

Using Artificial Intelligence to improve access to evidence-based alcohol and other drugs information

Authors: Dotahn Caspi,¹ Te' Claire,¹ Khuzaima Jamil,¹ Nataly Bovopoulos,¹ Craig Martin¹ & Eleanor Costello¹

¹Alcohol and Drug Foundation (ADF), Melbourne, Australia

Presenter's email: eleanor.costello@adf.org.au

Background: Stigma, misinformation, and low trust can significantly impact access to information about alcohol and other drugs (AOD). While people prefer to seek AOD information online, there can be quality and accessibility issues which can delay people accessing the right information at the right time. AI technology via Large Language Models (LLMs) provide an opportunity to address these barriers.

Description of Model of Care/Intervention: An LLM-powered chatbot 'dib' was developed within an ethical framework and guided by a clinical advisory committee. dib prioritises accessibility and trust, integrating the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and evidence-based harm reduction focused content drawn from the ADF website. Evaluation has included user testing with 100+ participants and analytics tracking information accuracy and accessibility.

Effectiveness/Acceptability/Implementation: In the first three months, dib demonstrated effectiveness through increased willingness to seek information via private chatbot interactions with an average of 200 conversations per day, with 150 users, of which 20-30 are return users. Average engagement time is 2:26 minutes compared to 1:25 minutes on the website. Two levels of safeguards ensure that information being generated is accurate and safe, with an alert system that allows manual monitoring of potentially risky conversations.

Conclusion and Next Steps: This evidence-based approach demonstrates how emerging technologies can overcome barriers to AOD information. Usage data is helping to inform ongoing content development based on real-time data of user needs. Ongoing improvements to our monitoring systems will allow a reduction in manual risk assessments.

Implications for Practice or Policy: Digital innovation can overcome traditional barriers to accessing evidence-based high-quality AOD information while maintaining trust. Digital tools can enhance rather than replace human-centred approaches to improving AOD literacy and encouraging help-seeking.

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