

4.1 Future challenges

As well as responding to current challenges, an ATS national strategy needs to recognise that the ATS market, patterns of use and related harms are dynamic. It will be important to anticipate future challenges and to continually monitor changes in the market and related problems to ensure new challenges are effectively met in a timely fashion. Current major data collections should be maintained, while there is a need to establish additional effective monitoring systems and continue to build a dynamic quality evidence base. Potential future challenges include the following:

- Given the nature and relative ease of ATS production, it is possible that sources of precursor chemicals and locations of ATS production and distribution will change. In response to law enforcement activities, locations and distribution networks may change. It will be important to continually monitor such changes and to anticipate and respond to new source countries;
- Along with the current growth in overall global trade, it is anticipated that the size and scale of legitimate trade in precursors and essential chemicals for industry will continue to increase. This may present increased opportunities for traffickers to conceal ATS precursors in the legitimate trade of industrial chemicals;
- New manufacturing processes and syntheses of ATS may emerge in response to changing market demands and strategies to reduce access to particular precursor chemicals and pharmaceuticals. It will be important to monitor and respond to new ATS formula and manufacturing processes;
- It will be important to enhance the capacity of forensic services to conduct strategic forensic intelligence to better understand the changing processes of production and supply, and related risks, throughout Australia;
- The Internet is emerging as a source of information about drug production and use, diverted pharmaceuticals, precursor chemicals and ATS. It will be important to monitor and respond to challenges set by emerging technology and communication systems;
- It will be important to assess changes in the prescription and use of stimulant medication to manage ADHD and, where indicated, respond to the impact of this use on illicit ATS use and related problems;
- There is limited understanding of some of the long term physical and psychological effects of methamphetamine and ecstasy use. It will be important to build the evidence base and to anticipate and respond to the consequences of long term use;
- Patterns of use of one drug are often related to patterns of other drug use, including alcohol and tobacco. It is important to understand how rates and patterns of ATS use are related to the availability and patterns of other drug use;
- There is limited understanding of the pathways into and out of a criminal career and how this intersects with ATS use and related problems. Enhancing the effectiveness of interventions in the criminal justice system will require investment in basic criminological research;

- There is limited understanding of the impact of parental ATS use on children, from conception through the various developmental challenges. It will be important to develop an evidence base and develop effective responses;
- There is a need to enhance understanding of the natural history of ATS use and contexts of use and the diverse needs of various subgroups, who engage in diverse patterns of use of the various forms of ATS; and
- There is a need to enhance understanding of the links among ATS and other drug use and violence and crime, and to inform preventive and other responses; and
- There is limited information about the impact of ATS on the ageing population, especially if current cohorts continue use into older age.

4.2 Building the evidence base

There is limited research on the efficacy of law enforcement, prevention, harm reduction and treatment responses to ATS use and related problems. For example, while a number of treatment trials have been conducted, few meet the requirements needed for clinical practice. Similarly, there is a need to better understand the impact of various precursor and ATS supply reduction approaches and in general, the market influences on price, purity, availability and demand are not thoroughly understood.

Investing in the following research areas will enhance responses to ATS related problems:

- Understanding the risk and protective factors that specifically influence the uptake of ATS use and the experience of particular problems;
- Understanding the ATS market(s) - factors that influence production, price and purity and the relationship of these to ATS use and related problems;
- Understanding the influence of particular contexts and activities (e.g., work and recreational activities, including alcohol and other drug use) on ATS use and experience of related harm;
- Understanding the patterns of ATS use and related harms in rural and remote Australia, and the implications for interventions;
- Understanding the problems of ATS use and related harms among Culturally and Linguistically Diverse Communities (CALD) and the implications for interventions;
- Identifying the health and social burden attributable to methamphetamine and other ATS use, including improved monitoring of the impact of psychiatric and medical emergencies on law enforcement and health services;
- The influence of ADHD management and medication on ATS use;
- The use of ATS by adults as self-medication for the symptoms of ADHD, the identification and diagnosis of these people, and effective interventions;
- Understanding the individual and societal natural history of ATS use and related problems. This will include an improved understanding of the pathways between occasional and regular use;
- Monitoring international and local research that facilitates understanding the longer term effects of ecstasy and methamphetamine use;

- Improved understanding of criminal and drug using careers to more effectively identify at risk contexts and groups and key points for intervention to break the cycle of offending and illicit drug use;
- Enhanced understanding of the harms and risks associated with smoking meth/amphetamine;
- Improved understanding of the patterns of meth/amphetamine use and injecting among gay and lesbian communities and how this impacts on sex risk behaviours and the transmission of blood borne viruses;
- Understanding the links between ATS, and other drug, use and aggressive behaviour, violence and crime and improving preventive and other responses;
- Improved understanding of the context and nature of risk taking behaviour, including risky sexual practices that may occur with different subgroups of ATS users;
- The application of time-series and other longitudinal analyses to evaluate the impact of ATS-related policy development and interventions;
- Enhancing diversion responses for people under the age of 18 who are affected by ATS use;
- Enhanced evidence-base for law enforcement strategies to prevent and respond to drug problems in general and ATS problems in particular;
- Identifying the elements of effective law enforcement, public health and treatment responses that are specific to ATS use and related problems (as opposed to other drug use);
- Identifying the specific elements of law enforcement, public health and treatment responses to different modes of ATS administration (e.g., smoking, injecting);
- Identifying the factors that contribute to effective and sustained impact of law enforcement, public health and treatment responses to ATS use and related problems; and
- Understanding, and responding to, factors that limit service use by ATS consumers.

As noted under Priority Area 3, it is recommended that an examination be undertaken of the benefits of establishing an ATS clinical research network to conduct research into:

- Pharmacotherapies to treat meth/amphetamine intoxication, withdrawal and dependence;
- Psychosocial interventions to treat meth/amphetamine dependence;
- Interventions to enhance responses to people with co-existing ATS and mental health problems, in particular anxiety and depression; and
- Opportunistic and other interventions to reach the large proportion of occasional users, including ecstasy users, who do not come into treatment settings.

4.3 Coordinated response/partnerships

A wide range of stakeholders are affected by ATS use and have a role in developing and implementing effective responses to prevent and respond to related problems. These include, but are not restricted to:

- ATS consumers and consumer groups;
- Stakeholder groups including young people, gay and lesbian communities, Aboriginal and Torres Strait Islander Communities, people from Culturally and Linguistically Diverse communities;
- Parents and other care providers;
- Law enforcement services including police, customs, corrections and court staff;
- Drug specialist, general health and mental health staff in government and community services;
- Emergency staff such as ambulance and Emergency Department staff;
- Teachers and other staff in the education system such as school support staff and health staff in post-secondary and tertiary education institutions;
- Professional and peak organisations such as the Alcohol and other Drugs Council of Australia (ADCA), Australian National Council on Drugs (ANCD), Australian Psychological Society (APS), Australasian College for Emergency Medicine, Australasian Professional Society on Alcohol and other Drugs (APSAD), BeyondBlue, Drug Free Australia (DFA), Pharmaceutical Society of Australia, Royal Australian and New Zealand College of Psychiatrists (RANZCP), Royal Australian College of General Practitioners (RACGP), Royal Australian College of Nursing (RACN), Royal Australian College of Physicians (RACP), Sane Australia;
- Government agencies such as Intergovernmental Committee on Drugs, Office of Aboriginal and Torres Strait Islander Health, Department of Health and Ageing;
- Road safety organisations;
- Jurisdictional forensic agencies;
- Pharmaceutical and chemical companies and professional bodies;
- Occupational safety and health staff; and
- Australian, State, Territory and Local Governments.

Responding to drug problems in general has been hampered by disaggregated as opposed to integrated services and responses. Coordinated responses are critical to effective responses to ATS related problems. For example, participants in the process to develop the ATS Strategy consistently indicated that there was a need to ensure that drug specialist, mental health and general health services develop clear referral and management pathways and implement more integrated care plans; law enforcement staff emphasised the need to ensure clear linkages between police services and treatment agencies to facilitate referral and effective care. While many activities described in the National ATS Strategy will demand additional resources, others will be realised through enhanced coordination of effort among

stakeholders. Implementing the activities recommended in the National ATS Strategy should be undertaken in the context of building and maintaining coordinated responses. However, it is difficult to see how this will happen without specific agencies being tasked and funded to facilitate co-ordinated responses across the relevant sectors.

4.4 Monitoring and evaluation

The National Amphetamine-Type Stimulant Strategy 2008-2011 has been developed in the context of and consistent with the National Drug Strategy 2006-2009. In line with the NDS, the National Cannabis Strategy and the National Alcohol Strategy, the National ATS Strategy should be evaluated by determining progress towards adopting or implementing the activities under each Priority Area of the Strategy. Although it is considered important to monitor changes in patterns of ATS importation, production, distribution, use and related problems, it is likely that any changes will be hard to detect over the relatively short time frame (3 years) of the current ATS Strategy.

In the context of the next iteration of the National Drug Strategy, a subsequent National ATS Strategy should be considered at the end of 2009. Engaging in careful monitoring and evaluation of the current ATS Strategy will inform this process. ATS production, importation, and distribution may change, in turn affecting patterns of use and related problems. Careful monitoring of such changes should inform any future iteration of the National ATS Strategy.

To ensure that MCDS has a solid evidence base on which to move forward with a subsequent national ATS strategy, an evaluation framework should be developed modelled on the principles that underpinned the development of the National Drug Law Enforcement Research Fund (NDLERF)/Australian Institute of Criminology (AIC) drug law enforcement framework (Homel and Willis, 2007). These principles were:

- A focus on high level outcomes;
- Limited number of outcomes;
- Utilise existing data; and
- Development of outcomes that are:
 - clear in their purpose and useful in gauging the effectiveness of policies and strategies;
 - reliable;
 - easy to interpret;
 - adaptable to different settings; and
 - aligned with the National Drug Strategy.

The framework should be a model and starting point for the development of appropriate performance measures for specific agencies with specific briefs in different settings that can report to MCDS on progress against the key priorities areas of the strategy.