Keynote 2: Methamphetamine Now: Clinical Realities and Treatment Frontiers

Presenters: Nadine Ezard and Didier Jutras-Aswad

Format: Fireside chat interview (Nadine Ezard interviewer/Didier Jutras-Aswad interviewee)

Time allocated: 70 minutes (10 minutes opening - Australian framing; 40 minutes interview with preplanned questions/themes; 20 minutes audience questions)

Abstract

Background: Methamphetamine use disorder (MUD) has emerged as one of the most pressing public health challenges, with increasing prevalence, substantial health and social harms, and a growing burden on healthcare systems. While important advances have been made in understanding its neurobiology and clinical manifestations, major gaps remain in the evidence supporting effective treatment, particularly for individuals with co-occurring mental health disorders.

Current evidence: Recent evidence highlights the need to move beyond isolated interventions toward comprehensive, person-centred models of care. Comparative evidence on psychosocial and pharmacological treatments continues to evolve, and evidence synthesis using network meta-analysis is beginning to clarify the relative effectiveness of available interventions while identifying priorities for future therapeutic development. At the same time, the high prevalence of concurrent psychiatric disorders underscores the importance of integrated approaches that address both substance use and mental health rather than treating these conditions in parallel. Improving outcomes for people living with MUD will require coordinated efforts across clinical care, research, and health systems. Ongoing clinical trials, implementation initiatives, and international collaborations are expanding the evidence base for novel pharmacological and psychosocial interventions while seeking to improve access to evidence-based care in real-world settings.

Implications: Future research should prioritize the development of more effective multimodal treatments, the integration of addiction and mental health services, and implementation strategies that accelerate the translation of evidence into routine clinical practice. Together, these developments signal a shift toward a more integrated and evidence-informed approach to MUD, offering new opportunities to improve outcomes for individuals affected by this often complex disorder and to strengthen health system responses.