

Supplement A: Methods

Deviations from protocol

We rephrased the question "Are you a psychedelic researcher?" into "Do you have any previous experience with psychedelic-assisted treatment or research involving psychedelics?" to allow a broader range of participants who consider themselves skilled or experienced in this field to be identified through this question. We did this out of practical reasons because we estimated that we would not survey a large number of participants who are exclusively psychedelic researchers, and the rephrased question would allow a more robust comparison group. Additionally, one of the pre-registered co-authors withdrew from the study due to time constraints and a change in their primary workplace (IB). We also conducted an additional analysis after we obtained the results of the linear regression modelling in which we compared participants of male and female gender by demographic variables that were predictive of APQ scores in order to explore gender differences in attitudes towards psychedelics in more detail.

Eligibility criteria

All psychiatrists or psychiatry trainees currently practicing within the European territories were eligible to take part in this study. We considered the following countries as European territories (not restricted to the European Union): Albania, Andorra, Austria, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Moldova, Monaco, Montenegro, Netherlands, North Macedonia, Norway, Poland, Portugal, Romania, Russia, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom.

Sampling information

When disseminating the survey, we contacted major European psychiatric and psychotherapeutic organizations, a large number of individual psychiatrists' e-mails, psychiatrist-related social media groups, and hospitals in Croatia and Poland (due to these being the locations of the study authors). We will present a detailed account of the sampling method for each of these.

Psychiatric and psychotherapeutic organizations

We contacted the European Psychiatric Association (EPA) and all of its member associations (32 in total). Two e-mails were returned with the e-mail not sent. Four member organizations (response rate 13.3%, 4/30) replied and agreed to disseminate the survey. We also

contacted the European Federation of Psychiatry Trainees (EFPT) and all of its member associations (32 in total). The EFPT sent out an e-mail to all of its members with an invite to the survey. Additionally, 9 member organizations disseminated the survey within their countries (response rate 28.1%, 9/32). The original invite to all organizations was sent in English, with the exception of Croatia (initially sent in Croatian). For German, Swiss, Austrian and French organizations which did not respond to the message, we repeated the message after 5 months in German and French, respectively. No other reminders were sent.

As an additional sampling method, we e-mailed 110 psychotherapeutic organizations throughout Europe which belonged to various psychotherapeutic schools (psychoanalytic, integrative, general psychotherapeutic association etc.) and invited them to disseminate the survey to their members who are psychiatrists. Here, the British Psychoanalytic Council (BAP) kindly agreed to disseminate the survey to their members. The response rate here was very low, but this was not entirely unexpected, as only few of these groups exclusively have psychiatrists as members.

Individual psychiatrists

We aimed to collect individual psychiatrists' e-mails and send out the survey to them personally. A subset of e-mails was retrieved from BAP Meeting Abstract Books from 2011-2022 using web scraping methods. We also used the search function on the Web of Science (WoS) database to search for authors by searching in the WoS Category "Psychiatry" combined with the keyword "European". We retrieved the first 100000 records which were available as a result of the search (the WoS platform did not allow retrieving search results over that number). The BAP and WoS e-mails were combined in a table and deduplicated, leaving a total of 25785 e-mails. We then used a script written in Python 3.8.8 to remove e-mails with endings that primarily indicate non-European countries (".edu", "126.com", "163.com", ".jp", ".nih.gov"), leaving a total of 20447 e-mails to which an invite to the survey in English was sent.

Social media groups

We additionally posted an invite to the survey in 5 Facebook groups with the permission of the group's administrators:

- Young Psychiatrists' Network (around 8900 members)
- World Network of Psychiatric Trainees (around 800 members)
- Psychedelic Society of Edinburgh (around 4000 members)
- Young Psychiatrists (around 3600 members, group in Polish)
- Psychiatrists - a group for doctors only (around 900 members, group in Polish)

Here we cannot adequately gauge the impact of the sampling, as we cannot be sure how many of the group members are truly active.

Hospitals

A total of 124 hospitals were contacted in Poland with a message sent in Polish. The list of psychiatric hospitals came from the official website of the National Health Fund of Poland: <https://gsl.nfz.gov.pl/GSL/GSL/Szpitala> (specialty - psychiatric treatment). From these, 4 e-mails were returned with the e-mail not sent.

A total of 3 hospitals were contacted in Croatia through personal contacts of the study authors with a message sent in Croatian.

Survey

The full survey given to participants is provided below.

DEMOGRAPHIC INFORMATION

1. Age (please enter as a number): _____

2. Gender:

- a) Male
- b) Female
- c) Other (please specify)

3. What is your current country of residence? _____

4. Please select all educational titles which apply to you (you can select more than one):

- a) Psychiatry trainee (currently in training as resident/specialist in psychiatry)
- b) Resident psychiatrist (completed residency/specialization in psychiatry)
- c) Psychotherapy trainee (currently enrolled in training in one of the psychotherapeutic approaches)
- d) Licensed psychotherapist (completed education within a psychotherapeutic approach)
- e) Doctor of science (PhD)
- f) Other (please specify, if necessary): _____

5. What is your primary place of work (where you spend the majority of your working hours)?

- a) Hospital
- b) Private hospital
- c) Private practice
- d) University
- e) Other/this does not apply to me (please specify, if necessary): _____

6. How would you describe your primary treatment approach, if applicable?

- a) Biological
- b) Psychotherapeutic
- d) Both biological and psychotherapeutic (in equal measure)
- e) This does not apply to me

7. How many peer-reviewed articles have you published so far? Please enter your answer as a number. _____

8. Do you have any previous experience with psychedelic-assisted treatment or research involving psychedelics?

a) Yes

b) No

9. How would you assess your personal knowledge on psychedelics? Please try to express your estimate by using the slider below.

I don't know anything

My knowledge is excellent

☐

10. Which of the following do you feel describes you? You can choose more than one.

a) Religious

b) Spiritual

c) Atheist

d) Agnostic

d) None of the above

11. You will find various substances listed below. Please choose for each one of them if you think the substance is a psychedelic or not by choosing yes or no.

1. Cocaine **YES/NO**
2. Lysergic acid diethylamide (LSD) **YES/NO**
3. Psilocybin **YES/NO**
4. Imipramine **YES/NO**
5. Heroin **YES/NO**
6. Ibogaine **YES/NO**
7. Phenobarbital **YES/NO**
8. Methamphetamine **YES/NO**
9. 3,4-Methylenedioxymethamphetamine (MDMA) **YES/NO**
10. N, N-Dimethyltryptamine (DMT) **YES/NO**
11. Digoxin **YES/NO**
12. Mescaline **YES/NO**
13. Modafinil **YES/NO**
14. Ketamine **YES/NO**
15. Haloperidol **YES/NO**
16. Dextroamphetamine **YES/NO**
17. Gamma-hydroxybutyrate (GHB) **YES/NO**
18. Ayahuasca **YES/NO**
19. Rohypnol **YES/NO**
20. Oxycodone **YES/NO**
21. Opium **YES/NO**
22. Mexazolam **YES/NO**

12. Have you ever had any experience with any of the following substances (either recreationally or for medical purposes)? You can select more than one.

- a) Cannabis
- b) Lysergic acid diethylamide (LSD)
- c) Psilocybin
- d) Ayahuasca
- e) N, N-Dimethyltryptamine (DMT)
- f) Mescaline
- g) Ibogaine
- h) 3,4-Methylenedioxymethamphetamine (MDMA)
- i) None of the above

ATTITUDES ON PSYCHEDELICS QUESTIONNAIRE (APQ)

For each statement, please choose the number which corresponds to how much you agree or disagree with the statement. The meanings of numbers are as follows:

1	2	3	4	5
Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree

Statement	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
Legalizing psychedelics would benefit public health.	1	2	3	4	5
Those who want to legalize psychedelics have a hidden agenda behind their actions.	1	2	3	4	5
The use of psychedelics for justified medical reasons should be legal.	1	2	3	4	5
Administering psychedelics to psychiatric patients is safe as long as the treatment conditions are carefully controlled.	1	2	3	4	5
Administering psychedelics to patients will eventually lead to bad outcomes.	1	2	3	4	5
Psychedelic use is linked to creativity.	1	2	3	4	5
If more people used psychedelics, the world would be a better place.	1	2	3	4	5
Recreational use of psychedelics has no practical benefit.	1	2	3	4	5
I am afraid of the effects of psychedelics on physical health.	1	2	3	4	5
Psychedelics can provide valuable spiritual experiences.	1	2	3	4	5
Using psychedelics is safe.	1	2	3	4	5
The use of psychedelics can damage the nervous system.	1	2	3	4	5
Psychedelics are less dangerous than other illegal drugs.	1	2	3	4	5

Statement	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
A wider use of psychedelics would cause an increase in mental problems.	1	2	3	4	5
Administering psychedelics to patients is not problematic as long as it is performed by a professional.	1	2	3	4	5
I am optimistic about psychedelic research.	1	2	3	4	5
I would not agree to use psychedelics for mental health purposes.	1	2	3	4	5
If psychedelic-assisted psychotherapy enters into regular practice, I would be interested in learning more about it.	1	2	3	4	5
I would be interested in learning about other people's experiences with psychedelics.	1	2	3	4	5
I don't think that learning about psychedelics is worth my time.	1	2	3	4	5

Supplement B: Results

Supplementary Table S1. Locations of all survey participants by country, in order of descending frequency. N=419

Country (n=33)	n, %
Poland	55 (13.1)
United Kingdom	35 (8.4)
Italy	33 (7.9)
Croatia	30 (7.2)
Germany	24 (5.7)
the Netherlands	22 (5.3)
Sweden	19 (4.5)
Slovenia	17 (4.1)
Czech Republic	17 (4.1)
Estonia	17 (4.1)
Bosnia and Herzegovina	16 (3.8)
North Macedonia	16 (3.8)
Romania	16 (3.8)
France	14 (3.3)
Portugal	12 (3.9)
Norway	10 (2.4)
Switzerland	9 (2.1)
Latvia	8 (1.9)
Belarus	7 (1.7)
Greece	6 (1.4)
Belgium	5 (1.2)
Denmark	4 (1.0)
Austria	3 (0.7)
Finland	3 (0.7)
Hungary	3 (0.7)
Moldova	3 (0.7)
Malta	3 (0.7)
Spain	3 (0.7)
Lithuania	2 (0.5)
Russia	2 (0.5)
Serbia	2 (0.5)
Turkey	2 (0.5)
Iceland	1 (0.2)

Supplementary Table S2. Descriptive analysis of participants' responses on the knowledge on psychedelics test. Substances are shown in decreasing frequency of participants who identified them as a psychedelic for each substance group. N=419

Substance	Response, n (%)	
Psychedelics	Correctly identified as a psychedelic	Incorrectly identified as non-psychedelic
Psilocybin	411 (98.1)	8 (1.9)
LSD	409 (97.6)	10 (2.4)
Mescaline	385 (91.9)	34 (8.1)
Ayahuasca	377 (90.0)	42 (10.0)
MDMA	291 (69.5)	128 (30.5)
Ayahuasca	377 (90.0)	42 (10.0)
DMT	316 (75.4)	103 (24.6)
Ibogaine	215 (51.3)	204 (48.7)
Non-psychedelics	Incorrectly identified as a psychedelic	Correctly identified as a non-psychedelic
Ketamine	264 (63.0)	155 (37.0)
Methamphetamine	107 (25.5)	312 (74.5)
GHB	109 (26.0)	310 (74.0)
Dextroamphetamine	93 (22.2)	326 (77.8)
Opium	71 (16.9)	348 (83.1)
Rohypnol	55 (13.1)	364 (92.6)
Cocaine	54 (12.9)	365 (87.1)
Heroin	52 (12.4)	367 (87.6)
Oxycodone	31 (7.4)	388 (92.6)
Phenobarbital	25 (6.0)	394 (94.0)
Digoxin	23 (5.5)	396 (94.5)
Modafinil	19 (4.5)	400 (95.5)
Mexazolam	18 (4.3)	401 (95.7)
Haloperidol	11 (2.6)	408 (97.6)
Imipramine	9 (2.1)	410 (97.9)

Abbreviations: LSD=lysergic acid diethylamide; MDMA= 3,4-Methylenedioxymethamphetamine; DMT=N, N dimethyltryptamine; GHB= Gamma hydroxybutyrate;

Additional analyses

The total score on the basic knowledge on the psychedelics test and APQ scores showed a moderate correlation ($p=0.310$, $p<0.001$), as did the self-assessed knowledge score and APQ scores ($p=0.371$, $p<0.001$).

We tested a stepwise multiple linear regression model with the total APQ score as a criterion variable and all collected demographic variables as possible predictors. Self-assessed knowledge was not included in the linear regression analysis due to collinearity with knowledge test scores. The model explained 31.3% of variance in APQ scores ($R^2=0.313$). The same model was tested for each of the APQ sub-scales as criterion variables. The results for all models are shown in **Supplementary Table S3**.

Supplementary Table S3. Results of a linear regression analysis of predictors of scores on the APQ and its sub-scales. N=419.

Outcome variables	Significant predictor variables (β , p-value)	Adjusted R^2 *
Total APQ score	Previous psychedelic use ($\beta=0.286$, $p<0.001$), higher scores on the basic knowledge on psychedelics test ($\beta=0.237$, $p<0.001$), younger age ($\beta=-0.248$, $p<0.001$), considering oneself as spiritual ($\beta=0.165$, $p<0.001$), having previous experience with PAP or psychedelic research ($\beta=0.112$, $p=0.008$), and male gender ($\beta=-0.086$, $p=0.042$)	0.313
<i>Legal Use of Psychedelics</i> score	Previous psychedelic use ($\beta=0.211$, $p<0.001$), higher scores on the basic knowledge on psychedelics test ($\beta=0.207$, $p<0.001$), younger age ($\beta=-0.236$, $p<0.001$), male gender ($\beta=-0.135$, $p=0.003$), having previous experience with PAP or psychedelic research ($\beta=0.104$, $p=0.023$)	0.198
<i>Effects of Psychedelics</i> score	Previous psychedelic use ($\beta=0.311$, $p<0.001$), considering oneself as spiritual ($\beta=0.217$, $p<0.001$), higher scores on the basic knowledge on psychedelics test ($\beta=0.192$, $p<0.001$), younger age ($\beta=-0.200$, $p<0.001$), having previous experience with PAP or psychedelic research ($\beta=0.131$, $p=0.002$)	0.306
<i>Risk Assessment of Psychedelics</i> score	Previous psychedelic use ($\beta=0.236$, $p<0.001$), higher scores on the basic knowledge on psychedelics test ($\beta=0.180$, $p<0.001$), considering oneself as spiritual ($\beta=0.162$, $p<0.001$), younger age ($\beta=-0.177$, $p<0.001$), having previous experience with PAP or psychedelic research ($\beta=0.128$, $p=0.004$), male gender ($\beta=-0.101$, $p=0.025$)	0.221
<i>Openness to Psychedelics</i> score	Previous psychedelic use ($\beta=0.253$, $p<0.001$), higher scores on the basic knowledge on psychedelics test ($\beta=0.264$, $p<0.001$), younger age ($\beta=-0.236$, $p<0.001$), considering oneself as spiritual ($\beta=0.123$, $p=0.004$)	0.244

Abbreviations: APQ=Attitudes on Psychedelics Questionnaire, β =Standardized regression coefficient, R^2 =Adjusted coefficient of determination.

Supplementary Table S4. Comparison of demographic information between participants with self-reported previous experience with PAP or psychedelic research and those who reported to have none. Significant P-values are highlighted in bold. N=419.

		Previous experience with PAP or psychedelic research (n=82)	Without experience with PAP or psychedelic research (n=337)	
		Median, IQR		P*
Age		40.0 (32.0-52.0)	37.0 (31.0-46.0)	0.057
Number of published scientific papers		11.0 (0.3-60.5)	1.0 (0.0-10.0)	<0.001
Self-assessed knowledge on psychedelics (range 0-100)		70.0 (53.5-86.0)	50.0 (25.0-68.0)	<0.001
		n, %		P**
Gender				
	Male	57 (69.5)	175 (51.9)	0.032
	Female	25 (30.5)	157 (46.6)	
	I don't want to answer this question	0 (0.0)	2 (0.6)	
	Other	0 (0.0)	3 (0.9)	
Education†				
	Psychiatry trainee	23 (28.0)	121 (35.9)	0.179
	Psychiatry specialist	59 (72.0)	216 (64.1)	0.179
	Psychotherapy trainee	6 (7.3)	49 (14.5)	0.082
	Licenced psychotherapist	13 (15.9)	42 (12.5)	0.415
	PhD	22 (26.8)	59 (17.5)	0.055
	Other	6 (7.3)	17 (5.0)	0.527
Place of work				
	Hospital	41 (50.0)	241 (71.5)	<0.001
	Private hospital	4 (4.9)	6 (1.8)	
	Private practice	6 (7.3)	29 (8.6)	
	University	6 (7.3)	24 (7.1)	
	Other	7 (8.5)	37 (11.0)	
Primary treatment approach				
	Biological	22 (26.8)	123 (36.5)	0.431
	Psychotherapeutic	5 (6.1)	17 (5.0)	
	Both biological and psychotherapeutic	53 (64.6)	189 (56.1)	
	This does not apply to me	2 (2.4)	8 (2.4)	
Religious beliefs†				
	Religious	10 (12.2)	62 (18.4)	0.182
	Spiritual	29 (35.4)	81 (24.0)	0.037
	Atheist	22 (26.8)	113 (33.5)	0.244
	Agnostic	23 (28.0)	92 (27.3)	0.892
	Other	14 (17.1)	44 (13.1)	0.345
Past personal experience with using specific psychoactive substances†				
	Cannabis	65 (79.3)	182 (54.0)	<0.001
	LSD	36 (43.9)	45 (13.4)	<0.001
	Psilocybin	39 (47.6)	63 (18.7)	<0.001
	Ayahuasca	15 (18.3)	4 (1.2)	<0.001
	DMT	11 (13.4)	6 (1.8)	<0.001
	Mescaline	4 (4.8)	3 (0.9)	0.012
	Ibogaine	1 (1.2)	2 (0.6)	0.546
	MDMA	30 (36.6)	54 (16.0)	<0.001
	None of the above	15 (18.3)	148 (43.9)	

*Mann-Whitney test for independent samples.

**Chi-square test.

Abbreviations: PAP=psychedelic-assisted psychotherapy; LSD=lysergic acid diethylamide; DMT=N, N dimethyltryptamine; MDMA= 3,4-Methylenedioxymethamphetamine.

† The percentages do not add up to 100, as the participants could select multiple answers.

Supplementary Table S5. Comparison of demographic data between participants who submitted an incomplete survey (N=50) and included participants (N=419). Significant P-values are highlighted in bold.

Variable		Included surveys (N=419)	Incomplete surveys with demographic data (N=50)	
		Median, IQR		P*
Age		38.0 (31.0-47.8)	38.5 (31.3-54.5)	0.586
Number of published scientific papers		2.0 (0.0-15.0)	3.0 (0.3-9.3)	0.427
Self-assessed knowledge on psychedelics (range 0-100)		52.0 (30.0-70.0)	49.5 (31.0-63.3)	0.223
		n, %		P**
Gender				0.019
	Male	232 (55.4)	17 (34.0)	
	Female	182 (43.4)	32 (64.0)	
	I don't want to answer this question	2 (0.5)	1 (2.0)	
	Other	3 (0.7)	0 (0.0)	
Education†				
	Psychiatry trainee	144 (34.4)	23 (46.0)	0.104
	Psychiatry specialist	275 (65.6)	29 (58.0)	0.285
	Psychotherapy trainee	55 (13.1)	6 (12.0)	0.829
	Licenced psychotherapist	55 (13.1)	7 (14.0)	0.863
	PhD	81 (19.3)	11 (22.0)	0.653
	Other	23 (5.5)	0 (0.0)	N/A
Place of work				
	Hospital	282 (67.3)	37 (74.0)	0.123
	Private hospital	10 (2.4)	1 (2.0)	
	Private practice	35 (8.4)	7 (14.0)	
	University	48 (11.5)	5 (10.0)	
	Other	44 (10.5)	0 (0.0)	
Primary treatment approach				
	Biological	145 (34.6)	18 (36.0)	0.707
	Psychotherapeutic	22 (5.3)	2 (4.0)	
	Both biological and psychotherapeutic	242 (57.8)	30 (60.0)	
	This does not apply to me	10 (2.4)	0 (0.0)	
Previous experience with psychedelic-assisted psychotherapy or psychedelic research				
	Yes	82 (19.6)	10 (20.0)	0.942
	No	337 (80.4)	40 (80.0)	
Religious beliefs†				
	Religious	72 (17.2)	9 (18.0)	0.885
	Spiritual	110 (26.3)	10 (20.0)	0.338
	Atheist	135 (32.2)	15 (30.0)	0.750
	Agnostic	115 (27.4)	9 (18.0)	0.152
	Other	58 (13.8)	9 (18.0)	0.427

Variable		Included surveys (N=419)	Incomplete surveys with demographic data (N=50)	
Past personal experience with using psychoactive substances†				
	Cannabis	247 (58.9)	9 (18.0)	<0.001
	LSD	81 (19.3)	2 (4.0)	0.007
	Psilocybin	102 (24.3)	1 (2.0)	<0.001
	Ayahuasca	19 (4.5)	0 (0.0)	0.124
	DMT	17 (4.1)	0 (0.0)	0.147
	Mescaline	7 (1.7)	0 (0.0)	0.357
	Ibogaine	3 (0.7)	0 (0.0)	0.548
	MDMA	84 (20.0)	2 (4.0)	0.006
	None of the above	163 (38.9)	3 (6.0)	<0.001

*Mann-Whitney test for independent samples.

**Chi-square test.

Abbreviations: PAP=psychedelic-assisted psychotherapy; LSD=lysergic acid diethylamide; DMT=N, N dimethyltryptamine; MDMA= 3,4-Methylenedioxymethamphetamine.

† The percentages do not add up to 100, as the participants could select multiple answers.

Psychometric characteristics of the APQ

CFA model fit indices for the 4-factor structural model of the APQ were as follows: RMSEA=0.031 (95% CI=0.021-0.040), SRMR=0.060, CFI=0.994, TLI=0.993, indicating adequate model fit according to pre-defined cut-off criteria. The APQ as a whole showed good reliability (ω =0.933, 95% CI=0.924-0.943), as well as each of its 4 sub-scales: Legal Use of Psychedelics ω =0.812 (95% CI=0.783-0.840), Effects of Psychedelics ω =0.835 (95% CI=0.810-0.860), Risk Assessment of Psychedelics ω =0.795 (95% CI=0.764-0.826), and Openness to Psychedelics ω =0.832 (95% CI=0.806-0.857).