

Supplementary Tables S1, S2, S3

Supplementary Table S1. Self-reported changes in substance use following psychedelic experiences. Percentages represent the proportion of respondents reporting cessation, reduction, no change, increased use, initiation, or non-use for each substance.

Substance	N	Cessation	Reduction	No change	Increased use	Initiation	Non-use
Alcohol	458	7.0% (32/458)	38.9% (178/458)	45.4% (208/458)	0.9% (4/458)	0.2% (1/458)	7.6% (35/458)
Antidepressants	105	20.0% (21/105)	8.6% (9/105)	31.4% (33/105)	1.0% (1/105)	1.9% (2/105)	37.1% (39/105)
Antipsychotics	34	8.8% (3/34)	14.7% (5/34)	41.2% (14/34)	—	2.9% (1/34)	32.4% (11/34)
Benzodiazepines	157	15.9% (25/157)	10.8% (17/157)	29.3% (46/157)	1.3% (2/157)	3.2% (5/157)	39.5% (62/157)
Cannabis	452	9.7% (44/452)	18.1% (82/452)	53.1% (240/452)	4.6% (21/452)	1.5% (7/452)	12.8% (58/452)
Cocaine/Crack	250	15.2% (38/250)	11.2% (28/250)	34.8% (87/250)	2.0% (5/250)	1.6% (4/250)	35.2% (88/250)
Inhalants	57	7.0% (4/57)	3.5% (2/57)	36.8% (21/57)	—	—	52.6% (30/57)
Mood stabilizers	34	14.7% (5/34)	5.9% (2/34)	44.1% (15/34)	—	5.9% (2/34)	29.4% (10/34)
Regulated opioids	62	16.1% (10/62)	4.8% (3/62)	17.7% (11/62)	1.6% (1/62)	—	59.7% (37/62)
Unregulated opioids	97	12.4% (12/97)	10.3% (10/97)	32.0% (31/97)	—	1.0% (1/97)	44.3% (43/97)
Hypnotics/Depressants	69	13.0% (9/69)	8.7% (6/69)	42.0% (29/69)	1.4% (1/69)	2.9% (2/69)	31.9% (22/69)
Tobacco/Nicotine	413	10.2% (42/413)	24.7% (102/413)	47.2% (195/413)	3.1% (13/413)	0.5% (2/413)	14.3% (59/413)
Regulated stimulants	40	15.0% (6/40)	10.0% (4/40)	27.5% (11/40)	—	2.5% (1/40)	45.0% (18/40)
Unregulated stimulants	212	11.8% (25/212)	12.3% (26/212)	37.7% (80/212)	3.8% (8/212)	1.9% (4/212)	32.5% (69/212)

Supplementary Table S2. Preferred access or purchase modalities for psychedelic substances among respondents (N = 730).

Access/Purchase Modality	n	%
Legal online shops/websites	390	53.4
Self-production and/or cultivation	374	51.2
Friends/acquaintances	359	49.2
Pharmacies	273	37.4
Clinics/healthcare professionals	265	36.3
Physical retail dispensaries	259	35.5
Shamans/curanderos/spiritual guides	223	30.5
In-person dealers	213	29.2
Underground therapists/practitioners	84	11.5
Social media dealers	37	5.1

Supplementary Table S3. Logistic regression model: predictors of disclosure of psychedelic use to a primary healthcare provider (N = 234).

Variable	β (SE)	z	p	OR	95% CI (OR)
Female (vs. Male)	-0.539 (0.319)	-1.687	.091	0.583	[0.312, 1.091]
Age, years (centered)	-0.007 (0.014)	-0.518	.604	0.993	[0.966, 1.021]
University degree (vs. below)	0.553 (0.343)	1.612	.107	1.738	[0.888, 3.402]
Psychedelic experience (centered)	0.038 (0.070)	0.547	.538	1.039	[0.905, 1.193]

Note. N = 234 (respondents with a regular primary healthcare provider; 64 disclosed, 170 non-disclosed; disclosure rate 27.4%) Outcome: disclosed psychedelic use. Education: university degree or higher defined as university degree (bachelor's or equivalent), graduate degree (MA, MSc, etc.), or doctorate/professional degree (JD, MD, PhD, etc.); below university defined as less than high school degree, high school degree or equivalent, or technical/non-university degree. Age and experience are mean-centered within the analytic subsample (means: age = 39.5 years; experience = 5.7/10). OR = odds ratio; CI = confidence interval. Pseudo-R² (McFadden) = 0.024. All VIFs < 1.1.

SUPPLEMENTARY FIGURE S1,S2, S3, S4a and S4b

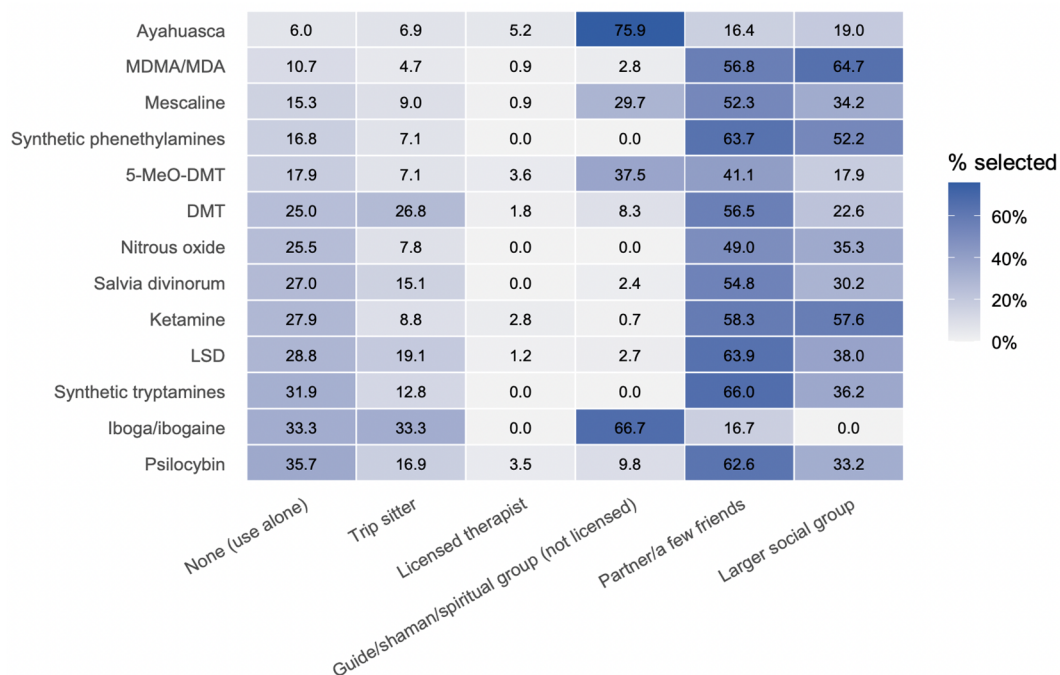


Figure S1. Substance-specific social contexts of lifetime regular-dose psychedelic use. Social context of regular-dose psychedelic use by substance. Heatmap showing the proportion of respondents reporting different social contexts when using regular doses of specific psychedelics. Context categories include solitary use, presence of a trip sitter, use with a licensed therapist, use with an unlicensed guide/shaman/spiritual group, use with a partner or a small group of friends, and use within a larger social group. Across most substances, regular-dose use most commonly occurred with a partner or a small group of friends, particularly for psilocybin, LSD, ketamine, and MDMA/MDA. Broader social group settings were also frequently reported for MDMA/MDA and ketamine. Ayahuasca use was strongly associated with guided or ceremonial contexts involving shamans or spiritual facilitators. Solitary use was reported across several substances, especially psilocybin, LSD, synthetic tryptamines, and ketamine, whereas the presence of licensed healthcare professionals was rare. Percentages represent the proportion of respondents selecting each context among those reporting lifetime regular-dose use of the respective substance; multiple responses were allowed and percentages therefore do not sum to 100%.

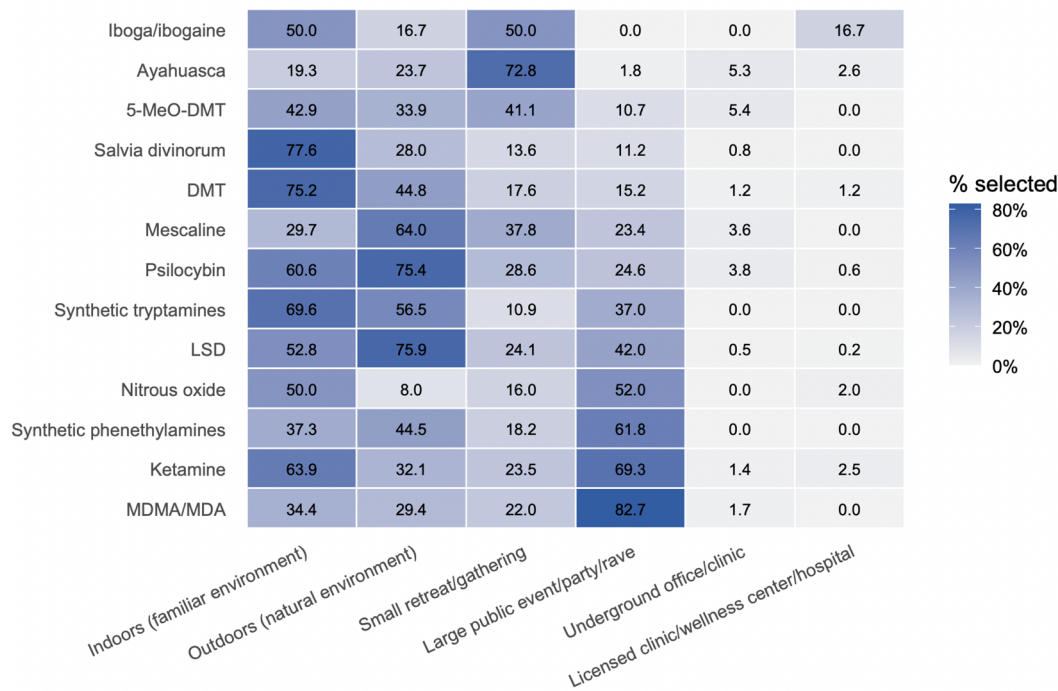
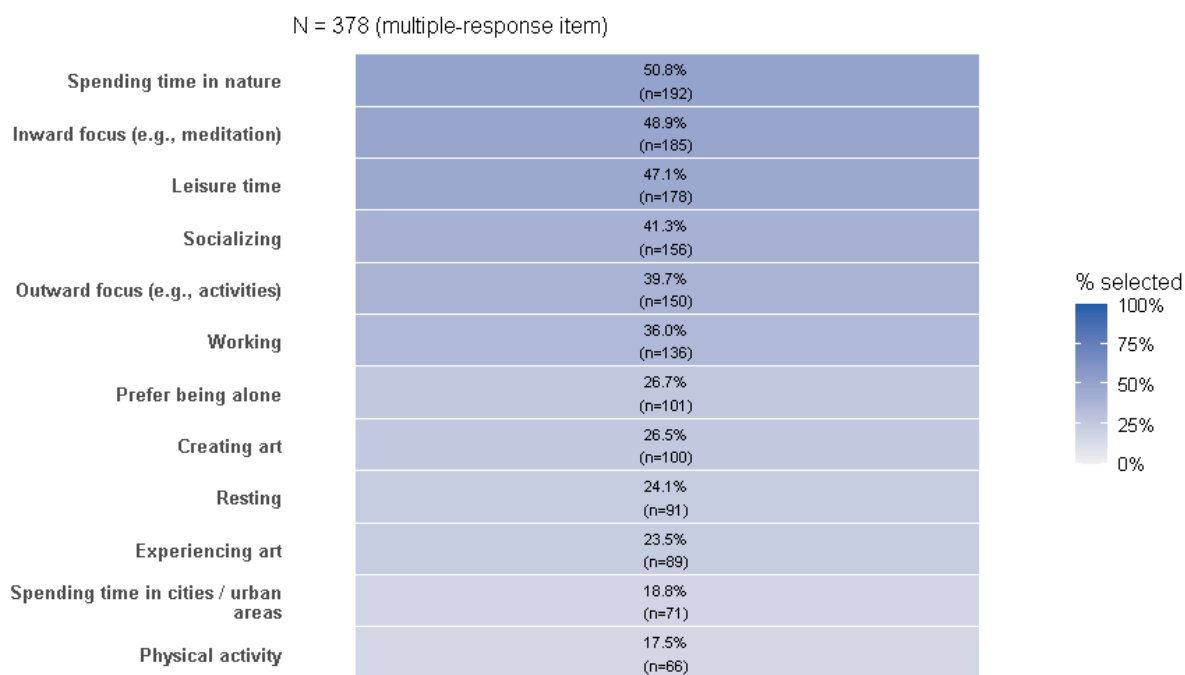
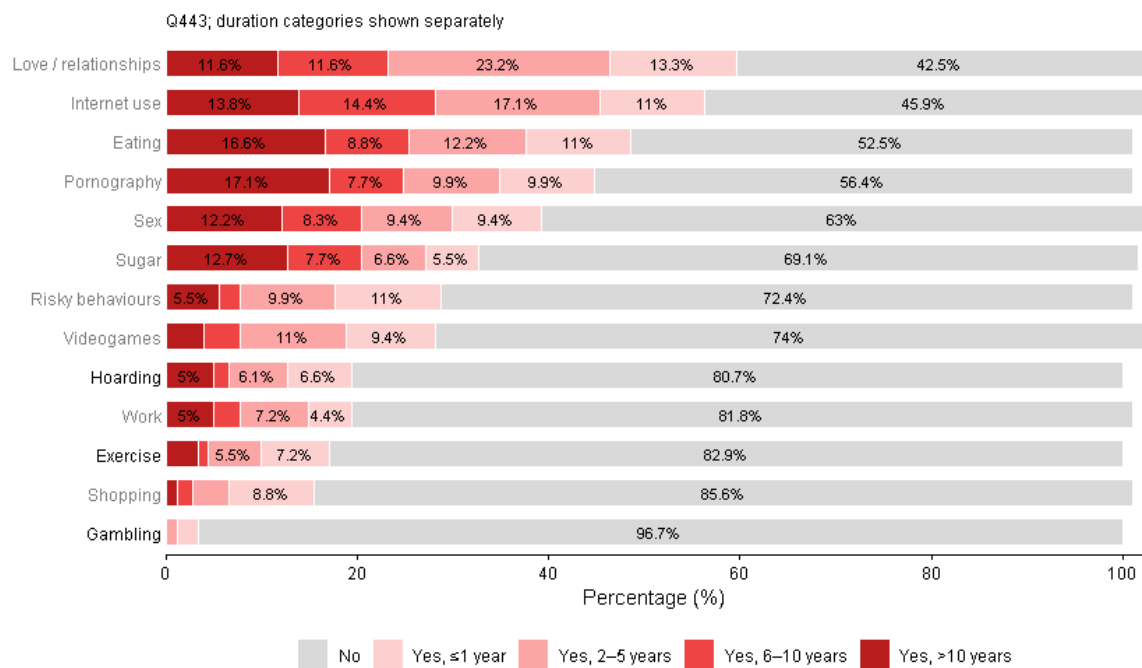


Figure S2. Substance-specific physical settings of lifetime regular-dose psychedelic use. Physical setting of regular-dose psychedelic use by substance. Heatmap showing the proportion of respondents reporting different environments in which regular doses of specific psychedelics were used. Setting categories include familiar indoor environments, outdoor natural settings, small retreats or gatherings, large public events (e.g., parties or raves), underground offices or clinics, and licensed clinical or wellness settings. Across substances, use most frequently occurred in familiar indoor environments and outdoor natural settings. Large public events were particularly common for MDMA/MDA and LSD, whereas retreat-like settings were more frequently associated with ayahuasca and mescaline. Use in underground offices or informal clinical settings was reported for some substances but remained less common overall, while licensed clinical or healthcare settings were rarely reported. Percentages represent the proportion of respondents selecting each setting among those reporting lifetime regular-dose use of the respective substance; multiple responses were allowed and percentages therefore do not sum to 100%.



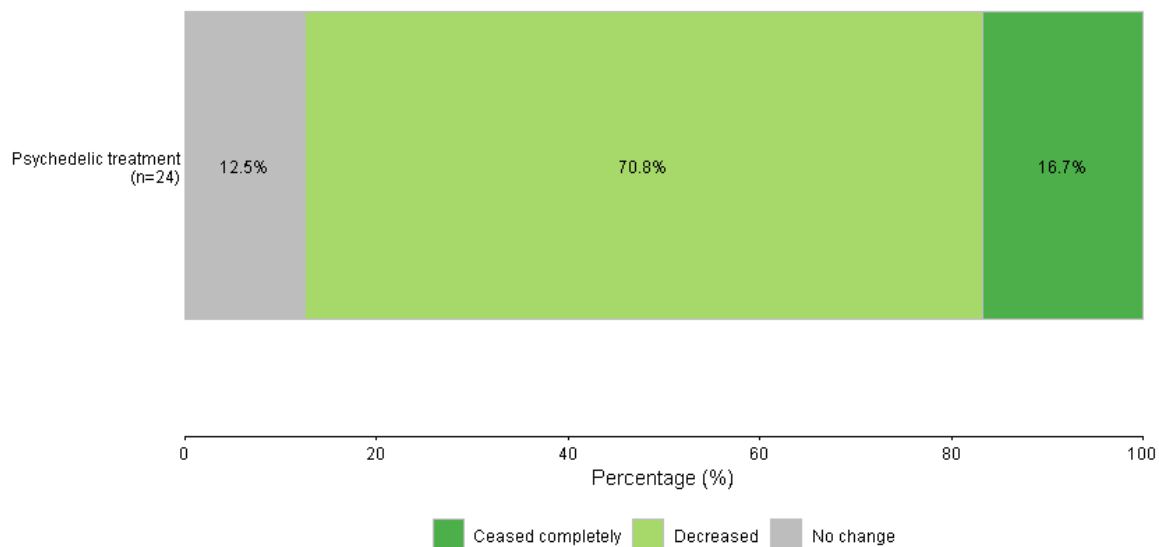
Note: multiple responses allowed; percentages do not sum to 100%.

Supplementary Figure S3. Microdosing-related activities and contexts. Distribution of self-reported activities and contexts associated with microdosing experiences ($n = 378$; multiple responses allowed). Values indicate the percentage of respondents endorsing each activity. Microdosing was most commonly reported in natural environments, during inward-focused activities such as meditation, during leisure time, and in social contexts. Work-related and outward-focused activities were also frequently reported, whereas creative activities, resting, urban environments, and physical activity were less commonly endorsed. Color intensity represents the proportion of respondents selecting each activity.



Grey y-axis labels indicate items with one-hot inconsistencies (multiple duration selections).

(a)



(b)

Supplementary Figure S4. Behavioral addictions and self-reported outcomes following psychedelic treatment. (a) Lifetime prevalence and duration of behavioral addictions. Among respondents with complete data ($N = 501$), 36.3% ($n = 182$) reported a lifetime history of at least one behavioral addiction. Among those endorsing a behavioral addiction and providing duration data ($n = 181$), the highest prevalence was observed for love/relationship codependency and problematic internet use, followed by eating-related behaviors and pornography use. Intermediate prevalence was observed for sexual behaviors, sugar-related behaviors, risky behaviors, and videogame use, whereas hoarding, work addiction, exercise addiction, shopping addiction, and gambling were less frequently reported. Duration distributions varied across domains, with eating-related behaviors, problematic internet use, and sexual behavioral addiction showing substantial proportions of long-term cases (>10 years), while shopping addiction and gambling were predominantly short-term. **(b) Self-reported impact of psychedelic treatment on behavioral addictions.** Among participants endorsing a relevant behavioral addiction and reporting psychedelic treatment exposure ($n = 24$), most respondents reported improvement following treatment. Specifically, 70.8% reported a reduction in the behavior and 16.7% reported complete cessation, whereas 12.5% reported no change. No participants reported worsening of their behavioral addiction following psychedelic treatment.