RAND

Research Report

BEN SENATOR, MICHELLE PRIEST, BEAU KILMER

Public Opinion on Legalizing Psychedelics

The psychedelics policy landscape in the United States is rapidly changing.[1] Despite federal prohibition, three states have passed laws to legalize supervised psilocybin use. One of these states, Colorado, also allows adults to possess, grow, and share psilocybin, psilocin, DMT, ibogaine, and mescaline (excluding peyote). Other states have passed laws to create working groups to assess policy options. Politicians in multiple states have also introduced bills to legalize the supply of psychedelics, some including retail sales by profit-maximizing businesses (Kilmer et al., 2024). In addition, approximately 30 localities have deprioritized the enforcement of certain state psychedelics laws.[2]

KEY FINDINGS

- Support for the legal use of psilocybin mushrooms (23 percent) is much lower than it is for cannabis (65 percent). For LSD and MDMA, support for legal use is closer to 10 percent.
- Support for the legal use of psilocybin mushrooms is similar to what it was for cannabis in the mid-1990s—just before state medical cannabis laws started to be implemented. It is unclear whether psilocybin will follow a similar trajectory in terms of public opinion or policy changes.
- Of U.S. adults who have used psilocybin mushrooms, 62 percent support the legal use of psilocybin mushrooms. For comparison, 80 percent of U.S. adults who have used cannabis support its legal use.
- Moving beyond a simple "yes, no, or don't know" question provides richer information. Among those who endorse the legal use of psilocybin mushrooms, only 42 percent say that adults should be able to use them for any reason. Conversely, among those who say that the use of psilocybin mushrooms should be illegal, only 62 percent say that use should be illegal for any reason.
- When respondents were asked about reasons for allowing legal use, addressing a mental or physical health condition is the most endorsed reason for psilocybin, LSD, and MDMA.
- When respondents were asked where adults should get psilocybin mushrooms if they were legal, using them at a medical facility under supervision is the most endorsed option (49 percent). About 28 percent endorse getting psilocybin mushrooms from a dispensary, and 23 percent endorse allowing adults to grow or forage for personal use.

Abbreviations

CBD	cannabidiol
CI	confidence interval
DMT	N,N-dimethyltryptamine
LSD	lysergic acid diethylamide
MDMA	3,4-methylenedioxymethamphetamine
NSDUH	National Survey on Drug Use and Health
PTSD	posttraumatic stress disorder
RPS	RAND Psychedelics Survey

Questions remain about how the U.S. public feels about various policy alternatives governing the use and supply of psychedelic substances, especially because many surveys ask about policy preferences on all psychedelics together rather than asking about specific substances. For example, if individuals have different opinions about the legal status of LSD versus psilocybin mushrooms, how should researchers interpret those individuals' responses to broad questions about psychedelics policy? Using data from the probability-based and nationally representative 2025 RAND Psychedelics Survey (RPS), this report provides top-line public opinion results about specific psychedelic substances, what uses should be allowed, and how they should be supplied.

We structure this report as follows. First, we provide additional background about psychedelics policy changes and public opinion research on psychedelics policies. Then, we provide additional information about the 2025 RPS and how the probability-based sampling was implemented by NORC at the University of Chicago. Next, we present the top-line results, by substance, for a simple question about whether use should be legal. Then, we present the results from more-detailed questions about the reasons adults should be able to legally use psychedelic substances and sources of supply. In the final section, we provide our conclusions and offer ideas for future research.

Background

In this section, we describe state and local policy changes and highlight public opinion research on psychedelics policies. Similar to cannabis, many psychedelics are classified as Schedule I drugs under U.S. federal law. The federal government largely sat on the sidelines and did not block state-level efforts to legalize cannabis for nonmedical purposes and, so far, has not intervened in states that have legalized some form of supply for psychedelics (Teutsch, Hurd, and Boyle, 2024).[3]

State and Local Policy Changes

There have been important changes in state and local policies for psychedelics (Kilmer et al., 2024; Marks, 2023; Psychedelic Alpha, undated-b; Siegel et al., 2023), partially driven by renewed clinical research that has focused on the potential role of psychedelic substances for the treatment of mental health conditions, such as posttraumatic stress disorder (PTSD), substance use disorders, and treatment-resistant depression (Andrews et al., 2025; Lowe et al., 2021). Although these initiatives share a broad goal of reducing barriers to access and are often incorrectly described as "decriminalization" (Kilmer et al., 2024), there is important variation in the psychedelics policies that have been enacted by state and local governments in different parts of the United States.

Noteworthy changes to psychedelics policies began in 2019 with a local initiative in Denver, Colorado, in which voters narrowly passed an ordinance that requires the city's law enforcement to deprioritize enforcing laws that prohibited the possession and consumption of psilocybin (City and County of Denver, undated). This initiative was followed by more than two dozen other local-level reforms that similarly focused on deprioritizing the enforcement of laws regarding certain offenses related to psychedelics. Some initiatives go beyond deprioritizing laws concerning possession and use, such as laws that deprioritize enforcement against sharing, transferring, or distributing certain psychedelic substances (Kilmer et al., 2024). Some jurisdictions have also prohibited local law enforcement funds from being used to enforce laws concerning the possession of certain psychedelic substances.

In addition to these local-level initiatives, three major state-level psychedelics policy reforms have taken place in Oregon, Colorado, and New Mexico.

Oregon passed ballot initiative Measure 109, the Oregon Psilocybin Services Act (OPSA), in 2020 (Oregon Revised Statutes 475A, 2025). OPSA permits the use of psilocybin at state-licensed facilities by adults age 21 and older and makes a license provision under the Oregon Health Authority for a supply architecture (e.g., psilocybin manufacturers, laboratory testing facilities, service center facilities) and for facilitators (Rahmani et al., 2025). Oregon's psilocybin service centers began serving clients in summer 2023 (Oregon Health Authority, undated).

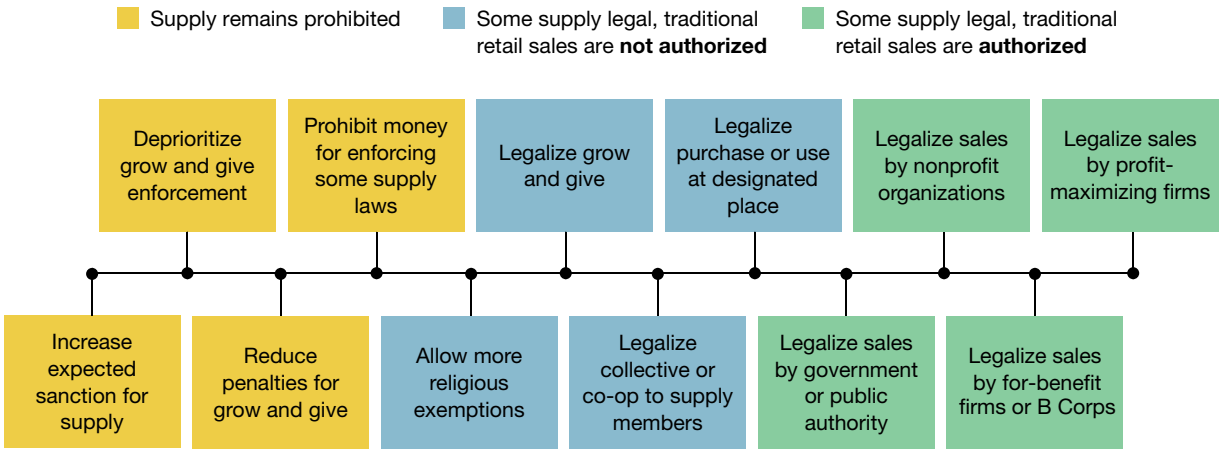
Colorado passed ballot initiative Proposition 122, the Natural Medicine Health Act, in 2022 (Colorado Proposition 122, 2022). The Natural Medicine Health Act required the state to establish the Natural Medicines Access program for supervised therapeutic psilocybin and psilocin consumption and included the legalization of possession, consumption, growth, and nontransactional sharing of psilocybin, psilocin, DMT from ayahuasca, ibogaine, and (non–peyote cactus-derived) mescaline (Kilmer et al., 2024).[4] Colorado issued the state's first healing center business license in spring 2025 (Colorado Department of Revenue, 2025).

New Mexico's governor signed Senate Bill 219, the Medical Psilocybin Act, in 2025, to be implemented no later than December 2027. The bill will see the establishment of a medical nonsynthetic psilocybin program for patients with qualifying conditions—such as PTSD, treatment-resistant depression, and substance use disorders—in addition to a psilocybin advisory board, treatment equity fund, and research program (New Mexico Senate Bill 219, 2025).

There are many possible alternatives to the traditional prohibition of psychedelics. As presented in Figure 1, these alternatives include increasing religious exemptions to legalizing nonprofit collectives or co-ops and licensing profit-maximizing businesses to sell psychedelics (Kilmer et al., 2024). Although no state has legalized psychedelics to be sold how adult-use cannabis is sold in many states, legislators in multiple states have introduced bills that would allow for the sale of psilocybin by profit-maximizing businesses. In addition, there are other psychedelic substances, such as *Amanita muscaria*, that are not prohibited at the federal or state levels—except in Louisiana (Louisiana State Act No. 159, 2005).

FIGURE 1

Alternatives to Traditional Supply Prohibition of Psychedelics (Outside of Being Administered or Prescribed by a Licensed Clinical Provider)



SOURCE: This figure was inspired by Caulkins et al. (2015) and previously published in Kilmer et al. (2024, p. xii).

NOTE: These supply options are not mutually exclusive and could vary by substance. The phrase *grow and give* includes foraging for small amounts. These alternatives to the prohibition of the supply of psychedelics are presented and discussed in detail in Chapter 4 of Kilmer et al. (2024).

Public Opinion on Psychedelics Policy Changes

Research indicates that public attitudes toward psychedelics in the United States may be changing. National polling data suggest that a majority of Americans support the therapeutic use of psychedelics: 72 percent favored legal access for therapeutic purposes in 2025, up from 61 percent in 2023 (UC Berkeley Center for the Science of Psychedelics, 2025).[5] Furthermore, a slim majority (51 percent) endorse the removal of criminal penalties for personal possession and use (UC Berkeley Center for the Science of Psychedelics, 2025). This endorsement may be particularly pronounced for natural substances, such as psilocybin mushrooms and ayahuasca, whereas attitudes toward synthetic substances, such as MDMA, may be more ambivalent (Biba and O'Shea, 2025; Kiniry et al., 2025; Syed et al., 2024), although this has not been confirmed in nationally representative surveys.

Some studies have examined potential drivers of favorable perceptions of psychedelic substances. Although the majority of the U.S. population reports having little knowledge or awareness of medical research regarding the use of psychedelic substances for the treatment of mental health disorders, those who report an awareness of the substances and their research base tend to have more-favorable attitudes towards use, including less-restrictive policies for use and access (Ipsos, 2025; Wells, Fernandes, and Reynolds, 2024). In experimental settings, there is evidence that exposure to information about potential therapeutic applications of psychedelics and the policy approaches in the United States may lead to an increase in bipartisan support of more-permissive psychedelics policies (Sandbrink et al., 2024). Other research has found that people who have used psychedelic substances demonstrate higher awareness of their therapeutic potential and tend to support less-restrictive policies and the implementation of regulated access models more strongly than those who have not used them (Ipsos, 2025; Kruger, Barron, et al., 2023; Kruger, Glynos, et al., 2023). Preferences for policy approaches also appear to be shaped by perceptions of drug use as a health issue and demographic factors, such as gender, religion, and political orientation (Dickson et al., 2025). Other suggested drivers of favorability for particular regulatory approaches, such as the legacy of historically disenfranchised groups favoring less-restrictive policies for punitive drug laws (Belouin et al., 2022), remain empirically untested.

More-granular research on the preferences of the U.S. population about psychedelics policies—such as supply architectures and permissible reasons for legal use—is limited. A 2025 poll suggested that the U.S. population more frequently supported the medical use of psychedelics (without substance-specific questions) as a permissible reason to legally use a psychedelic substance over nonmedical reasons—such as wellness, religious, and cultural reasons—and the removal of criminal penalties for possession rather than civil fines or legal retail options (Gustafson et al., 2025; Ipsos, 2025). Two polls concurred that just less than one-fifth of Americans oppose a form of medical access regime for psychedelics: Gustafson et al. found that 19 percent of Americans somewhat or strongly opposed "allowing medical professionals to use psychedelics as a therapy in a controlled medical setting" (Gustafson et al., 2025, p. 16), and a 2025 Ipsos poll found that 16 percent somewhat or strongly disapproved of psychedelics used "for medical use, only when prescribed by a health care practitioner and combined with mental health therapy" (Ipsos, 2025, p. 2).

A poll conducted in late 2025 found that Americans' awareness of psychedelics remains limited, and seven out of ten adults reported no exposure to media coverage on psychedelics in the past 90 days (Ipsos, 2026). When asked about their concerns and fears around the effects of psychedelic substances should they take one, psychological concerns (such as the possibility of an unpleasant experience) were more common than worries about physical harm. Notably, when asked where they would feel most comfortable taking psychedelics, the most preferred option was in medical settings (Ipsos, 2026), similar to findings in studies that suggest that controlled medical settings are among the more favored psychedelics supply frameworks (Gustafson et al., 2025).

Table 1 provides a comparison of three nationally representative surveys on psychedelics policy preferences with the RPS, which is the primary data

TABLE 1

Comparison of Recent Nationally Representative Surveys on Psychedelics Policy Preferences

Survey Source	Sample Size	Dates Fielded	Sampling Strategy
Ipsos (2025)	*N* = 1,034	May 16–18, 2025	Probability-based panel of U.S. adults age 18 and older
XandY (Gustafson et al., 2025)	*N* = 1,467	April 24–25, 2025	Census-weighted sample of U.S. adults age 18 and older
UC Berkeley Center for the Science of Psychedelics (2025)	*N* = 1,577	April 2025	Probability-based sample of registered U.S. voters
2025 RPS	*N* = 10,122	September 9–October 1, 2025	Probability-based panel of U.S. adult residents age 18 and older

source for the findings in this report. The 2025 RPS is discussed in more detail in the following "Data and Methods" section.

In the first three surveys listed in Table 1, the specific type of psychedelic substance was neither delineated in the survey questions that asked about policy preferences nor in the answer options for the respondents. Instead, the umbrella term *psychedelics* was used to refer to the various substances. The 2025 RPS differs from these surveys by explicitly delineating the psychedelic substances to the respondent and asking policy preference questions at only the level of the specific psychedelic substance. The 2025 RPS had no questions concerning any broad umbrella terms for psychedelic substances.

The lack of specificity about individual psychedelic substances in policy preference questions may mask a more accurate and more meaningful appraisal of the population's true policy preferences, leaving policymakers in the dark when facing regulatory decisions on their constituents' preferences. In sum, robust evidence on these preferences remains limited, particularly for policy options beyond the permittance of psychedelics-assisted therapy and less-prohibitive approaches, which underscores the need for nationally representative data to better understand the U.S. population's policy preferences on specific psychedelic substances.

Data and Methods

The RAND Psychedelics Survey

The RPS is a probability-based and nationally representative survey fielded to AmeriSpeak® panelists. Operated by NORC at the University of Chicago, AmeriSpeak is a panel designed to be representative of the U.S. household population. Randomly selected U.S. households are sampled using area probability- and address-based sampling, with a known, non-zero probability of selection from the NORC National Sample Frame. The panel provides sample coverage of approximately 97 percent of the U.S. household population. The AmeriSpeak sample has been used in other studies to generate nationally representative estimates in health research (e.g., Kennedy-Hendricks et al., 2024; McGinty et al., 2020; Miller et al., 2025; and Taylor et al., 2021).

In the 2025 wave of the RPS, conducted from September 9, 2025, through October 1, 2025, panelists age 18 and older were interviewed primarily online (97.3 percent), and the remainder completed the survey over the phone (2.7 percent). In total, 10,122 panelists completed the survey with validated responses. The weighted AAPOR RR3 at the household level for AmeriSpeak panel recruitment is 26.3 percent. A recruited household is a household in which at least one adult successfully completed the recruitment survey and joined the panel.

Survey data were collected by NORC and provided to RAND researchers for analysis. Weights were created to adjust for nonresponse to benchmarks of household-dwelling adults age 18 and older

in the United States from the March 2024 Current Population Survey (U.S. Census Bureau, 2025). The margin of error is ±1.33 percentage points, which accounts for design effects, including the variation of the final survey weights.

The survey questionnaire included questions about experiences with and economics of the use of various psychedelic substances and policy preferences related to specific substances. In this report, we focus on an analysis of a subset of the questions related to policy preferences among U.S. adults. The exact wording of each survey question and answer options are described in the context of the relevant figures and tables in the "Findings" section. Additional information about the data collection methods, including the design of the survey weights, is available on RAND's psychedelics topic webpage in the 2025 RPS Project Methods and Transparency Report (see NORC at the University of Chicago, 2025).

Analysis Methods

All analyses were conducted by RAND researchers in R version 4.4.1 using U.S. population weights created by NORC, unless otherwise noted. All results and figures presented in the main text of this report are estimates derived from survey responses weighted to be representative of the U.S. adult population. Results and figures in the main text of this report were created using complete-case analysis because the rates of missingness for the survey questions analyzed in this report are less than 2 percent. See Table A.5 in Appendix A for a full listing of missingness by survey question.

In this report, we use data from the 2025 RPS to report top-line results on policy preferences of U.S. adults (age 18 and older) related to specific psychedelic substances. Although we include a few tables with respondent characteristics, we plan to fully examine these relationships in future publications.

Findings

Gallup first asked the question "Do you think the use of marijuana should be legal, or not?" in 1969 and has been tracking responses to this question intermittently; the question has been asked annually since 2009 (Gallup, 2025).[6] The limits of asking such a broad question have been documented, but the question serves as a general bellwether about how the public feels about that substance (MacCoun and Reuter, 2001). That statistic is routinely cited by researchers, advocacy groups, and media outlets (e.g., Jackson and Schaeffer, 2025; Marijuana Policy Project, undated; Sabaghi, 2023). We included a similar question in the 2025 RPS about marijuana to provide a comparison with Gallup's results, which is shown in Table 2. However, marijuana is not considered a psychedelic substance in this report.

The available responses to that question in the 2025 RPS were "Yes, legal"; "No, not legal"; and "I don't know." The population-weighted estimates and confidence intervals (CIs) for this question in the 2025 RPS are shown in Table 2. A little less than two-thirds (64.6 percent) of the U.S. adult population are estimated to support the legal use of marijuana, while 22.6 percent are estimated to oppose legal use. The remaining 12.8 percent endorsed "I don't know."

TABLE 2
Comparison of Support for Legal Marijuana Use in the 2025 RPS and 2025 Gallup Poll

Responses	2025 RPS % [95% CI]	2025 Gallup Poll %
Yes, legal	64.6 [63.2, 66.0]	64
No, not legal	22.6 [21.3, 23.8]	33
I don't know (RPS) or No opinion (Gallup)	12.8 [11.7, 13.9]	2

SOURCES: Features data from Gallup (2025) and the 2025 RPS, which was collected in September 2025 and analyzed using population weights.

NOTE: Gallup lists the margin of sampling error as ±6 percentage points at the 95 percent confidence level for this data. Gallup's third answer option beyond yes or no is sometimes referred to as "No opinion" in their question documentation and sometimes referred to as "DK/Refused." The values in this table for the Gallup poll do not sum to 100 percent because of rounding.

For comparison, the 2025 Gallup poll estimated that 64 percent of the U.S. population supports the legal use of marijuana, as shown in Table 2. However, the 2025 RPS's findings differ from those of the Gallup poll regarding the estimated share of those who do not support the legal use of marijuana (33 percent in the Gallup polls versus 22.6 percent in the 2025 RPS) and the percentage of those who were unsure (2 percent in the Gallup poll versus 12.8 percent in the 2025 RPS). The data collection methods between both polls differed: The Gallup poll was conducted entirely by phone, whereas the 2025 RPS was administered online to most respondents, with only a small percentage interviewed by phone (2.7 percent). This difference may have made the "I don't know" option more explicit in the 2025 RPS compared with the "No opinion" option in the Gallup poll.

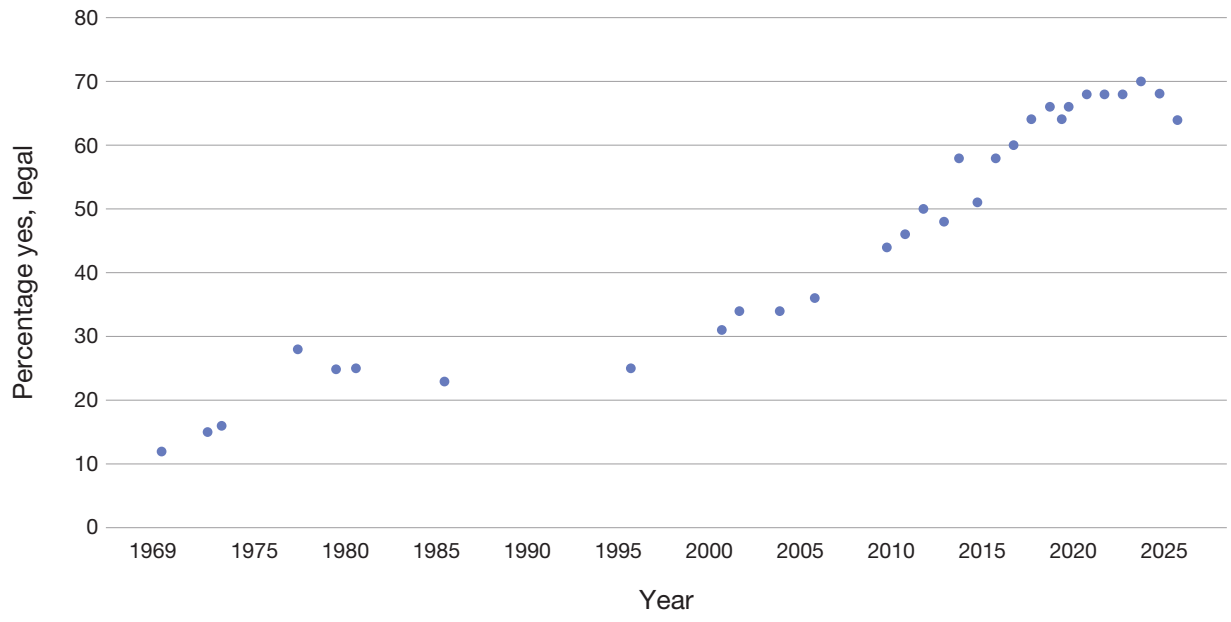
Gallup has published responses to that marijuana policy question intermittently since 1969, which are shown in Figure 2. Although there were few Gallup polls asking this question between 1977 and 1995, the data for this time period suggest that estimated support for the legal use of marijuana was relatively stable, before increasing in the 2000s.

After this question on the legal use of marijuana, we asked a series of questions with the same wording for four additional substances: psilocybin mushrooms ("magic mushrooms"), LSD ("acid"), MDMA ("ecstasy" or "Molly"), and cocaine (which is not a psychedelic substance). Cocaine was included to capture policy preferences on drugs that have a greater risk for addiction and a different harm profile than psychedelics. Weighted responses to this series of questions reflecting the U.S. adult population are shown in Figure 3. The underlying weighted estimates used to produce Figure 3 and their CIs are shown in Table A.1 in Appendix A.

The psychedelic substance that has the most public support for legal use was psilocybin mushrooms: An estimated 23.1 percent of U.S. adults support it. The other two psychedelic substances, LSD and MDMA, saw less than half the amount of support for legal use that psilocybin mushrooms received (9.9 percent and 9.2 percent, respectively). A little more than three-quarters of U.S. adults indicated that the use of LSD and MDMA should be illegal. U.S. adults appeared to show greater confidence in whether they supported the legal use of LSD and MDMA—lower percentages indicated "I don't know"

FIGURE 2

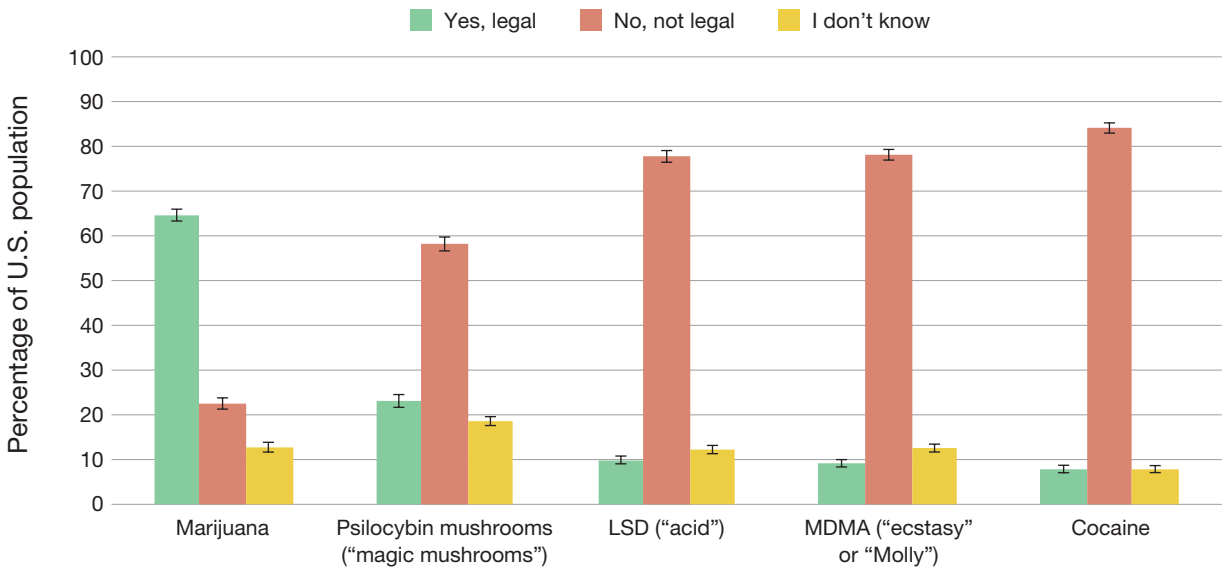
Support for the Legal Use of Marijuana in Gallup Surveys, 1969–2025



SOURCE: Features data from Gallup (2025).

FIGURE 3

Support for the Legal Use of Psychedelics, Marijuana, and Cocaine



SOURCE: Features data from the 2025 RPS using population weights.

NOTE: Marijuana and cocaine are shown for reference but are not included as psychedelic substances in this report. The underlying estimates and their CIs used to produce this figure are presented in Table A.1 in Appendix A.

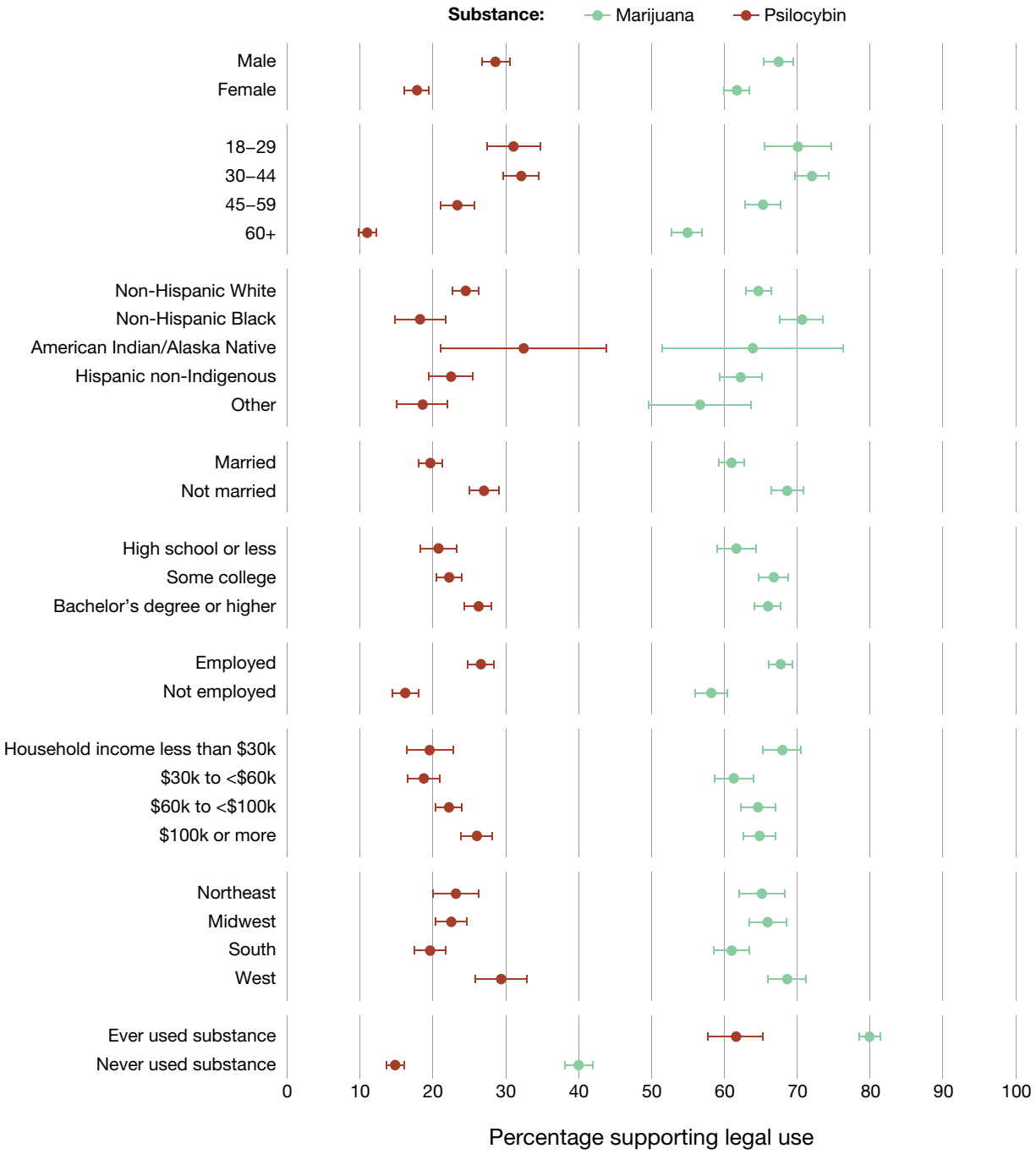
for these substances compared with psilocybin mushrooms. Cocaine saw the lowest support for legal use (7.9 percent).

Support for the legal use of psilocybin mushrooms and for marijuana are compared by demographic, socioeconomic, and lifetime substance use characteristics in Figure 4. Psilocybin mushrooms were selected as the psychedelic substance for this comparison because they have the highest estimated public support for legal use and because they are the psychedelic substance mentioned most commonly in proposed policy changes in the United States (Kilmer et al., 2024). Support for the legal use of marijuana (which is not considered a psychedelic in this report) is also shown in Figure 4 as a comparison of another federally controlled substance that has been the subject of significant policy change at the state level. The underlying estimates and corresponding CIs used to create Figure 4 are provided in Table A.2 in Appendix A. Estimates of support by lifetime use status are substance specific, meaning that each substance's support estimates are based only on respondents who reported lifetime use of that same substance (i.e., the estimated percentage of those supporting legal marijuana use is shown for those who reported lifetime use of marijuana, and the estimated percentage of those supporting legal psilocybin mushroom use is shown for those who reported lifetime use of psilocybin). Lifetime use of marijuana and of psilocybin were estimated with a complete-case analysis and are discussed in detail in Appendix B.

The percentage of males supporting legal use of psilocybin mushrooms (28.7 percent) was higher than that of females (17.8 percent). Support for the legal use of psilocybin mushrooms was strongest in the 18–29 and 30–44 age brackets (estimated at 31.1 percent and 32.1 percent, respectively) and declined for older age groups—an estimated 11.1 percent of those age 60 and older support legal use. A greater percentage of those who were employed (26.6 percent) was estimated to support the legal use of psilocybin mushrooms compared with those who were not employed (16.3 percent). Support for the legal use of psilocybin mushrooms was estimated to increase for individuals who were not married (27.1 percent) compared with those who were married (19.7 percent). Notably, endorsement of legal use was high among those who reported lifetime use of

FIGURE 4

Support for the Legal Use of Marijuana and Psilocybin Mushrooms, by Demographic and Lifetime Use Characteristics



SOURCE: Features data from the 2025 RPS using population weights.

NOTE: The underlying estimates and corresponding CIs used to create this figure are presented in Table A.2 in Appendix A. The percentage of legal use support for the "ever/never used substance" characteristics was substance specific (i.e., the percentage of those supporting legal marijuana use is shown for those who reported lifetime use of marijuana). Lifetime use was calculated via a complete-case analysis of responses to the following survey question: "Have you ever used any of these substances in your lifetime? Select yes for any substance you've ever used, even if you only tried it one time or it was many years ago." The response option for marijuana was phrased as "marijuana (also known as cannabis)—not including CBD-only products or delta-8 THC," and the option for psilocybin was phrased as "psilocybin mushrooms ('magic mushrooms') or synthetic psilocybin—not including *Amanita muscaria* 'fly agaric' mushrooms."

a substance: 80.0 percent of those who had ever used marijuana were estimated to support the legal use of marijuana, and 61.6 percent of those who had ever used psilocybin mushrooms were estimated to support legal use of psilocybin.

Following those broad questions about legal use, for each substance—psilocybin mushrooms, LSD, and MDMA—all respondents were asked, "For what reasons should adults be allowed to use [the substance]?" The response options were as follows:

- None, all uses should be illegal
- As part of traditional Indigenous practices
- For non-Indigenous religious/spiritual reasons
- To address a mental or physical health condition
- For fun or pleasure
- For any reason
- I'm not sure.

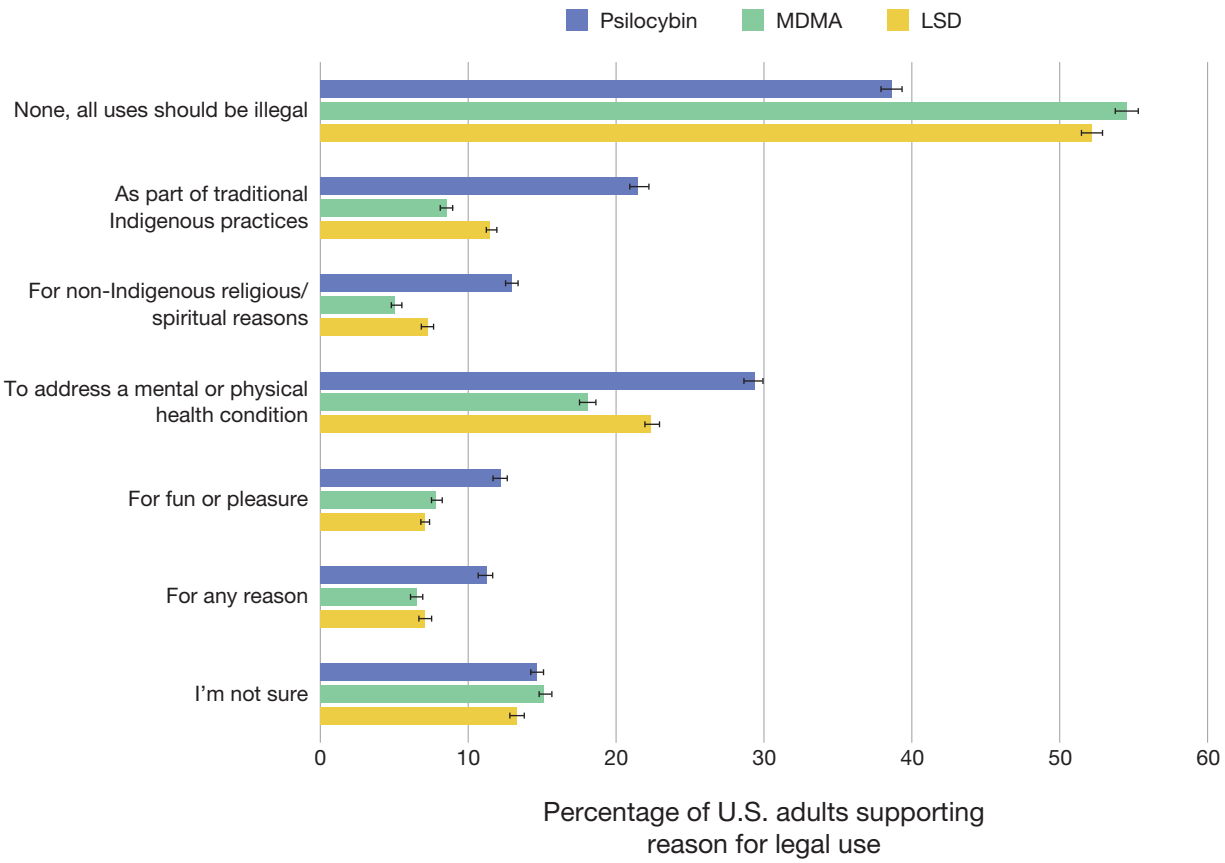
The "None, all uses should be illegal" and "I'm not sure" response options to this question were mutually exclusive from the other options, and respondents could choose one or more of the remaining options. The weighted percentage of U.S. adults who support a particular reason for legal use, by substance, is shown in Figure 5, and the underlying estimates and CIs are presented in Table A.3 in Appendix A. Some respondents are included in more than one category, so the percentages do not add up to 100 percent. For psilocybin mushrooms, an estimated 39.1 percent of U.S. adults selected the "None, all uses should be illegal" option, and an additional 14.9 percent selected the "I'm not sure" option. MDMA and LSD followed a similar pattern: An estimated 55.4 percent and 52.9 percent endorsed "None, all uses should be illegal," respectively, and 15.5 percent and 13.6 percent indicated that they were unsure, respectively. The remaining estimated percentage for each substance represents adults who chose one or more of the other reasons for legal use (46.0 percent for psilocybin mushrooms, 29.1 percent for MDMA, 33.5 percent for LSD) and are the focus of the results described in the following paragraph.

For all three substances, the "To address a mental or physical health condition" option had the most support among the reasons for use: Psilocybin mushrooms was 29.7 percent, LSD was 22.7 percent, and MDMA was 18.4 percent. A larger estimated proportion of U.S. adults supported all allowed reasons for using psilocybin mushrooms compared with LSD and MDMA. For example, 11.3 percent of U.S. adults were estimated to support allowing the use of psilocybin mushrooms for any reason, while 7.2 percent supported the use of LSD for any reason and 6.8 percent supported the use of MDMA for any reason. When comparing LSD with MDMA, a slightly larger estimated percentage of U.S. adults supported the use of LSD as part of traditional Indigenous practices (11.7 percent versus 8.7 percent), for non-Indigenous religious/spiritual reasons (7.4 percent versus 5.3 percent), and to address a mental or physical health condition (22.7 percent versus 18.4 percent).

Responses to the more nuanced question about allowed reasons for use can also be compared with the overall support for legal use. To explore whether those who oppose legal use more broadly (as shown in Figure 3) support legal use for some specific reasons (as shown in Figure 5), Table 3 provides a breakdown of overall legal use preference by support for various reasons for use of psilocybin mushrooms. Because each respondent could select one or multiple options for the reasons-for-use question, the percentages do not represent separate groups of people, and the percentages do not add up to 100 percent. Among those who supported legal use of psilocybin mushrooms when asked, "Do you think the use of psilocybin mushrooms should be legal or not?" only 42.3 percent said that adults should be able to use them *for any reason*. Conversely, among those who indicated that the use of psilocybin mushrooms should *not* be legal, only an estimated 61.6 percent indicated that *all uses* of psilocybin mushrooms should be illegal when asked a more nuanced question about allowed reasons for use. In this same group, an estimated 16.6 percent said that psilocybin mushroom use should be allowed to address a mental or physical health condition, and 12.2 percent were unsure about allowed reasons for use. Among the respondents who *were not sure* about supporting the general legal use of psilocybin mushrooms, an estimated 37.5 percent supported use to address a mental or physical health condition, and only 36.7 percent indicated that they were not sure about the allowed reasons for use.

FIGURE 5

Support for the Reasons That Adults Should Be Allowed to Use Psilocybin Mushrooms, MDMA, and LSD



SOURCE: Features data from the 2025 RPS using population weights.

NOTE: The "None, all uses should be illegal" and "I'm not sure" response options to this question were mutually exclusive from the other options, and respondents could choose one or more of the remaining options. Therefore, some respondents are included in more than one category, and the percentages do not add up to 100 percent. The underlying estimates and CIs are presented in Table A.3 in Appendix A.

Respondents were then asked about their preferences on supply options for psilocybin mushrooms, LSD, and MDMA. For each psychedelic substance, respondents were asked, "If [substance] were legally available to adults, how should they be able to get it?"[7] For each of the following supply options, respondents could select "Support," "Do not support," or "Not sure":

- (For only psilocybin mushrooms) Grow and give: Anyone can grow or forage for their own use and gift to other adults.
- Spiritual/religious group: From a church or other religious/spiritual organization.
- Non profit: From a co-op or other nonreligious community group.
- Retreat or wellness center: Taken at a state-approved center under supervision.
- Medical facility: Taken at a medical facility under supervision by a health care provider.
- Prescription: From a health care provider with a prescription to be taken at home.
- Government store: From a store run by the government that only sells psilocybin mushrooms (similar to liquor in some states).
- Dispensary: From a business that only sells psilocybin mushrooms (similar to cannabis in some states).

TABLE 3

Support for Reasons for Psilocybin Mushroom Use, by Overall Legal Use Preference

	Response Options		
Support for Reason for Use	Yes, legal % [95% CI]	No, not legal % [95% CI]	I don't know % [95% CI]
None, all uses should be illegal	4.0 [3.1, 5.1]	61.6 [59.8, 63.3]	12.0 [9.9, 14.5]
As part of traditional Indigenous practices	42.7 [40.3, 45.2]	12.3 [11.1, 13.5]	26.4 [23.8, 29.1]
For non-Indigenous religious/spiritual reasons	35.6 [32.9, 38.4]	3.8 [3.1, 4.5]	14.5 [12.6, 16.6]
To address a mental or physical health condition	56.3 [53.7, 58.9]	16.6 [15.3, 18.0]	37.5 [34.7, 40.4]
For fun or pleasure	38.7 [36.1, 41.3]	2.7 [2.2, 3.3]	9.7 [8.0, 11.6]
For any reason	42.3 [39.5, 45.1]	1.0 [0.8, 1.3]	5.4 [3.9, 7.3]
I'm not sure	3.8 [3.0, 4.9]	12.2 [11.4, 13.2]	36.7 [33.5, 40.1]

SOURCE: Features data from the 2025 RPS using population weights.

NOTE: This table shows responses to the following survey questions: "Do you think the use of psilocybin mushrooms should be legal, or not?" and "For what reasons should adults be allowed to use psilocybin mushrooms ('magic mushrooms')?" Results are shown as percentages weighted to represent the U.S. adult population, followed by 95 percent CIs in square brackets. The "None, all uses should be illegal" and "I'm not sure" response options were mutually exclusive from the other options, and respondents could choose one or more of the remaining options. Therefore, some respondents are included in more than one category, and the percentages do not add up to 100 percent.

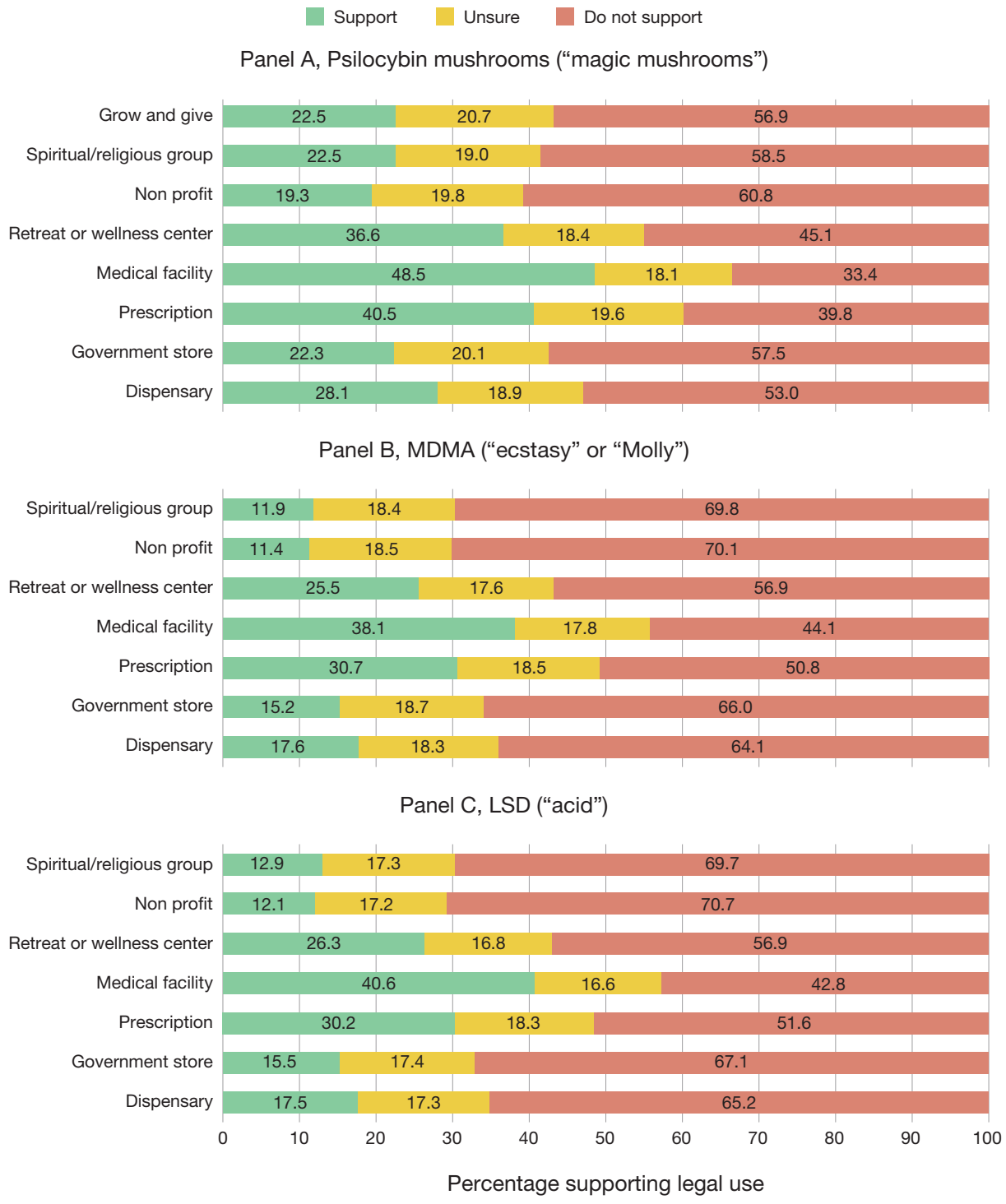
The distribution of U.S. adults who support, do not support, or are unsure about each supply method is shown, by substance, in Figure 6. The underlying estimates and corresponding CIs used to create Figure 6 are presented in Table A.4 in Appendix A. When asked separately about each substance, a larger share of U.S. adults supported every supply option for psilocybin mushrooms than the share who supported the corresponding supply option for LSD or MDMA. For all three substances, the highest estimated level of support among the supply options is for access to these substances in a medical facility, with psilocybin mushrooms at 48.5 percent, MDMA at 38.1 percent, and LSD at 40.6 percent. The estimated support for access in a medical facility is followed by access by prescription, with psilocybin mushrooms at 40.5 percent, MDMA at 30.7 percent, and LSD at 30.2 percent, and then in a retreat or wellness center, with psilocybin mushrooms at 36.6 percent, MDMA at 25.5 percent, and LSD at 26.3 percent. These findings are in line with the higher levels of estimated support for treatment of physical or mental health conditions shown previously in Figure 5.

Discussion

To the best of our knowledge, the 2025 RPS is the first probability-based and nationally representative survey to examine policy preferences for individual psychedelic substances rather than asking about the entire class of psychedelics. Among the three psychedelic substances that our policy questions focused on (psilocybin mushrooms, LSD, and MDMA), psilocybin mushrooms had the most support among U.S. adults when asked a simple question about its legality and when asked more-detailed questions about reasons for use and potential sources of supply. These findings may not be surprising considering that psilocybin mushrooms are the most-used psychedelic substance among U.S. adults (Priest et al., 2026). Among the three psychedelic substances that our policy questions focused on, psilocybin mushrooms are also the most commonly included psychedelic substances in state and local policy initiatives in the United States (Kilmer et al., 2024), as discussed in the "Background" section of this report.

FIGURE 6

Support for Where Adults Should Be Able to Get Psychedelic Substances



SOURCE: Features data from the 2025 RPS using population weights.

NOTE: Each respondent could support multiple options. Therefore, some respondents are included in more than one category, so the percentages do not add up to 100 percent. Underlying estimates and corresponding CIs are presented in Table A.4 in Appendix A.

About one-quarter of U.S. adults supported the legal use of psilocybin mushrooms as of 2025.

Our results for the public support of legal marijuana use specifically were nearly identical to Gallup's 2025 results on this subject. Our question had a different response method (primarily online versus Gallup's phone-based survey) and showed a larger percentage of U.S. adults who were unsure whether they supported the legal use of marijuana. Despite this difference among those who were unsure, the similarity of results for the support for legal use of marijuana lends confidence in our results concerning the percentage of U.S. adults who supported the legal use of psilocybin mushrooms, MDMA, and LSD.

We found that about one-quarter of U.S. adults supported the legal use of psilocybin mushrooms as of 2025. This result is close to the level of support that the Gallup survey found for the legal use of marijuana from about 1978 to 1995, after which public support for legal marijuana use increased (Gallup, 2025). This finding raises the possibility that the public opinion for the legal use of psilocybin mushrooms might similarly rise in the near term, as it did after 1995 for marijuana.

However, there are some reasons public opinion about the legal use of psilocybin mushrooms may not follow the same trajectory as marijuana. From 1995 to 2016, public support for legalizing marijuana rose in tandem with support for same-sex marriage (Kilmer and MacCoun, 2017). This suggests that both shifts may have been driven by broader, time-specific increases in socially liberal attitudes rather than by issue-specific factors. If that period reflected a unique generational or cultural moment, the same underlying forces might not be present in the near term.

U.S. adults had the highest support for the legal use of psilocybin mushrooms, MDMA, and LSD to treat mental or physical health conditions. For all three substances, they favored use in medical facilities, followed by access through prescriptions and at retreat or wellness centers. These preferences align with state policies in Oregon, Colorado, and New Mexico, which allow supervised use of psilocybin. One exception is the relatively low support for the grow and give option for psilocybin mushrooms, despite its inclusion in Colorado's policy. Taken together, this finding suggests that public support for legal psilocybin mushroom use may be more closely tied to medical and therapeutic use than use for any other reasons.

Furthermore, we have shown that simple questions about whether the use of substances should be legal or not may mask important variation in policy preferences. For example, when asked the simple legal-or-not question, an estimated 58 percent of all U.S. adults said that the use of psilocybin mushrooms should be illegal in general. However, when asked a more detailed question about allowed reasons for use, only an estimated 39 percent of all U.S. adults said that psilocybin mushrooms should be illegal for any reason.

Limitations

There are a few limitations to this study and its findings. One limitation is that, because of survey length constraints, we were not able to ask about policy preferences for all psychedelic substances. Additionally, for the psychedelics we asked about, we were not able to ask about all types of policy options.

Another limitation of this analysis is the inability to infer accurate estimates for policy preferences among those identifying as American Indian or Alaska Native and to compare members of these groups with others. This issue stems from the relatively small sample of Indigenous individuals in the underlying panel of respondents. Because of the long history of use of some psychedelic compounds in some Indigenous communities and cultures, this group may deviate from others on the survey questions analyzed in this report. Future research on policy preferences should consider methods to

respectfully examine policy preferences among the less numerous, but important, Indigenous populations of the United States.[8]

Future Research

There are several additional avenues for future research that follow from this study. One is to further investigate the motivation behind policy preferences that vary by substance. For example, policy preferences may be influenced by the fact that psilocybin mushrooms are naturally occurring, whereas LSD and MDMA are synthetic substances. Assessing whether people know the penalties for psychedelics offenses in their state would also be useful, as previous research on marijuana suggests that there is a lot of confusion about this topic (MacCoun et al., 2009).

Another area for future research is to investigate preferences for other alternatives beyond the supply options we focused on in this report and the 2025 RPS. Moreover, future research should consider investigating the preferences for policies that do not concern supply at all. For example, we did not ask about preferences on policies that deprioritize the enforcement of certain laws about psychedelics or that make possession a noncriminal offense. Investigating these non-supply-focused policies would offer a more comprehensive understanding of how U.S. adults think about the broader landscape of psychedelics regulation and reform.

Simple questions about whether the use of substances should be legal or not can mask important variation in policy preferences.

APPENDIX A

Supplementary Tables

In this appendix, Tables A.1 through A.5 present the underlying weighted estimates used to produce the figures in this report, their CIs, and missing-value percentages.

TABLE A.1

Responses to Survey Questions About Support for the Legality of Substances

	Response Options		
Substance	Yes, legal % [95% CI]	No, not legal % [95% CI]	I don't know % [95% CI]
Marijuana	64.6 [63.2, 66.0]	22.6 [21.3, 23.8]	12.8 [11.7, 13.9]
Psilocybin mushrooms ("magic mushrooms")	23.1 [21.7, 24.6]	58.2 [56.7, 59.8]	18.6 [17.6, 19.6]
LSD ("acid")	9.9 [9.0, 10.8]	77.8 [76.5, 79.1]	12.3 [11.4, 13.2]
MDMA ("ecstasy" or "Molly")	9.2 [8.4, 10.1]	78.1 [76.9, 79.3]	12.6 [11.7, 13.5]
Cocaine	8.0 [7.1, 8.8]	84.1 [83.0, 85.3]	7.9 [7.1, 8.7]

SOURCE: Features data from the 2025 RPS using population weights.

NOTE: This table shows responses to the following survey question: "Do you think the use of [substance] should be legal or, not?" Numbers are weighted percentages, followed by 95 percent CIs in square brackets. The values in this table may not always sum to 100 percent because of rounding.

TABLE A.2

Support for the Legal Use of Marijuana and Psilocybin Mushrooms, by Demographic Characteristics

	Marijuana			Psilocybin Mushrooms		
Demographic Characteristic	**Yes, legal % [95% CI]**	**No, not legal % [95% CI]**	**I don't know % [95% CI]**	**Yes, legal % [95% CI]**	**No, not legal % [95% CI]**	**I don't know % [95% CI]**
Sex						
Female	61.8 [60.1, 63.5]	23.8 [22.1, 25.4]	14.4 [13.2, 15.7]	17.8 [16.1, 19.5]	63.3 [61.5, 65.1]	18.9 [17.5, 20.4]
Male	67.5 [65.5, 69.6]	21.3 [19.5, 23.2]	11.1 [9.5, 12.8]	28.7 [26.9, 30.6]	52.9 [51.0, 54.9]	18.3 [17.1, 19.5]
Age						
18–29	70.1 [65.5, 74.7]	15.6 [12.5, 18.7]	14.3 [10.4, 18.2]	31.1 [27.4, 34.7]	49.5 [45.0, 54.0]	19.4 [16.3, 22.5]
30–44	72.1 [69.7, 74.4]	16.4 [14.3, 18.4]	11.6 [10.2, 12.9]	32.1 [29.8, 34.5]	48.7 [46.4, 51.0]	19.2 [17.3, 21.0]
45–59	65.3 [62.9, 67.8]	23.7 [21.1, 26.2]	11.0 [9.4, 12.6]	23.4 [21.1, 25.7]	60.4 [57.9, 62.8]	16.2 [14.3, 18.1]
60 and older	55.0 [52.9, 57.1]	30.9 [28.9, 32.8]	14.1 [12.6, 15.7]	11.1 [9.8, 12.4]	69.4 [67.6, 71.3]	19.5 [17.9, 21.0]
Race						
Non-Hispanic White	64.8 [63.1, 66.5]	23.4 [22.0, 24.8]	11.8 [10.5, 13.2]	24.6 [22.8, 26.3]	57.4 [55.7, 59.1]	18.1 [16.8, 19.4]
Non-Hispanic Black	70.7 [67.7, 73.6]	14.9 [12.2, 17.6]	14.4 [11.4, 17.4]	18.3 [14.9, 21.7]	61.5 [57.7, 65.3]	20.2 [17.4, 23.1]
American Indian or Alaska Native	64.0 [51.5, 74.4]	19.1 [12.8, 25.3]	16.9 [3.8, 30.1]	32.5 [21.1, 43.9]	48.7 [37.7, 59.7]	18.8 [10.4, 27.2]
Hispanic non-Indigenous	62.3 [59.4, 65.2]	24.0 [21.6, 26.5]	13.7 [11.6, 15.8]	22.6 [19.6, 25.6]	58.9 [55.8, 62.0]	18.6 [16.1, 21.2]
Other	56.7 [49.7, 63.7]	27.1 [20.5, 33.6]	16.2 [11.5, 20.1]	18.6 [15.1, 22.1]	60.1 [54.8, 65.5]	21.3 [16.3, 26.2]
Marital status						
Married	61.1 [59.3, 62.8]	26.5 [25.0, 28.1]	12.4 [11.2, 13.5]	19.7 [18.1, 21.3]	62.4 [60.8, 64.0]	17.9 [16.7, 19.1]
Not married	68.7 [66.4, 70.9]	18.0 [16.4, 19.6]	13.3 [11.2, 15.4]	27.1 [25.1, 29.1]	53.3 [51.1, 55.6]	19.5 [18.0, 21.1]
Education						
Bachelor's degree or higher	66.0 [64.2, 67.8]	23.0 [21.3, 24.7]	11.0 [9.9, 12.0]	26.2 [24.3, 28.2]	54.3 [52.2, 56.3]	19.5 [17.9, 21.1]
Some college	66.8 [64.8, 68.8]	21.9 [20.3, 23.4]	11.3 [9.9, 12.7]	22.3 [20.5, 24.0]	58.2 [55.9, 60.6]	19.5 [18.0, 21.0]
High school or less	61.7 [59.0, 64.4]	22.7 [20.2, 25.1]	15.6 [13.0, 18.3]	20.8 [18.3, 23.3]	62.0 [59.1, 64.8]	17.2 [15.1, 19.4]

Table A.2—Continued

Demographic Characteristic	Marijuana			Psilocybin Mushrooms		
	Yes, legal % [95% CI]	No, not legal % [95% CI]	I don't know % [95% CI]	Yes, legal % [95% CI]	No, not legal % [95% CI]	I don't know % [95% CI]
Employment status						
Employed	67.8 [66.2, 69.4]	20.2 [18.7, 21.7]	12.0 [10.7, 13.2]	26.6 [24.8, 28.4]	55.2 [53.2, 57.2]	18.2 [17.0, 19.4]
Not employed	58.3 [56.1, 60.4]	27.2 [25.2, 29.2]	14.5 [12.7, 16.4]	16.3 [14.5, 18.0]	64.2 [62.0, 66.3]	19.5 [17.9, 21.1]
Income						
Less than $30k	68.0 [65.4, 70.6]	18.5 [16.4, 20.6]	13.5 [11.6, 15.5]	19.6 [16.4, 22.8]	61.0 [57.9, 64.2]	19.4 [17.2, 21.5]
$30k to <$60k	61.4 [58.7, 64.0]	23.7 [21.1, 26.2]	15.0 [12.9, 17.1]	18.8 [16.6, 21.0]	61.3 [58.4, 64.1]	19.9 [17.8, 22.1]
$60k to <$100k	64.7 [62.3, 67.1]	22.5 [20.0, 24.9]	12.8 [11.1, 14.6]	22.2 [20.4, 24.0]	59.4 [57.2, 61.7]	18.4 [16.5, 20.2]
$100k and more	64.9 [62.7, 67.0]	23.3 [21.5, 25.1]	11.9 [10.2, 13.5]	26.1 [23.9, 28.2]	55.8 [53.4, 58.3]	18.1 [16.6, 19.6]
Region						
Northeast	65.2 [62.1, 68.3]	24.0 [21.5, 26.6]	10.8 [8.9, 12.6]	23.2 [20.0, 26.4]	59.7 [55.9, 63.5]	17.1 [14.7, 19.4]
Midwest	66.0 [63.5, 68.6]	21.9 [19.1, 24.6]	12.1 [10.0, 14.2]	22.5 [20.4, 24.7]	58.5 [55.9, 61.2]	18.9 [17.4, 20.4]
South	61.1 [58.6, 63.6]	23.9 [22.1, 25.7]	15.0 [12.7, 17.2]	19.6 [17.5, 21.8]	61.8 [59.4, 64.3]	18.5 [17.0, 20.1]
West	68.6 [66.0, 71.3]	19.9 [17.0, 22.9]	11.5 [9.9, 13.0]	29.4 [25.8, 32.9]	50.9 [47.2, 54.6]	19.7 [17.2, 22.3]
Lifetime use						
Ever used substance	80.0 [87.6, 81.4]	11.7 [10.4, 13.0]	8.3 [7.3, 9.2]	61.6 [57.9, 65.4]	22.7 [19.9, 25.5]	15.7 [12.8, 18.5]
Never used substance	40.0 [38.1, 42.0]	39.8 [37.7, 41.9]	20.2 [18.2, 22.1]	14.9 [13.7, 16.1]	65.8 [64.3, 67.3]	19.3 [18.3, 20.3]

SOURCE: Features data from the 2025 RPS using population weights.

NOTE: Numbers are weighted percentages, followed by 95 percent CIs in square brackets. The values in this table may not always sum to 100 percent because of rounding.

TABLE A.3

Support for the Reasons That Adults Should Be Allowed to Use Psilocybin Mushrooms, MDMA, and LSD, by Reason and Substance

Reason for Use	Psilocybin Mushrooms % [95% CI]	MDMA % [95% CI]	LSD % [95% CI]
None, all uses should be illegal	39.1 [37.6, 40.5]	55.4 [53.9, 56.9]	52.9 [51.6, 54.2]
As part of traditional Indigenous practices	21.9 [20.7, 23.1]	8.7 [8.0, 9.4]	11.7 [10.9, 12.6]
For non-Indigenous religious or spiritual reasons	13.2 [12.3, 14.0]	5.3 [4.7, 5.9]	7.4 [6.7, 8.2]
To address a mental or physical health condition	29.7 [28.5, 30.1]	18.4 [17.3, 19.5]	22.7 [21.7, 23.8]
For fun or pleasure	12.3 [11.4, 13.2]	8.0 [7.3, 8.8]	7.2 [6.5, 7.9]
For any reason	11.3 [10.4, 12.2]	6.8 [6.0, 7.5]	7.2 [6.5, 8.0]
I'm not sure	14.9 [14.0, 15.7]	15.5 [14.7, 16.3]	13.6 [12.7, 14.5]

SOURCE: Features data from the 2025 RPS using population weights.

NOTE: Results are shown as percentages weighted to represent the U.S. adult population, followed by 95 percent CIs in square brackets. The reasons-for-use survey questions were multiple choice, meaning that respondents who indicated "None, all uses should be illegal" or "I'm not sure" could select more than one response. The "None, all uses should be illegal" and "I'm not sure" response options to this question were mutually exclusive from the other options, and respondents could choose one or more of the remaining options. Because each respondent could select one or multiple options, the percentages do not represent separate groups of people. Some respondents are included in more than one category, so the percentages do not add up to 100 percent.

TABLE A.4

Responses to Survey Questions About the Supply Options for Psychedelic Substances If Legally Available to Adults

Substance and Supply Options	Support % [95% CI]	Do Not Support % [95% CI]	Not Sure % [95% CI]
Psilocybin mushrooms			
Grow and give	22.5 [21.3, 23.6]	56.9 [55.3, 58.5]	20.7 [19.4, 21.9]
Spiritual/religious group	22.5 [21.2, 23.7]	58.5 [57.0, 60.1]	19.0 [17.8, 20.2]
Non profit	19.3 [18.2, 20.5]	60.8 [59.2, 62.4]	19.8 [18.7, 21.0]
Retreat or wellness center	36.6 [35.2, 37.9]	45.1 [43.5, 46.6]	18.4 [17.1, 19.6]
Medical facility	48.5 [47.2, 49.9]	33.4 [32.0, 34.8]	18.1 [17.0, 19.1]
Prescription	40.5 [39.3, 41.8]	39.8 [38.5, 41.2]	19.6 [18.4, 20.9]
Government store	22.3 [21.1, 23.5]	57.5 [56.2, 58.9]	20.1 [19.0, 21.3]
Dispensary	28.1 [26.9, 29.3]	53.0 [51.5, 54.4]	18.9 [17.8, 20.0]
MDMA			
Spiritual/religious group	11.9 [10.9, 12.8]	69.8 [68.5, 71.0]	18.4 [17.4, 19.4]
Non profit	11.4 [10.5, 12.2]	70.1 [68.7, 71.5]	18.5 [17.6, 19.5]
Retreat or wellness center	25.5 [24.2, 26.8]	56.9 [55.5, 58.3]	17.6 [16.6, 18.5]
Medical facility	38.1 [36.7, 39.4]	44.1 [42.8, 45.5]	17.8 [16.8, 18.8]
Prescription	30.7 [29.4, 31.9]	50.8 [49.3, 52.3]	18.5 [17.6, 19.5]
Government store	15.2 [14.2, 16.3]	66.0 [64.7, 67.4]	18.7 [17.7, 19.8]
Dispensary	17.6 [16.5, 18.7]	64.1 [62.5, 65.6]	18.3 [17.2, 19.4]

Table A.4—Continued

Substance and Supply Options	Support % [95% CI]	Do Not Support % [95% CI]	Not Sure % [95% CI]
LSD			
Spiritual/religious group	12.9 [12.0, 13.9]	69.7 [68.5. 71.0]	17.3 [16.4, 18.3]
Non profit	12.1 [11.1, 13.0]	70.7 [69.3, 72.0]	17.2 [16.3, 18.2]
Retreat or wellness center	26.3 [25.1, 27.5]	56.9 [55.4, 58.4]	16.8 [15.7, 17.9]
Medical facility	40.6 [39.2, 41.9]	42.8 [41.5, 44.1]	16.6 [15.7, 17.6]
Prescription	30.2 [29.1, 31.3]	51.6 [50.3, 52.8]	18.3 [17.3, 19.2]
Government store	15.5 [14.4, 16.6]	67.1 [65.6, 68.6]	17.4 [16.3, 18.4]
Dispensary	17.5 [16.4, 18.6]	65.2 [63.7, 66.6]	17.3 [16.3, 18.4]

SOURCE: Features data from the 2025 RPS using population weights.

NOTE: This table shows responses to the following survey question: "If [substance] were legally available to adults, where should they be able to get them/it?" Results are shown as percentages weighted to represent the U.S. adult population, followed by 95 percent CIs in square brackets. Each respondent could support multiple options. Some respondents are included in more than one category, so the percentages do not add up to 100 percent.

TABLE A.5

Missing Values on Key Survey Questions Used in This Report

Variable	Percentage Missing (Unweighted)
Support for legalizing use of controlled substances	
Marijuana	0.1
Psilocybin mushrooms	1.4
LSD	1.7
MDMA	1.7
Cocaine	1.8
Support for reasons adults should be allowed to use substances	
Psilocybin mushrooms	1.0
LSD	1.2
MDMA	1.3
Support for where adults should be able to get psychedelic substances	
Psilocybin mushrooms	
Grow and give	1.0
Spiritual/religious group	1.1
Non profit	1.3
Retreat or wellness center	1.3
Medical facility	1.2
Prescription	1.2

Table A.5—Continued

Variable	Percentage Missing (Unweighted)
Government store	1.3
Dispensary	1.6
MDMA	
Spiritual/religious group	1.1
Non profit	1.2
Retreat or wellness center	1.3
Medical facility	1.2
Prescription	1.3
Government store	1.4
Dispensary	1.8
LSD	
Spiritual/religious group	1.1
Non profit	1.3
Retreat or wellness center	1.2
Medical facility	1.1
Prescription	1.3
Government store	1.6
Dispensary	1.9

SOURCE: Features unweighted data from the 2025 RPS.

APPENDIX B

Lifetime Prevalence of Marijuana and Psilocybin for U.S. Adults in 2025

For the 2025 RPS, the weighted lifetime prevalence estimates for marijuana and psilocybin for those age 18 and older are 61.6 percent and 17.5 percent, respectively.[6] These estimates are higher than the rates produced from other nationally representative surveys conducted in 2023 and 2024 (Figure B.1). In this appendix, we explore the plausibility of these higher estimates of lifetime use measured by the 2025 RPS.

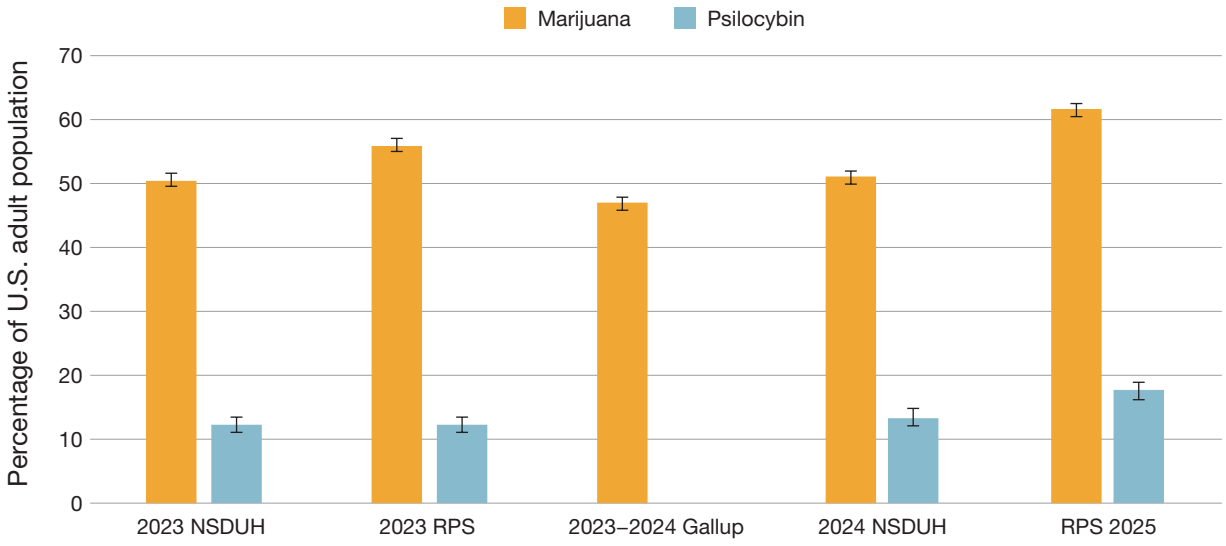
This increase in lifetime prevalence would make sense if use of marijuana and of psilocybin have increased. However, we must be very careful about making comparisons across these surveys given differences in the survey methods and wording of questions. There is also a possibility that respondents are more honest when answering questions from a known entity that repeatedly surveys them (e.g., NORC's AmeriSpeak panel) than taking a one-off survey with an unfamiliar or less familiar organization.

It is especially hard to figure out what is happening with marijuana given differences in the wording of questions and how respondents may classify their use of intoxicating hemp products. For example, if someone consumes a hemp-based delta-9 THC seltzer water purchased from a grocery store, will they endorse using marijuana (or cannabis) on a survey? The 2024 National Survey on Drug Use and Health (NSDUH) questionnaire first asks respondents about their lifetime use of cannabidiol (CBD) or hemp products prior to asking about "marijuana and cannabis products," explaining that CBD and hemp products have no or small amounts of THC, are not intended to cause a high, come in various forms (including oils, lotions, edibles, and isolates), and are sometimes used to relieve pain, reduce anxiety, or help with sleep. Regarding marijuana and cannabis products, respondents are asked to exclude their use of CBD or hemp products. These questions still leave some products, such as hemp-derived delta-9 THC drinks and gummies, in a gray area for survey respondents.

The 2025 RPS makes a distinction in question wording for the legal use of marijuana with three categories of related substances: (1) marijuana (also known as cannabis), not including CBD-only products or delta-8 THC; (2) delta-8 THC, not including CBD-only products; and (3) CBD-only products. The 2025 RPS lifetime-prevalence rate for marijuana

FIGURE B.1

Lifetime Use of Marijuana and Psilocybin, by Substance, Survey, and Year



SOURCES: Features data from Center for Behavioral Health Statistics and Quality, 2025a; Kilmer et al., 2024; Gallup, 2024; Center for Behavioral Health Statistics and Quality, 2025b; and the 2025 RPS.

discussed in this report includes only respondents who endorsed the first option in the list: marijuana (also known as cannabis), not including CBD-only products or delta-8 THC.

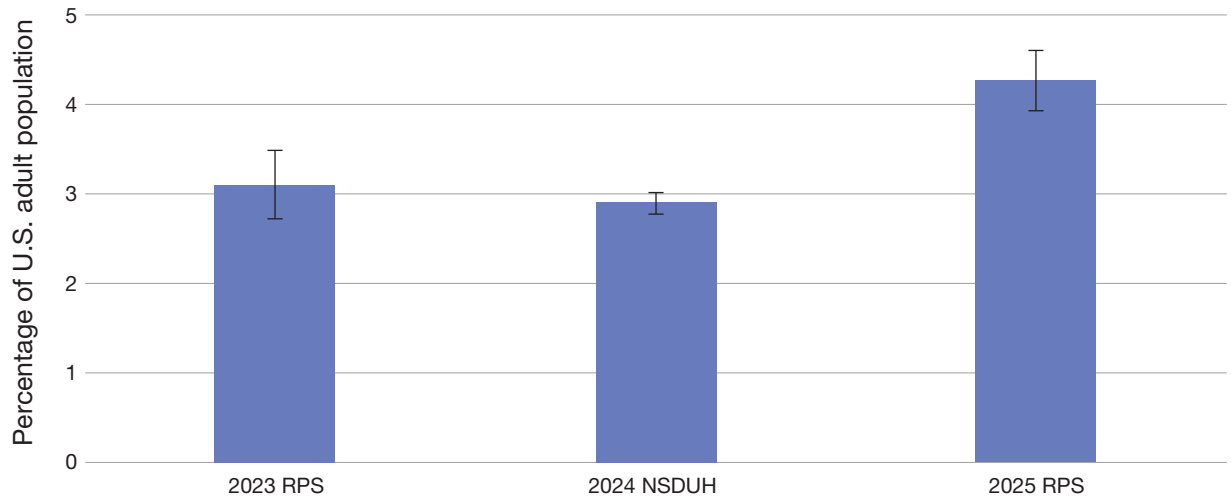
For psilocybin, the weighted lifetime-use estimates from the 2023 RPS, 2023 NSDUH questionnaire, and 2024 NSDUH questionnaire are fairly similar (12 to 13 percent). But the weighted RPS 2025 estimate of 17.5 percent is higher. To show supporting evidence of the possibility that this difference may reflect an increase in use, we present Figure B.2, which shows the weighted past-year psilocybin-use estimates from both RPS waves and the 2024 NSDUH questionnaire (NSDUH did not include information about past-year psilocybin-use until 2024). That figure shows past-year use estimates for the 2023 RPS (3.1 percent, with a 95 percent CI of 2.4, 3.9), the 2024 NSDUH (2.9 percent, with a 95 percent CI of 2.7, 3.1), and 2025 RPS (4.3 percent, with a 95 percent CI of 3.6, 4.9), which indicates an increase in past-year psilocybin prevalence in the RPS waves. However, the estimated increase in past-year psilocybin use between 2023 and 2025 cannot by itself explain the >4 percentage point increase in *lifetime* prevalence observed. This suggests that factors other than new use, such as the design differences among surveys noted previously, may contribute to the higher 2025 lifetime-use estimates. The 2023 and 2025 RPS waves were not identical, and design differences could also partially explain the observed differences.

Another possibility is that between December 2023 and September 2025 (the two RPS waves), the stigma associated with psilocybin decreased, and people were more likely to report use honestly. Because the RPS is based on NORC's AmeriSpeak panel, which surveys the same panelists multiple times, there are some respondents who participated in both waves of the RPS. Of the 4,255 respondents in the 2023 RPS, nearly one-half (2,043) also participated in the 2025 wave. There are some differences in the characteristics of those who participated in both waves versus those who participated in only 2023; the former group had statistically significantly lower rates of postgraduate and college education, a higher male percentage, and more-minor differences by race or ethnicity and the method of survey completion (online or over the phone).[9] Thus, we need to be careful about making strong inferences about this group; however, the data suggest that a noteworthy share of respondents may have been more willing to report use that happened previous to the 2023 survey in 2025 when compared with lifetime use reported in 2023.

To compare those respondents' answers with questions concerning their psilocybin use across

FIGURE B.2

Past-Year Psilocybin Use for Those Age 18 and Older, by Survey and Year



SOURCES: Features data from Kilmer et al., 2024; Center for Behavioral Health Statistics and Quality, 2025a; and the 2025 RPS.

both years, we looked at their unweighted 2025 RPS responses in which all respondents were asked whether they had ever used psilocybin in their lifetime, with the option to say yes or no.[10] For those who responded yes, we asked about the last time they used psilocybin: "In the past 30 days," "In the past year but not within the past 30 days," "A year or more ago," or "I don't remember." For those reporting using a year or more ago, they were asked an additional question about the last time they used: "1–2 years ago," "3–5 years ago," "6–10 years ago," "More than 10 years ago," or "I don't remember." We looked at the unique groups of psilocybin-use patterns in 2025 stratified by how respondents reported their lifetime use in 2023 (never used or lifetime use). The result of this aggregation of lifetime psilocybin use in 2025 against their lifetime-use response in 2023 is presented in Table B.1. The percentages shown in Table B.1 are unweighted.

For the 2,043 respondents, the unweighted lifetime psilocybin prevalence in 2023 was 13.3 percent; for 2025, the prevalence increased to 20.4 percent. Some respondents used psilocybin for the first time between waves, so we would expect the rate to increase. However, Table B.1 shows that there is also a large share of respondents who reported no lifetime use in 2023 but reported that their last use was more than three years ago in the 2025 wave (n = 81), and more than two-thirds reported using more than ten years ago (not shown in Table B.1 for brevity). An additional 23 respondents reported no lifetime use in 2023 but reported that, although they had used in their lifetime in 2025, they did not remember when they last used (or skipped this recency-of-last-use question, n = 1). Some of those 23 respondents with potentially inconsistent responses may have used more than three years ago in the 2025 wave. The inconsistencies observed for the n = 81 respondents, who gave inconsistent results in 2025 after stating that they had never used in their lifetime in 2023—and possibly additional cases among the 23 respondents who skipped or did not recall their recent use—suggest that some individuals may have mistakenly reported no use in 2023 or did not answer honestly about their previous use. In terms of inconsistent responses, there were also 27 people who reported lifetime use in 2023 but in 2025 reported that they had never used psilocybin. This raises some questions about how much of the aforementioned

TABLE B.1

Comparison of Lifetime Psilocybin Use for Participants in the 2023 and 2025 RPS Waves

2023 RPS Lifetime-Use Response	2025 RPS Lifetime-Use Response	Count	Share of Respondents (%) (n = 2,043)	Consistency of 2023 v. 2025
Lifetime use	Lifetime use, any recency	241	11.8	Consistent
Lifetime use	**Never used**	**27**	**1.3**	**Inconsistent**
Lifetime use	Skipped lifetime-use question	3	0.1	Unknown
Never used	Never used	1,576	77.1	Consistent
Never used	Lifetime use, last use less than two years ago	72	3.5	Consistent
Never used	**Lifetime use, last use three or more years ago**	**81**	**4.0**	**Inconsistent**
Never used	Lifetime use, don't remember or skipped recency of last-use question	23	1.1	Potentially inconsistent
Never used	Skipped lifetime use question	20	1.0	Unknown

SOURCE: Created using a merged dataset that combines responses for those who responded to both the 2023 and 2025 RPSs.

NOTE: All values are raw, unweighted counts and percentages. The rows in bold text contain results that are clearly inconsistent.

differences were because of decreasing stigma versus misreporting for another reason.

The implications of these inconsistent results are substantive for estimating the prevalence of lifetime psilocybin use in this sample. Just adding the net 54 inconsistent individuals (81 – 27 = 54) to the numerator for lifetime use (271 + 54 = 325) increases the unweighted lifetime prevalence rate from 13.3 percent (271 of 2,043) to 15.9 percent (325 of 2,043).

Table B.2 more closely shows the breakdown of the responses driving the unweighted increase in lifetime psilocybin use between 2023 and 2025. There are 176 respondents who reported lifetime use of psilocybin in 2025 but not in 2023. Among those 176 respondents, 72 respondents (41 percent) reported recency of use consistent with new lifetime use between the 2023 and 2025 RPS waves. Furthermore, 81 respondents (46 percent) reported inconsistent recency of use, stating that they last used more than three years ago. An additional 23 respondents (13 percent) skipped the recency-of-last-use question or did not remember when they last used. These substantial shares of inconsistent and potentially inconsistent reports of new use (the second and third rows in Table B.2) show that the increase in unweighted lifetime prevalence between the 2023 and 2025 RPS waves is not entirely driven by new use between these two survey waves (the first row in Table B.2). Instead, the increase may be driven in part by misreporting or inconsistent reporting for other reasons.

The 2023 and 2025 RPSs were not identical, so comparisons should be considered indicative of a possible pattern rather than definitive evidence of change. In addition, there were some differences between those who took both surveys versus those who responded only to the 2023 wave. But these data are consistent with the hypothesis that some people surveyed in 2025 were more likely to endorse previous psilocybin use in 2025 compared with when they were asked the question in 2023. Additional research is needed to determine whether the inconsistencies in responses between the 2023 and 2025 RPS waves are because of a reduction in stigma regarding psilocybin use, respondents being willing to be more honest after taking multiple surveys with the same organization and platform, both, or something else.

TABLE B.2

Breakdown of New Lifetime-Psilocybin-Use Responses from the 2023 RPS Versus the 2025 RPS

2023 RPS Lifetime-Use Response	2025 RPS Lifetime-Use Response	Count	Share of New Lifetime Use (%) (*n* = 176)	Consistency of 2023 v. 2025
Never used	Lifetime use, last use less than two years ago	72	41	Consistent
Never used	**Lifetime use, last use 3 or more years ago**	**81**	**46**	**Inconsistent**
Never used	Lifetime use, don't remember or skipped recency of last use question	23	13	Potentially inconsistent

SOURCE: Created using a merged dataset that combines responses for those who responded to both the 2023 and 2025 RPSs.

NOTE: All values are raw, unweighted counts and percentages. The row in bold text contains results that are clearly inconsistent.

Notes

[1] In this report, we define the term *psychedelics* as including classic psychedelics, such as psilocybin mushrooms and LSD, and non-classic psychedelics, such as MDMA. When considering the definition of psychedelics, it should be noted that some psychedelic substances have long histories of use by Indigenous communities in which they are referred to as *sacred relatives*, *spiritual medicines*, or *sacraments*.

[2] Kilmer et al. (2024) documented 26 local changes through May 2024. Since then, there have been at least four additional localities that have deprioritized the enforcement of certain laws related to psychedelics: Ypsilanti, Michigan; Olympia, Washington; Tacoma, Washington; and Medford, Massachusetts.

[3] For a review of federal laws and policies on various psychedelics, see Kilmer et al. (2024).

[4] Colorado's National Medicine Health Act additionally allows the state to consider DMT, ibogaine, and non–peyote-derived mescaline for medical access following recommendations by the Natural Medicine Advisory Board (Psychedelic Alpha, undated-a).

[5] Information on whether this difference was statistically significant was not provided.

[6] Although the term *marijuana* has a controversial history, we use that term in this report in place of the preferred term, *cannabis*, to align our survey question wording and discussion with the 2005 Gallup poll and facilitate the comparability of our findings.

[7] Note that for psilocybin mushrooms, "how" was replaced with "where," and "it" was replaced with "them."

[8] For a discussion of ethical principles of traditional Indigenous medicine to guide Western psychedelics research, see Celidwen et al. (2023).

[9] These differences are based on regressions not shown in this report.

[10] The exact question wording in 2025 was the following: "Have you ever used any of these substances in your lifetime? Select yes for any substance you've ever used, even if you only tried it one time or it was many years ago." Respondents were asked about their use of a variety of substances, and the answer option for psilocybin was "Psilocybin mushrooms ('magic mushrooms') or synthetic psilocybin, not including *Amanita muscaria* 'fly agaric' mushrooms."

References

Andrews, Christina M., Wayne Hall, Keith Humphreys, and John Marsden, "Crafting Effective Regulatory Policies for Psychedelics: What Can Be Learned from the Case of Cannabis?" *Addiction*, Vol. 120, No. 2, February 2025.

Belouin, Sean J., Lynette A. Averill, Jack E. Henningfield, Stephen N. Xenakis, Ingrid Donato, Charles S. Grob, Ann Berger, Veronica Magar, Alicia L. Danforth, and Brian T. Anderson, "Policy Considerations That Support Equitable Access to Responsible, Accountable, Safe, and Ethical Uses of Psychedelic Medicines," *Neuropharmacology*, Vol. 219, November 2022.

Biba, Brandon, and Brian A. O'Shea, "Exploring Public Sentiments of Psychedelics Versus Other Substances: A Reddit-Based Natural Language Processing Study," *Journal of Psychoactive Drugs*, May 2025.

Caulkins, Jonathan P., Beau Kilmer, Mark A. R. Kleiman, Robert J. MacCoun, Gregory Midgette, Pat Oglesby, Rosalie Liccardo Pacula, and Peter Reuter, *Considering Marijuana Legalization: Insights for Vermont and Other Jurisdictions*, RAND Corporation, RR-864, 2015. As of January 12, 2026: https://www.rand.org/pubs/research_reports/RR864.html

Celidwen, Yuria, Nicole Redvers, Cicilia Githaiga, Janeth Calambás, Karen Añaños, Miguel Evanjuanoy Chindoy, Riccardo Vitale, Juan Nelson Rojas, Delores Mondragon, Yuniur Vazquez Rosalio, and Angelina Sacbaja, "Ethical Principles of Traditional Indigenous Medicine to Guide Western Psychedelic Research and Practice," *Lancet Regional Health—Americas*, Vol. 16, No. 18, February 2023.

Center for Behavioral Health Statistics and Quality, "Detailed Tables," in *Results from the 2023 National Survey on Drug Use and Health*, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, updated January 2025a.

Center for Behavioral Health Statistics and Quality, "Detailed Tables," in *Results from the 2024 National Survey on Drug Use and Health*, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2025b.

City and County of Denver, "Natural Medicine Policy Development," webpage, undated. As of January 12, 2026: https://denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directory/Business-Licensing/Business-licenses/Natural-Medicine/Policy-development?lang_update=638775008081044743

Colorado Department of Revenue, "The DOR's Natural Medicine Division Issues Colorado's First Healing Center License," press release, April 2, 2025. As of January 26, 2026: https://dnm.colorado.gov/press-release/the-dors-natural-medicine-division-issues-colorados-first-healing-center-license

Colorado Proposition 122, Decriminalization and Regulated Access Program for Certain Psychedelic Plants and Fungi Initiative, November 8, 2022.

Dickson, Katie, Daniel R. Stubbings, Megan Hurst, and Joseph L. Davies, "From Policy to Perception: Do Public Views on UK Drug Policy Shape Attitudes Toward Psychedelics?" *Journal of Psychoactive Drugs*, September 2025.

Gallup, "What Percentage of Americans Smoke Marijuana?" November 1, 2024.

Gallup, "Americans Much More Positive About Progress on Drugs," November 5, 2025.

Gustafson, Abel, Matthew Goldberg, Carly Wolfer, and Kyle Gustafson, *Americans' Opinions of Psychedelics and Support for Policy Reform*, XandY, May 2025.

Ipsos, "Most Americans Unaware of Psychedelic Treatment for Mental Health," June 17, 2025.

Ipsos, "With Psychedelic Mental Health Therapies on the Horizon, Americans Are Open to Learning More," January 20, 2026.

Jackson, Anna, and Katherine Schaeffer, "9 Facts About Americans and Marijuana," Pew Research Center, July 8, 2025.

Kennedy-Hendricks, Alene, Catherine K. Ettman, Sarah E. Gollust, Sachini N. Bandara, Salma M. Abdalla, Brian C. Castrucci, and Sandro Galea, "Experience of Personal Loss Due to Drug Overdose Among US Adults," *JAMA Health Forum*, Vol. 5, No. 5, May 2024.

Kilmer, Beau, and Robert J. MacCoun, "How Medical Marijuana Smoothed the Transition to Marijuana Legalization in the United States," *Annual Review of Law and Social Science*, Vol. 13, October 2017.

Kilmer, Beau, Michelle Priest, Rajeev Ramchand, Rhianna C. Rogers, Ben Senator, and Keytin Palmer, *Considering Alternatives to Psychedelic Drug Prohibition*, RAND Corporation, RR-A2825-1, 2024. As of January 12, 2026: https://www.rand.org/pubs/research_reports/RRA2825-1.html

Kiniry, Mackenzie T., Renee E. Magnan, Sarah N. Elder, and Benjamin O. Ladd, "Experimental Test of Perceptions of Psychedelics by Therapeutic and Recreational Use," *Journal of Psychoactive Drugs*, January 2025.

Kruger, Daniel J., Julie Barron, Moss Herberholz, and Kevin F. Boehnke, "Preferences and Support for Psychedelic Policies and Practices Among Those Using Psychedelics," *Journal of Psychoactive Drugs*, Vol. 55, No. 5, 2023.

Kruger, Daniel J., Nicolas G. Glynos, Christopher W. Fields, Moss Herberholz, and Kevin F. Boehnke, "An Assessment of Psychedelic Knowledge Among People Using Psychedelics Naturalistically," *Journal of Psychoactive Drugs*, Vol. 55, No. 4, 2023.

Louisiana State Act No. 159, Louisiana RS 40:989.1, June 28, 2005.

Lowe, Henry, Ngeh Toyang, Blair Steele, Henkel Valentine, Justin Grant, Amza Ali, Wilfred Ngwa, and Lorenzo Gordon, "The Therapeutic Potential of Psilocybin," *Molecules*, Vol. 26, No. 10, May 2021.

MacCoun, Robert, Rosalie Liccardo Pacula, Jamie Chriqui, Katherine Harris, and Peter Reuter, "Do Citizens Know Whether Their State Has Decriminalized Marijuana? Assessing the Perceptual Component of Deterrence Theory," *Review of Law and Economics*, Vol. 5, No. 1, June 2009.

MacCoun, Robert J., and Peter Reuter, *Drug War Heresies: Learning from Other Vices, Times, and Places*, Cambridge University Press, 2001.

Marijuana Policy Project, "Polls Show Overwhelming Support for Legalizing Cannabis," undated.

Marks, Mason, "The Varieties of Psychedelic Law," *Neuropharmacology*, Vol. 226, March 2024.

McGinty, Emma E., Rachel Presskreischer, Hahrie Han, and Colleen L. Barry, "Psychological Distress and Loneliness Reported by US Adults in 2018 and April 2020," *JAMA*, Vol. 324, No. 1, July 2020.

Miller, Katherine E., Jennifer L. Wolff, Karen Shen, Sandro Galea, and Catherine K. Ettman, "Support for Care Economy Policies by Political Affiliation and Caregiving Responsibilities," *JAMA Health Forum*, Vol. 6, No. 6, June 2025.

New Mexico Senate Bill 219, Medical Psilocybin Act, April 7, 2025.

NORC at the University of Chicago, *2025 RPS Project Methods and Transparency Report*, November 7, 2025. As of February 11, 2026: https://www.rand.org/content/dam/rand/pubs/misc/MSA4334-1/RAND_MSA4334-1-2025.pdf

Oregon Health Authority, "Oregon Psilocybin Services," webpage, undated. As of January 26, 2026: https://www.oregon.gov/oha/ph/preventionwellness/pages/oregon-psilocybin-services.aspx

Oregon Revised Statutes 475A, Psilocybin Regulation, 2025.

Priest, Michelle, Beau Kilmer, Ben Senator, and Claude Messan Setodji, *U.S. Psychedelic Use and Microdosing in 2025: Insights from a Probability-Based and Nationally Representative Survey*, RAND Corporation, RR-A4334-1, 2026. As of January 21, 2026: https://www.rand.org/pubs/research_reports/RRA4334-1.html

Psychedelic Alpha, "Colorado Natural Medicine Health Act Tracker," webpage, undated-a. As of January 12, 2026: https://psychedelicalpha.com/data/colorado-natural-medicine-health-act-tracker

Psychedelic Alpha, "Psychedelic Legalization & Decriminalization Tracker," webpage, undated-b. As of January 12, 2026: https://psychedelicalpha.com/data/psychedelic-laws

Rahmani, Shadan, Rachel Crupi, Anthony L. Riley, and Terry Davidson, "The Therapeutic Use of Psychedelic Drugs: Legal, Policy, and Neuroscientific Perspectives," *Pharmacology Biochemistry and Behavior*, Vol. 256, November 2025.

Sabaghi, Dario, "Gallup Poll Reveals 70% Record Support for Marijuana Legalization," *Forbes*, November 9, 2023.

Sandbrink, Julian D., Kyle Johnson, Maureen Gill, David B. Yaden, Julian Savulescu, Ivar R. Hannikainen, and Brian D. Earp, "Strong Bipartisan Support for Controlled Psilocybin Use as Treatment or Enhancement in a Representative Sample of US Americans: Need for Caution in Public Policy Persists," *AJOB Neuroscience*, Vol. 15, No. 2, 2024.

Siegel, Joshua S., James E. Daily, Demetrius A. Perry, and Ginger E. Nicol, "Psychedelic Drug Legislative Reform and Legalization in the US," *JAMA Psychiatry*, Vol. 80, No. 1, January 2023.

Syed, Omer A., Rotem Petranker, Emily C. Fewster, Valentyn Sobolenko, Zeina Beidas, M. Ishrat Husain, Stephanie Lake, and Philippe Lucas, "Preferences, Perceptions, and Environmental Considerations of Natural and Synthetic Psychedelic Substances: Findings from the Global Psychedelic Survey," *Journal of Psychoactive Drugs*, December 2024.

Taylor, Bruce G., Phoebe A. Lamuda, Elizabeth Flanagan, Elizabeth Watts, Harold Pollack, and John Schneider, "Social Stigma Toward Persons with Opioid Use Disorder: Results from a Nationally Representative Survey of U.S. Adults," *Substance Use and Misuse*, Vol. 56, No. 12, 2021.

Teutsch, Steven M., Yasmin L. Hurd, and Elizabeth Barksdale Boyle, eds., *Cannabis Policy Impacts Public Health and Health Equity*, National Academies Press, 2024.

UC Berkeley Center for the Science of Psychedelics, "New Findings from Second UC Berkeley Psychedelics Survey," June 17, 2025, updated December 11, 2025.

U.S. Census Bureau, "Basic Monthly CPS," webpage, last updated December 3, 2025. As of January 21, 2026: https://www.census.gov/data/datasets/time-series/demo/cps/cps-basic.html

Wells, Alesha, Merciana Fernandes, and Lisa Reynolds, "Perceptions and Attitudes Towards Psychedelic-Assisted Psychotherapy Among Health Professionals, Patients, and the Public: A Systematic Review," *Journal of Psychedelic Studies*, Vol. 8, No. 1, April 2024.

About This Report

An increasing number of U.S. states are implementing or considering changes to psychedelics policies. To help improve policy discussions and provide baseline information to ground these debates, we fielded the 2025 RAND Psychedelics Survey (RPS). The 2025 RPS is the first probability-based and nationally representative survey to measure U.S. public opinion about legalizing three psychedelic substances: psilocybin mushrooms, LSD, and MDMA. For each substance, we ask whether use should be legal, for which reasons adults should be allowed to use them, and how they should be supplied if made legal (e.g., at a medical facility under supervision, sold in dispensaries). For comparison purposes, we also include questions about whether using cannabis and cocaine should be legal.

This report is one of multiple publications that use 2025 RPS data. For more information about RAND's research in this area, visit https://www.rand.org/psychedelics.html.

RAND Drug Policy Research Center

This work was conducted in the RAND Drug Policy Research Center, which, since 1989, has produced objective, pragmatic research for community leaders and public officials in the United States and abroad to inform effective ways of dealing with real-world substance use and drug problems. The center's rigorous, data-driven analyses have helped shape drug policymaking at all levels of government. For more information, visit www.rand.org/health/centers/dprc.

Funding

This research was supported by DAFgiving360.

Acknowledgments

We thank Rajeev Ramchand for his assistance with designing and fielding the 2025 RPS. We are grateful for the feedback provided by the following reviewers who improved this report: Kirsten Becker, director of RAND Survey Research Group; Helin Hernandez, associate statistician at RAND; and Rob MacCoun, professor of law at Stanford University. We thank Michael Robbins for his contributions to the discussion of lifetime prevalence in Appendix B. We also express our gratitude to the AmeriSpeak panelists who completed the 2025 RPS and to the team at NORC at the University of Chicago for assisting us in fielding the 2025 RPS. Finally, we thank the experts who advised on the development of the survey questionnaire: Allison Hoots, Bryce Pardo, Rosanna Smart, Andrea Venezia, Myfanwy Graham, Bob Jesse, Cameron Wolf, Joshua Hunt, Stephanie Lake, Samer Atshan, and Samantha Pérez Dávila.

For more information on this publication, visit www.rand.org/t/RRA4334-2.

www.rand.org

RR-A4334-2