

Evaluating Access and Use of Information Services by Patients of Alcohol and Drug Abuse in Nairobi County: The Case of Asumbi Treatment Centre

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Abstract: Information plays a key role in helping the recovery of patients of alcohol and drug abuse (ADA). In the rehabilitation centres, ADA patients are engaged in a treatment programme and are expected to integrate back to the society and become productive people. Alongside other medical procedures, information plays an important role in helping in the recovery of patients of alcohol and drug abuse. This study aims to evaluate the access and use of information services to patients of alcohol and drug abuse in Nairobi County, the case of Asumbi Treatment Centre and to suggest ways in which they can be enhanced. The objectives of this study were: to determine the information needs ADA patients in the rehabilitation centre; to establish information seeking habits of ADA patients; to find out how ADA patients use information; to assess the existing information services available to ADA patients; to find out the challenges faced by ADA patients in accessing and using information, and to suggest ways of enhancing provision of information services to ADA patients in rehabilitation centres. This research adopted a case study design and the approach was mixed, having both qualitative and quantitative approaches. The findings revealed that ADA patients have their unique information needs and they experience challenges of accessing and using information. The study identified inadequate facilities for ADA patients to access and use information services in the rehabilitation centre. Among the major recommendations in this study is that ADA rehabilitation centres should establish information centres, and in addition, offer bibliotherapy services to its patients.

Keywords: Drug Abuse, Alcohol, rehabilitation

INTRODUCTION

Alcohol and drug abuse cause major physical and psychological problems to the affected individuals. This chapter presents the background to the study. It defines alcohol, drugs and describes alcohol and drug abuse (ADA) in Kenya, highlighting its impacts and interventions from stakeholders like NACADA and related NGOs. These stakeholders are of great help to the affected individuals in their recovery process. NACADA provides a framework within which rehabilitation facilities are established and ensure quality services are provided to the patients. According to IFLA, help groups like Alcoholics Anonymous all attack the problem at the psychological level. With awareness of the causes of alcohol and other substance abuse, how addiction develops and the consequences of abuse and addiction, families and communities can fight to prevent addiction and organize treatment. Therefore there is a need for good information for addicts and their families. This chapter also details the statement of

the problem, which highlights the various challenges that the study seeks to address with a view of coming up with concrete proposals that will alleviate the challenges. The aim of study, objectives of the study, the research questions, scope of study, limitations of study, significance of the study and finally the definition of terms used in the study have been also highlighted.

Alcohol has been in human kind for thousands of years. In many cultures, alcohol is used on many important occasions and religious ceremonies Lily and Harmon [4]. Alcohol is of course the most commonly used and widely abused drug in the world. The various kinds of alcohol include beer, wine, and spirits. The effects of alcohol are dependent on a variety of factors, including a person's size, weight, age, and sex, as well as the amount of food and alcohol consumed. Treating addiction is to stop abusing the drugs or alcohol. In Kenya, people abuse alcohol so much that they do not

see it as a problem in over consumption of it. People spend so much time in bars and drinking dens consuming both licensed and illicit alcohol. You will find that these people spend most of their days drinking and less time on work to earn a living for themselves and their families. These habits not only affect the person abusing alcohol, but anyone closely involved with them

Drug abuse is an intense desire to obtain increasing amounts of a particular substance or substances to the exclusion of all other activities. Drug dependence is the body's physical need, or addiction, to a specific agent. The impacts of drug use include intoxication (including intoxication related risky behaviours), withdrawal, drug dependence, the development or exacerbating mental illness, the development or exacerbating physical illness, such as HIV, NASCOP [1].

In Kenya, drug abuse is prevalent among the youth. The Kenya Vision 2030 identifies drug and substance abuse as one of the major challenges facing the youth and as one of the strategies for youth empowerment and reduction of crime. This has mainly been attributed to inadequate social skills, unemployment, limited resources and opportunities, increasing social decay and permissiveness towards alcohol and drug consumption. During the 2nd national conference on alcohol and drug abuse in Kenya, 2013, research presentations at the conference showed high rates of alcohol and drug abuse were witnessed in several secondary schools. Cigarettes stood at 77 per cent followed by bhang at 68 per cent. Khat (Miraa) was third at 61 per cent while alcohol was fourth with 58 per cent according to the report. Also during the conference NACADA director George Achola pointed out that alcohol consumption accounted for 4 million users, tobacco 2.7 million while more than 700,000 people abused drugs. Most of these drugs are abused because they are readily available.

Kenya has had increased cases of alcohol and drug abuse. Most of these cases are referred to rehabilitation centres. Rehabilitation centres are available to help ADA patients recover from their addiction. In most cases, treatment and recovery of ADA patients mostly focuses on the medical aspect. The treatment and recovery process can be fully achieved if provision of information services to ADA patients is put into consideration. With this in mind, this research sought to establish; whether ADA patients

need information, their information seeking habits, how they use information, the kind of information services provided in rehabilitation centres, the challenges of accessing and using information and how these challenges can be addressed. No studies have been undertaken to evaluate the access and use of information services to patients of alcohol and drug abuse in selected rehabilitation centres in Nairobi County, Kenya.

A number of models on information behavior have been developed by different scholars over the years. In this study the researcher has mainly applied the theory of information behaviour as advocated by Wilson's model of information behaviour [3] and the new improved Wilson's model of Relationship between communication and information behavior [2]. This study was informed both on Wislon's model of human behaviour [3] and Wilson's Model of Relationship between communication and information behaviour [2] because they all outline players in information needs and communication of feedback. The techniques of information seeking and communication can be compared to ADA patients when they experience a need to seek information. During information seeking, the ADA patients may experience intervening variables, which may include psychological unpreparedness, language barriers, and physical condition among others. This results in them exhibiting a certain type of behavior. In doing so, they use various channels of communication to seek information. The communication channels they use are able to give feedback on whether their information seeking was successful or unsuccessful. The intervening variables experienced will provide a framework upon which the rehabilitation centres will factor on to improve the information services.

Wilson's Model of Human Behaviour [3]

According to this model as shown in Figure 1, the person seeking information remains the center of attention of the information needs, identifies a need and begins to seek for information. In the process, the person may encounter intervening variables which may be psychological, environmental or source characteristics. The seeking process may drive the person to use different sources of information or do what is required to attain the need. Certain behaviour is exhibited in all these processes and this ascertains whether the person has succeeded in the search, if not, the search process begins afresh.

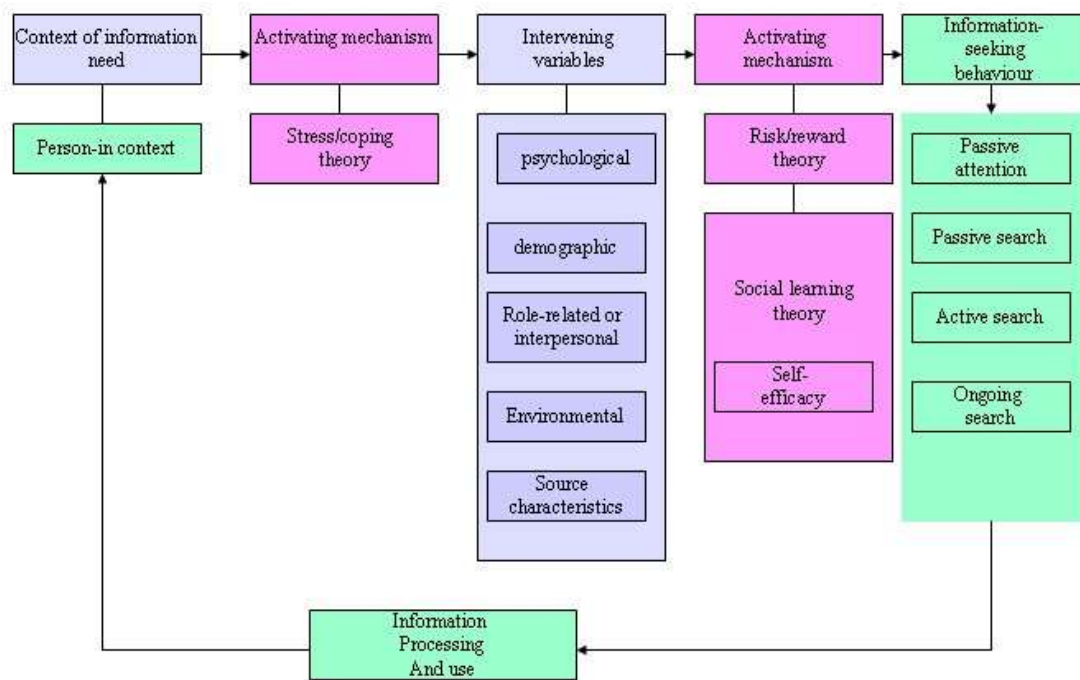


Fig-1: Wilson's general model [3]

From the model, we can conclude that an individual's information needs may vary depending on different factors surrounding the individual. Information seeking can also be accompanied by obstacles which result in an individual using different strategies in seeking information.

Wilson's model of Relationship between communication and information behavior [2]

This model was developed to link information behaviour to human communication behavior.

According to Wilson [2], as indicated on Figure 2, channels of communication is the source of information and the communicator is the originator of the message over the channels of communication. The feedback cycle is formed whereby the communicator can learn of the recipient's response to the communication. From the model, an individual will still experience intervening variables while seeking information, exhibit various information seeking behavior using different sources of information.

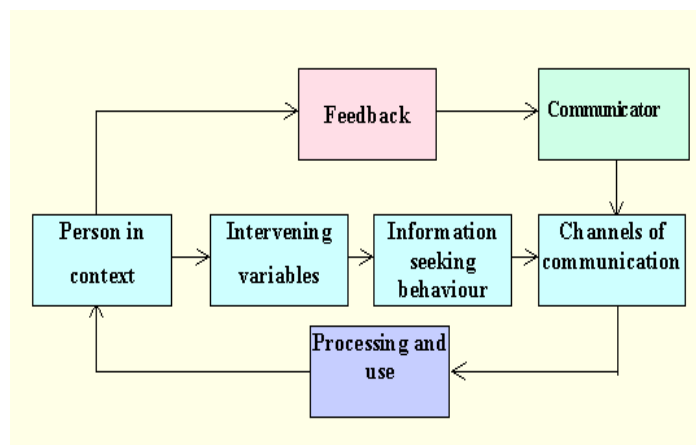


Fig-2: Wilson's model of relationship between communication and information behaviour

METHODOLOGY

This study adopted a case study design. Case study design was used because it a very valuable tool for assessing opinions and trends and it is specific to

alcohol and drug abuse patients. The research approach was mixed having both qualitative and quantitative methods, which give a holistic description of the state of affairs regarding access and use information services

in rehabilitation centres in Nairobi County. The study targeted ADA patients and staff representative from Asumbi Treatment centre. The study sample involved 79% of patients and one staff representative in the rehabilitation centre. In this study, 23 patients and one administrative staff were interviewed. The sampling method used in this study was non-probability where Purposive sampling was applied. In this sampling technique, the researcher purposely targeted a group of people believed to be reliable for the study, Kombo, 2006. This meant that the respondents were selected from the rehabilitation centres based on their knowledge on the matter being studied. In this study, structured interview schedule was used as the data collection instrument. The structured interviews were conducted face-to-face with all the respondents. The interviews were conducted to the ADA patients within a stipulated time frame.

RESULTS

According to the administrator, alcohol and drug abuse is on the rise in the country because it is readily available. Alcohol is readily available despite many laws that have been passed to control alcohol menace. The administrator pointed out that all types of alcohol are abused depending on the social and economic status of an individual. He said that the society has been infiltrated with these drugs too and when young people try out these drugs, they eventually become addicted, pointing out heroin as the most abused drug.

Information needs

Patients' information needs

In this research, information needs for ADA patients meant the inspiration that make patients go out of their way to seek information. The patients' information needs were varied depending on their interests. According to the administrator, the patients sought a lot of information regarding their addiction and recovery. This mostly occurred during counseling. The patients gave multiple information needs as summarized in Table 1. Information on behaviour change (30-43%) seems to be the most sought after need. After all, the patients go to the rehab to seek help in order to stop their alcohol or drug addiction. Most of the information needs are centered on alcohol and drug abuse. For example; how to recover from drugs and alcohol use (20.08%), how to cope with life after rehab (20.08%), effects of drugs (21.73%) and advanced writings about alcoholism and drug abuse (13.04%). Other information needs included business information (21.73%), Information on gardening (8.69%), information on sign language (4.35%), information on career choice (17.39%) and current affairs (17.39%). From the responses in Table 1 on information needs, it was clear that ADA patients needed additional information apart from guidance and counseling which they got at the

rehabilitation centre. The different areas of information requirements meant that the patients had an urge to learn more on their own while at the rehabilitation centre.

Preferred information formats

The patients preferred mostly electronic information formats as shown in Table 2. These majorly included use of computers and internet. Based on the demographic data, the use of electronic formats was mostly preferred because nearly all the patients were in employment and had diverse information needs. Most of the patients were within their youth, an age which is accustomed to using electronic devices to search, retrieve, use and communicate information.

Availability of information

In terms of the availability of information, this research aimed at finding out the time and frequency information was usually available to the patients. At the rehabilitation centre, information was usually available at different times depending on the patients' information needs. From the summary in Table 3, it was clear that most patients got information during therapy sessions. The media also played an important role since a good number got information from watching television or video and reading newspapers.

Relevance of the existing information

As identified in Table 4, patients in the rehabilitation centre had various information needs. The research aimed at finding out whether the existing information in the rehab was relevant to the patients or not. They gave different answers regarding the relevance of information. 13 (57%) of the patients indicated that the information was not relevant; four percent of the patients indicated that the information was 50 % relevant while another four percent indicated that the information was 20% relevant. Those who indicated that that the information was usually relevant gave varied reasons. These included: provided current news, weather patterns, helped in understanding growth and recovery, it was the only information available without the use of ICT and helped to understand the effects of using drugs. However, three (13%) of the patients were not sure of whether the information was relevant or not. Based on the patients' varied information needs, it was evident that the information available in the rehabilitation centre was not always relevant. This meant that whatever information was available at the rehabilitation centre did not meet all the information needs of the patients.

Other sources of information

The patients were asked to mention other sources where they would prefer to get information. They had multiple responses and indicated that they seek information from various sources. As indicated in

Table 4.9, most patients sought information from their counselors while at the rehabilitation centre. A big number also preferred reading newspapers and books. 17% sought from other recovering addicts and television and 13% from books and friends. Out of these, two (9%) used intuition and the internet. Seeking information from the counselors proved popular because they provided an instant link between the patients and their information needs. Their questions and concerns were answered on consultation. Internet was not available in the rehab, but some patients indicated that they used internet. This was possible during visits from relatives who had gadgets like mobile phones that enabled them access the internet.

Information Seeking Behaviour

Information seeking strategies

Information seeking strategies result in the behaviour that one exhibit while seeking information. According to the administrator, the patients sought information from the counselors a lot. They also read newspapers, chatted amongst themselves and watch television. ADA patients had their information seeking strategies while at the rehabilitation centre and they gave multiple responses regarding their information seeking strategies as summarized in Table 6. Consulting the counselors was a popular strategy practiced by the ADA patients at the rehabilitation centre, having 52% of responses while six (26%) had no other way of seeking information. 17 % consult colleagues and listened to radio and TV respectively. 13% asked friends, nine percent read newspapers and four percent did their own investigations, consulted alcoholics anonymous and narcotics anonymous respectively. It was evident that within the rehabilitation centre, the most popular strategy was consulting counselors, friends and colleagues, alcoholics anonymous and narcotics anonymous. This showed that the patients have information needs within the rehabilitation centre, but there were few options available to seek information from.

Utilization of the available information

The patients were asked how they utilize the available information. They gave multiple responses regarding how they utilize information: As indicated in Table 7, information was very important to the patients and they found different ways of utilizing the information. Practicing what they learn was a popular way of utilizing information in the rehabilitation centre. As mentioned earlier, a lot of information was received from the counselors, who gave them direction on how to deal with their addiction and helped them in their journey to recovery. The patients also recorded information for future reference. For them to practice what they learn, it was important to record it down so that it would be easy to remind one of what has been learnt. They also shared information when they

gathered together to talk about their experiences. This was important because the patients got to learn a lot from each other. Other ways that the patients utilize information included: meditation, writing list of priorities, used information as referrals and came up with solutions regarding any challenges. Only one patient reported that he did not have any information to be utilized.

Ways of information sharing

The patients were asked to say ways in which they shared information with other patients. They gave multiple responses with regard to ways of sharing information. Most patients shared information through group discussions while at the rehabilitation centre as indicated in Table 8. This meant that group discussion was the major forum that patients got to share information regarding different topics affecting their lives. When the patients were free, they also got to share information and probably exchanged ideas. Two (9%) of the patients exchanged notes while another two (9%) did share reading materials.

Provision of information services

Information services available

The rehabilitation centre did not have a library for staff or for patients. The administrator interviewed indicated that they did have a collection of about ten books that they used during counseling and therapy sessions. According to the administrator, the information services provided included watching television, watching videos with information regarding alcohol and drug addiction and reading of newspapers. There was no bibliotherapy services offered to patients. The patients were also asked to identify the information services available in the rehab. They mentioned the following services: watching television/video, listening to radio, indoor games, reading newspapers, counseling sessions, group discussions, reading materials (pamphlets and charts). The rehabilitation centre lacked a library, which could be a great source of information for the patients. The patients had diverse information needs, which could be met if a library was available and equipped with different reading materials. This is a disadvantage since not all their information needs were met.

Adequacy of information

The patients were asked whether the information was adequate or not. Table 9 indicates that seven (30 %) of patients find information adequate, ten (44%) said they did not find information adequate, four (17%) were not sure while two (9%) did not know. Most of the patients did not find the information in the rehabilitation centre adequate, and cited various reasons and what information they preferred. Some of these reasons included: no internet facility, no library

available and the information available only concentrated on the patients' recovery.

Additional information services that can be provided

The patients gave multiple responses regarding additional information services that could be provided within the rehab. Some of the information services that the patients wanted to be availed at the rehabilitation centre were not allowed within the policy of rehabilitation centres. For example the use of mobile phones and laptops (7% and 13 % respectively) was not allowed. However, the researcher argues that the use of mobile phones could be allowed so that the patients were able to communicate with their family once in a while. Most patients (30%) needed a computer lab with internet, probably to do their own personal research (Table 10). The use of these electronic gadgets proved to be popular among the patients, probably because of their education level and professional capabilities. From the summary in Table 10, six (26 %) of the patients also need a library in the rehabilitation centre. Five (22%) of the patients mentioned that they preferred to have motivational speakers talk to them from time to time on different topics. This was probably to break away from the monotony of having only counseling and therapy sessions. Another six (26%) needed counseling on career choice. This would help them make informed career choices once they left the rehabilitation centre. Two (7%) of the patients needed services on personalized information and more counseling sessions respectively.

Responsibility for information dissemination

The patients were asked to mention who was responsible for availing information to the patient. They only had three different answers namely, the counselors, the administration and the management as indicated in Table 11. Most of the patients mentioned that information should be disseminated by the counselors (52%). It seemed that either there was no designated person to avail information to the patients or only specific information was availed by specific persons.

Challenges of accessing information

Existing information access challenges

Access to information within an institution is important to the patrons. However, challenges are encountered from time to time. During the research, it was important to ask the ADA patients of the challenges they faced regarding access to information within the rehab. Table 12 shows the multiple responses from the patients. Six (6%) of the patients revealed that they did not have enough information resources. Five (22%) of the patients shared that there are limited ways in which information could be accessed and that there was no internet respectively. Five (22%) of the patients said that internet use is popular but it is not available

within the rehabilitation centre. The rehabilitation centre does not have a library, and therefore there are no books that may be relevant to the patients. Four (17%) of the patients indicated that they did not know how to search for information. The researcher assumed that patients lack information searching and retrieval skills that they could use both within and outside the rehabilitation centre. The patients revealed that they were limited to watching only three television channel. Since the television is only one, three (13%) of the patients revealed that disagreements arose on what channel should be watched by everyone, since differed people preferred specific channels. Sometimes the ideas suggested in the process of recovery were incomprehensible as suggested by five (22%) of the patients. Lack of a library as was indicated by five (22%) of the patients posed a challenge to information access in the rehabilitation centre. Four (17%) of patients found information irrelevant and one patient (4%) shared that he did not experience any challenge.

Influence of the challenges on patient recovery

The challenges mentioned above influence the patients and their recovery as summarized in Table 13. As revealed by ten (43%) of the patients, they struggled on how to get information and if they did not succeed they got discouraged. Six (26%) of the patients felt withdrawn. Often, information was not available and therefore they missed out on the opportunity to learn and gain new knowledge while at the rehabilitation centre as stated by eight (35%) of the patients. One patient (4%) said the he ended up developing a lower IQ compared to the one he had initially because he would be left not knowing how to deal with life when he left the rehabilitation centre. Five (22%) of the patients said they experienced low morale due to the challenges they faced on accessing information. However, two (9%) of the patients gave no response.

How information can help ADA patients

Information is helpful in various ways. The patients had a lot to share on how the existing information could help them and they gave multiple responses. The responses were diverse on how information could help the patients in the rehabilitation centre as indicated in Table 14. For example, information would help the patients change their lives with 35% of the patients asserting to this while 30% of the patients felt that information would help them plan on how to live and move on with life after rehabilitation and also understand the happenings in the outside world. This could be because the patients were interested in rebuilding their lives once they are out of the rehab. The patients also felt that information would help them broaden their knowledge concerning alcohol and drug abuse with 26% of the patients stating that information would help them know how to prevent one from taking drugs. Another 22 % felt that information

would widen their field of knowledge about alcohol and drug abuse and gain broader perspective on how to deal with alcohol and drug abuse. Information on alcohol and drug abuse was popular since it was the main agenda that was discussed by the counselors and the patients also shared their experiences with alcohol and

drugs. However, one patient felt that information was not helpful at all. He reasoned that he was being detained in the rehabilitation centre and he was not getting any help, therefore preferred information on farming, which he liked and by so doing would help him quit drugs.

Table 1: Patients' information needs

Information need	Frequency	Percentage
Business information	5	21.73
Information on gardening	2	8.69
How to recover from drugs and alcohol use	6	20.08
How to cope with life after rehab	6	20.08
Effects of drugs	5	21.73
Advanced writings about alcoholism and drug abuse	3	13.04
Information on sign language	1	4.35
Information on career choice	4	17.39
Information on behavior change	7	30.43
Current affairs	4	17.39

Table 2: Preferred information formats

Information format	Frequency	Percentage
Electronic (computers and audio visual)	11	47.83
Print (newspapers, books)	8	34.78
Hand written	2	8.69
Verbal	1	4.35
Any format	1	4.35
Total	23	100.0

Table 3: Availability of information

Availability of information	Frequency	Percentage
Daily	1	4.34
Any time	1	4.34
During therapy sessions	8	34.78
Unless sought	3	13.04
When watching television or video	5	21.73
When reading newspapers	3	13.08
Never	2	8.69
Total	23	100.0

Table 4: Relevance of existing information

Relevance of information	Frequency	Percentage
Not relevant	13	57
Always relevant	5	22
50% relevant	1	4
20% relevant	1	4
Not sure	3	13
TOTAL	23	100.00

Table 5: Other sources of information

Information source	Frequency	Percentage
Television	4	17
Counselors	7	30
Friends	3	13
Newspapers	5	22
Intuition	2	9
Books	3	13
Internet	2	9
Other recovering addicts	4	17

Table 6: Information seeking strategies

Information seeking method	Frequency	Percentage
Consulting the counsellors	12	52
Consulting colleagues	4	17
Listening to radio and TV programs	4	17
Reading newspapers	2	9
Asking friends	3	13
Doing own investigations	1	4
Consulting during alcoholic anonymous sessions	1	4
Consulting during narcotics anonymous sessions	1	4
No other way of seeking information	6	26

Table 7: Utilization of the available information

Utilization of information	Frequency	Percentage
Record down for future reference	6	26.08
Put the information they have in practice	7	30.43
Meditation	1	4.34
Sharing with others	6	26.08
Write list of priorities	3	13.04
Use information as referrals	4	26.08
Come up with solutions regarding any challenges	5	21.73
Nothing to be utilized	1	4.34

Table 8: Ways of sharing information

Ways of sharing information	Frequency	Percentage
Having group discussions	18	78
Chatting during free time	15	65
Exchanging notes	2	9
Sharing reading materials	2	9

Table 9: Adequacy of information

Adequacy of information in the rehab	Frequency	Percentage
Yes	7	30
No	10	44
Not sure	4	17
Don't know	2	9
Total	23	100.0

Table 10: Additional information services that can be provided

Additional information services	Frequency	Percentage
Use of mobile phones	4	7
Allowed to use laptops	3	13
Personalized information	2	7
Have a library in place	6	26
Have motivational speakers talk on different topics	5	22
Career choice counseling	6	26
Have a computer lab with internet	7	30
More counseling sessions	2	7

Table 11: Responsibility for availing information

Responsibility for availing information	Frequency	Percentage
Counselors	12	52
Administration	6	26
Management	5	22
Total	23	100.0

Table 12: Information access challenges

Challenges	Frequency	Percentage
Limited information resources	6	26
Limited ways to access information	5	22
No internet	5	22
Not knowing how to search for information	4	17
Disagreements on what television channel to watch	3	13
Incomprehensible ideas	5	22
No library	5	22
Irrelevant information	4	17
No challenge	1	4

Table 13: Effects of information access challenges

Effect of information access challenge	Frequency	Percentage
Discouragement	10	43
Withdrawal	6	26
Missed opportunity to gain new knowledge	8	35
Lowered IQ	1	4
Low morale	5	22
No response	2	9

Table 14: Helpfulness of existing information

Helpfulness of the existing information	Frequency	Percentage
understand the happenings in the outside world	7	30
Feel satisfaction and be at peace	4	14
plan on how to live and move on with life after rehab	7	30
know the negative and positive effects of alcohol and drug abuse	5	22
Boost recovery process	2	9
help in awakening their understanding	4	17
widen their field of knowledge about alcohol and drug abuse	5	22
gain broader perspective on how to deal with alcohol and drug abuse	5	22
Know how to prevent oneself from taking drugs	6	26
help to change their life	8	35
Gain new knowledge	2	9
Have deep knowledge on how drugs work	3	13
Grow intellectually and socially	1	4
Learn more about what is being taught at the rehab	3	13
Not helpful at all	2	9
Be a role model to others	1	4
To maintain sobriety	1	4
Empower and help in personal growth and recovery	1	4

DISCUSSIONS

From this study, various information needs of ADA patients were identified, some of which were met within the rehabilitation centre while others were not available. These information needs included: business information, information on environment, information on gardening, how to recover from drugs and alcohol use, how to cope with life after rehab, effects of drugs e.g. bhang/alcohol, advancement on writings about alcoholism and drug abuse, sign language, career choice, how to stop alcohol and drug abuse, how to change and to achieve something better in life, reading books and newspapers and current affairs. Information needs relating to alcohol and drug abuse was readily available in the rehabilitation centre through counselling, therapy sessions and group discussions. Other information needs like career choice or sign language were not available at the rehabilitation centre. Each patient had his own unique needs and more information sources would cater for their information needs. Given the advancements in technology, most of the patients preferred electronic information formats, most of which were not available in the rehabilitation centre. Whatever information was available was not always relevant as evidenced in the diverse information needs. For recovering patients, information was very important. The patients gave a number of insights on how information could help them.

Most of the patients referred to the counsellors whenever they had an information need. Others watched television, listened to the radio, chatted amongst themselves, consulted alcoholics and narcotics anonymous, or did their own investigations. Whatever information the patients came across, they were able to utilize in various ways like: recorded for future use, put it into practice, meditated, shared with others, took down the priorities, used it as referrals and solved challenges. The patients found ways of sharing the available information.

The set up of the rehabilitation centre did not have many options that the patients could utilize in information seeking. For example, mobile phones and laptops were not allowed in the rehabilitation centre. There was also no provision of internet and there was no library or information centre. This limited the strategies that the patients could use to seek information.

The study revealed that information services available in the rehabilitation centre were limited. The main services included availability of television, radio and newspapers. Counselling and therapy sessions as well as watching videos that had information on alcohol and drug addiction was part of treatment at the rehabilitation centre. The patients felt that this information was not adequate as it did not address their

diverse information needs as mentioned above. The patients felt that additional information services could be availed to cater for their diverse information needs. Some of these services included setting up a library and a computer lab with internet, being allowed to use mobile phones and laptops, having motivational speakers speak on different topics, more counselling sessions including career choice counselling.

Information was important ADA patients. In the rehabilitation centre, the patients faced various challenges of accessing information. Information resources were limited within the rehabilitation centre. The provision of television was limited to the fact that there were only few channels available, which the patients disagreed on what to watch. The limited ways of accessing information was an evidence of the limited number of information services available in the rehabilitation centre. While it was not allowed in the rehabilitation centre, the patients who are already exposed to internet use preferred to use internet. Apart from the limited information resources, some patients lacked skills on how to search for information. As the research revealed, the patients had different education levels. Some found the ideas shared in the rehabilitation centre incomprehensible. This meant that they missed out on crucial information that was shared across the facility. There was no library or information centre, the patients could do their own private study or investigations. Some patients found the information available irrelevant because it did not address their information needs.

CONCLUSION

The study set out to evaluate the provision of information services to patients of alcohol and drug abuse in rehabilitation centres in Nairobi County. Coming from different backgrounds and different factors affecting the society, it could be concluded that ADA patients have diverse information needs while at the rehabilitation centre. Apart from the information they get during counselling and therapy sessions, most of the information available was not always relevant. Information that is tailored towards their individual needs was not usually available. Patients in Asumbi Treatment Centre mostly relied on the counsellors when they sought information. Apart from the patients consulting each other, the counsellors were the only individuals that could be consulted with information needs. They may not give the right or accurate information depending on the patients' information needs.

Information services in Asumbi Treatment Centre were limited and inadequate to satisfy the information needs of the patients; therefore the patients were not able to employ different strategies to seek information.

The study revealed that patients experienced challenges of accessing information, considering the fact that information services were inadequate. The use of ICT proved to be popular among the patients and there was need for ADA rehabilitation centres to consider equipping their facilities with computer labs and a library to enable the patients satisfies their information needs. Information needs to be addressed adequately and therefore it was important for ADA rehabilitation centres to provide adequate information services to its patients. An information needs analysis would play a great deal in enhancing the provision of information services in ADA rehabilitation centres according to the expectation of its patients.

RECOMMENDATIONS

The government of Kenya, through NACADA should formulate a policy that would enable ADA rehabilitation centres to offer information services to its patients, which includes a library or an information centre. The following are the immediate and long-term recommendations made with a view on improving provision of information services to patients of alcohol and drug abuse:

Offer bibliotherapy services

Asumbi treatment centre focused on the 12 steps treatment for its patients. Bibliotherapy was not among them. Suppose a library was available, some patients would not find it easy to read on their own. Bibliotherapy services come in handy whereby the patients sit and listen to the literature being read, and derive meaning from it. Different topics could be discussed that would be beneficial to the patients. During this time, questions and answers would be exchanged between the reader and the patients to give dialogue a chance and to exchange meaningful ideas. Bibliotherapy services would also benefit those patients who are illiterate and cannot be able to read on their own.

Provide forums for motivational speakers

ADA rehabilitation centres need to have motivational speakers come to speak to the patients from time to time. Different topics can be talked about to enlighten the patients. This would be a good avenue for the patients to learn new things and improve on their intellectual capacity. These talks would break away from the monotony of only having counsellors talk to the patients regarding their addiction and recovery. For example, a talk on career choice would help the school or college dropouts have an insight on what career path to take once they leave the rehab.

Permit more visiting days

Visiting days were limited to once in a month only at the rehabilitation centre. The patients felt that they were disconnected from their families and friends.

Allowing more visiting days would ensure that patients connected with the outside environment. The patients would use this opportunity to seek information and get updated on the happenings outside the rehabilitation centre.

Assign tasks and assignments

The recovery program in ADA rehabilitation centres could be adjusted to accommodate assignments and tasks to the patients. When the patients are given assignments and tasks, they would set out to look for information based on what they have been asked to do. After accomplishing these tasks and assignments, they would then present their findings before other patients and their facilitators. A lot of information and ideas would be shared during presentation and discussions. This would be another avenue to enhance provision of information and to encourage the culture of information seeking.

Establish an information centre

ADA rehabilitation centres need to provide adequate information services which can be relied on by their patients. The rehabilitation centres should establish information centres with a bias towards alcohol and drug addiction. However, other varieties of information materials could be availed to address the patients' information needs. Service providers in the rehabilitation centres would need to have a better understanding of the information needs of ADA patients to guide the patients in their recovery process. An information needs analysis would be appropriate to establish the information needs of patients so as to enable the ADA rehabilitation centres strategize on how to provide the information and equip their libraries. Information needs analysis plays a major role in assessing the information needs of ADA patients.

Set up a computer lab with internet

Technology is here with us and has become a way of life. The study has proven that patients were conversant with the use of computers and mobile phones. It was therefore necessary for the ADA rehabilitation centres to establish a computer lab equipped with internet facility. It could be argued that internet would be detrimental to the recovery of the patients since there was a possibility of visiting unsolicited sites. However, this could be controlled by blocking any unsolicited sites from being accessed by the patients. The main reasons for this would be to enable the patients expand their wealth of knowledge and make new discoveries.

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