

## Information Needs of Addicted Individuals: A Qualitative Case Study

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### Original Article

#### Abstract

**Background:** The purpose of this study was to investigate the information needs of addicts from the perspective of addicts. By identifying the experiences of the individuals involved in addiction and assessing the information they need, targeted educational interventions can be provided to meet their needs.

**Methods:** Semi-structured interviews were conducted with 13 addicts in two addiction outpatient clinics. Data were analyzed using the qualitative content analysis approach proposed by Graneheim and Lundman.

**Findings:** The information needs of the interviewees included recognizing types of addictive substances and the degree of dependence on them, awareness of the physical and psychological symptoms of addiction to various addictive substances, awareness of various pharmacological and non-pharmacological treatments, physical and psychological symptoms of quitting addiction, awareness of the length of treatment, knowledge about the dose and degree of dependence on drugs, recognizing the causes of failure in quitting addiction, awareness of governmental and non-governmental services, and awareness of the psychological measures and care services necessary after quitting addiction.

**Conclusion:** The results of the study showed that the knowledge and awareness of addicted individuals in various fields of addiction is low and it is necessary to provide education based on the information needs of these individuals. This requires the cooperation and efforts of policy makers, the Ministry of Education, welfare managers, and specialists in camps and addiction treatment centers. Specialists in addiction treatment clinics can use the information needs of addicts determined in this study to enrich the education of addicts.

**Keywords:** Information needs; Addiction; Qualitative research; Awareness; Substance-related disorders

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## Introduction

The phenomenon of drug abuse is one of the most serious social problems in the world. Statistics and evidence in this area show the expansion of addiction in the last decade. According to the United Nations Office on Drugs and Crime (UNODC), about 5.6% (275 million individuals) of the world's population in the age group of 15-64 years were drug users in 2018.<sup>1</sup> Drug-related deaths are also on the rise. Statistics show that between 2000 and 2015, this phenomenon increased by 60% worldwide.<sup>1</sup>

Drug abuse is the cause of many diseases including respiratory problems, cardiovascular disease (CVD), cancer, stroke, and infectious diseases such as hepatitis C and HIV.<sup>2</sup> Furthermore, addiction does not depend on one person and affects all members of society. Drug addiction is associated with absenteeism and disruption of the work cycle, which leads to a weakening of the family economy, and consequently, a decrease in the level of labor productivity in society. The available literature shows that the social costs of drug abuse are very high, with monetized estimates of indirect and direct costs exceeding \$700 billion a year.<sup>3</sup>

Addiction as a social harm will never be completely eradicated, but it can be controlled and prevented from spreading. This requires sufficient knowledge of this phenomenon from different dimensions and the raising of the level of individuals' awareness. Education and raising awareness in addicted individuals can be effective in the field of self-control and consumption reduction.<sup>4</sup>

Many individuals with addiction do not have a correct understanding of their illness, its symptoms, and its psycho-physical effects either at the time of use or when they quit. The treatment of these individuals is influenced by their knowledge and understanding of addiction and the effectiveness of the treatment process. Therefore, it is necessary to identify the information needed by this group of individuals in order to be able to safely and effectively manage their disease. High levels of temptation, lack of family support, and continuous communication with other drug consumers may prevent effective drug abuse.<sup>5</sup>

Providing information based on patients' needs for dealing with diseases is very valuable

and can involve patients in the treatment process and increase their satisfaction with the treatment.<sup>6</sup>

In a qualitative study by Neale et al., the information needs of patients with opioid use disorder in relation to buprenorphine injection were investigated.<sup>7</sup> They needed a great deal of information about buprenorphine injections. In this study, it was recommended that more qualitative research be conducted in order to produce informative videos from the experiences of patients who received buprenorphine.<sup>7</sup>

Furthermore, the results of a qualitative study by Kalangi have shown that along with other medical treatments, information plays an important role in improving the treatment of patients with alcohol and drug abuse.<sup>8</sup>

In this regard, to date, a limited number of studies have qualitatively reviewed the experiences of addicted individuals in relation to their information needs from the beginning of consumption to the time of their treatment. In fact, there was a gap in similar studies and this was the real motivation for the present study. We found no study regarding the significance of the information the addicted patients need for the rehabilitation process, and thus, the present study was conducted. The present study is innovative when it comes to the importance of identifying the information needs of addicts in different contexts. Moreover, due to the lack of evidence in this area, we intended to examine the information needs of addicts. By identifying the experiences of the individuals involved in addiction and assessing their information needs, targeted educational interventions can be provided to meet their needs. The results of the study are expected to emphasize the importance of analyzing the information needs of patients in addiction rehabilitation centers.

## Methods

**Study type and setting:** This research was conducted with a qualitative approach and conventional content analysis method. The study setting included 2 large outpatient clinics for addiction treatment in Kerman, Iran.

**Participants and sampling method:** Participants were 13 individuals who were overcoming an addiction. These individuals were purposefully selected.

Interviews with participants continued in order to gain a variety of perspectives and

experiences until data saturation, when no new concept was reached. The study inclusion criteria were that the person was quitting an addiction, could answer interview questions, and was willing to participate in the study.

**Data collection method:** Data were collected through in-depth and semi-structured interviews by one of the researchers of the team (S.K). Before the interview, the researcher obtained permission to record the patient's conversations. The patients were also assured that their personal information would be kept confidential.

The interview consisted of 2 parts. The first part included demographic characteristics that included items such as gender, current age, age at the onset of drug abuse, and educational/academic degree.

The second part included questions about the individuals' experiences regarding their information needs in the field of addictive drugs from the onset of drug abuse to the time of the interview. Here are some guiding questions:

1- What information did you need to have that you were unaware of at the beginning of your drug abuse?

2. What information during the period of could help you control it?

3- When did you decide to quit; what information did you need during the quitting and treatment period?

The interviews were performed in 2 addiction outpatient clinics. Before the interview, the purpose of the study was explained to the participants. The duration of each interview was 20-30 minutes. At the end of the interview, individuals were asked to comment on any remaining issues. At the end of each interview, by reviewing the answers of each person, the accuracy of the written information was checked and confirmed.

**Analysis method:** This research was a qualitative study. The information obtained from the interviews was analyzed using a conventional content analysis approach. The analysis process was performed according to the steps proposed by Graneheim and Lundman.<sup>9</sup>

According to the concepts in the interviews, the codes that were conceptually similar were placed in a category, and the final themes were formulated.<sup>9</sup>

Then, the results were referred to 4 professors

in the field of addiction and qualitative research to confirm and present their opinions. In this study, the contents of the interviews were written on paper, and at the end of each interview, the accuracy of the answers of each participant were reviewed and checked.

Trustworthiness of data was determined using Lincoln and Guba's criteria, including the 4 aspects of credibility, confirmability, dependability, and transferability.<sup>10</sup> The accuracy and reliability of the findings were ensured by the following methods: abandoning the initial presuppositions of the research, considering the maximum variety in sampling, accuracy in recording the data, good communication of the researcher with the participants, prolonged engagement with interview data, member checking, and peer debriefing.

**Informed consent:** First, before starting the study, the written form of informed consent was completed by the participants. The researcher obtained permission to record patients' conversations before the interview. In addition, the participants were assured that their personal information would be kept confidential.

**Ethical issues:** This study was approved by the Ethics Committee of Kerman University of Medical Sciences, Kerman, (Ethical Code: 99000676) in 2020.

## Results

The study participants included 13 individuals who were overcoming addiction, of whom 11 were men and 2 were women. The participants' mean age was 38 years. The minimum age of onset was 8 years and the maximum was 32 years. The most common drugs used by the participants were Opium, Heroin, and Hashish. The information about the participants is presented in table 1.

In table 2, the final classification obtained from the results of "information needs of addicts" is shown.

### Information needs of addicted individuals in the field of addictive substances

The information needs of the interviewees were divided into 2 main groups and 10 subgroups.

#### Understanding the nature of addiction

**Knowledge of addictive substances and degrees of dependence on them:** Sometimes it is difficult for a person to diagnose addiction. Ignorance of the symptoms of addiction causes a person to deny his problem and continue to use harmfully.

**Table 1.** Profile of the participants

Type of addictive substances	Current age (year)	Last degree	Gender	Age of onset of drug abuse (year)
Methamphetamine-Opium-Heroin	31	Diploma	Male	15
Opium-Heroin-Hashish	37	Diploma	Male	22
	40	Diploma	Male	16
	28	Middle school	Male	14
	50	Diploma	Male	32
	38	Middle school	Male	15
	42	Bachelor's	Male	19
	43	Diploma	Male	15
	39	Diploma	Male	25
	37	Middle school	Male	30
	40	Diploma	Male	20
	37	Middle school	Female	8
	34	Diploma	Female	16

Although the symptoms of addiction are not detectable early in drug abuse, knowing the signs of addiction and understanding the behavioral changes of an addicted person can help him or her, his/her family, and others take timely action to prevent the progression of addiction.

40-year-old man: "I did not think I was addicted to opium, and I was sure I was taking it voluntarily and it was just a relaxing hobby."

38-year-old man: "I started consuming drugs for fun, and I just wanted to know what it was like and I never thought I would get involved."

42-year-old man: "I was sure I could quit heroin when I wanted to, but I was always looking for a place to be alone and use it."

*Awareness of the physical and psychological symptoms of addiction to various addictive substances:* 40-year-old man: "I did not think opium had a complication and I even thought it had healing properties and was useful for me."

34-year-old woman: "I started using opium to reduce my menstrual cramps."

Despite the harmful and even fatal effects of addictive substances, individuals become addicted due to ignorance of the nature of the drugs. Reports indicate that about 75% of drug-related deaths among individuals aged 50 and over are related to opioid and its derivatives.<sup>1</sup> Therefore, individuals need to be aware of the side effects and problems caused by drug abuse.

**Table 2.** The main theme, categories, and subcategories

Main theme	Categories	Subcategories
Information needs of addicted individuals in the field of addictive substances	Understanding the nature of addiction	Knowledge of addictive drugs and degree of dependence on them Awareness of the physical and psychological symptoms of addiction to various addictive drugs
	Treatments and follow-up	Awareness of the different types of pharmacological and non-pharmacological treatments, their side effects, and effectiveness Awareness of the types of non-pharmacological treatments, their side effects, and effectiveness Recognizing the physical and psychological symptoms of quitting addiction Knowledge about the doses and degrees of dependence on addictive drugs Recognizing the causes of failure in quitting addiction and overcoming them Awareness of the length of treatment Awareness of governmental and non-governmental service providers in the field of treatment and rehabilitation Awareness of necessary psychological measures and care services after quitting addiction

### Treatment and follow-up

**Awareness of the types of pharmacological and non-pharmacological treatments, their side effects and effectiveness:** 38-year-old man: "I do not know if methadone is beneficial or it is temporary, and whether I will become addicted again if I stop using it".

42-year-old man: "We only know methadone as a quitting drug."

It is necessary for addiction treatment centers to know different treatment methods and to inform patients of the benefits and side effects of treatment methods so that patients can treat themselves with determination.

**Awareness of the types of non-pharmacological treatments, their side effects and effectiveness:** 28-year-old man: "I prefer to use non-pharmacological treatments in addition to medication in my treatment."

38-year-old man: "If there is an effective non-pharmacological method, I would like to know."

**Knowledge about the dose and degree of dependence on addiction drugs:** 50-year-old man: "Sometimes I think to myself that if I increase the number of pills, I might get results sooner."

38-year-old man: "I'm tired of prolonging treatment, maybe if I take different pills, I will be cured faster."

50-year-old man: "I'm bored with methadone and I fall asleep, and I had this condition with opium. I still feel like I am addicted and there is no cure."

37-year-old man: "The physical side effects of methadone are no less than Opium, and if I had known, I would not have chosen methadone as my method of quitting."

**To recognize the physical and psychological symptoms of quitting addiction:** 40-year-old man: "Ever since I have been trying to quit opium, I feel weaker than before, I get sick sooner, and I get tired very quickly."

34-year-old woman: "I am very weak and nervous compared to the past."

Quitting addiction has a long process and requires patience. In the process of quitting drugs, sometimes the physical pain and mental disorders are so severe and uncontrollable that the person turns to drugs again to escape from these pains. Therefore, it is very important to inform the person about the situation in which he is.

**To recognize the causes of failure in quitting addiction and overcoming them:** 42-year-old man:

"Sometimes I have severe physical and mental pain that bothers me a lot and makes me tired of quitting the addiction."

31-year-old man: "When I become impatient and nervous, I do not know what to do to calm down."

The return of addicts to drug abuse is one of the challenges that cause heavy costs for families, and the welfare and health care systems. It is important to investigate the cause of failure and inform individuals of it in order to prevent withdrawal failure in treated addicts. Therefore, these patients need regular follow-up and care so that they can manage their temptations and complete the treatment process.

**Awareness of the length of treatment:** 34-year-old woman: "I'm tired of taking medicine for such a long time. I want to see the results of the treatment sooner."

38-year-old man: "I'm upset that I do not know whether I have made progress in my treatment or not since I do not understand the effect of treatment."

History of addiction, dosage, personality and family characteristics, type of drug used, diseases associated with addiction, levels of support for the addicted person, use of pharmacological and non-pharmacological treatments, and other factors during recovery are significant in overcoming addiction. Individuals should be fully aware of these issues and adhere to treatment.

**Awareness of governmental and non-governmental services for treatment and rehabilitation:** 50-year-old man: "I do not know any other organization devoted to supporting us except the addiction clinics."

Informing individuals with drug abuse disorders about support and rehabilitation centers can enhance their life expectancy. Job support, psychological support, and post-quitting life skills training for addicts who want to recover are a great help to community health.

**Awareness of the necessary psychological measures after quitting addiction:** 42-year-old man: "My biggest fear is that I will get addicted again after quitting."

Addictive substances and mental disorders are interdependent and affect each other. Psychoanalysts believe that resolving psychological conflicts is important in treating the problems of individuals involved in drug abuse; they believe that by resolving these conflicts, addiction as a symptom will be eliminated.



Therefore, individuals need to have enough knowledge about the necessary psychological care after quitting so that they can overcome their thoughts and desires and not get involved in addiction again.

## Discussion

The results of the present qualitative study showed the experiences of addicted individuals in relation to their information needs in the field of addictive substances from the beginning of the drug abuse to the withdrawal period. In this study, the addicts needed information including knowledge about the nature of addictive substances, their physical and psychological effects, and the degree of dependence on them. They also needed information on the types of pharmacological and non-pharmacological treatments, physical and psychological symptoms of quitting addiction, length of treatment, knowledge about the doses and degrees of dependence on the drugs, recognizing the causes of failure in quitting addiction, awareness of governmental and non-governmental services, awareness of necessary psychological measures and care services after quitting drugs.

In the present study, "knowledge of addictive substances and degrees of dependence on them", and "awareness of physical and psychological symptoms of addictive substances" were among the information needs of the participants in the category of recognizing the nature of addiction.

Regarding "recognizing the types of addictive substances", the results of the present study showed that addicted individuals needed to be educated and receive sufficient information about the types of addictive substances. According to a study by Bartlett et al., Providing basic knowledge to persons with addiction could not only help these persons more safely use their drug of choice, but could help in the development of a trusting relationship that might lead the person to seek help to overcome the addiction.<sup>11</sup>

Another information need of the participants was to be aware of the physical and psychological symptoms of addiction to various addictive substances. The results were consistent with that of the study of Mirjani-Aghdam et al., which reported that educational interventions are effective in increasing the level of awareness and knowledge of individuals about addictive substances and its side

effects.<sup>12</sup> As Karila et al. stated, cognitive enhancement strategies can help patients engage in treatment and stop using drugs.<sup>13</sup>

Some patients take some drugs arbitrarily when they want to quit, assuming that they can quit more easily with the help of these drugs. In our study, participants also stated that to increase the effectiveness of treatment, they also take medications others suggest from time to time. This arbitrary use of medication can lead to dependence and other side effects and even death due to ignorance of the side effects of the drugs and fatigue from the long treatment process.

Consistent with our study findings, Ayu et al. reported that "awareness of the types of drug treatments and their benefits" is of particular importance and stated that the availability of training programs, even short-term training programs of addiction medicine can be effective in improving the knowledge, skills, and attitudes of addicted individuals.<sup>14</sup> Methadone has been used as an effective treatment for opioid addicts for over 40 years.<sup>15</sup> Methadone is on the list of essential drugs for quitting addiction and is recommended as an effective treatment by the World Health Organization (WHO). In addition to being an effective treatment for individuals with opioid disorders and reducing or quenching cravings, methadone also has good economic value.

Methadone and buprenorphine therapies, in appropriate doses, combined with psychological therapy are effective in achieving positive results in the treatment of addicts.

The choice of drug treatment should be based on the specific needs and progress of each patient.<sup>16,17</sup> It seems that individuals' lack of knowledge about treatment methods leads to discouragement and lack of adherence to the treatment process. Behavioral interventions should also be considered in the addiction treatment process. Behavioral interventions such as cognitive-behavioral therapy (CBT), dependency management, exercise, treatment-based home rehabilitation, repetitive transcranial magnetic stimulation (rTMS), and matrix model are among the non-drug therapies. Previous studies have shown that these non-pharmacological methods prevent and reduce the strong tendency to use drugs in individuals and increase the effectiveness of treatment.<sup>18</sup>

Moreover, Gardstrom et al. found that group

music therapy and music-based interventions were useful treatment methods for drug abuse disorders.<sup>19</sup> In addition, Lu et al. reported that various exercise programs such as aerobic and anaerobic exercises can be considered as an effective treatment for detoxification of individuals with drug addiction. Different types of exercise interventions may have distinct positive therapeutic effects on patients regarding the facilitation of detoxification.<sup>20</sup> It seems that the use of non-pharmacological therapies along with therapeutic methods can have better results. It is better for such non-pharmacological methods to be offered to addicted individuals in addiction treatment centers individually or in groups by a trained therapist.

Tjagvad et al. reported an increase in mortality due to overuse of therapeutic drugs, especially methadone.<sup>21</sup> In the study by Jalal et al., it was reported that 174 individuals die every day due to overuse of drugs prescribed to quit addiction.<sup>22</sup> Success in treatment depends on the correct choice of drug and its dose and careful monitoring during the treatment period.<sup>23</sup>

It is important to note that the doses of medication taken during the withdrawal period should be prescribed by the treating physician, and each patient's prescription varies according to the patient's own factors. Furthermore, the interaction between methadone and other drugs can lead to poisoning and death, which should be explained to individuals.

Moreover, the participants in this study said they were as addicted to methadone as they were to opium and other drugs, and felt that this treatment was no different to them in terms of drug dependence and drowsiness. They stated that they suffer from the physical side effects of methadone use.

However, according to a study by Khazaie et al., sleep disorders in the opium-dependent group were significantly higher than in the methadone treatment group, and methadone treatment was effective in reducing sleep problems.<sup>24</sup> The findings of Peles et al. also showed that methadone did not adversely affect patients' sleep patterns, and that their sleep quality even improved after 6-12 months of methadone treatment.<sup>25</sup>

Although methadone itself is addictive, recognizing its benefits, such as not being mentally

employed, not being tempted to use opioids, increasing motivation to work, and behavioral stability in an addicted person, can lead to adherence to treatment. However, we must keep in mind that methadone maintenance treatment (MMT) is not a good choice for all opioid users.

"Awareness of the types of non-pharmacological treatments and their effectiveness" was another area in which the participants stated that they needed more information. Consistent with the present study, Khanna and Greeson reported yoga and mindfulness training interventions as promising complementary therapies for the treatment, prevention, and improvement of addictive behaviors.<sup>26</sup> In a study by Garland et al., mindfulness training was recommended as a promising alternative and targeted treatment for alcohol dependence among vulnerable individuals in society.<sup>27</sup> Because mindfulness training increases awareness of cravings and increases the ability to cope with and recover from alcohol addiction in stressful areas.<sup>27</sup> In this regard, it is recommended that addiction specialists be aware of non-pharmacological treatments and use them as complementary treatment to accelerate the recovery of these individuals.

Another experience of the participants in this study was the failure to quit the addiction, which made it necessary to inform them about the causes of failure and overcoming them in order to ensure the success of their treatment. More than half of the participants stated that they had to quit their addiction several times, but had not succeeded. Consistent with our study findings, Jesus et al. found that to help smokers quit, there is a need for health care professionals who are aware of participants' reasons for failure to quit smoking.<sup>28</sup> Therefore, it is necessary for specialists and psychoanalysts in addiction treatment centers to treat patients using the most up-to-date strategies and psychological services. In addition, we need to know that quitting addiction is not an individual process and the effective role of family and friends in successful withdrawal should not be ignored.

In our study, most participants did not have much information about addiction support centers and stated that they needed information about governmental and non-governmental service centers in the field of treatment and rehabilitation. In line with our study, 92.67% of

the participants in the study by Lone and Mircha were unaware of treatment centers and drug addiction treatment centers in Srinagar.<sup>29</sup>

The present study only partially explained the experiences of individuals with addiction in relation to their information needs in 2 outpatient clinics. Other centers may identify similar or different experiences and information needs in other groups of patients and specialists. The other limitation of the present study was that all participants had diploma or pre-diploma degrees. Individuals with academic degrees may have different information needs.

Also, the most common substance used by the participants in our study was opium and its derivatives, so the experiences and results obtained from the participants in this study may be different from other addicts depending on the type of substances used and may be affect their response to their information needs.

Subsequent studies can examine the views of different groups of consumers. Specialists in addiction treatment clinics can use the information needs of addicts in this study to enrich the education of addicts. Applying more and better trainings requires the efforts of policymakers, welfare managers, and specialists in camps and addiction treatment centers. In this regard, it is suggested that education start at a younger age in schools, which is a dangerous period for starting to consume drugs, and TV programs, billboards, and short advertising animations in the field of addictive substances be increased.

## Conclusion

The knowledge and awareness of addicted individuals in various fields of addiction is low and it is necessary to provide education based on the information needs of these individuals and start training from adolescence, which can be a

dangerous period to start abusing drugs. This requires the cooperation and efforts of policy makers, the Ministry of Education, welfare managers, and specialists in camps and addiction treatment centers. Knowledge about the nature of addictive substances, its physical and psychological effects, and the degree of dependence on the drugs are among the significant information any addict must obtain. Information on the types of pharmacological and non-pharmacological treatments, physical and psychological symptoms of quitting addiction, the length of treatment, knowledge about the doses and degree of dependence on drugs, recognizing the causes of failure in quitting addiction, awareness of governmental and non-governmental services, awareness of necessary psychological measures, and the required care after quitting are also effective in determining the behavior of addicted individuals. Specialists in addiction treatment clinics can use the information needs of addicts determined in this study to enrich the education of addicts.

## Conflict of Interests

The Authors have no conflict of interest.

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## Authors' Contribution

All authors had substantial contributions to the research and writing of the manuscript. Designed this study: KB and RE; collected data and analyzed information obtained from the interviews: SK; wrote the first draft of the manuscript: ME and SK; wrote the final versions of the manuscript: ME, RE, and KB.

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## نیازهای اطلاعاتی افراد درگیر اعتیاد: یک مطالعه موردی کیفی

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### مقاله پژوهشی

### چکیده

**مقدمه:** هدف از انجام پژوهش حاضر، بررسی نیازهای اطلاعاتی افراد درگیر اعتیاد بود. با آگاهی از تجربیات و ارزیابی اطلاعات مورد نیاز این افراد، می‌توان مداخلات آموزشی هدفمندی را جهت افزایش دانش و تأمین نیازهای اطلاعاتی آنان فراهم نمود.

**روش‌ها:** مصاحبه‌های نیمه ساختار یافته با ۱۳ فرد درگیر اعتیاد در دو کلینیک سرپایی اعتیاد انجام شد. سپس داده‌ها با استفاده از روش تجزیه و تحلیل محتوای کیفی پیشنهاد شده توسط Graneheim و Lundman مورد تجزیه و تحلیل قرار گرفت.

**یافته‌ها:** نیازهای اطلاعاتی مصاحبه شونده‌گان شامل «شناخت انواع مواد اعتیادآور و میزان وابستگی به آن‌ها، آگاهی از علایم و عوارض جسمی- روانی اعتیاد به انواع مواد اعتیادآور، آگاهی نسبت به انواع درمان‌های دارویی و غیر دارویی، شناخت علایم جسمی و روانی ترک اعتیاد، آگاهی از طول دوره درمان، آگاهی نسبت به دز مصرفی داروهای ترک اعتیاد و آگاهی از میزان وابستگی به آن‌ها و شناخت عوامل شکست در ترک اعتیاد» بود. همچنین، «آگاهی از مراکز ارایه دهنده خدمات دولتی و غیر دولتی در زمینه درمان و توان‌بخشی، آگاهی از اقدامات و مراقبت‌های روان‌شناختی و مراقبت لازم پس از ترک اعتیاد» نیز از دیگر نیازهای اطلاعاتی شناسایی شده بود.

**نتیجه‌گیری:** سطح دانش و آگاهی افراد معتاد در زمینه‌های مختلف اعتیاد پایین است و ارایه آموزش بر اساس نیازهای اطلاعاتی این افراد، ضروری به نظر می‌رسد که این امر مستلزم همکاری و تلاش سیاست‌گذاران، وزارت آموزش و پرورش، مدیران بهزیستی و متخصصان در کمپ‌ها و مراکز درمان اعتیاد می‌باشد. متخصصان در کلینیک‌های ترک اعتیاد می‌توانند از اطلاعات شناسایی شده در مطالعه حاضر به منظور غنی‌سازی آموزش افراد درگیر اعتیاد استفاده نمایند.

**واژگان کلیدی:** نیازهای اطلاعاتی؛ اعتیاد؛ تحقیق کیفی؛ آگاهی؛ اختلالات مرتبط با مواد

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