

DESIGN FOR ADDICTED ADOLESCENTS

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Abstract

Many people with an addiction do not receive the care they need. Addiction carries a negative stigma, admitting to addiction is seen as a sign of weakness. Especially among adolescents, who would benefit the most from early treatment. If they are treated, they end up in outdated facilities isolated from society. Hence the following research question: *How can building design support adolescents with addiction problems with recovery and re-socialisation in the Netherlands?* This research question will be answered using literature research, anthropological research and architectural research with the aim of formulating architectural guide lines that can be applied to a design for addicted adolescents.

Key words

Addiction, Adolescents, Architecture, Care, Design for Care

Introduction

At the end of the 19th century, with the arrival of addiction clinic Hoog-Hullen, addiction care focused solely on alcoholism was first seen in the Netherlands. However, this addiction care mainly focused on the fate of the addict's family. Addiction care changed because of new ideas on addiction by Elvin Morton Jellinek. Namely, he argued that alcoholism was a treatable disease. This led to the start of the first alcohol clinic called Jellinek, which has become the most well-known addiction institution in the Netherlands. Addiction care started with alcoholism, and in the 1960s drug addiction was added with the introduction of heroin. In the years that followed, several new addictions were added, such as gambling, internet surfing and gaming ("History," 2022). A large number of new addictions have made their appearance in recent years, with the emergence of the internet. However, 59 per cent of long-term care facilities are housed in buildings that are more than 30 years old, pre-1990 (Martini, 2022). So this means that a large proportion of addiction facilities are housed in buildings that were not designed for the needs of addictions. The environment is hugely important to a patient and can contribute to their health and recovery.

It is important to understand the patient's needs. This is because poor design is associated with anxiety, delirium, elevated blood pressure and an increase intake of pain medication (Ulrich, 1991). Adolescents are especially sensitive to their environment. They have, in fact, special problems that are not seen with older patients. Their stay is generally longer and facility administrators report abusive behavior towards their physical surroundings (Potthoff, 1995). But adolescent and their opinions are ignored most of the time because of their relatively small demographic (Hutton, Wilson, & Foureur, 2021).

It is suggested that addiction can be seen as a chronic illness, an illness that is also shaped by a habit and learning process, they learn to become addicted (Inside Rehab, 2013). This process starts at a young age when teenagers start to experiment with drugs and alcohol. And because of this a small portion of these teens develop an addiction.

There is a negative judgment or stigma attached to addiction. People think negatively not only about addiction but also about the people who suffer from it, the addicts. Even though it is a disorder, addiction is seen by many as its own choice, its own responsibility (Rutten, Loth, & Hulshoff, 2009).

This shows in the numbers. The amount of people who actually get treatment compared to the estimated number of people with an addiction is worrying. In the Netherlands the estimated amount of people with an addiction is 1.785.758 and there are only 64.821 people getting treatment (Wisselink, Kuijpers, & Mol, 2015). Young people view "asking for help" and "confessing," while somewhere deep down knowing that drug usage causes issues, as weakness (Sools, 2020).

Problem statement

Many people with addiction problems don't get the treatment that they need because of the negative stigma that is attached to addiction, admitting you have a problem is seen as a sign of weakness. Especially among teenagers, who would benefit the most from early treatment because addiction can be seen as an chronic illness which is developed by usage through time. But if they get treatment they end up isolated from society in outdated facilities which do not meet the needs of the patients. The surroundings of a patient can have an impact on it's recovery an can help the healing process.

Goals

The purpose of this research is to create architectural guide lines that can be used when designing for addicted youth. Guide lines that help create an approachable design where youth are encouraged to seek help for their addiction, where the built environment makes a positive contribution to the patient's recovery, and a design that helps reintroduce the youth to society and normal life.

The research focuses on young people between the ages of 12 and 18 who have an alcohol, drug, or gaming addiction. When speaking of drug addiction, it refers to the two most commonly used substances among young people, namely cannabis and XTC (Castagna, 2022). Addiction is often accompanied by mental disorders and psychological symptoms. This will be taken into account in this study but not examined in detail.

Research question

How can building design support adolescents with addiction problems with recovery and re-socialisation in the Netherlands?

Sub questions

- What is an approachable environment for adolescents?
- How do different treatment programs influence building forms?
- Are there architectural elements that contribute to the recovery of patients?
- How can an addict be intergrated into normal life again?
- What are the requirements for a good location for addiction treatment?

Methods

This chapter describes the methods that will be used to answer each sub-question and the expected outcome of these methods.

What is an approachable environment for adolescents?

Different methods will be used to answer this sub-question. Through anthropological research during fieldwork, addicted adolescents will be observed and asked through informal conversations what is an approachable environment for them, a place they like to visit. The results will then be supported by the results of surveys conducted among young people without addictions. Together, these two methods will provide a clear picture of what characteristics an approachable environment has for young people.

How do different treatment programs influence building forms?

This sub-question will be answered through literature research and research on building typologies. A complete overview of the different types of treatment programs and their buildings will be made and subdivided into different typologies. These typologies will be analyzed in order to draw conclusions and answer the sub-question.

Are there architectural elements that contribute to the recovery of patients?

Using different research methods, this sub-question will be answered. Using literature research, several architectural elements will emerge that may have a positive influence on the recovery of patients. These elements will be compared with the results of anthropological research in which addicted adolescents will be observed and caregivers will be interviewed.

How can an addict be intergrated into normal life again?

This sub-question will be answered using anthropological research and literature review. Using different sources from the literature, we will find out what are the important elements to make someone with an addiction part of society again. This will be supplemented and supported by interviews with caregivers so that it becomes clear how the built environment can contribute to help someone with addiction lead a normal life again.

What are the requirements for a good location for addiction treatment?

Different research methods will be used to answer this sub-question. The literature will be searched for requirements of a location for addiction treatment. During the fieldwork we will also search for these conditions by means of observations and interviews with caregivers. Finally, the research into building typologies will be used to find out the minimum size of a clinic and the functions needed to provide good care for addicted adolescents.

Theoretical framework

The effect in sickness of beautiful objects, of variety of objects, and especially of color is hardly at all appreciated. I have seen in fevers (and felt, when I was a fever patient myself) the most acute suffering produced from the patient not being able to see out of a window and the knots in the wood being the only view. I shall never forget the rapture of fever patients over a bunch of bright colored flowers.

People say the effect is only in the mind. It is no such thing. The effect is on the body, too. Little as we know about the way in which we are affected by form, by color, and by light, we do know this; they have an actual physical effect. Variety of form and brilliancy of color in the objects presented to patients are actual means of recovery. (Palmer and Nash, 1997:148)

Back in 1888, Florence Nightingale described in the above quote how the built environment can have a significant impact on patient recovery. I myself also believe that the built environment can make a valuable contribution to patient recovery. Besides the design of care, there are two more topics of interest in this research, namely addiction and adolescents. Separately, these topics have already been explored quite a bit but for this study, it is most interesting to see where these topics overlap (see Figure 1.). The area where all three topics overlap is also the area where the research question of this study is located. In the areas where two topics overlap are also some of the sub questions and thus also the literature that helps to answer these sub questions. This chapter will discuss the literature located in the overlapping areas between two subjects.

Design for addiction

The literature in this field focuses on the design of addiction and mental health care facilities. Grosenick & Hatmaker (2000) did research back in the early 2000s on six environmental characteristics considered to be of primary importance in health care facilities, namely: comfort and conveniences, safety, attractiveness, size, privacy, and location. Their study shows the perceptions of female clients and staff in an addiction treatment facility. Grosenick & Hatmaker are not the only ones who have researched perceptions of addiction treatment institutions. Novotná, Urbanoski & Rush (2011) also examined this. However, their research focused not on the patients but on the caregivers. They argued therefore that it is important to find a balance between the needs of staff and the patient. Perception by users thus plays a major role in this topic. Badcock & Killackey (2020) in their research using evidence-based architecture in service users' experience of mental health services developed six design principles that promoted the care of mental health service users.

Design for adolescents

Designing for adolescents in healthcare is not the same as designing for adults. Adolescents have different needs than adults. Therefore, it is important to do specific research on this topic. Hutton (2005) did this by asking seven chronically ill adolescents to design their own department to find out what is really important to them. In 2021, Hutton conducted another study with Wilson and Foureur. In this research, several focus groups were interviewed. The young people talk about the design of a mental health ward. They concluded from their research a number of design choices that are important for young people and that it is therefore important to understand how the user uses and experiences the space. Ulrich (2019) agrees with this as well. In his research, he makes design recommendations for juvenile facilities in Sweden. These recommendations are based on extensive research. This research is not so much focused on care, although in a way you could see it that way, but a juvenile facility does in some aspects come to resemble care facilities where young people stay for longer periods of time.

Addicted adolescents

To properly design for addicted adolescents, it is important to understand what substances these adolescents use, how it could be prevented, and how the adolescents are treated for their addiction. Möhle, et al. (2021) wrote a report on behalf of the Trimbo's Institute describing what substances are primarily used by adolescents, how use has developed in recent years and how substance use could be prevented. In addition to understanding substance use, it is also important to know how these addicted adolescents are then treated and what works best for them. Both Zoon (2012) and Sools (2020) describe different treatment methods and which in their view provides the most effective results.

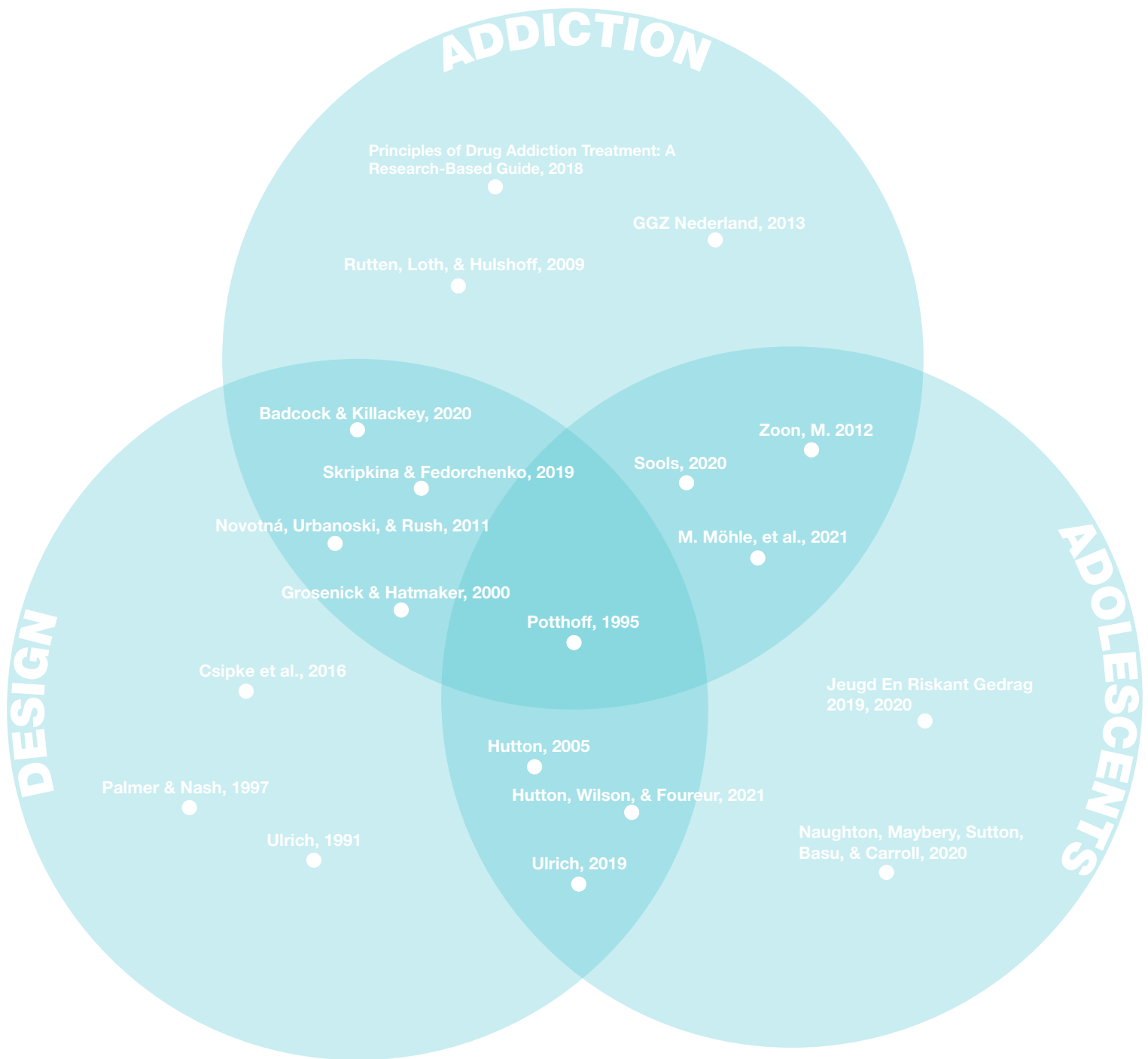


Figure 1. Theoretical framwork

Research scheme

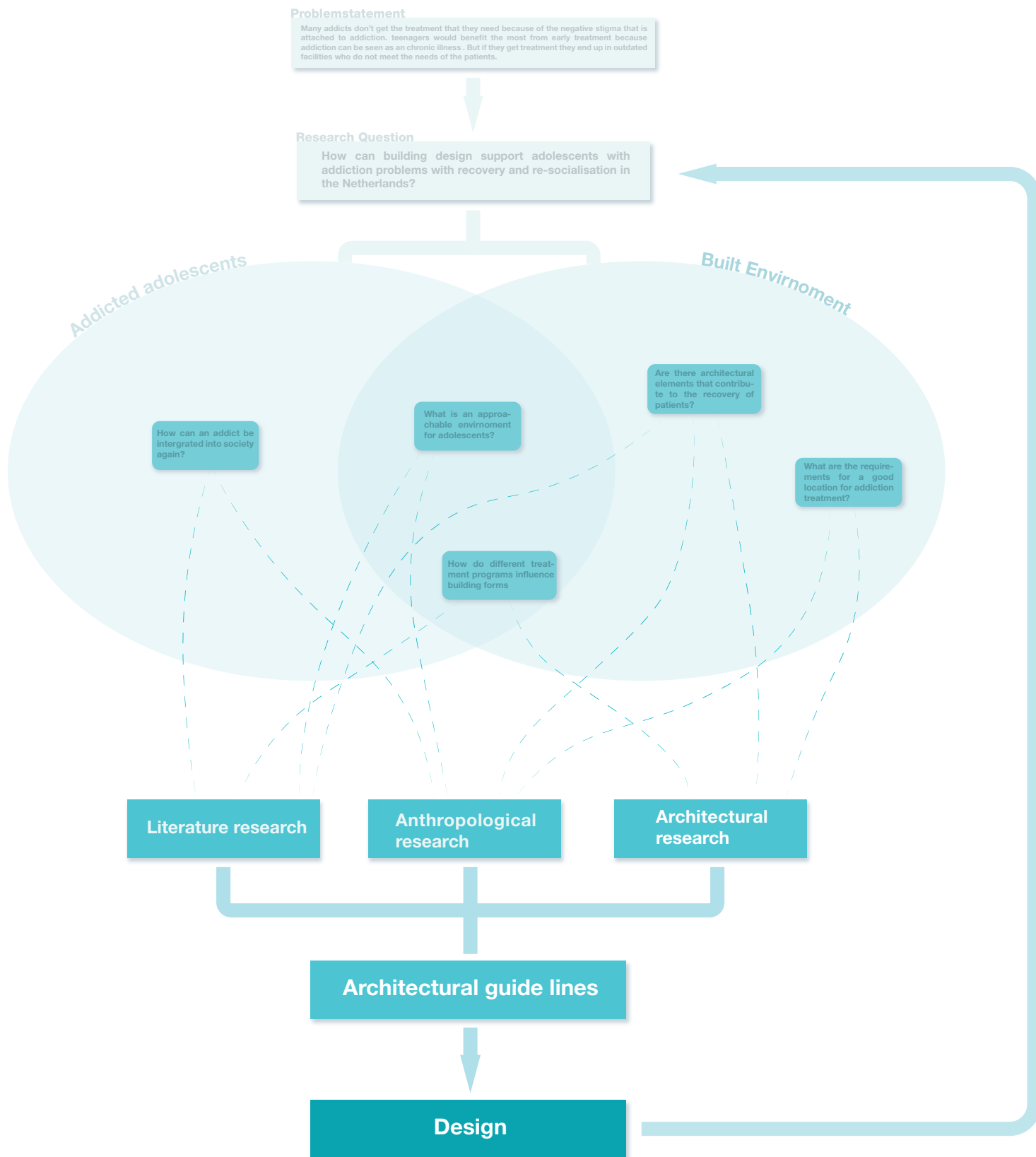


Figure 2. Research scheme

Workplan

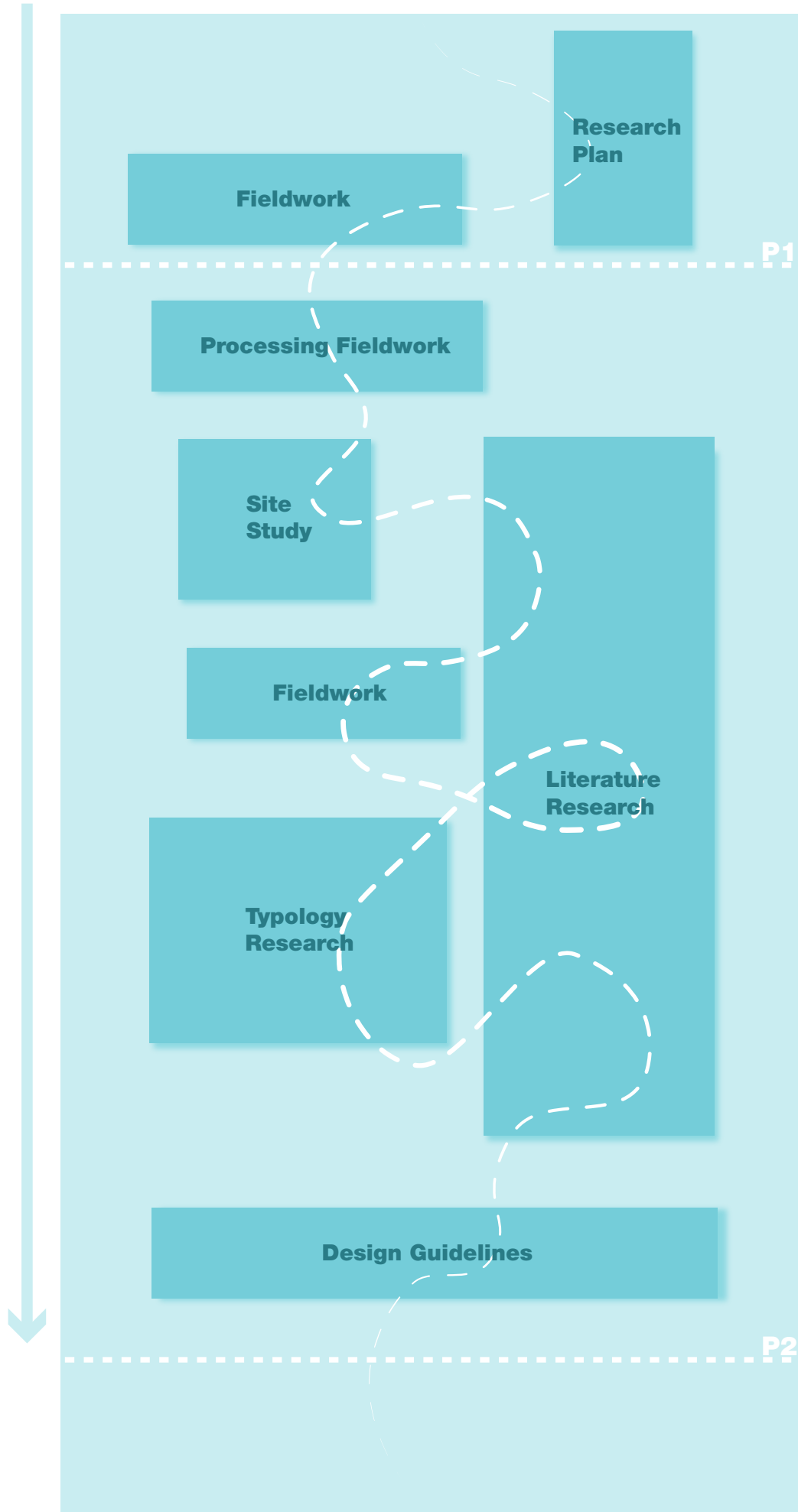


Figure 3. Workplan

Definitions

Addiction

When addiction is mentioned in this study, it refers to individuals who have become so dependent on a particular act or substance that they are no longer a part of society in a normal way. These individuals have become completely dependent on the particular act or substance.

Adolescent

When adolescents are mentioned in this study, it refers to persons between the ages of 12 and 18.

Approachable

Approachable refers to a place where the target group goes easily, without stigma and with enjoyment.

Design

When we talk about design in this research we mean design for care. The aspect of care is directly related to this.

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