.12, 0.67)	0.17 (0.01, 0.71)	0.15 (0.04, 0.41)
Kentucky	0.30 (0.10, 0.67)	0.14 (0.01, 0.56)	0.17 (0.05, 0.45)
Louisiana	0.52 (0.21, 1.08)	0.28 (0.04, 0.90)	0.30 (0.09, 0.74)
Maine	0.51 (0.19, 1.04)	1.48 (0.45, 3.31)	0.18 (0.04, 0.51)
Maryland	0.49 (0.20, 1.02)	0.20 (0.03, 0.66)	0.44 (0.15, 1.01)
Massachusetts	0.68 (0.31, 1.30)	0.07 (<0.01, 0.28)	0.14 (0.03, 0.37)
Michigan	0.52 (0.22, 1.04)	0.13 (0.02, 0.43)	0.16 (0.05, 0.40)
Minnesota	0.73(0.31, 1.45)	0.52 (0.14, 1.38)	0.27 (0.07, 0.68)
Mississippi	0.20 (0.07, 0.44)	0.12 (0.01, 0.54)	0.22 (0.06, 0.57)
Missouri	0.25 (0.10, 0.54)	0.11 (0.01, 0.39)	0.19 (0.05, 0.48)
Montana	0.35 (0.11, 0.83)	0.73 (0.12, 1.90)	1.20 (0.46, 2.27)
Nebraska	0.24 (0.10, 0.50)	0.12 (0.01, 0.57)	0.11 (0.03, 0.28)
Nevada	0.38 (0.15, 0.83)	0.45 (0.11, 1.18)	0.19 (0.05, 0.50)
New Hampshire	0.31 (0.12, 0.63)	0.10 (<0.01, 0.50)	0.10 (0.02, 0.29)
New Jersey	0.27 (0.11, 0.57)	0.64 (0.23, 1.43)	0.27 (0.09, 0.61)
New Mexico	0.22 (0.08, 0.50)	0.15 (0.01, 0.70)	0.07 (0.02, 0.18)
New York	0.74 (0.33, 1.45)	0.68 (0.28, 1.38)	0.58 (0.22, 1.20)
North Carolina	0.34 (0.14, 0.70)	0.42 (0.13, 1.02)	0.46 (0.16, 1.08)
North Dakota	0.30(0.12, 0.63)	0.16 (0.01, 0.82)	0.08 (0.02, 0.21)
Ohio	0.39 (0.16, 0.80)	0.12 (0.02, 0.38)	0.19 (0.06, 0.45)

State	Illicit ketamine % (95% CI)	5-MeO-DMT % (95% CI)	Ayahuasca % (95% CI)
Oklahoma	0.26 (0.10, 0.55)	0.45 (0.09, 1.32)	0.15 (0.05, 0.38)
Oregon	0.68 (0.27, 1.39)	0.56 (0.14, 1.48)	0.22 (0.06, 0.56)
Pennsylvania	0.29 (0.12, 0.60)	0.21 (0.05, 0.59)	0.27 (0.09, 0.63)
Rhode Island	0.50 (0.21, 1.03)	0.23 (0.01, 1.01)	0.14 (0.03, 0.38)
South Carolina	0.36 (0.15, 0.77)	0.99 (0.35, 2.20)	0.66 (0.27, 1.35)
South Dakota	0.18 (0.07, 0.40)	0.17 (0.01, 0.89)	0.10 (0.02, 0.28)
Tennessee	0.32 (0.12, 0.68)	0.37 (0.09, 1.01)	0.36 (0.12, 0.83)
Texas	0.36 (0.15, 0.73)	0.37 (0.13, 0.83)	0.43 (0.15, 0.97)
Utah	0.41 (0.15, 0.90)	0.12 (0.01, 0.54)	0.14 (0.03, 0.38)
Vermont	0.31 (0.13, 0.64)	0.63 (0.18, 1.59)	0.47 (0.16, 1.08)
Virginia	0.99 (0.39, 1.99)	0.24 (0.01, 1.18)	0.33 (0.08, 0.88)
Washington	0.90 (0.39, 1.91)	0.11 (0.01, 0.40)	0.27 (0.08, 0.66)
West Virginia	0.52 (0.17, 1.16)	0.18 (0.01, 0.92)	0.54 (0.15, 1.37)
Wisconsin	0.32 (0.13, 0.65)	0.25 (0.04, 0.82)	0.14 (0.04, 0.34)
Wyoming	0.17 (0.05, 0.40)	0.45 (0.02, 2.03)	0.27 (0.06, 0.78)

Note. Shown in alphabetical state order. 5-MeO-DMT = 5-methoxy-N,N dimethyltryptamine; CI = confidence interval.

Jump to maps of [illicit ketamine](#), [5-MeO-DMT](#), or [ayahuasca](#)

7. Reproducibility and Data Availability

Open science principles were followed, including pre-registration of studies and peer-reviewed publication of findings. Multiple types of validation and reliability are published in scientific literature. The “methods suite” of publications supports the overall target validity of the survey.^{1,2,16-18}

Data Availability

NSIHT microdata are not publicly available at this time but can be accessed under an approved request/data-use arrangement. Reach out for more information at info@rmpds.org.

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Use of Artificial Intelligence

Generative artificial intelligence (OpenAI ChatGPT 5-series model) was used to assist with the organization, synthesis, and drafting of this document from pre-existing NSIHT study documentation, protocols, reports, and scientific manuscripts. All methodological content, interpretations, and final language were reviewed and approved by the NSIHT study team. Artificial intelligence was not used to develop the study design, conduct statistical analyses, or generate study findings presented in this report.

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