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Peer Review

Review of: "Psilocybin in Alcohol Use Disorder Maintains Abstinence Efficacy: A Scoping Review"

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This manuscript provides a clear and accessible overview of the emerging clinical literature on psilocybin as a potential treatment for alcohol use disorder (AUD). The topic is timely and of growing interest given the rapid expansion of psychedelic-assisted therapy research. The authors successfully summarize the very small set of randomized trials currently available, and the manuscript is written in a straightforward, organized way that makes the material approachable for a broad audience.

Because only six randomized trials met the inclusion criteria, the evidence base remains extremely limited. This is not a weakness of the authors' work but rather a reflection of the current state of the field. Framing the review more explicitly as an overview of preliminary findings would help set expectations for readers. Phrasing such as *"Given the small number of eligible studies, this review aims to summarize early signals and highlight future research needs rather than draw firm conclusions about clinical efficacy"* would accurately convey the boundaries of what the evidence can support while maintaining enthusiasm for the scientific developments in this area.

The manuscript's synthesis of outcomes related to drinking behavior, craving, personality traits, and neural responses is balanced overall. At the same time, the variability across studies—differences in sample characteristics, measurement scales, psychotherapy components, and active controls—means that the findings should be interpreted with caution. A slightly softer tone when presenting trial results would strengthen the manuscript, especially given the mixed nature of the alcohol consumption data and the exploratory status of personality and neuroimaging findings.

The introduction contains engaging background information on the history of psychedelics and the chemistry of psilocybin synthesis. While this material is interesting, streamlining it may help maintain focus on the clinical evidence, particularly since the number of included trials is small. Similarly,

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clarifying some of the methodological details in the search strategy—such as specifying search terms or briefly indicating how screening decisions were made—would increase transparency and reproducibility without requiring substantial expansion.

One small but important suggestion involves language. Terms such as “cure of AUD” appear in the manuscript, but contemporary addiction medicine does not describe AUD as curable in a binary sense. The disorder is generally understood as a chronic, relapsing condition that can enter remission and be effectively managed. Using expressions such as *“treatment of AUD,” “management,” “supporting remission,”* or *“reducing harmful alcohol use”* would align the manuscript with current clinical terminology and strengthen clarity for readers.

Overall, this is a thoughtful, well-intentioned manuscript that provides a helpful snapshot of early research in an emerging area. With clearer framing of the preliminary nature of the evidence, slightly more cautious interpretation of the findings, and small refinements to terminology and methods reporting, the paper will serve as a valuable and accessible guide for readers who are following developments in psilocybin-assisted therapy for AUD. I appreciate the authors’ efforts in bringing this material together and hope these suggestions are helpful as they refine the manuscript.

Declarations

Potential competing interests: No potential competing interests to declare.