

Policy Rounds

Exploring Policies Shaping Addiction Medicine

Psychedelics

Growing scientific/public interest in the potential use of psychedelics in the treatment of mental health and substance use disorders (SUD) in the United States (US) has led to predictions that the market could grow to nearly \$3.6 billion in the US by 2027. Federal/state policymakers have also begun to reform the legal/regulatory landscape. This policy brief will provide a summary of psychedelic use in the US, their potential use in treating SUD, recent federal/state policy actions, and implications for addiction medicine clinicians.

Classical Psychedelics vs. Dissociative Substances

Classical psychedelic substances influence the brain's serotonin system while dissociative substances influence the brain's glutamate system. Both drug classes can cause strong sensations and emotions, with classical psychedelics producing vivid visions and an altered sense of self, and dissociative substances producing a sense of disconnection from the body and environment. The term "hallucinogens" is commonly used to refer to classical psychedelic and dissociative substances, as well as certain other substances like MDMA, which impact a variety of other brain functions and can cause psychedelic and/or dissociative effects. The term "psychedelic" is increasingly applied to any drug that can powerfully alter perception, mood, and thought.

DEA Schedule	Substances	Classification
1	<u>DMT</u> 5-MeO-DMT <u>LSD</u> <u>Mescaline</u> <u>Psilocybin</u>	Classic Psychedelic
1	<u>Ibogaine</u> <u>MDMA</u> <u>Salvia divinorum</u>	Other
3	<u>Ketamine</u> PCP	Dissociative

Substances listed by whether they are a classical psychedelic, dissociative, or "other," including the current scheduling of the drug by the Drug Enforcement Administration (DEA), and a link to drug-specific resources from the National Institute on Drug Abuse (NIDA) that lists methods of use, drug effects, and health risks.

Use in the United States

Since 2021, the use of hallucinogens by people 12 and over in the United States has increased nearly 30% from 7.6 million people in 2021¹ to over 10 million people in 2024.² The most common psychedelic used among those reported by the [National Survey Investigating Hallucinogenic Trends \(NSIHT\)](#) was psilocybin, followed by MDMA.

Psychedelics and Addiction Medicine

There are no FDA-approved psychedelics to treat any SUD, though several clinical trials have been initiated to study it. ASAM's analysis of USC Berkley's [clinical trials map](#), notes that about 6% of completed clinical trials studied the use of psychedelics to treat a SUD, compared to 1 in 5 ongoing clinical trials. Psilocybin was by far the most researched, with early studies showing promise for use in the treatment of alcohol use disorder³ and smoking cessation.⁴

Psychedelics and Public Opinion

According to an April 2025 [survey](#), the strongest support for a regulated therapeutic access pathway for psychedelics was for people with depression, followed by military veterans, people with addiction, people receiving end of life care, and then anyone 21 or older. 66% also supported FDA approval for therapeutic uses. A smaller majority (51%) supported removing criminal penalties for personal use.

Federal Policy Actions

In June 2023, the FDA published [draft guidance](#) that highlighted considerations for clinical trials. They also granted Breakthrough Therapy designation to six psychedelic substances,⁵ though none were for SUD treatment. The DEA gave approval to a church in Washington to use ayahuasca for religious practices in [May 2025](#) and in [August 2025](#) advanced a rescheduling petition to HHS to move psilocybin from schedule I to schedule II. Such a move could acknowledge therapeutic uses and may ease some research barriers.

State Policy Developments

Three states have established a state-legal framework for psychedelics including Oregon, Colorado, and New Mexico, while other states and cities have taken other actions deprioritizing enforcement. A chart from the UC Berkeley Center for the Science of Psychedelics Psychedelic Law and Policy Map can be found [here](#).

Implications for Addiction Medicine Clinicians

Notably, use of classic psychedelics does not confer high risk of [substance use disorder](#). Familiarity with the clinical signs of psychedelic use, latest research on therapeutic potential, and changes to state and local laws around access are important to providing open and informed dialogue and addressing potential misuse of these substances among patients. People reporting use of psychedelics often report concomitant use with other controlled substances and/or alcohol. Screening, brief intervention, and referral to treatment (SBIRT) services are also available. On the behavioral health payer side, toxicology testing coverage and treatment policies are being examined for how well they address the growing use of psychedelics.

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This educational brief does not reflect the official public policy of ASAM. The information herein is provided for educational purposes only.

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End Notes and References

¹ Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>

² Substance Abuse and Mental Health Services Administration. (2025). Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health (HHS Publication No. PEP25-07-007, NSDUH Series H-60). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases>

³ Bogenschutz MP, Ross S, Bhatt S, Baron T, Forcehimes AA, Laska E, et al. Percentage of heavy drinking days following psilocybin-assisted psychotherapy vs placebo in the treatment of adult patients with alcohol use disorder: a randomized clinical trial. *JAMA Psychiat.* (2022) 79:953–62. doi: 10.1001/jamapsychiatry.2022.2096.

⁴ Johnson MW, Garcia-Romeu A, Johnson PS, Griffiths RR. An online survey of tobacco smoking cessation associated with naturalistic psychedelic use. *J Psychopharmacol.* (2017) 31:841–50. doi: 10.1177/0269881116684335.

⁵ For instance, FDA has granted breakthrough designation for: Intranasal esketamine for treatment-resistant depression and symptoms of major depressive disorder with acute suicidal ideation or behavior (see <https://www.jnj.com/media-center/press-releases/esketamine-recvies-breakthrough-therapy-designation-from-us-food-and-drug-administration-for-major-depressive-disorder-with-imminent-risk-of-suicide>); 3,4-Methylenedioxymethamphetamine (MDMA) for PTSD (see 08.15-IND063384GrantBreakthroughTherapyDesignation1_Redacted.pdf); COMP360 psilocybin for treatment-resistant depression (see <https://ir.compasspathways.com/News--Events-/news/news-details/2025/Compass-Pathways-Announces-Publication-of-Results-from-COMP004-Study-on-COMP360-Psilocybin-for-Treatment-Resistant-Depression/default.aspx>); Psilocybin for major depressive disorder (see <https://www.usonainstitute.org/updates/fda-grants-breakthrough-therapy-designation-to-usona-institutes-psilocybin-program-for-major-depressive-disorder>); The psilocybin analog CYB003 as adjunctive treatment for major depressive disorder (see <https://med.uth.edu/psychiatry/2024/06/03/fda-grants-breakthrough-therapy-designation-to-cyb003-a-deuterated-psilocybin-analog-being-investigated-as-an-adjunctive-treatment-for-major-depressive-disorder-mdd/>); and, Lysergic acid diethylamide D-tartrate MM120 for generalized anxiety disorder (see <https://ir.mindmed.co/news-events/press-releases/detail/137/mindmed-receives-fda-breakthrough-therapy-designation-and-announces-positive-12-week-durability-data-from-phase-2b-study-of-mm120-for-generalized-anxiety-disorder>).



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