FROM THE FIELD

Is the opposite of connection a biased AI Chatbot?

By William Stauffer

Artificial Intelligence (AI) is our newest societal panacea. Like many other advancements, we overestimate its potential benefits and underestimate its probable downsides. Unlike prior innovations, AI magnifies our errors in judgements and biases in ways that have the potential to erode our society and make those challenges less visible to us even as it causes us harm. There is perhaps no greater example of this truth than in respect to how AI may be harnessed to support our understanding and amelioration of substance use conditions.

AI is like sugar. Sugar tastes good, but it is empty calories. So is AI. It makes you feel connected as it isolates you. We live in a society where authentic human connection is significantly eroded in ways that humanity has never experienced before. Connection is a form of nourishment as we do not get enough of it. Last year I wrote Societal Hikikomori and the Importance of Bridging Community Capital to not just focus on this challenge, but to identify potential solutions focused on community building.

Beyond its tendency to further isolate us, AI magnifies all of our biases.

A recent study, examined AI, published in the INFORMS journal Manufacturing & Service Operations Management, A Manager and an AI Walk into a Bar: Does ChatGPT Make Biased Decisions Like We Do? It ran Ch*atGPT* through 18 different bias tests and found many errors. The study found examples of:

- **Overconfidence bias** – A cognitive bias in which a person overestimates their own knowledge, abilities, and precision, leading to a skewed and unrealistic self-perception. This can influence decision-making and cause individuals to take unnecessary risks.
- **Ambiguity aversion bias** – Where people have been found to be more likely to prefer familiar options with known outcomes over those with unknown or uncertain probabilities, even if the latter might be more rational or beneficial.
- **Conjunction fallacy bias** – In this bias, people assume that a specific combination of events (a "conjunction") is more probable than a single, more general event when the actual likelihood of two events occurring together is always less than or equal to the likelihood of either event occurring alone.
- **Poor judgment** - The study found that AI does not do well with judgment calls. It excels at logical and probability-based problems but stumbles when decisions require subjective reasoning.
- **Not just an early version bug** – Although the newer GPT-4 model is more analytically accurate than its predecessor, the study found that in some instances it displayed *stronger biases* in judgment-based tasks.

We are seeing the adaptation of AI technology to replace crisis call center staff and therapists. We see Chatbots being used to for people to confide suicide plans, there are instances in which AI is telling individuals to use meth, or kill people and engage in devil worship, or as the study above found, to magnifying existent delusions. As a recent article in Forbes discussed, there is a concept called GIGO or garbage in, garbage out and it is magnified by AI. The article, Garbage In, Garbage Out? Trust In The Data Behind AI Is Vanishing, found an increasing loss of trust across industry on the accuracy of the data being generated through AI processes. We should not be surprised that in areas in which there systemic negative perceptions and false beliefs, the deployment of AI would lead to the robots feeding us back falsehoods.

Addiction and AI bias

We should anticipate, that when studies like Stigma, social inequality and alcohol and drug use (2005) found that addiction is the most stigmatized condition in the world, there is a staggering amount of poor information out on the world wide web about substances use conditions, there origins and their resolution. AI magnifies all those negative perceptions because most all of our data is soaking in it.

We should ask, who is watching the store? Who is asking the questions we need to address? Should AI be used to answer suicide hotline calls? Should people use AI in lieu of therapy or recovery support? Who decides in respect to the risks and potential benefits of its use in our arena? What are the factual and contextual errors of AI record transcribing in patient records? What are the potential impacts to client care? What privacy protections exist from client and other information being out in the world through all the apps and databases? Who owns the errors when biased information is used in ways that cause real harm to people? With the federal government and states using AI to make predictions and decisions in respect to people with substance use conditions, what is being done to protect us from AI bias? What impact can a bias machine on steroids have on efforts to normalize that addiction is not a moral failing but that recovery is a probable outcome when people get what they need to heal?

Continues on next page

Continued from previous page

Tangentially, in April of 2024, I had the distinct honor of being asked by William White author and thought leader of the new recovery advocacy movement to present his words as the keynote to open up the first annual NIDA Consortium on Addiction Recovery Science (CoARS) conference. The paper was titled Frontiers of Recovery Research. Since then, I have begun to interview key researchers and thought leaders in our field about our future opportunities to expand research on addiction recovery here in the US and beyond. A few weeks back, I completed an interview with Dr David Best Social Transmission of Recovery as a Helix of Connectivity, not a Service Checklist. As he notes in detail in his interview, one of our greatest opportunity for building social connection and community rests in a focus on community level recovery capital development. This is the antithesis of using AI to support solutions. In my estimation there would be a much more effective use of our time and resources. But we tend to go for tech over people every time.

As Dr Best noted, as we were talking about support recovery community building, "we have these linear models in both the UK and the US, and they fail to consider what we could be developing by focusing on the science of social networks and community level recovery capital. These (treatment-centric) systems operate like sausage machines and see people as broken at the beginning, and then they go through the menus of services and supports and emerge whole beings on the other end of the grinder. People are not sausage meat, and we treat them like they have no talent or value and that the specialists are the change agents, which is not even close to the potential that ROSC has in respect to dramatically magnifying the capacity for the transmission of recovery within a recovery-oriented system grounded in community, building on the talents and capabilities of individuals and groups." AI puts those sausage machines into overdrive. •

William (Bill) Stauffer is executive director of PRO-A in Harrisburg, Pennsylvania

Sources

- Chen, Y., Kirshner, S. N., Ovchinnikov, A., Meena Andiappan, & Jenkin, T. (2025). A Manager and an AI Walk into a Bar: Does ChatGPT Make Biased Decisions Like We Do? Manufacturing & Service Operations Management. https://doi.org/10.1287/msom.2023.0279
- Kooli, C., Kooli, Y., & Kooli, E. (2025). Generative artificial intelligence addiction syndrome: A new behavioral disorder? Asian Journal of Psychiatry, 107, 104476. https://doi.org/10.1016/j.ajp.2025.104476
- McKendrick, J. (2025, April 22). Garbage In, Garbage Out? Trust In The Data Behind AI Is Vanishing. Forbes. https://www.forbes.com/sites/joemckendrick/2025/04/22/garbage-in-garbage-out-trust-in-the-data-behind-ai-is-vanishing/
- Reiley, L. (2025, August 18). Opinion | What My Daughter Told ChatGPT Before She Took Her Life. The New York Times. https://www.nytimes.com/2025/08/18/opinion/chat-gpt-mental-health-suicide.html
- Shroff, L. (2025, July 24). ChatGPT Gave Instructions for Murder, Self-Mutilation, and Devil Worship. The Atlantic. https://www.theatlantic.com/technology/archive/2025/07/chatgpt-ai-self-mutilation-satanism/683649/
- Room R. Stigma, social inequality and alcohol and drug use. Drug Alcohol Rev. 2005 Mar;24(2):143-55. doi: 10.1080/09595230500102434. PMID: 16076584. https://pubmed.ncbi.nlm.nih.gov/16076584/
- Stauffer, W. (2024, November 9). Societal Hikikomori and the Importance of Bridging Community Capital. Recovery Review. https://recoveryreview.blog/2024/11/09/societal-hikikomori-and-the-importance-of-bridging-community-capital/
- Stauffer, W. (2025, August 23). Social Transmission of Recovery as a Helix of Connectivity, not a Service Checklist: A Conversation with Dr David Best. Recovery Review. https://recoveryreview.blog/2025/08/23/social-transmission-of-recovery-as-a-helix-of-connectivity-not-a-service-checklist-a-conversation-with-dr-david-best/
- Turner, B. (2025, June 5). "Meth is what makes you able to do your job": AI can push you to relapse if you're struggling with addiction, study finds. Live Science. https://www.livescience.com/technology/artificial-intelligence/meth-is-what-makes-you-able-to-do-your-job-ai-can-push-you-to-relapse-if-youre-struggling-with-addiction-study-finds
- White, W. (2024). Frontiers of Recovery Research. Keynote Address, Consortium on Addiction Recovery Science, NIDA, April 24-25, 2024. https://dertu82xba14l.cloudfront.net/file/2471/2024%20Frontiers%20of%20Recovery%20Research.pdf
- Why Is AI-Associated Psychosis Happening and Who's at Risk? (2025). Psychology Today. https://www.psychologytoday.com/us/blog/psych-unseen/202508/why-is-ai-associated-psychosis-happening-and-whos-at-risk

Continued from page 4

individual's written consent. This letter from the Legal Action Center explains the federal privacy protections in more detail. Please wait in the lobby/other public area while I notify my supervisor. [The supervisor can assess the best way for the agents to execute the warrant, while taking steps to protect the confidentiality of other patients.]

ICE agents present an invalid warrant (e.g., signed by an immigration officer, not a judge or magistrate). Based on our review, this warrant does not authorize you to enter and we do not consent to you entering. I cannot answer any questions. Please leave your contact information.

What RI OTP is doing to cope

CODAC rents space to a program which manages 87% of the Medicaid population in Rhode Island, Neighborhood Health Care. "I'm thrilled that they trusted us," Hurley said.

In addition, CODAC has created door hangers (see image, page 3) which are being placed on homes which give information on insurance. People can telephone anonymously, or come to a group meeting to ask questions. The door hangers tell people that if there's anything they have questions about, any changes in insurance, and as recredentialing in Medicaid proceeds, so will the information. This program will continue for three years, said Hurley.

Rhode Island OTPs met with the State Opioid Treatment Authority (SOTA) last week and the immigration issue was top on the agenda. Out of 7,000 people in treatment in all of the OTPs, only seven are undocumented. Of course, this begs the question of whether people who are undocumented don't want to seek treatment. Another finding from that meeting: treatment numbers have not grown. •