

Integrating Therapeutic Techniques in the Design of a Drug Rehabilitation Center in Bayelsa

John Ockiya

*Department of Architecture
Rivers State University, Port-Harcourt.
Email: johnockiya@gmail.com*

ABSTRACT

Drug addiction is one of the worst global pestilence that affects virtually all sectors of society in the world. The widespread of this menace triggered the creation of agencies to fight drug peddlers and treatment centers for rehabilitation of the infected ones. However, these treatment centers were created focusing primarily on detention approach of treatment instead of medication and mind abstinence, neglecting the patients' mental, psychological, social, and spiritual needs, which are the important ingredients that contribute towards achieving effective treatment. This study aimed to integrate therapeutic techniques in drug rehabilitation centre design. For the purpose of this study, visual survey, observation checklists and structured interview were used as instruments of data collection. The design is intended to provide a model for a responsive drug rehabilitation center that facilitates drug addicts' recovery. It was recommended that the government should provide more treatment facilities that will help in drug abuse and also emphasize on making the centers more supportive and therapeutic and the National Drug Law Enforcement Agency (NDLEA) should collaborate with other stakeholders such as religious institutions and nongovernmental organizations to counsel the society on issues of drug abuse.

Key words; *Rehabilitation centre, Design, Drugs, therapeutic techniques, Integration*

INTRODUCTION

Modern times has seen an increase in abuse of drugs in our environs. This is owing to a lack of adequate information on the dangers of psychoactive substances, the ever-widening economic gap and unwholesome pop culture / media influences. A trend that has triggered a rise in drug addiction and drug induced mental ailments among teenagers, youth and adults across social strata. This in its turn has served to further the proliferation of illiteracy, poverty, crime and a systemic impairment of the local workforce, the economy and socio-cultural well-being of the Bayelsa State. Drug addiction in society, may be likened to pulling down the critical supports of a structure, which if un-remedied, would inevitably lead to its complete collapse. Psychoactive substances impair their user's capacity to

study, work and thus reap the benefits of positively contributing to their society, establishing the cornerstones of monumental increases in poverty. On losing their earning power, addicts may resort to crimes, ranging from petty theft to armed robbery and kidnapping, to support their often dear / expensive bad habits. Crime and its most common corollaries, trauma, suicide and murder, destroy lives and ruin societies. While preventive measures for the local and even global opium pandemic are an imminent necessity, finding a sustainable solution to the clear and present danger of substance addiction in our society is an urgent priority.

In Bayelsa state, the paramount drug rehabilitation centre is an NDLEA run facility. This sort of law enforcement headed establishment inadvertently

creates a cloud of criminality / criminalization around the treatment of drug addiction, and as a result, deters some prospective patients from seeking the help they desperately need, and well-meaning family members from intervening on behalf of their troubled loved ones. Because of the current state of drug addiction in Bayelsa State and the less than appropriate / adequate remedies to the problem available, the design and planning of a responsive drug rehabilitation centre for the state, has become a socio-economic and moral imperative.

Drug Rehabilitation

According to rehabs.com, rehabilitation or rehab as some may call it can be used to help an individual to recover or come-out from an addiction, injuries, and even physical or mental illnesses(Rehab.com). Wikipedia defines drug rehabilitation as “as the treatment of psychoactive substance dependency using psychotherapeutic procedures or medication”(Wikipedia, 2017). Rehabilitation process consists of medical rehabilitation method, a hospital-based recovery method which involves medical treatment and pharmacotherapy in order to reduce patients’ symptoms and behaviour changes, therapeutic community rehabilitation method, by which a patient is encouraged to change her/his self-perception and to find her/himself. Patients are treated using behavioural approach through a reward-and-punishment system and group approach and religious rehabilitation method, which employs spiritual and cognitive approach in treating patients. The main aim of drug rehabilitation is to enable the patients gain independence

from substance (drug). Treatment of addiction incorporate medication for the depressed or other disorders, counselling by doctors and participating in group therapy(Partnership, 2013). Nigeria has a strong policy against drug abuse, in which offenders are punish by laws according to (LawNigeria, 2018). For this purpose, in 29thDecember 1989 An Act to establish the National Drug Law Enforcement Agency to enforce laws against the cultivation, processing, sale, trafficking and use of hard drugs and to empower the Agency to investigate persons suspected to have dealings in drugs and other related matters was commenced.

Drug Rehabilitation Centre

This is a facility or building where drug rehab process is practiced, it may also be said to be a facility where both therapeutic and social care is given to patients. Though a drug rehab centre may comprise of health care, psychiatric clinic. They are usually found as departments in a psychiatric hospital where their administrative and other support functions lie at the centre of the host facility control. In foreign climes, drug rehab centres come in various categories mainly dependent on the affordability of their patients. This gives rise to what can be described as designer or high-end facilities which caters for the rich and famous. These facilities are usually discretely located at very picturesque and lush natural locales for the sake of serenity and privacy.

Stigmatism Associated with Drug Addicts

Addiction has been discovered as the physiological disease of the brain but sadly it has been mistakenly adjudged as

a case of morality hence our society has always belittled it even by derogatory expressions like junkie's alcoholics, meatheads. We have always scorned and stigmatized this addictive member of our society, misunderstanding their addictive disorders or problems as their weakness and constrained them not worthy of our respect. what we fail to realize is that they suffer stigma from us because of our lack of knowledge.

Our prejudice makes sufferers withdrawn thereby avoiding treatment. Societal disdained causes even reflect in the poor treatment given to them by professionals. Stigma greatly contribute to poor funding of this aspect of drug rehab facility and at large the mental health industry. Addicts ends up incarcerated instead of rehabilitation treatment

Types of Treatment in a Drug Rehabilitation Centre

In Patient

These are treatment that usually last between 3-90 days. Clients must take time off work or school to live at the faculty during treatment. Housing and meals are provided, clients receive access to 24/7 medical care and daily private therapy sessions. Treatment is intense but beneficial since it removes clients from any environment trigger elapse.

Out Patient

This is ideal for clients who are not able to take time off work or school but need help right away. Clients are held accountable for their actions and must be able to self-regulate exposure to alcohol. Treatment often lasts longer than inpatient care. Clients are required to attend therapy sessions on weekly bases.

Design Method

Behavioral approach was applied in the design of the drug rehabilitation center. Prior to the design, we completed studies on the classification of drug consumers, drug addicts' behaviors, and their spatial needs. Interviews were conducted with psychiatrists, counselors, psychologists, and medical practitioners on drug characteristics and the addicts' spatial behaviors. We also performed participant observations in a number of drug rehabilitation centers, such as Anti Narcotics Revolutionary Chaplaincy, Abuja, Iblawy investment company, Ikorodu lagos, and the Rehabilitation Center of the Bayelsa State Command of the National Drug Law Enforcement Agency. We observed the activities, the spatial arrangement and the use of spaces in the centers. We also inspected users' behaviors, including their motivations, social interactions, privacy, comfort, and character building. Data obtained is used to formulate the design concepts.

The Design Concepts and the Design of a Therapeutic Space

An environment that accentuates healing process through healing architecture is 'healthy'. Healthy-hospital design is a harmonious blend of nature and architecture that promotes health and aids early recovery in those who are sick. The argument is that patients get personal attention from the staff only few times in a day and are left alone most of the time. This is where an environment can play a contributory factor to their sense of well-being and actual recovery. The quality of space in such buildings affects the outcome of medical care, and architectural design, thus playing an important role in the healing process.

Drug rehabilitation centers should provide a cheerful, inviting ambience, and a caring and healing environment (Habibu, S. 2012).

The natural surveillance in the design of this drug rehabilitation center is developed based on Jeremy Bentham's idea of panopticon (1787) and Oscar Newman's natural surveillance. Bentham's panopticon is a surveilling system embedded in the architectural space of prison and other correctional facilities. Bentham proposed the use of panopticon to allow surveillance on all inmates through the use of a surveilling tower at the center of the prison. Even in the absence of the guard, inmates always feel that they are being surveilled due to the presence of the surveilling tower (Bentham, J. 1791). The main idea of the panopticon is the efficiency and optimization of one-direction control from the tower to the cells. While the Newman's natural surveillance controls crime in public areas. Newman identifies that most crimes in public spaces occur in the visually deprived spots, where activities rarely take place. Therefore he proposes improvements in "surveillance capacity," which he defines as the ability to observe the public areas and to make a person who enters the areas continually feel being observed. Such an area will discourage crime, reduce inhabitants' fear and anxieties, and improve their feeling of being secure. Moreover, this will encourage inhabitants' use of the area and in turn will improve its security as a result of the intensive use. Newman has found that such a spatial characteristic is found

in a public area that is surrounded by building openings or close to public circulations (Newman, O. 1973). We propose the combination of healing architecture and natural surveillance systems in a therapeutic rehabilitation space. The design concepts comprise site zoning, site circulation, building masses, interior design, and landscaping.

Site Zoning

A rehabilitation center's spatial arrangement deals with who can or cannot enter to guarantee that the patients are safe from outsiders, other patients, and themselves. Thus, the site is divided into zones according to their security level, which also organizes users according to their accessibility (Fig. 1). The private zone is located at the innermost area where the psychological rehabilitation unit, the social rehabilitation unit, the detoxification facility and sport facilities are situated. This zone is restricted to patients and staffs. Low sound pollution and nice scenery around the building in this zone also help patients' healing process. Public area is located at the front of the site to which visitors enter. This zone includes a parking area for visitors. The semipublic zone, comprising a general service unit, an emergency unit, and an outpatient unit, is located between the public zone and the private zone. In order to limit access to the inner site, service areas are also arranged on this side. An inner courtyard, in the middle of which stands a control tower, separates the semipublic zone from the private zone.



Fig. 1. Site zoning.



Fig. 2. Site circulation.

Site Circulation

The site circulation considers the maximum surveillance on the site. Therefore, there are only a single access for the public and one for the service (Fig. 2).

Building Masses

The shape of the building masses is a transformation circle. The circle's round

character generates an inward orientation (Fig. 3), so it can increase the surveillance, which is good for rehabilitation center. Masses must not have any dead space because it can increase the patients' risk for using drugs inside the rehabilitation center. Furthermore, the building masses are laid according to the rehabilitation procedure as

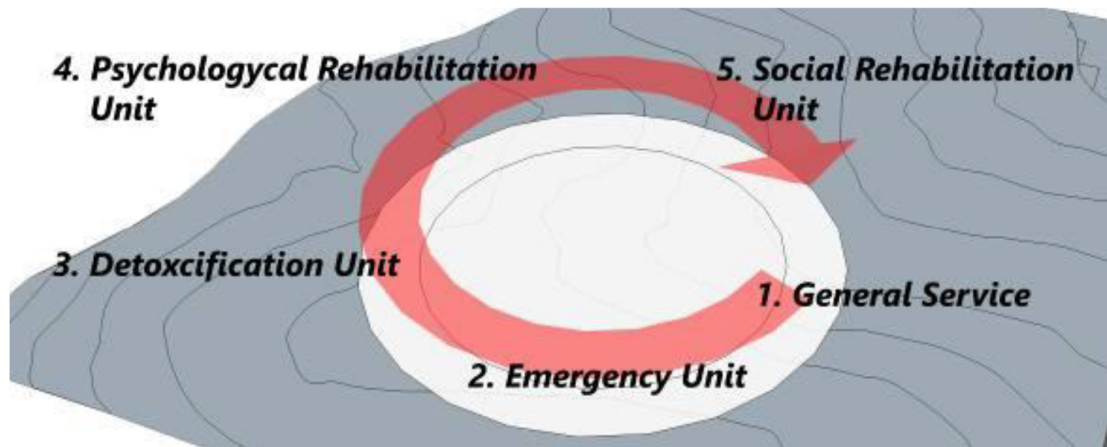
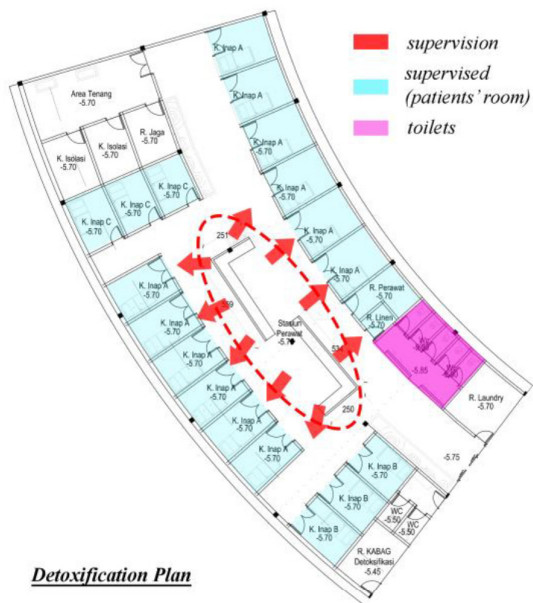


Fig. 3. inward orientation showing treatment process follow: the general service, the emergency unit, the detoxification unit, the psychological rehabilitation unit, and the social rehabilitation unit. Developed from a circle, the units are arranged in a circular way, which in addition to facilitating flowing activity transitions also enabling maximum security and surveillance system. The open visual access and unisolated social space allow constant observation, which is essential to a secure environment Katyal, NK. (2002). Different from other centers, in which patients' activities are located on the upper floors, while public activities are on the ground floor, our design proposes that all activities are accommodated on the

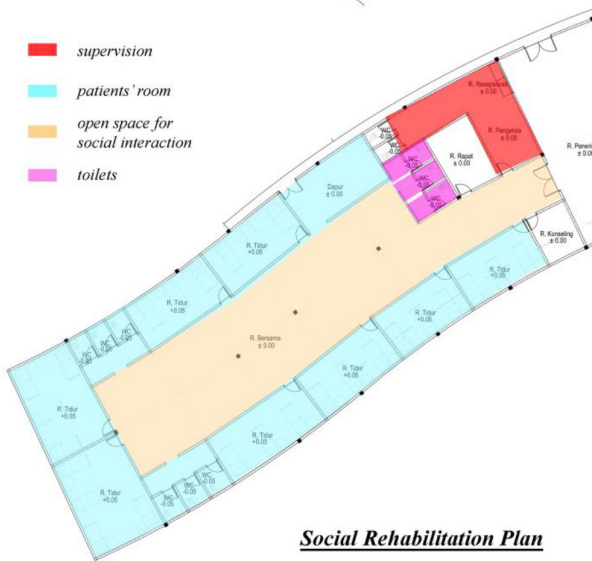
ground floor in order to minimize accidents. We also separate rehabilitation stages into different buildings to facilitate maximum building function.

Interior design

The interior of the buildings reflects the reward system that is applied to all patients. Those who successfully complete a step of therapy are advanced to the next step in another building unit whose facilities are better and more comfortable. This system is applied as a way to motivate patients to recover from addiction. At the detoxification phase, patients are not able to control themselves, thus, they are assigned to an isolated, yet under observation, room (Fig. 4).



Detoxification Plan



Social Rehabilitation Plan

Fig 4 & 5. Surveillance at the detoxification phase and social rehabilitation phase

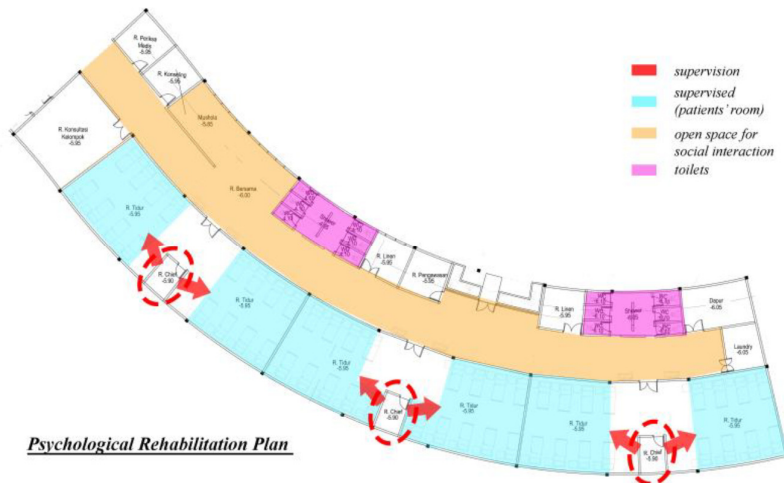


Fig. 6. Surveillance at the psychological rehabilitation phase

In detoxification phase, patients also need special requirements for their rooms. Patients' drug's effects are divided into three types of rooms. First, small rooms with acoustic wall for patients with sensitive hearing and difficult to concentrate. Second, rooms with acoustic wall and no windows to accommodate patients with sensitive sight and sensitive hearing. Last, wider rooms with acoustic wall for patients with sensitive hearing and hyperactive.

At the psychological rehabilitation phase, patients are able to control their own mind, but still unsure with what they're doing. At this stage, they need more encouragement to release themselves from drug dependency. Thus the design of the facility emphasizes more on social interaction. The facility is designed to allow more caring and motivating interactions among patients as shown in the provision of a number of lounges and common bedrooms. By sharing the rooms where private and public activities take place, patients are expected to grow encouragement among them (Fig. 6).

At the social rehabilitation phase, patients have already obtained their self-confidence so that they can interact with the outside world, yet still under supervision. Rooms in this facility allow more privacy for patients as found in bedrooms and toilets (Fig. 5). Most penal facility design limits inmates' and patients' freedom of movement through the use of trellis. However, such a design has led to inhabitants' frustration and aggression. Mazuch & Rona (2005). In most rehabilitation centers, the supervision room is located at the middle of each floor level. This design instead proposes that the room is positioned in front of patient's rooms. This will enable a better control to patients, in addition to facilitating easier access when emergency situations occur. In the psychological rehabilitation unit, the supervision room is located in common rooms. Moreover, public spaces such as prayer room and dining room are not equipped with a supervision room but are designed as open spaces. Such a design generates a sense of surveillance among patients. In the detoxification building, the supervision

room is placed outside the patients' room, which uses glass wall.

Landscaping Vegetations, consisting of trees and shrubs, are planted surrounding buildings in order to form subtle borders. They also function to demarcate the public, semipublic, and private areas in the center. Vegetations and greenery

create relaxing environment that is significant in a therapeutic place. Additionally, trees also serve to give direction to users and visitors. The landscape also includes water and color consideration in the design. Water is a critical element in drug addiction therapy.

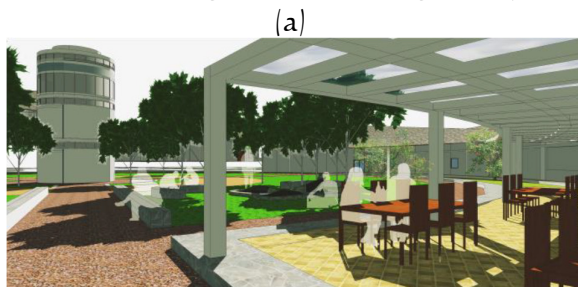


Fig. 7. (a) Vegetations to create relaxing environment. (b) vegetations as subtle borders.

RECOMMENDATIONS

As a result of the extensive literature review conducted, case study deductions, and subsequent design of a Drug Rehabilitation Centre in Yenagoa, it was recommended that proper space analysis should be done before the design is being carried out, and the construction should be supervised by a building professional. Secondly, the design should be environmental and aesthetically pleasing to attract and have healing effect on patient and the use of locally made environmentally friendly and sustainable building materials should be highly advised. Also, research programmes need to be comprehensive and have sufficient intensity to reasonably expect that skills

can be taught. Content areas that are necessary include normative education, social skills, social influence, protective factors, and refusal skills, communities can contribute by sending a clear and consistent message by developing and implementing a broad, comprehensive approach to dealing with substance abuse. Finally, governmental and professional institutions should be made to live up to their duties especially in the area of regulations and control of these very potent drugs use. This will highly reduce the availability and accessibility to the vulnerable in the society.

CONCLUSION

Most of drug rehabilitation centers in the country have been designed and constructed making more emphasis on detention approach rather than medication, this implies that the centers are quite punitive instead of being curative. The techniques or principles used in rehabilitation centers which enhance the lives of the addicts and make them more submissive for treatment are yet to be employed. Supportive facilities are inadequate in all the centers whereby there is no provision for recreational therapy facilities that enhance relaxation and social interaction. Employing the notion of natural surveillance, the rehabilitation center is designed to allow continual control over attendees without them feeling suppressed. The center design uses the behavioral approach to consider both attendees' physical and psychological comforts, as well as their security. Building masses are designed in a way that forms an inward orientation and are laid out circularly according to the therapy processes that attendees must undertake. Moreover, rooms are planned differently in response to attendees' unique conditions and restrictive physical requirements, such as their restriction on lighting and requirement of water for treatment. The landscape uses shady trees and vegetations as natural borders to demarcate the private zone, where attendees live, from the public area, where visitors may enter. The provide a model for a responsive drug rehabilitation center that facilitates drug addicts' recovery.

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