

30 September 2026

Ms Jo Briskey MP
Chair, Joint Select Committee on Artificial Intelligence
Via email ai.joint@aph.gov.au

Dear Chair

Re: Joint Select Committee on Artificial Intelligence.

The Alcohol and Drug Foundation (ADF) is Australia's leading alcohol and other drug (AOD) harm prevention organisation. We work nationally to prevent AOD-related harm through evidence-based policy development, education and community programs. A community-centred approach is at the heart of everything we do.

ADF writes to the [Joint Select Committee](#) in response to the terms of reference relating to the opportunities presented by artificial intelligence (AI) to Australia's resilience, and to drive innovation in health, and to improve services for Australians¹ – in particular to the prevention and reduction of AOD related harm. This is because:

- AOD-related harm is a leading cause of illness injury and avoidable death in Australia, with an estimated total social and economic cost of alcohol, tobacco, opioids, cannabis, and methamphetamine of \$264.4 billion in 2022-23.⁽¹⁾
- As elsewhere in the world, Australians are turning to digital channels, search engines and AI tools for health information.^(2, 3)
- It is increasingly unlikely that AOD services, like any healthcare services, will operate entirely without AI somewhere in their technology, administrative or clinical ecosystem.⁽⁴⁾

Together, these trends mean that governments face a choice: not about whether AI will influence AOD information and care, but whether its development and use will be actively shaped in the public interest.

Insight: Australia faces a substantial burden of AOD harm, while health and support systems are struggling to meet demand. Alcohol contributes to 4.1% of the total burden of disease in Australia - including alcohol dependence, cancers, cardiovascular diseases, chronic liver disease, and injuries.⁽¹⁾ More than one in four Australians drink at levels that place their health at risk.⁽²⁾

¹ Term of reference 1 (a), (c) and (h).

Level 12
607 Bourke Street
Melbourne VIC 3000

PO Box 818
North Melbourne
VIC 3051

-
 03 9611 6100
 adf@adf.org.au
adf.org.au ABN 66 057 731 192

Illicit drug use contributes to 2.9% of the total burden of disease, including drug use disorders, poisoning, Hepatitis C, acute Hepatitis B and HIV/AIDS.⁽¹⁾

Australian health system facing increasing pressures from workforce shortages and persistent inequities in access.⁽⁵⁾

AI will not resolve underlying workforce shortages or replace adequately funded AOD services. However, evidence-based AI-enabled tools may complement those services by extending access to reliable information and lower-intensity support, while preserving specialist capacity for people with more complex needs.

Points raised in this submission relate to AOD but are equally applicable to other health issues.

1. AI supported preventive health interventions

Many commentators have identified the potential of AI to offer solutions to public health challenges, including through the population level delivery of tailored health information that addresses deficiencies in healthcare resources and structural barriers to treatment.⁽⁶⁾ However, general-purpose commercial AI tools are not designed specifically to provide clinically governed AOD information or care and cannot be relied upon to meet public-health objectives.

Evidence suggests that, although publicly available chatbots can be effective at empathetic communication and non-stigmatising language in providing health advice, their quality of advice is inconsistent, they struggle with response quality, and often confidently assert inaccurate or exaggerated claims.⁽⁷⁾ AI's reliance on data to train algorithms has an inherent challenge, as data itself can reproduce biases inherent in societal structures, including patterns of biases that flow through the provision of healthcare.⁽⁸⁾ This is a particular concern for people who use drugs, who are among the most stigmatized groups in our community, and face barriers in accessing health services.⁽⁹⁾

Insight: despite concerns about information quality, AI tools are emerging as an increasingly attractive and accessible source of AOD information. In our survey of 3,638 Australians,² ADF found that, while dedicated helplines or online professional support are rated by respondents as the most helpful (69%) in relation to addressing AOD needs, AI tools, particularly ChatGPT are emerging as a preferred source for AOD information, valued for instant answers, ease of use, and availability.

Purpose-built, publicly supported services provide greater scope for independent evaluation, integration with professional care, and enforceable requirements for privacy, equity, transparency and human oversight.⁽⁴⁾ Government funded or delivered AI-supported healthcare can also ensure that access is determined by health need, rather than commercial incentives or capacity to pay. However, public investment in this space does carry unique benefits and risks for people who use AOD: while people who use drugs may have much to gain from AI-supported digital services, they are uniquely susceptible to privacy breaches and other rights violations.^(10, 11) Extra caution should be taken when developing AI supported digital services to account for the needs and interests of these groups.

² ADF internal report, 2026. Respondents surveyed included those who consumed alcohol at least monthly and/or use drugs at least quarterly) and/or those concerned about a relative or friend's AOD use.

dib as a model of AOD harm prevention

In response to these issues, ADF has developed [dib](#) which is now in its second year of operation. Unlike many publicly available AI systems, dib was designed from inception around a safety-first model. The platform utilises retrieval-augmented generation technology, meaning responses are generated only from ADF's evidence-based, human-curated content rather than information sourced from the open internet. This substantially reduces risks associated with misinformation and AI error.

In developing dib, ADF implemented multiple layers of protection including:

- *Clinical governance:* A dedicated Clinical Governance Group, Clinical Advisory Group and Board-level oversight were established to oversee development and operation of the platform. These groups included clinicians and people with lived and living experience.
- *Automated safety systems:* dib contains crisis and emergency guardrails that detect self-harm and suicide risk, medical emergencies, harmful requests, and attempts to misuse the system. Where required, users are automatically directed to emergency services and support pathways.
- *Monitoring and human oversight:* ADF operates continuous monitoring processes including automated alerts, incident management procedures, daily review of flagged interactions and escalation processes for clinical concerns. Human oversight remains an essential component of the service.
- *Security and privacy:* ADF implemented encryption, de-identification processes, access controls, security testing and prompt injection testing to protect users and minimise risk.

In September 2024, before launch, dib was assessed against the Australian Government's Voluntary AI Safety Standard and met nine of the ten proposed guardrails, with the remaining conformity assessment process yet to be established by government at that time.

In its first year of operation dib had 50,000 secure and anonymous conversations. Those who used dib for AOD information were largely under 35 and were seeking information about the four substances of greatest concern in Australia (alcohol, cannabis, methamphetamine and cocaine). Users were seeking advice on reducing use and risk, presenting an ideal moment in which to support them in initiating behaviour change that improved health outcomes.

Recognition: In 2026, dib was recognised nationally for innovation and responsible AI, being shortlisted as a finalist in both the Australian Financial Review (AFR) AI Awards and the Infoxchange Australian Not-for-Profit Technology Awards.

Now, responding to user needs, ADF has developed dib MI, an AI-enabled digital service that combines screening, brief intervention and personalised behaviour change support for people at risk of AOD harm. Using Motivational Interviewing principles, dib MI helps users understand their risk, explore change goals and identify next steps. Where additional support is needed, users are connected to appropriate treatment and support services through ADF's Path2Help referral platform.

Following initial development, independent safety assessment and validation, dib MI is now progressing to user testing and evaluation to assess safety, usability and effectiveness, and to inform refinement prior to wider implementation.

2. Capitalising on AI to improve AOD health outcomes

Despite high uptake of AI systems, Australians' trust in AI is low, with safety, security and societal impact of AI a key concern⁽¹²⁾ Privacy is also top-of-mind: many Australians do not feel they have meaningful control over how their personal information is collected, used and shared in practice by digital and data-driven sectors, AI companies and data brokers.⁽¹³⁾ As with concerns about AI-supported clinical practices, such as ambient scribing in health consultations,⁽¹⁴⁾ these concerns are augmented for people who use drugs, who are more susceptible to legal and human rights violations, stigma-related bias, and potential impacts flowing from AI's potential to intensify community surveillance.⁽⁹⁾

Risks also are created for people who use AOD when accessing AI-supported digital content. For example, barriers to accessing digital information can occur through the operation of content moderation policies of social media platforms and other online services which often restrict legitimate public health content. Content may be treated as "borderline" and suppressed. The increasing use of AI to support these decisions risks amplifying errors and inconsistencies across large volumes of content, further limiting access to reliable information.^(15, 16)

AI also presents risks in the management of harmful industries. For example, the use of AI and algorithms to influence public opinion and policymakers has been identified as a significant and unmet regulatory challenge to political processes,⁽¹⁷⁾ which creates vulnerabilities for resilient, health-led policies on the management of the commercial determinants of health. ⁽¹⁷⁾ Additionally, AI has made it cheaper and easier to create large volumes of highly targeted alcohol marketing content, which the evidence suggests is highly influential on consumption patterns – particular for young people and people who drink in ways that pose a serious risk to their health.⁽¹⁸⁾ However, AI offers the potential to be harnessed by governments in the surveillance of this kind of digital marketing.⁽¹⁹⁾

Capitalising on the opportunities presented by AI depends on an increased level of public confidence in governments to anticipate and respond to these risks, as using AI to improve the way governments discharge their core functions. While Australian governments are beginning to explore opportunities for digital healthcare in reducing AOD harms, there is a lack of planning for safe, ethical and health-focussed AI adaption. For example:

- Queensland's [Digital Information Strategy 2022-27](#) considers the opportunity to 'develop ethical and governance framework for AI adoption', and to 'provide AI and machine learning platforms for data modelling', however it is not clear to what extent these opportunities are being pursued.
- Victoria's [Alcohol and other Drugs Strategy 2025-2035](#) notes that 'leveraging enhanced digital capabilities' will allow the sector for information exchange, collaboration and coordination purposes, but contains little information on priorities for digital information and no mention of the role of AI in new models of care.
- Western Australia's [Mental Health and Alcohol and Other Drugs Strategy 2026-2031](#) identifies that digital technology and infrastructure, particularly in rural and remote locations and for vulnerable groups, has a role in increasing access to care and support, but does not identify any AI-related risks or opportunities.
- A recent federal parliamentary inquiry into AOD harms ⁽²⁰⁾ supported the development of digital services, but did not consider the role of AI in the development and delivery of these services.

Coordinated, health-focused actions by all Australian governments could be supported through identification of shared priorities in the next iteration of the [National Drug Strategy](#), which is currently under development. Considerations could include:

- Identifying AI applications that governments should prioritise because they offer clear public-health benefits, such as: improving access to reliable, AI-generated AOD information and navigation; supporting screening, referral and continuity of care; extending access to specialist advice in underserved communities; identifying emerging patterns of drug-related harm; and regulatory data collection, monitoring and reporting (for example, of alcohol sales and marketing data).
- AI uses that should be prohibited or subject to heightened scrutiny and review, particularly automated decisions affecting privacy, and access to health information.
- Standards for safe AI-supported AOD care and data usage.

3. Recommendations

To ensure that AI is implemented in a way that improves services for Australians, governments should actively shape the future of AI-supported healthcare and policy through public investment, strong safeguards and coordinated national leadership. With this in mind, ADF recommends:

Recommendation 1: Governments should invest in safe, trusted sources of AI-supported health information to:

- increase access to trusted health information
- reduce stigma associated with seeking support
- provide anonymous access to information and advice
- support people in regional and remote communities
- complement existing health services rather than replace them
- provide support outside traditional service hours
- engage cohorts that face barriers in accessing traditional health systems.

Recommendation 2: Australia's health strategies – including, for AOD, the next National Drug Strategy – should identify priorities for governments in implementing national AI policies and services in a way that meets the health needs of Australians. This should include support for the service sector to undertake lived and living experience-guided research, evidence and product development to deliver AI-generated health information, care and support.

Thank you for the opportunity to contribute to this important discussion.

Sincerely,



Dr Erin Lalor

CEO Alcohol and Drug Foundation
E erin.lalor@adf.org.au

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