

Harms related to non-prescribed ketamine use in Australia: preliminary findings from a web-based survey

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Introduction: There is evidence that the prevalence of non-prescribed ketamine use has increased in Australia. Internationally, rates of ketamine-related harms and deaths have also increased. Despite this, non-fatal harms remain poorly characterised in an Australian context.

Methods: The Australian Ketamine Survey recruited participants aged 18 or older, could read and understand English, living in Australia, who had used non-prescribed ketamine in Australia in the past 12-months. The survey was web-based and anonymous. Data collected included demographics, other drug use behaviour, and detailed measures related to ketamine use. This descriptive analysis focused on self-reported adverse related to ketamine use, and clinical indicators of cystitis, ketamine use disorder (KUD).

Results: Between December 2025 and May 2026, 345 respondents were recruited, aged 18-69 (median=29, women=40.4%, non-binary=7.7%).

Respondents reported experiencing a range of adverse events related to their ketamine use. Vomiting while using ketamine was reported by 121 (36%) of respondents. In these people, co-use of alcohol at the time was reported by 80.8%. Pain in the upper abdomen, lower abdomen, and middle-to-lower back area in the days after using ketamine were reported by 23 (7.2%), 32 (8.2%), and 31 (8.9%) respectively.

Fifty-four (15.7%) respondents met the criteria (≥ 4 out of 10) for KUD using an adapted DSM-5-TR symptom checklist. Of these respondents, only 22 (40.4%) reported they thought they had a ketamine use problem. Fifty-one (14.7%) respondents scored ≥ 7 out of 20 on the Interstitial Cystitis Symptom Score, indicating cystitis. Fifteen (4.5%) met both the criteria for KUD and returned score potentially indicating cystitis.

Discussion and Conclusions: A minority of survey respondents meet criteria for KUD and/or experience symptoms that indicate cystitis, representing emerging harms in an Australian context.

Implications for communities, practice, and policy: Evidence of urological symptoms and KUD represent potential targets for harm reduction education.

Disclosure of Interest Statement: Stassi Kypri receives an Australian Government Research Training Program scholarship which covers tuition fees, provides a stipend for living costs, and supports professional development. This project is funded by the National Centre for Clinical Research on Emerging Drugs (NCCRED). NCCRED receives funding via a research grant from the Department of Health, Disability, and Ageing (RG230617).