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Research on Emerging Drugs

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**Department of Health
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SYDNEY
—
Matilda Centre

Acknowledgement of Country

We would like to acknowledge and pay respects to the Traditional Custodians of Country throughout Australia and recognise their continuing land, water and culture.

We pay out respects to those who have cared and continue to care for Country.



1 You are in **listen-only** mode

2 Please type your questions using the **Q&A button** on your dashboard.

3 This **webinar is being recorded** and will be made available on *Cracks in the Ice*.

4 *Cracks in the Ice* and NCCRED both hold regular webinars/seminars. For more information visit *Cracks in the Ice* (cracksintheice.org.au) and/or NCCRED (nccred.org.au) websites



Internet-Delivered CBT for Methamphetamine Use – From Treatment Manual to Digital Intervention

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Cracks in the ice webinar presentation
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Acknowledgement of Country

I'd like to acknowledge all First Nations People across the lands on which we live and work and pay my respects to Elders past and present.

I'd like to acknowledge that I'm coming to you from Dharawal country.



National Centre for Clinical
Research on Emerging Drugs



UNSW
SYDNEY

Today

- Background - why an iCBT for Methamphetamine
- The process of translating manualised CBT into a digital intervention
- Inside IMPACT, including its structure, content and key features
- A brief summary of the research project evaluating IMPACT



Background

Why iCBT for methamphetamine?

- Methamphetamine is the most widely used synthetic stimulant globally (EMCDDA, 2022)
- Frequent methamphetamine use may lead to methamphetamine use disorder (MAUD). MAUD is characterised by escalating tolerance and ongoing use to prevent withdrawal symptoms following cessation.
- In Australia, methamphetamine accounted for 8.2% of all drug-related hospitalisations in 2020-2021 and has been linked to a rising rate of drug-related deaths, with rates in 2022 nearly four times higher than in 2000 (Stronach et al., 2024).
- Methamphetamine has also become the most common illicit drug for which treatment is sought (AIHW, 2024).

Background

Why iCBT for methamphetamine?

Barriers to Care for People Who Use Methamphetamine

- The current treatment system meets only an estimated 26.8% to 56.4% of demand (Ritter et al., 2019).
- The treatment gap: people report waiting an average of 5-10 years after harms emerge before entering treatment (Lee, Harney & Pennay, 2012).
- Geographic access: 31% of treatment seekers in regional areas must travel more than one hour to reach care (AIHW, 2019).
- Gendered barriers: Women use methamphetamine at rates comparable to men, yet account for less than one-third of treatment presentations — reflecting caregiving duties, stigma, and institutional barriers (Roche et al., 2015; Clifford et al., 2023).
- Stigma: methamphetamine use remains a highly stigmatised activity, including by health care professionals
- No Drug treatments: No pharmacotherapy is currently approved specifically for methamphetamine use disorder, leaving psychosocial care as the primary treatment option (Siefried et al., 2020).
- Psychosocial complexity: Poverty, homelessness, social isolation, stigma, and co-occurring mental illness compound engagement and complicate delivery of effective care (Grigg et al., 2018).

Background

Why iCBT for methamphetamine?

- CBT is one of the most well-established psychological interventions for substance use disorders (Magill et al.2019). It is usually delivered in person/face to face.
- For methamphetamine use, recent systematic review and meta-analyses show that CBT is associated with short-term abstinence (Kim et al., 2025) and reductions in both use and cravings (AshaRani et al., 2020).
- However, face-to-face CBT delivery is resource-intensive and limited by clinician availability (McHugh et al., 2010; Ritter et al., 2019).
- The structure of CBT therapy allows it to be tailored to a range of different conditions and adapted for digital delivery (Magill et al. 2019)
- There is a growing body of evidence examining the potential benefits of CBT based digital health interventions (DHI) (Käll et al 2024; Crocamo et al 2025).

Background

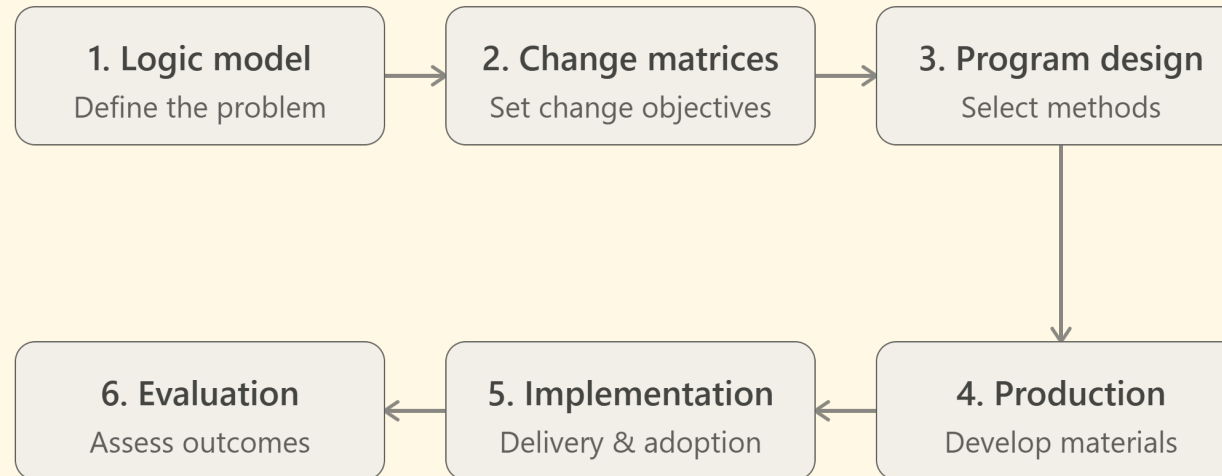
Why iCBT for methamphetamine?

- DHIs may enhance reach and flexibility, thereby improving access for individuals facing geographic, financial, or stigma-related barriers (Andersson & Titov 2014; Treanor et al., 2021). Theoretically addressing the needs of people who use methamphetamine.
- Emerging systematic and meta-analytic evidence suggests that internet delivered ‘iCBT’ interventions can reduce alcohol and other drug use and have significant potential as scalable and accessible treatment approaches for substance use disorders (Gregory et al., 2024).
- However, compared to other substances, particularly alcohol and nicotine, relatively few DHIs have been developed specifically for methamphetamine use (Johanssen et al., 2024).
- Methamphetamine use has distinct features (cognitive impairment, polysubstance use, psychosocial complexity, engagement difficulty — Potvin et al. 2017; Grigg et al. 2018) meaning generic DHIs may not fit; tailoring is needed (Rubenis et al., 2021).
- A scoping review of 12 DHIs for methamphetamine found none were "traditional" CBT programs, with variable engagement (Fletcher et al., 2025) — this is the gap IMPACT addresses.
- IMPACT provides a linear CBT program, tailored for methamphetamine.

Translation from manuals to DHI

Intervention Mapping (IM)

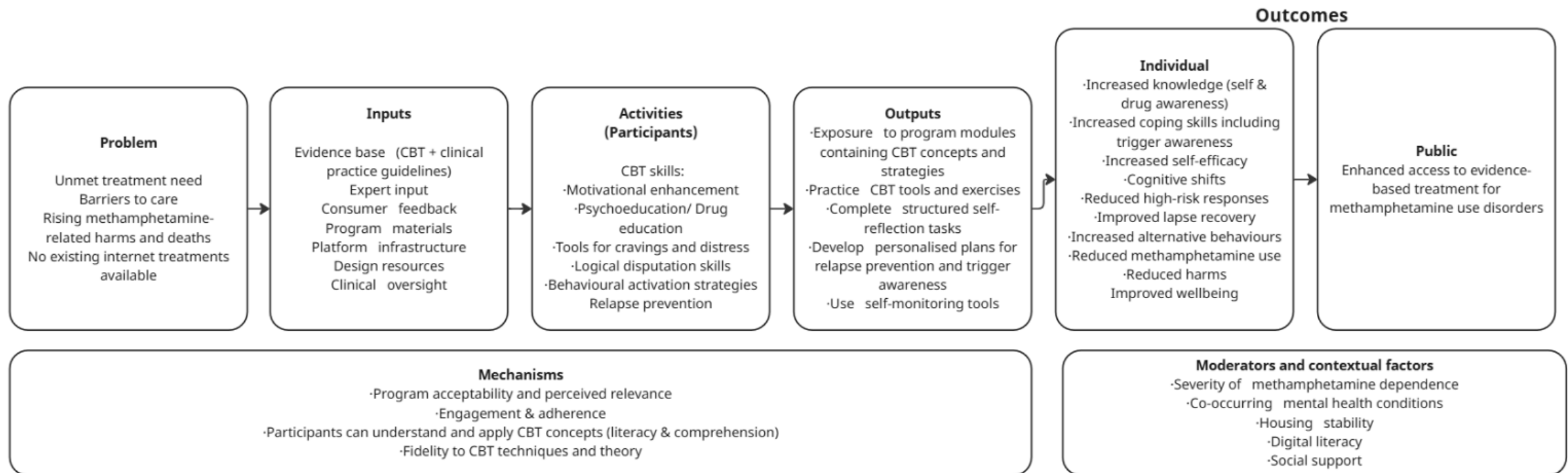
a 6-stage framework: (1) program logic model, (2) matrices of change, (3) program design, (4) production, (5) implementation, (6) evaluation (Bartholomew et al., 2016).



Translation from manual to DHI

Intervention Mapping (IM) - Stage 1 Logic Model

identified core problems (unmet need, access barriers/stigma, rising harms, lack of methamphetamine-specific iCBT) and the program's goal (increase exposure to/practice of CBT skills).



Translation

Intervention Mapping (IM) - Stage 2 Matrices of change

A matrix of change links a desired behavioural outcome to the specific objectives and underlying determinants (e.g. knowledge, skills, self-efficacy) that must be addressed to achieve it. 3 sources:

- *This Way Up* (established Australian iCBT platform) – informed delivery structure - provided ‘blueprint’
- *Clinical guidelines* – Baker et al. (2003) brief CBT manual for amphetamine users (motivation, triggers, craving management, refusal skills, relapse prevention) + Stone et al. (2019) AOD counselling guidelines (therapeutic alliance, harm reduction, cultural responsiveness).
- *Consumer consultation* – 4 focus groups (Apr-May 2023) with lived-experience participants. Key findings: focus on skills not abstinence; prefer video over reading; want authentic/"street" visual style, not polished/clinical; value peer representation.
- *Clinical Reference Group (CRG)* – 10 multidisciplinary experts, two waves of review (Wave 1: Feb-Sep 2023, 7 meetings; Wave 2: Apr-Jun 2024, 6 Miro-based sessions).

Translation

Intervention Mapping (IM) - Stage 2 Matrices of change

Behavioural outcome: Participants engage with IMPACT sufficiently to receive therapeutic exposure			
Performance Objective (PO-E)	Perceived Usefulness (TAM)	Perceived Ease of Use (TAM)	Feasibility Indicator
PO-E1 Complete onboarding	The information in this program is relevant to changing my relationship with methamphetamine.	This program is easy to navigate. Learning to use this program was straightforward.	Uptake (onboarding completion)
PO-E2 Commence program	This program provides useful strategies for reducing my methamphetamine use.	I can complete the exercises without difficulty.	Uptake (Lesson 1 start)
PO-E3 Return weekly	Using this program improves my ability to cope with methamphetamine cravings.	The program layout is simple and user-friendly.	Number of instances of access % program completion % lesson completion
PO-E4 Engage with exercises/tools	This program helps me manage my methamphetamine use.	I can complete the exercises without difficulty.	Lesson % completion % program completion
PO-E5 Use the program independently	Completing this program will help me make positive changes in my life.	I feel confident using this program without additional help.	Sustained engagement Drop-out reduction % completion

Behavioural Outcome: Participants reduce methamphetamine use by applying CBT skills in high-risk situations and interrupting ‘automatic’ thoughts and cue-driven behaviour								
Performance Objectives (PO-T)	Knowledge / Awareness	Skills / Behavioural Capability	Self-Efficacy	Outcome Expectancies	Cognitive Beliefs	Reinforcement Valuation	Self-Concept	Self-Regulation / Planning
PO-T1 Increase motivation	Understand reward pathway, salience & withdrawal	Complete decisional balance & values exercises	Express confidence in capacity to change	Expect benefits of reducing use	Identify ambivalent thoughts	Recognise overvaluation of meth reward	View self without self-criticism	Articulate change intention
PO-T2 Identify triggers	Define internal & external triggers	Conduct trigger analysis	Confidence identifying patterns	Expect awareness reduces risk	Recognise cue ≠ inevitability	Recognise cue-driven salience	Reduce shame about triggers	Plan monitoring
PO-T3 Monitor cravings	Understand craving cycle	Use craving & consumption log	Confidence tracking urges	Expect monitoring increases control	Reframe urges as transient	Notice reinforcement spikes	Reduce self-blame for urges	Establish monitoring routine
PO-T4 Interrupt autopilot use	Understand ABC model	Apply circuit breaker, urge surfing, breathing	Confidence delaying response	Expect delay weakens craving	Challenge “I must use now” thoughts	Reduce dominance of meth reward	View lapse as process, not identity	Implement delay plan
PO-T5 Restructure beliefs	Identify automatic thoughts & core beliefs	Use disputation & downward arrow	Confidence challenging thoughts	Expect belief shifts influence behaviour	Replace maladaptive beliefs	Decrease belief meth is only coping strategy	Shift “I am a failure” to adaptive belief	Plan use of cognitive tools
PO-T6 Increase alternative reinforcement	Understand behavioural activation rationale	Schedule valued/pleasant activities	Confidence initiating activities	Expect alternatives can compete with meth	Challenge “nothing else works”	Increase valuation of non-drug reward	Strength-based identity building	Weekly goal tracking
PO-T7 Stabilise routine & sleep	Understand sleep-craving link	Implement routine stabilisation & sleep hygiene	Confidence regulating routine	Expect routine reduces vulnerability	Challenge “I cant change”	Reduce physiological dysregulation	Reduce hopelessness	Sleep diary & habit planning
PO-T8 Implement relapse prevention	Identify relapse warning signs	Develop stay-on-track plan	Confidence recovering after lapse	Expect lapse ≠ failure	Challenge all-or-nothing thinking	Protect alternative reward pathways	Reduce shame spiral	Daily check-in & recovery script

Translation

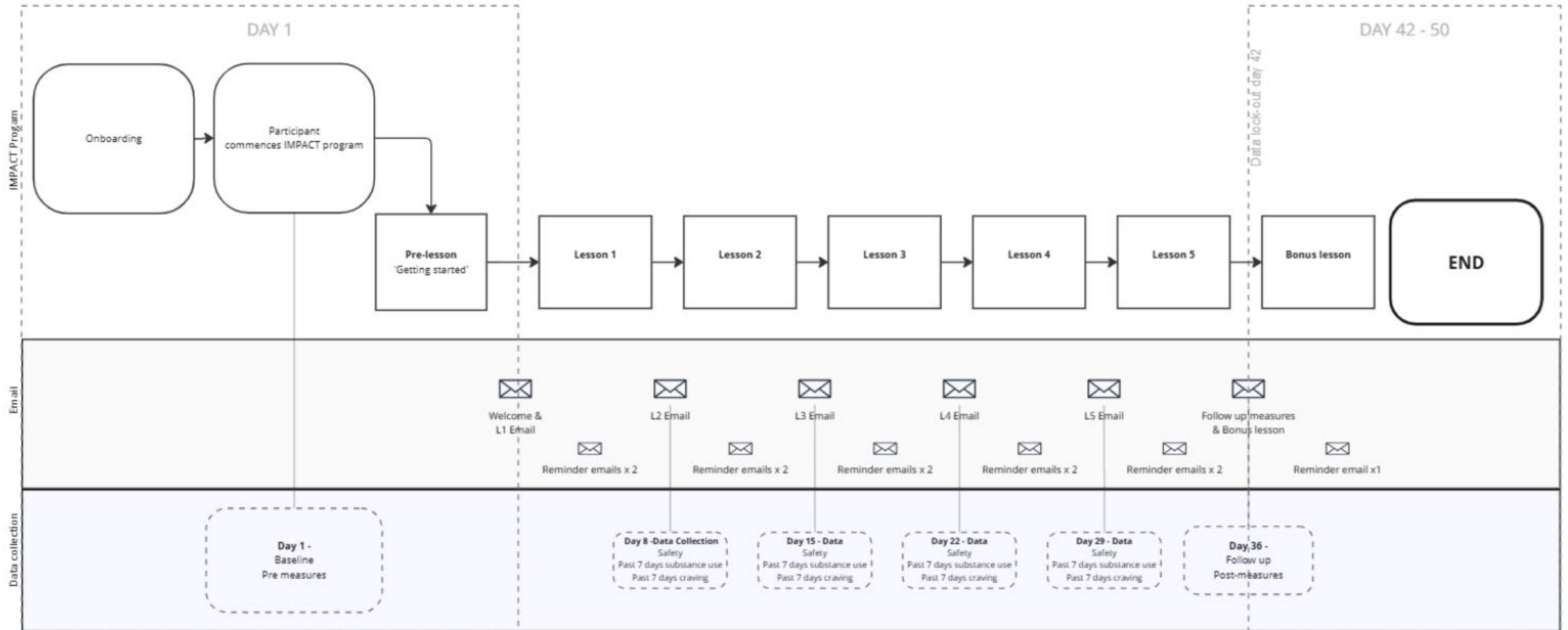
Intervention Mapping (IM) - Stages 3-4 – Design/production

Used systematic instructional design (adapted Dick & Carey model) to operationalise Matrices of Change.

Each lesson follows: orientation → psychoeducation → skill rehearsal → worked examples → practice/homework → summary & action plan.

Component	Description
Lesson orientation and learning focus	Each lesson begins with a brief orientation outlining the topic and learning objectives for that lesson. This serves as an advance organiser, helping participants understand the relevance of the material and orienting them to the skill being introduced.
Psychoeducation and conceptual explanation	Lessons then introduce the CBT concept or behavioural skill relevant to the lesson. Information is presented in short segments ('chunks') to support comprehension and manage cognitive load, consistent with cognitive learning principles.
Skill rehearsal and structured exercises	Participants are guided through structured exercises designed to rehearse the CBT skill being introduced. These exercises provide opportunities for guided practice and scaffold skill acquisition within the lesson environment.
Worked examples and modelling	Worked examples and contextualised scenarios illustrate how CBT techniques can be applied to common experiences associated with methamphetamine use, such as triggers, cravings, and lapses. These examples support observational learning and help translate abstract concepts into practical strategies.
Weekly homework practice	Each lesson concludes with a structured 'practice' activity designed to encourage participants to apply the skill in their daily lives between lessons. These practice tasks function as behavioural homework, a core component of CBT interventions, supporting repetition and real-world skill application.
Lesson summary, action plan and transition	Lessons end with a summary of key take-home points and an action plan for the coming week. Subsequent lessons briefly revisit previously introduced skills to reinforce learning and scaffold participants towards deeper knowledge and cumulative skill development over time.

Inside IMPACT



Inside IMPACT

- 6 sequential lessons over 6 weeks, 30 CBT activities, 5 instructional videos, 10 character-narrative videos, weekly practice tasks. Delivered as digitised content and activity via REDCap; new lesson unlocks weekly; reminder emails every 3 days.
- Characters: **Adam** and **Lee** (participants, reflecting diverse demographics/goals), **Dimitri** (lived-experience telehealth counsellor) and **Liz** (F2F counsellor) – designed with consumer input for authenticity.
- Key features:
 - multi-modal content to reduce reading burden
 - non-abstinence framing
 - Interactive digitized content, activities, weekly homework ‘practice’
 - "lens check" reflective checkpoints (approximating therapist dialogue)



Inside IMPACT

IMPACT

Internet CBT program for methamphetamine

Lessons and practice activities will be unlocked each week as you move through the program

Getting started



Start lesson

Start practice activity

Lesson 1

What matters and why



Start lesson

Start practice activity

Lesson 2

Building wellbeing



Start lesson

Start practice activity

Lesson 3

Making a change



Start lesson

Start practice activity

Lesson 4

Making a change that lasts



Start lesson

Start practice activity

Lesson 5

Staying on track



Start lesson

Start practice activity

Lesson 6

Get better sleep



Start lesson

Please remember that this program provides general advice only.

In the first instance, always follow the individual advice you receive from your medical team.

Download a copy of your responses to lesson activities and practice activities here

Welcome
Getting started
Practice: Tools for cravings

Download Lesson PDF
welcome_2026-03-04-07-1204 (1).pdf (10)

Download Practice PDF
toolsforcravings_2026-03-05-08-02-2021 (6).pdf (10)

Lesson 1
What matters and why
Practice: Craving and consumption log

Download Lesson PDF
lesson1download_2026-03-07-09-22-2021 (6).pdf (10)

Download Practice PDF
lesson1practicetooldownload_2-2021 (2).pdf (10)

Lesson 3
Making a change
Practice: Preparing for cravings

Download Lesson PDF
lesson3download_2026-03-07-09-22-2021 (6).pdf (10)

is yet completed

Support & Contact Details

Please note that IMPACT is a set of tools and techniques as part of a self-management program. It is not a crisis service and is not intended to replace medical care.

If you are in an emergency or mental health crisis, please call emergency services (Police or Ambulance) on **000**, or Lifeline on **13 11 14**. You may also contact your GP.

If you need help with your substance use issues but are not in an emergency, call the National Alcohol and Other Drug Hotline on **1800 250 015**.

You can reach out to the study team by email: impact.study@unsw.edu.au

Translation

Digital adaptation case study - CBT from manual to digital intervention: Trigger analysis

The manual (Baker et al 2003) instructs the therapist to collaboratively identify triggers, explore high-risk situations, establish links between triggers, thoughts and urges, and develop an individualised formulation. The clinician also provides the client with a 'craving log' worksheet to monitor cravings and consumption. This process relies heavily on therapist questioning and scaffolding and is not readily transferable to a self-directed format. Case formulation is a nuanced and complex process that relies on clinical judgement and bidirectional dialogue, making it neither feasible nor appropriate to ask participants to independently reproduce this process.

Problem: Participants were working independently, without the bidirectional dialogue and responsive scaffolding provided by a clinician, while some of the underlying concepts were complex.

Resolution: We decomposed the therapeutic process (behavioural outcome) into a sequence of structured activities. We first introduced the craving log (self-monitoring - as an interactive digital worksheet for participants to monitor their cravings and consumption with appropriate instruction. Later, in lesson 3 we introduced the novel Trigger → Action → Response model to provide a simple framework for understanding the relationship between situations, behavioural responses and subsequent experiences. This was followed by a structured 'trigger analysis' activity, supported by step-by-step instructions, a digital worksheet, an instructional video, and a demonstration using simulated characters. Later, we extended this, and introduced the concept of 'high-risk situations' and provided a digitised activity to help participants identify specific high-risk situations and practise alternative responses.

Outcome: A complex, therapist-mediated formulation process was therefore redeployed as a sequence of structured, multimodal activities that could be completed independently.

Inside IMPACT

Practice - Craving and consumption log

For the next week, fill out the craving log every time you consume methamphetamine or experience a craving.

One or two entries is all you need, but the more information you gather, the more you will learn about yourself. The craving and consumption log aims to help you identify your own patterns. We will use it later in the program.

What to record

Date & time

When did it happen?

Feelings

What emotions did you notice?

Action taken

What did you do next?

Situation

What was happening? Where were you? Who were you with?

Sensations

What did you notice in your body?

Result

What was the result?

Thoughts

What was going through your mind?

Craving strength

How strong was the craving from 0 to 100?

Notes

Any other comments or notes you wish to make about the craving or consumption that you think might be useful.

Tip: Short notes are completely fine. A few words or dot points are enough.

Craving and consumption log

Date

DD-MM-YYYY

Today 0-MY

Time

24-hour time

Now 1:30

Situation

What was happening? Where were you? Who were you with?

Type here

Thoughts

What was going through your mind?

Type here

Emotions

What feelings did you notice?

Type here

Sensations

What did you notice in your body?

Type here

Craving intensity

0 = no craving, 100 = extremely strong craving.



Action taken

What did you do next?

Type here

Result

How did you feel afterwards? What happened next?

Type here

Comments

Add anything else that might help you understand the pattern.

Type here

Craving and consumption log

Your completed craving log entries will appear in this table. After you click **Submit**, you can choose to add another entry or return to the IMPACT homepage.

Showing 1 of 1 entries

Date	Time	Situation	Thoughts	Emotions	Sensations	Craving Intensity (1-100)	ACTION TAKEN	Result	Comments

Previous 1 Next

Submit

Save & Return Later

Inside IMPACT



AAA
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Lesson 3 - Making a change

Page 1 of 16

Lesson 3

Making a change

In this lesson you will take steps towards identifying and changing your patterns of methamphetamine use. You'll also learn about cravings, and make a craving plan.

By the end of this lesson, you'll be able to:

- ✓ Understand 'autopilot'
- ✓ Understand the relationship between your substance use patterns and your thoughts, feelings and actions
- ✓ Know the difference between helpful and unhelpful thoughts
- ✓ Make a plan to help with cravings

Next Page >>

Save & Return Later

Inside IMPACT

Autopilot



Autopilot is your brain on repeat.

You go through the day automatically without thinking about it. When you do something on autopilot, it can feel like it's happening automatically. But there is usually a specific pattern:

T Trigger: something that happens that leads to an action

A Action: what you do in response to the trigger

R Result: what happened after the action

If substance use has become part of your daily or weekly routine, it may be something that happens on autopilot; where you're repeating a pattern.

Autopilot helps keep you stuck. In some cases, your interpretation about a particular situation can be unhelpful, but it happens so quickly that you don't even realise what is happening before you've gone and acted on it.

Examples of autopilot patterns for a person who consumes methamphetamine. The first three examples show examples of autopilot patterns linked to one main trigger. The fourth example shows how several triggers can combine together.



Trigger

(One main trigger)

I was at a friend's house and a pipe went around.

Action

I used even though I didn't want to.

Result

I had a bad time of it and felt uneasy and paranoid.



Trigger

(One main trigger)

I felt tired and couldn't stop thinking about methamphetamine.

Action

I used methamphetamine through the day.

Result

The next day, I felt tired and couldn't stop thinking about methamphetamine.



Trigger

(One main trigger)

The house was a mess and I knew methamphetamine would give me energy for cleaning.

Action

I called my dealer and bought some methamphetamine, and after cleaning invited some friends over. We used more, and had a party.

Result

The house is a mess again, and I'm thinking that methamphetamine would give me energy for cleaning.



Trigger

(Multiple triggers at once)

It was a Friday night, I called a friend who invited me along for a smoke, I was feeling stressed about issues at work, so I thought "why not, I deserve to blow off a little bit of steam".

Action

I used methamphetamine, and spent the rent money buying more.

Result

I had a 3-day bender, where I felt extremely paranoid and then called in sick for work for a week.

Triggers can be:

- **Situations:** events such as social occasion or difficult news, or being in a scenario where you would normally consume methamphetamine.
- **Feelings:** such as being happy, excited, bored, scared, upset, lonely or craving.
- **Thoughts:** "I'm bored" or "why not".
- A combination of these things.



Usually, people suddenly realise that they are experiencing a craving/urge to use, but this is often a signal that they have slipped into autopilot and a trigger has then resulted in a craving. Autopilot is made stronger because of the addictiveness of methamphetamine.

Inside IMPACT

Noticing your autopilot patterns

Often, autopilot patterns happen so quickly that we don't even realise we are on autopilot. But, if you can notice your triggers, your thoughts and how you feel when you are triggered, you can make a more conscious choice of the action you take, which will lead to different results.

Video: Adam and Liz - autopilot patterns

In this video, Adam and Liz work together to identify some of Adam's autopilot patterns. Adam was triggered by his friend's message and invitation over, and the feelings of excitement and thoughts like "I'll just go for an hour". He then took action to go over there and the result was that he had a big weekend even though he'd planned not to.



<< Previous Page

Next Page >>

Save & Return Later

Inside IMPACT

Lesson 3 - Making a change

Page 6 of 16

Conducting a trigger analysis

To become aware of your autopilot patterns, you will need to monitor your triggers. Once you understand your patterns, you can create a plan and equip yourself with the tools, resources and support you need to get through.

Remember:

Since Lesson 1, you've been tracking your cravings and methamphetamine consumption using the **Craving and consumption log**. After watching the videos and reviewing the example, you'll use your own log entries to complete this activity.

If you want to return to the craving and consumption log to add more entries, use the button below:

[Craving and consumption log](#)

What is a trigger analysis?

A trigger analysis involves identifying the **who, what, when, where and why** of your cravings, along with the thoughts, emotions and physical sensations that accompany them.



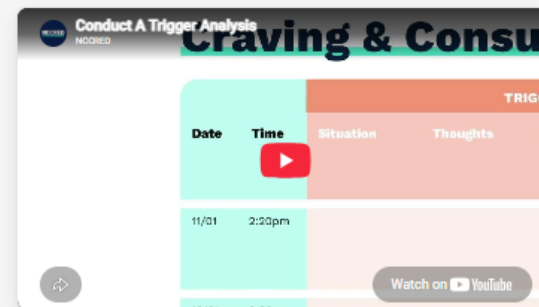
Video: Lee and Dimitri - trigger analysis

In this video, Lee begins to recognise her triggers and understand the patterns that lead to cravings. With support from Dimitri, she learns a simple "circuit breaker" technique to pause, notice what's happening, and ride out the urge without acting on it. This video introduces how identifying triggers and using in-the-moment strategies can help you regain control.



Video: Conduct a trigger analysis

In this video, you will learn how to complete a trigger analysis to identify patterns in your cravings. It shows you how to recognise the situations, thoughts, and feelings that lead to use, so you can better plan ahead and manage challenging moments.



Inside IMPACT



Activity: Analyse your trigger patterns

There are five steps to analyse your trigger patterns:

1 Time patterns

What time of the day, days of the week are you most likely to crave? Are there any patterns?

3 Thoughts, emotions and sensations

What thoughts, emotions and physical sensations tend to accompany your cravings or consumption?

2 Trigger patterns

What situations, people, places, and events are most likely to lead to cravings for you?

4 Stronger cravings or use

What situations are most likely to have stronger cravings or result in use?

5 What does it all mean?

What regularities, patterns or danger zones can you notice in your completed craving and consumption log?

What does each part of the craving log mean?



Date and time

Helps you identify time-bound patterns in your cravings.



Trigger

Helps you identify the triggering situations, thoughts, feelings or sensations.



Craving intensity

Helps show which situations are the most triggering for you.



Comments

Gives you a chance to add extra detail to understand your patterns.

You try

Use your craving and consumption log to answer each step below. If you want to add more entries to your log, use the button below the table.

Show 10 entries

Search:

Date	Time	Situation	Thoughts	Emotions	Sensations	Craving Intensity (1-100)	ACTION TAKEN	Result	Comments
15-06-2025		Situation write here	Thoughts in my mind	Feelings - lots of feelings	Sensations - all of them	97	Action taken - lots	This was the result	I add this here.
22-09-2025	09:50	I was with Amanda, moving house, she offered me a pipe	I just have a little bit	Anxious - nervous - excited	butterflies	50	Used methamphetamine for 3 days.	3 days of moving house	I felt like I could have and should have said no at that time, but for some reason I didn't.

Showing 1 to 3 of 3 entries

Previous1Next

Craving and consumption log

1 Time patterns

What time of the day, days of the week are you most likely to crave? Are there any patterns?

2 Trigger patterns

What situations, people, places, and events are most likely to lead to cravings for you?

3 Thoughts, emotions and sensations

What thoughts, emotions and physical sensations tend to accompany your cravings or consumption?

4 Stronger cravings or use

What situations are most likely to have stronger cravings or result in use?

5 What does it all mean?

What patterns or danger zones can you notice in your completed craving and consumption log?

Later in the lesson, we will use the information from your trigger analysis to make a craving plan.

Inside IMPACT

STRATEGY

3 - Identify your 'high-risk' and safe situations

As we have learned, some situations are 'triggers'.

These 'high-risk' situations can lead to unwanted substance use. In order to prevent this, its important for you to recognize the situations that are likely to end up in that way.

Its equally or perhaps more important to identify safe situations, or situations, people, places, activities and times of the day where you don't feel like using.



Adam and Liz: High-risk situations

In this video, Adam learns how to recognise high-risk situations and starts to plan how to respond differently to stay on track.





Activity : High risk and safe situations

Part 1: High risk situations

In what kinds of situations have you consumed methamphetamine?

(places, people, activities, specific times of day)

In what kinds of situations do you not want to consume methamphetamine?

(places, people, activities, specific times of day)

What are some specific examples of high-risk situations you've experienced?

(what does your 'off track' story usually look like?)

What are some of the thoughts and feelings you have before, during and after using methamphetamine?

What feelings are in your body when you don't want to use methamphetamine?

(i.e. tense, tired, in pain, cold etc)

What feelings/emotions tend to lead you to want to consume methamphetamine?

(i.e. excited, sad, lonely, bored, anxious etc)

What social situations and settings lead you to want to consume methamphetamine?

(i.e. alone, with friends, after a fight with a partner, at night etc)

Part 2: Safe situations

In what kinds of situations do you not want to consume methamphetamine?

In what kinds of situations do you not want to consume methamphetamine?

(places, people, activities, specific times of day)

What are your thoughts or triggers associated with not using?

(what does your 'safe'/non-consuming story usually look like?)

What are some of the thoughts and feelings you have before, during and after using methamphetamine?

What feelings are in your body when you don't want to use methamphetamine?

(i.e. tense, tired, in pain, cold etc)

What feelings/emotions do you have, when you don't want to have methamphetamine?

(i.e. when happy and content)

What social situations and settings do you find I'm not thinking about methamphetamine?

(i.e. with my sister, particular friends, when I'm busy during the day)

Inside IMPACT

 Activity: Saying 'No'

In this activity you will think about people who may offer you methamphetamine, and you will prepare how you will say 'no' to them. That may sound simple enough, but many people struggle with saying 'no' to something they do not want. Saying 'no' assertively is a skill to practice. Being comfortable saying 'no' will help you stay on track. Use the table below to identify people who may offer you methamphetamine and think about how you will say 'no' to them.

To get good at saying 'no':

- Step 1: Remember what matters and why** - think to yourself "saying no to this, will allow me to " (i.e. stay safe, stay on track with my goals, live according to my values).
- Step 2: Keep it simple** - you don't always need to give a reason for saying 'no' to something. Follow your own feelings.
- Step 3: Practice** - this might be a little awkward at first, but the more you do it, the easier it will become. Remember to communicate assertively:

 - Eye contact - look into the persons eyes without staring
 - Facial expression - match your facial expression to what you are saying, show confidence and steadiness in your face
 - Steady voice volume - speak clearly and firmly without yelling
 - Posture - standing or sitting upright and straight without fidgeting

Ways to say no:

- "No. I do not use methamphetamine anymore"
- "Not today, I have something I need to do"
- "I think I'll pass on that today"
- "Thanks, but I'm OK"
- "I'm not interested, thanks"
- "No thanks"
- "No"

Person who might offer me methamphetamine	What will I say to them?

Inside IMPACT

 Lens check: Where are your thoughts at?

Catching your thoughts may not come naturally for many people. Don't worry if you don't find this easy; have a go - and like any skill, it takes practice.

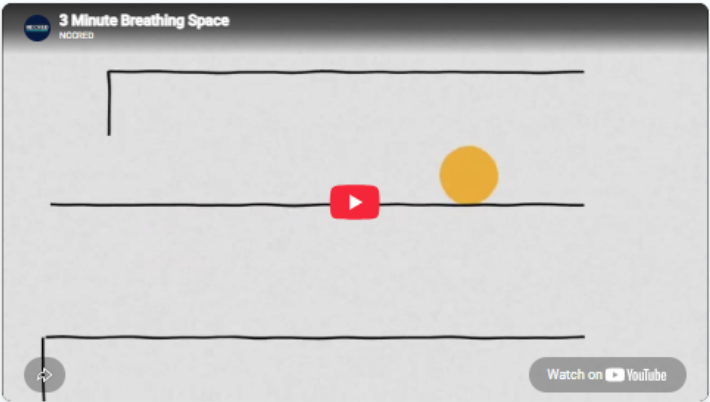
Need help right now?

Call the National Alcohol and Other Drug Hotline **1800 250 015** for free and confidential advice and support about alcohol and other drugs.

Available 24 hours a day, 7 days a week.

 Video: 3 minute breathing space

The 3 minute breathing space helps to quickly calm your mind and body, reduce stress, improve focus and connect with the present moment.



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Save & Return Later

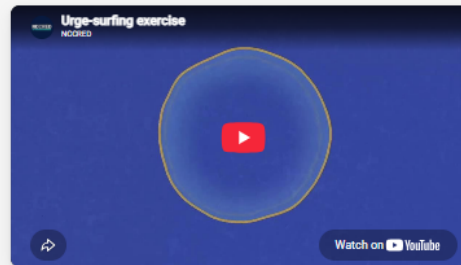
Inside IMPACT

Lesson 3 - Making a change

Page 10 of 1

Video: Surfing an urge

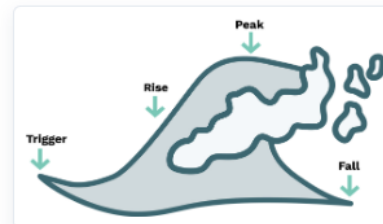
In this video, you will learn a simple technique called urge surfing, which helps you manage cravings without acting on them. It explains how urges rise and fall like waves, and shows you how to stay present, observe the sensation, and ride it out until it passes. With practice, urge surfing can help you build confidence in handling cravings and develop greater control over your responses.



Activity: Surfing an urge

If you're experiencing a craving now, try this exercise. Or you can come back to it later on when you notice a craving becoming stronger.

One useful way to think about cravings is to think of them as waves at the beach. Like a wave, it is triggered, rises, peaks and falls away. When craving, the goal is to become aware in our bodies and minds that a wave is forming inside of us, and soon it will pass. Like a wave, you might not be able to control the craving, but you can choose to watch it and move with it.



In this exercise, you'll lean into the craving and visualise the craving as a wave at the beach. You can visualise yourself either as a surfer or body surfer, or as the wave itself.

Step 1

Begin by noticing where you feel the craving (e.g. in your mouth, chest or stomach). Name it. Say to yourself "this is a craving, and it will pass" or "I can feel a craving rising, and I can ride it until it fades away".

Step 2

Next, take some deep breaths and connect to the sensations in your body.

Step 3

Imagine your craving as a wave at the beach: imagine it starting off small and building to a peak, then eventually breaking and flowing away.

Step 4

Imagine yourself surfing these waves the way a surfer would ride a wave at the beach, or as the wave itself, feeling the water flowing and rising until it fades away.

Continue this imagery until the intensity of the craving passes.

Feasibility study

- IMPACT is currently open for recruitment (since 15 June 2026)
- IMPACT is only available as a study, and participants must be eligible and sign a consent form to participant.
- Delivered on **REDCap**, hosted within UNSW's governance environment (secure, audit-tracked, role-based access).
- Ethics-approved, registered with ANZCTR.
- As at 22 September - 192 participants completed baseline
- **Primary outcome:** evaluate feasibility of IMPACT as a standalone iCBT intervention.
- **Secondary outcome:** assess preliminary pre-post changes in methamphetamine use and psychological wellbeing.



Preliminary data - do not cite

Baseline sample (N=192)

50% female / 49% male / 1% non-binary

75% primarily smoked • 43% injected • 54% injected in past 28 days

19 days median meth use in past 28 days

88% used other substances (primarily alcohol and tobacco)

52% had previously sought professional help (primarily psychologists/GPs) 48% -have never sought help

89% classified as having MAUD

71/100 mean craving

2.7/5 mean confidence in ability to stop/reduce use

Feasibility study - preliminary data - do not cite

Engagement (first 100 participants)

Module	Completed (n=100)
Getting Started	57
Lesson 1	39
Lesson 2	29
Lesson 3	26
Lesson 4	23
Lesson 5	21

“Thanks for the impact program, it's been of great help to me”

“Thanks for this program. It has helped me a lot. I feel better now as a person. Thank you.”

“It is an excellent program, easy to understand, no pressure to complete or participate, gentle reminders and nudging.”

“The program could include more practical and achievable activities that fit easily into daily life, like games that improve decision making and concentration.”

“Making the lessons shorter, simpler and less cumbersome would also help me stay more engaged and consistent.”

Acknowledgements

Clinical reference group

Name	CRG Role	Professional Role
Mr Seb Baird	Member	NCCRED Digital products manager
Dr Liz Knock	Stimulant Treatment Psychologist	SVHS Stimulant Treatment Program
Dr Suzie Hudson	AOD Specialist Social Worker	NSW Ministry of Health
Dr Kathryn Fletcher	Clinical Psychologist and Researcher	NCCRED Senior Research Fellow
Dr Mike Millard	Digital Mental Health specialist – Psychiatrist	SVHS CRUFAD, This Way Up Clinical Director
Dr Brendan Clifford	Nurse and Researcher	NCCRED Research Fellow and Deputy Director
Dr Carl Moller	Neuropsychologist Research	Previously NCCRED senior research fellow
Dr Nadine Ezard	Addiction Medicine Specialist	SVHS AOD & NCCRED Clinical Director
Dr Robert May	Addiction Psychiatrist	SVHS Psychiatrist

This way up

- Dr Michael Millard
- Mr Ben Prest

Consumer engagement

- Consumer focus group attendees
- Consumer resource reviewers

Digital design

- Double12: Bree Carter & Matt Cribb

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Thank You

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