

From the streets to stability: An AI-driven step-by-step framework for rehabilitating drug-dependent individuals

Muslimah Yusuff^{1,*}, Mercy Olabiyi², Chinyere Agbasiere³ and Oluranti Akinsola⁴

¹ College of Communication and Information, University of Tennessee, Tennessee, USA.

² Department of Early Childhood, Special Education and Counselor Education, University of Kentucky, Kentucky USA.

³ School of Communication, Illinois State University, Illinois, USA.

⁴ Department of Family Medicine, Federal Medical Centre, Abeokuta Nigeria.

World Journal of Biology Pharmacy and Health Sciences, 2024, 20(02), 974-987

Publication history: Received on 28 September 2024; revised on 10 November 2024; accepted on 12 November 2024

Article DOI: <https://doi.org/10.30574/wjbphs.2024.20.2.0886>

Abstract

Drug addiction remains a critical public health issue, requiring innovative approaches to rehabilitation. This study proposes an AI-driven, step-by-step framework designed to enhance the rehabilitation of drug-dependent individuals by integrating predictive analytics, personalized interventions, and long-term support systems. The framework is structured into five key stages: AI-assisted screening and assessment; personalized treatment planning; real-time monitoring and adaptive intervention; relapse prediction and prevention; and long-term recovery support. Through advanced machine learning algorithms, AI can analyze behavioural, physiological, and environmental data to customize treatment plans and provide continuous patient monitoring. Predictive modeling enhances early relapse detection, allowing timely interventions to prevent setbacks. Additionally, AI-powered recovery applications and virtual support networks facilitate long-term stability by ensuring sustained engagement with treatment resources. This paper finds that by improving accessibility, scalability, and the consistency of rehabilitation programs, AI presents a transformative solution to overcoming existing barriers in addiction treatment. This framework underscores the potential of AI to revolutionize drug rehabilitation, offering a data-driven approach to achieving lasting recovery outcomes.

Keywords: AI-Driven Rehabilitation; Drug Addiction Treatment; Personalized Treatment Plans; Relapse Prevention; Real-Time Patient Monitoring

1. Introduction

Drug dependency, also known as substance use disorder, is a complex condition with staggering global implications. Recently, the United Nations Office on Drugs and Crime (UNODC) indicates that in 2022, approximately 292 million people worldwide used drugs, marking a 20% increase over the past decade [1]. According to the World Health Organization (WHO), approximately 296 million people aged 15-64 used psychoactive drugs in 2021, with about 39.5 million individuals affected by drug use disorders. Annually, drug use is responsible for around 600,000 deaths, comprising approximately 420,000 males and 160,000 females. In 2019, drug use accounted for more than 36 million years of healthy life lost (measured in disability-adjusted life years, or DALYs) [2]. The repercussions of drug dependency extend beyond the individuals to families, communities, and societies at large, leading to a broader social problem that demands immediate and effective intervention. Importantly, cannabis remains the most widely used drug, followed by opioids, amphetamines, cocaine, and ecstasy. Individuals affected by addiction often face numerous challenges, such as deteriorating physical and mental health, fractured relationships, and involvement in criminal activities, which further exacerbate the societal toll. Notably, around 64 million individuals suffer from drug use disorders, yet only one in eleven receives treatment [1].

* Corresponding author: Muslimah Yusuff.

Traditional rehabilitation approaches, such as psychotherapy, group counseling, and medically supervised detoxification, have been foundational in addiction recovery. However, these methods often exhibit varying levels of effectiveness, with relapse rates remaining a significant concern [3]. Studies have shown that patients who remain in treatment longer and attend more sessions tend to have better post-treatment outcomes. Despite these findings, maintaining long-term abstinence remains challenging for many individuals [4]. Furthermore, traditional rehabilitation services are often resource-intensive, both in terms of time and money, and may be limited by the availability of skilled professionals and rehabilitation facilities, particularly in under-resourced areas [5]. These challenges point to the need for a more adaptive, personalized, and sustainable approach to addiction rehabilitation that can address the diverse needs of individuals and help reduce the burden of addiction on society.

The emergence of Artificial Intelligence (AI) as a transformative force in healthcare and social work provides a promising avenue for addressing the limitations of traditional rehabilitation models. AI, which encompasses machine learning, natural language processing, and other advanced technologies, has revolutionized various sectors by enabling data-driven decision-making, enhancing operational efficiency, and improving outcomes [6]. In healthcare, AI has already demonstrated its potential in diagnostics, patient care, and treatment planning, with algorithms now capable of predicting disease progression and personalizing treatment plans [7]. In addiction rehabilitation, AI presents an opportunity to bring about a paradigm shift by offering personalized treatment approaches that are tailored to the unique needs of each individual [8]. By leveraging vast datasets of patient history, behavioural patterns, and recovery trajectories, AI can help identify the most effective interventions, predict relapse risks, and suggest adaptive recovery strategies in real time.

AI-driven interventions in addiction rehabilitation take several forms. For example, machine learning algorithms can analyze patterns of substance use and other behavioural data to identify individuals at high risk of relapse, enabling timely intervention [9]. Virtual counsellors powered by natural language processing can provide ongoing support and motivation to individuals undergoing treatment, supplementing face-to-face interactions with real-time, personalized communication [10]. Moreover, AI can be used to design tailored rehabilitation programs that incorporate a combination of cognitive-behavioural therapy (CBT), motivational interviewing, and other therapeutic techniques, all while taking into account an individual's history, preferences, and progress [11]. Wearables and other AI-powered devices can also monitor an individual's physical and psychological state, providing clinicians with continuous feedback that can be used to adjust treatment plans as needed [12]. By integrating AI with traditional rehabilitation methods, the potential for more effective, responsive, and sustainable addiction care becomes increasingly feasible.

The framework proposed in this paper aims to leverage AI to develop a structured, step-by-step rehabilitation plan for drug-dependent individuals, one that can be personalized, scalable, and sustainable. The aim of this paper is to explore the potential for AI to reshape the landscape of addiction rehabilitation by offering data-driven, individualized treatment plans that are continuously adapted based on the progress and needs of the patient. By integrating AI with traditional rehabilitation techniques, the proposed framework seeks to enhance the effectiveness of addiction treatment and support individuals throughout their recovery journey. The expected benefits of such an AI-powered rehabilitation framework include more personalized care that can adapt to the unique needs of each patient, improved outcomes through real-time monitoring and intervention, and greater scalability and sustainability through the use of digital technologies that can reach individuals across geographical and socio-economic barriers. By incorporating AI into the rehabilitation process, this paper envisions a more inclusive and accessible approach to addiction recovery that could significantly reduce the burden of drug dependency on individuals and society.

2. Meaning and nature of drug dependency

Drug dependency, also known as substance use disorder (SUD), is a chronic and relapsing condition characterized by an individual's compulsive need to use a substance despite experiencing harmful consequences. It is a disorder that affects both brain function and behaviour, leading to an inability to control drug use, whether the substance in question is legal or illegal [13]. The condition often begins voluntarily, with individuals experimenting with drugs for various reasons, including pleasure, stress relief, or social influence. However, repeated use of substances can lead to neurobiological changes that impair judgment, self-control, and decision-making, ultimately resulting in compulsive drug-seeking behaviour [14].

Drug dependency is considered a brain disorder because it involves significant alterations in brain circuits associated with reward, stress, and self-control. These changes can persist long after an individual has stopped using the substance, making recovery particularly challenging [15]. One of the hallmark characteristics of drug dependency is compulsive substance use, where an individual continues to consume the drug despite being aware of its negative impact on their health, relationships, and responsibilities. The disorder is also marked by loss of control, as individuals find it

increasingly difficult to regulate their drug intake [16]. Another feature is the development of tolerance, where higher doses of the drug are required to achieve the desired effect, reinforcing the cycle of addiction. Additionally, individuals with drug dependency often experience withdrawal symptoms when they attempt to stop using the substance, leading to severe physical and psychological distress that compels continued use [17].

The nature of drug dependency is shaped by various biological, psychological, and social factors. Genetic predisposition plays a crucial role, with research indicating that individuals with a family history of substance use disorders may be more vulnerable to developing addiction [18]. Environmental influences, such as exposure to drugs at an early age, peer pressure, socioeconomic status, and family dynamics, also contribute to the onset and progression of drug dependency. Psychological factors, including trauma, stress, and co-occurring mental health disorders such as depression and anxiety, can further increase susceptibility to substance use [19].

Drug dependency is a complex disorder that requires a comprehensive approach to understanding and addressing it. The condition not only affects the individual struggling with addiction but also has far-reaching consequences for families, communities, and society as a whole. The persistence of drug dependency highlights the necessity of effective prevention, early intervention, and tailored treatment strategies that consider the unique needs of each individual.

2.1. Physical and Psychological Dependence

Drug dependency manifest in two primary forms: physical and psychological dependence. Physical dependence occurs when the body adapts to a substance, requiring more of it to achieve the same effect (tolerance), or suffers from withdrawal symptoms when the substance is reduced or stopped [20]. These withdrawal symptoms can range from mild discomfort to life-threatening conditions, depending on the drug involved. For example, opioid withdrawal can cause symptoms like severe muscle pain, nausea, and vomiting, while alcohol withdrawal can result in seizures or delirium tremens.

Psychological dependence, on the other hand, refers to the emotional or mental reliance on a drug to cope with stress, anxiety, or other psychological issues. This type of dependence often involves cravings and an overwhelming desire to use the drug, despite the absence of physical withdrawal symptoms [21]. This form of dependency can be particularly difficult to treat because the underlying psychological triggers often need to be addressed in addition to the addiction itself.

Recent studies have highlighted the growing concern of physical and psychological addiction among adolescents, particularly in relation to opioid overdoses. Between 2019 and 2021, adolescent drug overdose deaths surged by 94%, with illicitly manufactured fentanyls (IMFs) being the primary cause. Despite the overall decline in drug use among teens, the increasing presence of fentanyl in counterfeit pills has heightened the risk of addiction and fatal overdoses. The physical dependence on opioids is evident in the 90% of adolescent overdose deaths involving opioids, with 83.9% specifically linked to IMFs [22]. Many of these adolescents had no documented history of opioid use, indicating a high risk of unintentional addiction through exposure to contaminated substances.

Psychological addiction also plays a significant role in adolescent substance use and overdose deaths. Approximately 40.9% of adolescent overdose victims had a history of mental health conditions or treatment, including depression and suicidal behaviors. This suggests a strong link between psychological distress and substance use, with many adolescents turning to drugs as a coping mechanism. The presence of bystanders in 66.9% of overdose cases but the lack of intervention in 67.8% of those cases further emphasizes the hidden nature of psychological struggles and the stigma surrounding drug use [22].

These statistics reinforces the need for comprehensive approaches to prevention, early intervention, and treatment of both physical and psychological dependence.

2.2. Commonly Abused Substances and Their Effects on the Brain and Body

Various substances are commonly abused, each affecting the brain and body in different ways. Some of the most commonly abused drugs include alcohol, opioids (e.g., heroin, prescription painkillers), cocaine, marijuana, methamphetamines, and benzodiazepines.

- **Alcohol:** Alcohol is a depressant that slows down the central nervous system, impairing cognitive and motor functions. Chronic abuse can lead to liver damage, cardiovascular problems, and neurological damage [23]. In the brain, alcohol alters the neurotransmitter systems, particularly GABA (gamma-aminobutyric acid), which

inhibits brain activity, and glutamate, which excites brain cells [24]. Long-term alcohol abuse can cause irreversible changes to brain structure and function [25].

- **Opioids:** Opioids, including prescription painkillers like oxycodone and heroin, bind to opioid receptors in the brain, providing a sense of euphoria and pain relief. Chronic opioid use leads to physical dependence, where the brain's natural production of endorphins decreases, making the individual reliant on the drug for pleasure and pain relief [26]. Opioid abuse is associated with severe health risks such as respiratory depression, overdose, and organ damage.
- **Cocaine:** Cocaine is a stimulant that increases levels of dopamine in the brain, leading to feelings of intense euphoria. However, it also raises heart rate and blood pressure, increasing the risk of stroke, heart attack, and seizures. Long-term use can lead to mental health issues such as anxiety, paranoia, and depression [27].
- **Methamphetamines:** This powerful stimulant causes an increase in dopamine levels, leading to intense energy and euphoria. It is highly addictive, with long-term use causing severe damage to the brain, leading to cognitive deficits, violent behaviour, and psychosis [28]. Methamphetamines also have a devastating impact on the cardiovascular system. In the United States, drug overdose deaths decreased in 2023 for the first time since 2018. The provisional data indicates a decline, but specific numbers are yet to be finalized [29].

3. Traditional rehabilitation approaches

Traditional rehabilitation approaches have long been central to the treatment of drug dependency. These methods typically include inpatient and outpatient treatment programs, individual therapy, group therapy, and medication-assisted treatment (MAT).

3.1. Inpatient Treatment Programs

Inpatient treatment involves a structured, residential setting where individuals reside while undergoing intensive therapy. This form of rehabilitation provides a safe environment for detoxification and 24/7 care, making it particularly beneficial for individuals with severe addictions or those at risk of withdrawal complications [30]. However, retention rates in inpatient programs can vary. For instance, a study from the Treatment Outcome Prospective Study indicated that 12-month retention rates averaged 34% across various programs, with some programs experiencing rates as low as 7% and others exceeding 50% [31].

3.2. Outpatient Programs

Outpatient treatment allows individuals to receive therapy while living at home and maintaining daily responsibilities. This approach is often less intensive than inpatient treatment but can be effective for individuals with milder addictions or those transitioning from inpatient care. Success rates for outpatient programs vary; some studies report rates ranging from 40% to 60%, depending on the program's intensity and duration [32].

3.3. Therapy (Individual and Group)

Therapy, including cognitive-behavioral therapy (CBT), is an instrumental traditional mode of addiction treatment. CBT helps individuals identify and change negative thought patterns contributing to substance use. Group therapy provides a platform for individuals to share experiences, offering emotional support and fostering a sense of community [33]. The effectiveness of therapy can be influenced by various factors, including the individual's engagement and the therapeutic alliance.

3.4. Medication-Assisted Treatment (MAT)

MAT involves using medications such as methadone or buprenorphine to reduce cravings and withdrawal symptoms, often in combination with counseling and therapy. This approach is particularly effective for opioid use disorders [34]. Research indicates that approximately 41% of individuals receiving MAT for opioid detox successfully complete treatment and achieve abstinence [35].

3.4.1. Limitations of Traditional Approaches

While traditional rehabilitation methods have proven effective for many individuals, they have certain limitations.

3.5. High Relapse Rates

One of the primary challenges is the high rate of relapse among individuals' post-treatment. Studies indicate that approximately 40-60% of individuals relapse within 30 days of completing inpatient treatment, and up to 85%

experience relapse within the first year [36]. These statistics underscore the chronic nature of addiction and the need for ongoing support beyond initial rehabilitation efforts.

3.6. Individual Variability in Treatment Response

Another limitation is the variability in individual responses to standard treatment approaches. Factors such as co-occurring mental health disorders, personal history, and genetic predispositions can influence treatment outcomes. Standardized programs may not adequately address these individual differences, leading to suboptimal results for some patients [37].

3.7. Resource Availability Constraints

Resource limitations significantly hinder the accessibility and effectiveness of traditional rehabilitation programs, particularly in low-income and rural areas. Financial barriers, such as lack of insurance or underinsurance, prevent many individuals from accessing necessary treatment services.

These limitations highlight the need for more personalized, accessible, and resource-efficient approaches to addiction treatment to improve long-term recovery outcomes.

4. Role of artificial intelligence in rehabilitation

The integration of AI into rehabilitation, particularly in the field of addiction treatment, has the potential to revolutionise the care and support systems for individuals suffering from substance dependence. With the growing prevalence of addiction and its long-term societal impact, AI-driven solutions are becoming increasingly significant in enhancing rehabilitation outcomes, reducing relapse rates, and improving overall recovery. The application of AI in rehabilitation encompasses various dimensions, from personalising treatment plans to predicting relapse and providing continuous support through wearable devices and virtual assistants. This section discusses the roles that AI plays in rehabilitation, focusing on personalised treatment, relapse prevention, monitoring, and emotional support.

4.1. AI and Personalised Treatment Plans

AI is increasingly transforming addiction rehabilitation by enabling the development of personalized treatment plans tailored to individual patient needs. Traditional rehabilitation approaches often adopt a one-size-fits-all methodology, which may not effectively address the diverse complexities of each patient's condition. AI-driven personalized care leverages extensive data analysis to customize interventions, thereby enhancing the likelihood of successful rehabilitation.

AI systems can analyse a vast array of personal data, including medical history, substance use patterns, mental health status, and social determinants of health [38]. By examining these data points, AI algorithms can identify patterns and correlations that might not be immediately apparent to clinicians, enabling more informed decision-making in developing treatment plans. For instance, AI can predict a patient's propensity for relapse by analysing historical substance use patterns, family history, and psychological state [39]. It can also consider external social factors, such as employment status, social support, and living environment, which significantly influence recovery outcomes. Moreover, AI-powered tools can provide real-time monitoring and support. For example, AI chatbots and virtual therapists offer accessible, round-the-clock assistance, engaging with patients to provide counseling and monitor progress, thereby making treatment more flexible and responsive.

The integration of AI in addiction treatment is supported by ongoing research. Studies have shown that machine learning algorithms can predict relapse by analyzing patient data, enabling early interventions and better long-term recovery outcomes [40]. Additionally, AI has been utilized to analyze gene expression data to predict responses to specific treatments, assisting clinicians in selecting the most effective interventions [41].

However, the implementation of AI in personalized treatment plans must be approached with caution. Ethical considerations, privacy concerns, and the potential for algorithmic bias need to be carefully addressed. Ensuring that AI systems are trained on diverse and representative data sets is crucial to minimize biases and provide equitable care.

4.2. Predictive Modelling for Relapse Prevention

AI is increasingly being utilized in addiction rehabilitation, particularly in predicting relapse risks. By analyzing extensive datasets, AI and machine learning models can identify patterns and potential triggers for relapse, enabling preemptive interventions [42].

Relapse remains a challenge in addiction treatment, with studies indicating that 40-60% of patients experience relapse due to various triggers and stressors [43]. AI systems enhance relapse prevention by continuously monitoring and analyzing data from diverse sources. For instance, AI-based analysis of social media language has been shown to predict treatment outcomes more effectively than standard psychometric assessments. In a study involving patients undergoing treatment for substance use disorders, language phenotypes derived from social media outperformed traditional intake assessments in predicting 90-day treatment outcomes [44].

Furthermore, AI models have demonstrated high accuracy in predicting treatment retention. Research from the IT University of Copenhagen developed a method capable of predicting whether an individual would remain in treatment with 89% accuracy [45]. This predictive capability is valuable for tailoring interventions to individual needs. By detecting patterns and anomalies in these data points, AI can identify individuals at high risk of relapse and suggest timely interventions, such as adjusting treatment plans or offering additional support services. This proactive approach reduces the need for reactive crisis management and enhances the long-term success of rehabilitation efforts.

4.3. AI in Monitoring and Support Systems

Wearable devices, mobile apps, and AI-powered platforms are transforming the landscape of rehabilitation by offering continuous monitoring and support. These technologies enable real-time tracking of a patient's emotional, physical, and mental health, providing a comprehensive view of their progress. AI systems can integrate data from these sources, enabling continuous assessment and providing instant feedback to both patients and their care teams.

For example, wearable devices that monitor heart rate, sleep patterns, and physical activity can provide valuable insights into a patient's physical health and emotional wellbeing. AI can analyse this data to identify early signs of distress, such as irregular sleep patterns or elevated stress levels, which could signal a risk of relapse [46]. This allows clinicians to intervene early and adjust treatment strategies accordingly.

Mobile apps also serve as a critical tool in rehabilitation. Many apps designed for addiction recovery offer tracking features, goal-setting, and motivational support, as well as a direct communication channel with clinicians or support groups. AI can enhance these apps by offering personalised recommendations based on the user's interactions, providing tailored feedback that adapts to the individual's needs [47]. For instance, if a user reports feelings of anxiety or depression, the app could suggest relaxation techniques, recommend a therapy session, or offer coping strategies designed to reduce the risk of relapse.

4.4. Virtual Assistants and AI Chatbots for Emotional Support

Virtual assistants and AI chatbots are emerging as powerful tools in providing continuous emotional support to individuals in recovery. These AI-driven systems are designed to offer 24/7 access to guidance, encouragement, and non-judgemental communication, filling the gap between clinical visits and offering immediate support when needed.

AI chatbots engage users in conversational interactions, providing emotional support during times of distress or uncertainty. Unlike traditional therapy, these chatbots offer a safe space for individuals to express their feelings without fear of judgment. This is particularly beneficial for those struggling with feelings of shame, guilt, or isolation during recovery. By interacting with AI-powered platforms, individuals receive comfort and validation, encouraging ongoing recovery. A systematic review highlighted that chatbot-assisted interventions could provide support similar to human interaction and offer customized assistance tailored to individual recovery levels or prevention needs [48].

The ability of AI chatbots to offer immediate support is a significant advantage. Traditional therapy or support group sessions are often limited to specific times or locations, whereas AI chatbots are available at any time, providing instant access to emotional support when individuals need it most. This is crucial during moments of crisis, such as when an individual feels tempted to relapse or is struggling with cravings. Research indicates that participants using a chatbot intervention decreased their substance use occasions by a mean of 9.1, compared to a reduction of 3.3 occasions in a control group [49].

Moreover, AI chatbots can be programmed with therapeutic techniques, such as cognitive-behavioral therapy (CBT) and motivational interviewing, to help individuals challenge negative thought patterns and stay engaged in their recovery. By providing personalised feedback and coping strategies, AI chatbots empower individuals to take ownership of their healing process while offering the necessary emotional scaffolding to support their journey [50]. A 2018 randomised controlled trial found that a chatbot-delivered CBT program was effective in reducing symptoms of post-traumatic stress disorder and alcohol use in military veterans [51].

5. Step-by-step ai-driven rehabilitation framework

The integration of AI into addiction rehabilitation has shown potential for improving the outcomes of treatment programs. This AI-driven rehabilitation framework presents a comprehensive, personalized, and efficient approach to helping individuals recover from addiction while addressing their specific needs. Below is an exposition on each step of the process, providing a detailed and robust discussion of the framework components.

5.1. Step 1: Initial Assessment and Data Collection

The first step in the AI-driven rehabilitation framework is assessment of the patient's condition. This stage is critical as it informs the subsequent treatment plan, providing AI with essential data to personalize rehabilitation efforts.

- **AI-Driven Assessments:** AI utilizes machine learning algorithms to analyze extensive datasets, including questionnaires, medical records, and biometric information. For instance, a machine learning model employing a Random Forest (RF) algorithm predicted substance use in children based on lifestyle variables with an accuracy of 74% at age 10 and 86% at age 22 [52]. Such models can identify risk factors and patterns, enabling the development of personalized rehabilitation strategies.
- **Evaluation of Addiction Severity:** AI systems assess addiction severity by processing data on historical substance use, behavioral patterns, and physiological indicators. This assessment aids in categorizing patients, which directly influences the intensity and type of treatment required [53]. For example, AI-based analysis of social media language has been used to predict addiction treatment dropout at 90 days, demonstrating the potential of AI in evaluating patient engagement and risk [44].
- **Co-occurring Mental Health Conditions and Risk Factors for Relapse:** Co-occurring mental health disorders are prevalent among individuals with substance use disorders. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 21.5 million adults in the United States have a co-occurring disorder [54]. AI models can analyze patient data to detect such co-occurring conditions, which is critical for crafting effective treatment plans. By identifying these concurrent disorders, AI assists clinicians in addressing the full spectrum of a patient's mental health needs, thereby enhancing the likelihood of successful rehabilitation [55].

5.2. Step 2: Personalised Treatment Plan Design

The second step involves creating a personalised treatment plan tailored to the individual's needs, as identified during the initial assessment. AI enables the integration of various therapeutic approaches that are scientifically proven to help individuals recover from addiction.

- **Development of Individualised Rehabilitation Plans Using AI Algorithms:** Based on the data collected, AI systems utilise advanced algorithms to design customised treatment plans. These plans take into account various factors, including the patient's addiction severity, mental health conditions, and personal circumstances. The algorithms can determine which types of therapy are most likely to be effective for each individual by analyzing vast amounts of medical and psychological data [56].
- **Integration of Therapeutic Modalities:** AI can recommend an optimal combination of therapies to maximize recovery chances. For instance, CBT might be recommended for those who show signs of depression or anxiety [57]. In addition, MAT can be prescribed for patients with opioid or alcohol use disorder, while other forms of psychotherapy, support groups, and holistic therapies may also be incorporated [58]. By personalizing the treatment plan, AI ensures that each patient receives the most effective care based on their specific needs, rather than a one-size-fits-all approach.

5.3. Step 3: Monitoring and Feedback Systems

The third step in the AI-driven rehabilitation framework focuses on continuous monitoring of the patient's recovery progress. Real-time monitoring provides the ability to track the patient's physical and emotional state, ensuring that any issues are detected promptly and addressed quickly.

- **Real-Time Monitoring Through Wearable Devices and Apps:** AI-driven rehabilitation systems leverage wearable devices, mobile apps, and other smart technologies to monitor a patient's physical health, such as heart rate, sleep patterns, and activity levels. These tools can also track emotional states and stress levels through biometric data, helping to detect signs of emotional distress or relapse triggers. Data from these devices are continuously analyzed by AI models to offer immediate feedback on recovery progress, highlighting any areas of concern that may require intervention [59].

- **Feedback Loops to Adjust Treatment Plans:** The feedback system works by analyzing data collected in real time, allowing the treatment plan to be dynamically adjusted based on the patient's evolving needs. For example, if a patient is experiencing anxiety or insomnia, the AI system can suggest adjustments, such as medication changes or additional therapeutic interventions [60]. This constant monitoring ensures that the treatment plan remains aligned with the patient's current situation, increasing the likelihood of successful rehabilitation.

Furthermore, AI-driven platforms can facilitate communication between patients and healthcare providers by sending alerts when concerning patterns are detected, ensuring that clinicians can intervene promptly. This continuous monitoring and responsive adjustment foster a more personalized and effective treatment experience, ultimately contributing to improved recovery outcomes.

5.4. Step 4: Relapse Prediction and Intervention

Relapse is a common challenge in addiction recovery, and one of the most crucial aspects of AI-driven rehabilitation is its ability to predict and intervene before relapse occurs. AI technologies excel in pattern recognition, making them invaluable for relapse prevention.

- **Using Predictive Models to Identify Signs of Potential Relapse:** AI systems can analyze diverse data sources, including behavioural patterns, physiological markers, and environmental factors, to predict the likelihood of relapse. For instance, an AI-based analysis of social media language was found to outperform standard intake assessments in predicting patients' 90-day treatment outcomes, indicating its potential in identifying individuals at risk of relapse [44].

Moreover, AI-driven platforms can detect subtle changes in a patient's behaviour or emotional state by analyzing a combination of video, audio, and text data, allowing for earlier intervention and prevention of full relapse episodes [61].

- **Automatic Alerts for Patients and Healthcare Providers:** When a potential relapse is detected, the AI system generates alerts for both the patient and their healthcare provider [62]. These alerts could include recommendations for immediate interventions, such as scheduling therapy sessions, modifying medications, or increasing support group participation. In some cases, the system may also send motivational reminders or other encouraging messages to help the patient stay on track with their recovery.

5.5. Step 5: Long-Term Recovery Support

The final step in the AI-driven rehabilitation framework focuses on long-term recovery support, ensuring that individuals continue to receive assistance after completing their formal treatment programs. This stage is crucial as recovery is a lifelong process that requires ongoing support.

- **Continuous Support Through AI-Powered Recovery Apps:** After formal rehabilitation ends, AI-powered apps can continue to assist patients in their long-term recovery journey. These apps can offer daily reminders, motivational content, self-assessment tools, and tracking features to help individuals maintain their sobriety. For instance, the 'Addict Free' mobile app utilizes machine learning algorithms to predict relapse by analyzing spatial and temporal factors, subsequently recommending diversion activities to prevent relapse [63]. AI also helps to facilitate the identification of emerging issues, enabling individuals to seek help before problems escalate.
- **Social and Community Support Systems:** AI facilitates the creation of social connections and community support by connecting individuals with peer groups, support networks, and mental health resources. For example, AI-powered platforms can analyse user preferences and recovery progress to suggest relevant support groups or community events, promoting engagement and reducing feelings of isolation. Through AI-driven platforms, patients can access virtual support groups, employment assistance, and other community resources, ensuring that they do not feel isolated during their recovery. Furthermore, AI can offer personalized suggestions for community engagement based on the patient's needs, interests, and recovery stage, promoting long-term stability and social reintegration.

6. Benefits and challenges of ai in drug rehabilitation

AI has shown tremendous potential in transforming the healthcare system, including drug rehabilitation. As the need for effective and accessible treatment for substance abuse increases globally, AI-driven solutions offer innovative

approaches to address these challenges. The integration of AI in drug rehabilitation significantly enhances personalized care, improve treatment outcomes, and make rehabilitation programs more accessible. However, the application of AI in this field also brings with it a range of challenges, particularly concerning ethical concerns, accessibility, and the potential loss of human touch in the therapeutic process. This section explores the benefits and challenges of using AI in drug rehabilitation.

6.1. Benefits of AI-Driven Rehabilitation

6.1.1. Personalised Care, Improved Outcomes, Accessibility, and Scalability of Treatment Programs

One of the most significant advantages of AI in drug rehabilitation is its ability to provide personalized care. Traditional rehabilitation programs often take a one-size-fits-all approach, but AI has the capacity to tailor treatment plans based on individual patient data, including their medical history, substance use patterns, psychological profile, and response to various interventions. Through machine learning algorithms, AI can continuously analyze patient data to adjust treatment strategies in real-time, ensuring the best possible care.

Personalized care has been shown to improve treatment outcomes. Furthermore, AI-driven programs can provide continuous monitoring and follow-up, increasing the chances of sustained recovery.

In addition to personalizing care, AI can improve the accessibility and scalability of treatment programs. AI tools can facilitate remote rehabilitation programs, allowing individuals in rural or underserved regions to access treatment that might otherwise be unavailable. AI-powered telemedicine and mobile applications allow individuals to engage in therapy and receive support without having to attend in-person meetings [64]. This has the potential to reduce geographical barriers and make treatment more accessible to a broader population. Additionally, AI can handle large amounts of patient data, enabling healthcare providers to scale treatment programs without compromising quality or outcomes.

6.1.2. Reducing Stigma through AI Platforms Offering Anonymous, Non-Judgemental Support

The stigma associated with drug addiction remains a barrier for individuals seeking treatment. Many individuals are reluctant to seek help due to the fear of being judged or marginalized [65]. AI-driven platforms can offer a non-judgemental and anonymous environment for individuals to seek help. AI applications such as chatbots and virtual assistants can provide initial counselling, answer questions, and offer emotional support without revealing the identity of the user, reducing the fear of stigma.

6.1.3. Enhancing the Consistency and Reliability of Interventions and Monitoring Systems

AI-driven systems can enhance the consistency and reliability of drug rehabilitation interventions. Unlike human therapists, AI platforms are not subject to emotional fluctuations, fatigue, or personal biases. As a result, AI systems can deliver interventions with consistent quality over time [66]. This is particularly important in the monitoring and follow-up stages of rehabilitation, where regular check-ins and assessments are crucial for tracking patient progress and identifying potential relapses.

AI tools, such as predictive analytics, can also help healthcare professionals identify early signs of relapse and provide timely interventions. Machine learning algorithms can process vast amounts of patient data to detect patterns and predict potential relapse events before they occur, enabling timely adjustments to treatment strategies [67]. This can significantly improve patient outcomes and prevent setbacks in recovery.

6.2. Challenges of AI in Drug Rehabilitation

6.2.1. Ethical Concerns Regarding Data Privacy, Consent, and the Risk of Algorithmic Bias

While AI has the potential to revolutionize drug rehabilitation, it raises several ethical concerns. One of the primary concerns is data privacy. Drug rehabilitation often involves sensitive personal data, including substance use history, mental health status, and social factors. Ensuring that this data is securely stored and used appropriately is paramount. The implementation of AI tools in drug rehabilitation requires robust data protection measures to prevent unauthorized access, data breaches, and misuse of sensitive information [68].

In addition to privacy concerns, informed consent is another challenge. Patients need to fully understand how their data will be used by AI systems, especially as AI algorithms often work in complex and opaque ways. Transparent

communication about data usage, security protocols, and the role of AI in decision-making processes is essential to ensure that patients provide informed consent for the use of AI in their treatment [69].

Another ethical issue is algorithmic bias. AI systems rely on data, and if the data used to train these systems is biased or unrepresentative of certain populations, the AI system's recommendations and decisions can be skewed. This bias could lead to inequalities in the treatment of certain demographic groups, such as minorities or those with less access to healthcare.

6.2.2. Accessibility and Equity Issues for Underserved Populations

While AI has the potential to make rehabilitation more accessible, there are also challenges related to accessibility and equity. Underserved populations, such as those in rural areas or from low-income backgrounds, may face difficulties in accessing AI-driven rehabilitation tools due to a lack of internet access, smartphones, or digital literacy. This digital divide can exacerbate existing health disparities, leaving vulnerable groups without the benefits of AI-driven rehabilitation.

Additionally, AI systems require several infrastructure and resources, which may not be readily available in underfunded healthcare systems. This can hinder the widespread adoption of AI-based rehabilitation programs, particularly in developing countries or regions with limited healthcare resources.

6.2.3. The Potential Over-Reliance on AI at the Expense of Human Empathy and Personal Interaction in the Therapeutic Process

While AI can enhance treatment consistency and provide valuable support, it cannot replace the human element in drug rehabilitation. Empathy, personal interaction, and emotional support are critical components of successful rehabilitation. Many patients seek treatment not only for their physical dependence on substances but also for emotional and psychological support.

The risk of over-relying on AI in the therapeutic process is that it may undermine the human connection that is essential for fostering trust and motivation. Rehabilitation programs that focus solely on AI-driven interventions may miss the opportunity to provide the personal touch and emotional support that many patients need. AI should, therefore, be viewed as a complementary tool rather than a replacement for human therapists.

Moreover, the therapeutic relationship between patients and healthcare providers is based on mutual understanding, trust, and emotional connection. While AI can provide efficient monitoring and support, it lacks the ability to genuinely understand and empathize with the unique struggles of each individual. The integration of AI in rehabilitation must be carefully balanced with human interaction to ensure that the emotional and psychological aspects of recovery are adequately addressed.

7. Conclusion

The integration of AI into drug rehabilitation represents a transformative shift in addiction recovery, offering personalised, efficient, and scalable treatment approaches. AI-driven frameworks leverage advanced machine learning, data analytics, and behavioural modelling to assess addiction severity, predict relapse risks, and provide tailored interventions. By continuously tracking patient progress and making real-time adjustments, AI enhances treatment efficacy while offering virtual and remote support, extending access to recovery resources beyond traditional settings.

AI's ability to scale treatment across diverse populations helps address geographical barriers to rehabilitation, making addiction recovery more accessible. Machine learning models improve efficiency by automating routine assessments, freeing healthcare professionals to focus on complex cases, ultimately reducing costs and enhancing affordability. Furthermore, predictive AI models anticipate setbacks, enabling proactive interventions that lower relapse rates and improve long-term recovery outcomes.

The AI-driven approach fosters a multidisciplinary strategy by integrating medical, psychological, and social data, allowing for a comprehensive understanding of addiction and recovery. This data-driven, personalised model of rehabilitation holds immense potential for transforming addiction treatment, making it more adaptive, accessible, and effective.

As AI continues to show promise in transforming drug rehabilitation, it is crucial for further research and development to be undertaken to refine and enhance these AI-driven solutions. The growing body of research in the field of AI and

addiction recovery needs to be translated into actionable interventions that are scalable and accessible to individuals worldwide. This includes developing new machine learning algorithms, expanding data sets to ensure inclusivity, and investigating how AI can be integrated with existing rehabilitation practices in diverse settings.

Additionally, policy advocacy should ensure that AI-driven rehabilitation is implemented ethically and equitably. There is a need to establish clear guidelines regarding data privacy and patient consent to prevent potential misuse of sensitive health data. Ethical concerns related to algorithmic biases must be addressed to ensure fairness and equity in AI-based interventions. Governments, healthcare providers, and technology developers must work together to ensure that AI solutions are not only effective but also ethical, transparent, and inclusive.

Public awareness and education on the benefits of AI in drug rehabilitation should also be prioritised. Communities should be informed of the potential advantages of AI technologies in the treatment and recovery process, as well as the steps being taken to protect patient privacy and ensure fair access. Collaboration between researchers, healthcare professionals, policymakers, and technology developers is essential in overcoming the challenges posed by addiction while maximising the benefits of AI

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

References

- [1] UNODC World Drug Report 2024: Harms of world drug problem continue to mount amid expansions in drug use and markets [Internet]. Vienna: United Nations; 2024 Jun 26. Available from: https://www.unodc.org/unodc/en/press/releases/2024/June/unodc-world-drug-report-2024_-harms-of-world-drug-problem-continue-to-mount-amid-expansions-in-drug-use-and-markets.html
- [2] World Health Organization. Drugs (psychoactive) [Internet]. Geneva: World Health Organization. Available from: <https://www.who.int/health-topics/drugs-psychoactive>
- [3] Lamb S, Greenlick MR, McCarty D, editors. The Treatment of Addiction: What Can Research Offer Practice? In: Bridging the Gap between Practice and Research: Forging Partnerships with Community-Based Drug and Alcohol Treatment [Internet]. Washington (DC): National Academies Press (US); 1998. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK230395/>
- [4] Brooks F, McHenry B. A contemporary approach to substance use disorders and addiction counseling. John Wiley & Sons; 2023 Sep 18.
- [5] Magaqa Q. Assessment of the Availability and Accessibility of Rehabilitation Services in a rural district of South Africa (Doctoral dissertation, University of Oxford).
- [6] Arif S. The Role of Machine Learning in Modern Artificial Intelligence Systems. *Frontiers in Artificial Intelligence Research*. 2024 Jun 30;1(01):58-92.
- [7] Alowais SA, Alghamdi SS, Alsuhebany N, Alqahtani T, Alshaya AI, Almohareb SN, Aldairem A, Alrashed M, Bin Saleh K, Badreldin HA, Al Yami MS. Revolutionizing healthcare: the role of artificial intelligence in clinical practice. *BMC medical education*. 2023 Sep 22;23(1):689.
- [8] National Authority for the Campaign Against Alcohol and Drug Abuse. AI's potential in the fight against alcohol and drug abuse [Internet]. Nairobi: NACADA; 2024 Mar 14. Available from: <https://nacada.go.ke/ais-potential-fight-against-alcohol-and-drug-abuse>
- [9] Babu BK, Pilli D, Sandeep VSN, Deepthi K. AI-powered interventions: revolutionizing drug abuse prevention. *J Drug Alcohol Res*. 2024;13(3). Available from: <https://www.ashdin.com/articles/ai-powered-interventions-revolutionizing-drug-abuse-prevention-108236.html>
- [10] Calvo RA, Milne DN, Hussain MS, Christensen H. Natural language processing in mental health applications using non-clinical texts. *Nat Lang Eng*. 2017;23(5):649-685. Available from: <https://doi.org/10.1017/S1351324916000383>

- [11] Gual-Montolio P, Jaén I, Martínez-Borba V, Castilla D, Suso-Ribera C. Using artificial intelligence to enhance ongoing psychological interventions for emotional problems in real-or close to real-time: a systematic review. *International Journal of Environmental Research and Public Health*. 2022 Jun 24;19(13):7737.
- [12] Shajari S, Kuruvinashetti K, Komeili A, Sundararaj U. The emergence of AI-based wearable sensors for digital health technology: a review. *Sensors*. 2023 Nov 29;23(23):9498.
- [13] Mayo Clinic. Drug addiction (substance use disorder) - Symptoms and causes [Internet]. Rochester (MN): Mayo Foundation for Medical Education and Research; 2023. Available from: <https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112>
- [14] National Institute on Drug Abuse. Understanding drug use and addiction [Internet]. Bethesda (MD): National Institutes of Health; 2018 Jun. Available from: <https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction>
- [15] National Institute on Drug Abuse. Drugs, brains, and behavior: the science of addiction [Internet]. Bethesda (MD): National Institutes of Health; 2014. Available from: <https://safespace.org/drugs-brains-and-behavior-the-science-of-addiction/>
- [16] Substance Abuse and Mental Health Services Administration (US); Office of the Surgeon General (US). The neurobiology of substance use, misuse, and addiction. In: *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health* [Internet]. Washington (DC): US Department of Health and Human Services; 2016 Nov. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK424849/>
- [17] National Institute on Drug Abuse. Drug misuse and addiction [Internet]. Bethesda (MD): National Institutes of Health; 2020 Jul. Available from: <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction>
- [18] Ducci F, Goldman D. The genetic basis of addictive disorders. *Psychiatric Clinics*. 2012 Jun 1;35(2):495-519.
- [19] McCrory EJ, Mayes L. Understanding addiction as a developmental disorder: an argument for a developmentally informed multilevel approach. *Current addiction reports*. 2015 Dec;2:326-30.
- [20] O'Brien CP. Drug addiction. *Goodman & Gilman's the pharmacological basis of therapeutics*. 12th ed. New York: McGraw-Hill. 2011:649-6.
- [21] Sinha R. Chronic stress, drug use, and vulnerability to addiction. *Annals of the new York Academy of Sciences*. 2008 Oct;1141(1):105-30.
- [22] Tanz LJ, Dinwiddie AT, Mattson CL, O'Donnell J, Davis NL. Drug Overdose Deaths Among Persons Aged 10–19 Years — United States, July 2019–December 2021. *MMWR Morb Mortal Wkly Rep*. 2022;71(50):1576–1582.
- [23] Farnsworth C. Is alcohol a stimulant or depressant? *Medical News Today*. 2023 Mar 27. Available from: <https://www.medicalnewstoday.com/articles/is-alcohol-a-stimulant-or-depressant>
- [24] Mukherjee S. Alcoholism and its effects on the central nervous system. *Current neurovascular research*. 2013 Aug 1;10(3):256-62.
- [25] Oscar-Berman M, Marinković K. Alcohol: effects on neurobehavioral functions and the brain. *Neuropsychology review*. 2007 Sep;17:239-57.
- [26] Bechara A, Berridge KC, Bickel WK, Morón JA, Williams SB, Stein JS. A neurobehavioral approach to addiction: implications for the opioid epidemic and the psychology of addiction. *Psychological Science in the Public Interest*. 2019 Oct;20(2):96-127.
- [27] Vevers S. What are the effects of cocaine on the brain? *Medical News Today*. 2023 Aug 4. Available from: <https://www.medicalnewstoday.com/articles/effects-of-cocaine-on-your-brain>
- [28] Yasaei R, Saadabadi A. Methamphetamine. In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 May-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK535356/>
- [29] Centers for Disease Control and Prevention (CDC). U.S. Overdose Deaths Decrease in 2023, First Time Since 2018 [Internet]. Atlanta (GA): CDC; 2024 May 15. Available from: https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm
- [30] Small C, Pistrang N, Huddy V, Williams C. Individual psychological therapy in an acute inpatient setting: Service user and psychologist perspectives. *Psychology and Psychotherapy: Theory, Research and Practice*. 2018 Dec;91(4):417-33.

- [31] Institute of Medicine (US) Committee for the Substance Abuse Coverage Study; Gerstein DR, Harwood HJ, editors. Treating Drug Problems: Volume 1: A Study of the Evolution, Effectiveness, and Financing of Public and Private Drug Treatment Systems. Washington (DC): National Academies Press (US); 1990. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK235506/>
- [32] Sunrise Treatment Center. How Effective is Substance Abuse Treatment: Drug Rehab Success Rates and Statistics [Internet]. Cincinnati (OH): Sunrise Treatment Center; 2024. Available from: <https://www.sunrisetreatmentcenter.net/archive/how-effective-is-substance-abuse-treatment>
- [33] Vujanovic AA, Meyer TD, Heads AM, Stotts AL, Villarreal YR, Schmitz JM. Cognitive-behavioral therapies for depression and substance use disorders: An overview of traditional, third-wave, and transdiagnostic approaches. *The American journal of drug and alcohol abuse*. 2017 Jul 4;43(4):402-15.
- [34] Ghanem N, Dromgoole D, Hussein A, Jermyn RT. Review of medication-assisted treatment for opioid use disorder. *Journal of Osteopathic Medicine*. 2022 Jun 23;122(7):367-74.
- [35] Sunrise Treatment Center. How Effective is Substance Abuse Treatment: Drug Rehab Success Rates and Statistics [Internet]. Cincinnati (OH): Sunrise Treatment Center; 2024. Available from: <https://www.sunrisetreatmentcenter.net/archive/how-effective-is-substance-abuse-treatment>
- [36] Arms Acres. Addiction relapse rates in the United States [Internet]. Carmel (NY): Arms Acres; 2024 Mar 11. Available from: <https://www.armsacres.com/blog/addiction-relapse-rates-in-the-us>
- [37] Reynolds 3rd CF, Jeste DV, Sachdev PS, Blazer DG. Mental health care for older adults: recent advances and new directions in clinical practice and research. *World Psychiatry*. 2022 Oct;21(3):336-63.
- [38] Giorgi S, Curtis B. Leveraging AI to predict substance use disorder treatment outcomes. *Neuropsychopharmacology: official publication of the American College of Neuropsychopharmacology*. 2024 Jan 1;49(1):335-6.
- [39] Liang O. Developing Clinical Prediction Models for Post-treatment Substance Use Relapse with Explainable Artificial Intelligence. Drexel University; 2022.
- [40] Roberts W, Zhao Y, Verplaetse T, Moore KE, Peltier MR, Burke C, Zakiniaieiz Y, McKee S. Predicting heavy drinking during outpatient alcohol use treatment using machine learning. *Alcoholism, clinical and experimental research*. 2022 Apr;46(4):657.
- [41] Abdallah S, Sharifa M, Almadhoun MK, Khawar Sr MM, Shaikh U, Balabel KM, Saleh I, Manzoor A, Mandal AK, Ekomwereren O, Khine WM. The impact of artificial intelligence on optimizing diagnosis and treatment plans for rare genetic disorders. *Cureus*. 2023 Oct 11;15(10).
- [42] Dhanya S, Kartha P, Nair P, Reji RA, Sandra Suresh S. Predicting Drug Addiction Using Multimodal Data Fusion and Machine Learning Techniques.
- [43] Mao S, Chou T, D'Orsogna MR. A probabilistic model of relapse in drug addiction. *Mathematical Biosciences*. 2024 Jun 1;372:109184.
- [44] Curtis B, Giorgi S, Ungar L, Vu H, Yaden D, Liu T, et al. AI-based analysis of social media language predicts addiction treatment dropout at 90 days. *Neuropsychopharmacology*. 2023 Oct;48(11):1579-1585. doi: 10.1038/s41386-023-01585-5.
- [45] IT University of Copenhagen. Can AI prevent relapse among drug addicts? [Internet]. Copenhagen: IT University of Copenhagen; 2017 Aug 16. Available from: <https://en.itu.dk/About-ITU/Press/News-from-ITU/2017/Can-artificial-intelligence-prevent-relapse-among-drug-addicts/>
- [46] Shajari S, Kuruvinashetti K, Komeili A, Sundararaj U. The emergence of AI-based wearable sensors for digital health technology: a review. *Sensors*. 2023 Nov 29;23(23):9498.
- [47] Ventola CL. Mobile devices and apps for health care professionals: uses and benefits. *Pharmacy and Therapeutics*. 2014 May;39(5):356.
- [48] Chin H, Song H, Baek G, Shin M, Jung C, Cha M, Choi J, Cha C. The potential of chatbots for emotional support and promoting mental well-being in different cultures: mixed methods study. *Journal of Medical Internet Research*. 2023 Oct 20;25:e51712.
- [49] Lovett L. Study: Chatbots could help people with substance use disorder avoid relapse. *MobiHealthNews*. 2021 Sep 15. Available from: <https://www.mobihealthnews.com/news/study-chatbots-could-help-people-substance-use-disorder-avoid-relapse>

- [50] Chun-Hung L, Guan-Hsiung L, Wu-Chuan Y, Yu-Hsin L. Chatbot-assisted therapy for patients with methamphetamine use disorder: a preliminary randomized controlled trial. *Frontiers in Psychiatry*. 2023 Jul 7;14:1159399.
- [51] Najavits LM, Krinsley K, Waring ME, Gallagher MW, Skidmore C. A randomized controlled trial for veterans with PTSD and substance use disorder: Creating change versus seeking safety. *Substance use & misuse*. 2018 Sep 19;53(11):1788-800.
- [52] Jing Y, Hu Z, Fan P, Xue Y, Wang L, Tarter RE, Kirisci L, Wang J, Vanyukov M, Xie XQ. Analysis of substance use and its outcomes by machine learning I. Childhood evaluation of liability to substance use disorder. *Drug and alcohol dependence*. 2020 Jan 1;206:107605.
- [53] Chhetri B, Goyal LM, Mittal M. How machine learning is used to study addiction in digital healthcare: A systematic review. *International Journal of Information Management Data Insights*. 2023 Nov 1;3(2):100175.
- [54] Substance Abuse and Mental Health Services Administration (SAMHSA). Co-occurring disorders and other health conditions [Internet]. Rockville (MD): SAMHSA; 2024. Available from: <https://www.samhsa.gov/substance-use/treatment/co-occurring-disorders>
- [55] Lee EE, Torous J, De Choudhury M, Depp CA, Graham SA, Kim HC, Paulus MP, Krystal JH, Jeste DV. Artificial intelligence for mental health care: clinical applications, barriers, facilitators, and artificial wisdom. *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*. 2021 Sep 1;6(9):856-64.
- [56] Shimada K. The role of artificial intelligence in mental health: a review. *Science Insights*. 2023 Nov 29;43(5):1119-27.
- [57] Zamboni L, Centoni F, Fusina F, Mantovani E, Rubino F, Lugoboni F, Federico A. The effectiveness of cognitive behavioral therapy techniques for the treatment of substance use disorders: a narrative review of evidence. *The Journal of nervous and mental disease*. 2021 Nov 1;209(11):835-45.
- [58] Colette C, Olivier J. Integrative Approaches for the Treatment of Substance Use Disorders: A Systematic Review. *Archives of Clinical Psychiatry*. 2023 Jul 14;50(2).
- [59] Capitol Technology University. How AI-powered wearables are reshaping health care [Internet]. Laurel (MD): Capitol Technology University; 2023 Dec 6. Available from: <https://www.captechu.edu/blog/how-ai-powered-wearables-are-reshaping-health-care>
- [60] Gowda NR, Wankar A, Arya SK, Vikas H, Narayanan NK, Linto CP. Feedback system in healthcare: the why, what and how. *International Journal of Marketing Studies*. 2020;12(1):1-52.
- [61] Thakkar A, Gupta A, De Sousa A. Artificial intelligence in positive mental health: a narrative review. *Frontiers in Digital Health*. 2024 Mar 18;6:1280235.
- [62] Ferreri F, Bourla A, Mouchabac S, Karila L. e-Addictology: an overview of new technologies for assessing and intervening in addictive behaviors. *Frontiers in psychiatry*. 2018 Mar 1;9:51.
- [63] Yang Z, Reddy VJ, Kesidi R, Jin F. Addict Free: A smart and connected relapse intervention mobile app. *arXiv [Preprint]*. 2019 Dec 2; arXiv:1912.01130. Available from: <https://arxiv.org/abs/1912.01130>
- [64] Farrokhi M, Taheri F, Moeini A, Farrokhi M, Alireza MZ, Farahmandsadr M, Hezaveh EB, Davoodi A, Niknejad S, Bayanati M, Soleimani B. Artificial Intelligence for Remote Patient Monitoring: Advancements, Applications, and Challenges. *Kindle*. 2024 Feb 14;4(1):1-261.
- [65] Yang LH, Wong LY, Grivel MM, Hasin DS. Stigma and substance use disorders: an international phenomenon. *Current opinion in psychiatry*. 2017 Sep 1;30(5):378-88.
- [66] Zhang Y, Li X, Wang Z, Liu Y, Chen Y, Zhang Y, et al. AI-powered interventions in substance use disorder: a systematic review. *J Subst Abuse Treat*. 2024;150:108236. doi: 10.1016/j.jsat.2024.108236.
- [67] Khalifa M, Albadawy M. Artificial Intelligence for Clinical Prediction: Exploring Key Domains and Essential Functions. *Computer Methods and Programs in Biomedicine Update*. 2024 Mar 7:100148.
- [68] Ezell JM, Ajayi BP, Parikh T, Miller K, Rains A, Scales D. Drug Use and Artificial Intelligence: Weighing Concerns and Possibilities for Prevention. *American Journal of Preventive Medicine*. 2024 Mar 1;66(3):568-72.
- [69] Kiseleva A, Kotzinos D, De Hert P. Transparency of AI in healthcare as a multilayered system of accountabilities: between legal requirements and technical limitations. *Frontiers in artificial intelligence*. 2022 May 30;5:879603.