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Janja Štibernik, Alenka Fikfak: RESOCIALIZACIJA ODVISNIKOV – SOCIALNI IN PROSTORSKO- ARHITEKTURNI VIDIKI ZDRAVLJENJA ODVISNIKOV RESOCIALISATION OF RECOVERING DRUG ADDICTS – SOCIAL, SPATIAL, AND ARCHITECTURAL ASPECTS OF TREATING DRUG ADDICTS

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IZVLEČEK

Odvisnik v času zdravljenja zamenja svoje okolje. Novo okolje ter prostor morata ustrezno simulirati in vzpodbujati dejavnike, ki pozitivno vplivajo na ozdravitev, življenje (socialno in duhovno), učenje in delo. Članek obravnava vpliv prostora in okolja na uspešnost zdravljenja ter (re)socializacijo odvisnika. Vstopiti v tovrstno ustanovo v današnjem času pomeni 'takojšnji' izbris iz ustaljenega vsakdanjega socialnega okolja in tudi virtualnega sveta. Vendar je za odvisnika omogočanje ustreznih spontanih in načrtovanih stikov z znanci nujno. Kljub odvzeti socialni kompetenci je pomembno, da pri odvisniku ustalimo in utrdimo občutek pripadnosti družbenemu okolju. Srečanja in navezovanje stikov z ljudmi bližnjega ali daljnega okolja so potrebni za družabnost v času 'izolacije', saj ta pripomorejo k lažji resocializaciji v okolju po zaključku zdravljenja. Članek temelji na izsledkih polstrukturiranih intervjujev in kvalitativni analizi pridobljenih odgovorov, na študiji primerov posegov v prostor, ki slonijo na kakovostnem oblikovanju družbenega prostora, ter primerjavi domačih in tujih praks glede ocenjevanja prostorskih vrednot. V rezultatih je predstavljen aplikativni primer arhitekturne kompozicije ekovasi za zdravljenje odvisnikov, ki sloni na socialni kompetenci: razvoju sposobnosti posameznika za samostojno delovanje v družbenem okolju.

KLJUČNE BESEDE

odvisnik, resocializacija, intervju, Zavod Pelikan Višnja Gora, umestitev objekta v prostor, arhitekturna kompozicija ekovas.

ABSTRACT

During treatment, drug addicts change their environment. The new environment and surroundings must adequately simulate and encourage the factors that positively affect their treatment, living (social, spiritual), learning, and work. The focus of this paper is the impact of the environment on the success of rehabilitation and (re)socialisation of drug addicts. Nowadays, setting foot in such an institution means an "immediate" removal from the established, everyday social environment as well as the virtual world. However, the provision of appropriate spontaneous and planned contacts with family and friends is necessary for an addict. Despite the removed social competence, it is important for an addict to settle down and strengthen the sense of belonging to a social environment. Meeting people and developing contacts with people from near and far is necessary to maintain social relationships during "isolation", as this eases their resocialisation in their environment after the completion of treatment. This paper is based on the findings of semi-structured interviews and qualitative analysis of the answers received, case studies of spatial developments based on a qualitative design of social space, and various comparisons between domestic and foreign practices in view of the evaluation of spatial values. In the Results section, we present an applicative case of architectural composition of an ecovillage for rehabilitation of drug addicts based on social competence: development of an individual's abilities for an independent functioning in a social environment.

KEY-WORDS

addict, resocialisation, interview, institute Zavod Pelikan Višnja Gora, site selection and placement of a structure, architectural composition of an ecovillage

1. INTRODUCTION – SOCIO-SPATIAL EXCLUSION OF DRUG USERS

Socio-spatial stigmatisation is a process, whereby places inherit the stigmatisation of persons (Takahashi, 1997). The problem of accepting the socio-spatial stigmatisation, i.e. the Not In My Back Yard (NIMBY) phenomenon, has been addressed by many authors. There is an extensive literature on the topic of socio-spatial stigmatisation, which is mostly in relation to the homeless, people living in slums, and, lately, refugees and migrants. The subject matter of drug addicts¹ has been addressed fewer times, but in detail (Fiorentine, Hillhouse, 2000, Taylor, Covay, 2008, Radcliffe, Stevens, 2008, Gowan *et al.*, 2012). In Slovenia, the problem of the “attitude of the society toward marginal social groups, which can be established from the attitude of the society to the problems of the weak,” was determined by Žgavc (2011, pp. 82–83), who finds that intolerance to marginal groups, such as illegal migrants or the Roma, and intolerance regarding the building of a mosque and inflow of other cultures, etc., has turned into a serious threat to local communities, also in light of ongoing debates in mass media and privately. “When reporting on marginalized groups, the media employ a “stigmatisation and discrimination discourse that primarily adopts the principle of separating between “them” and “us”² (Pajnik, 2003, p. 92). According to Žgavc (2011), the latter includes the problem of societal acceptance of drug users³, where “various attempts at establishing communities for treating drug users, residential communities for persons with problems, etc., meet a similar response of local communities” (Žgavc, 2011, p. 82).

In Slovenia, there are many prevention programmes and non-governmental organisations dedicated to addressing all kinds of addictions. Bačar (2014, p. II) states that “around 40 programmes address users of illicit drugs”, while Kastelic (2015, p. 12) reports that “[since 1995] in Slovenia, 18 centres for prevention and treatment of addiction to illicit drugs have been established”. In 2003, the Centre for Treating Drug Addictions at the Psychiatric Clinic Ljubljana (PKL) was established, while a detoxification department dates back to 1995. Services operating in the field of drugs are, according to users’ opinion, relatively accessible, but unfortunately some programmes mentioned in the Resolution on the National Programme in the Field of Illicit Drugs 2014–2020 [ReNPPD], e.g. safe injection rooms and syringe vending machines, did not fully come to life; moreover, there is a lack of such programmes in smaller towns (ReNPPD14–20, 2014).

The most widely used drugs are cannabis, cocaine (crack), ecstasy, LSD, phencyclidine, among opiates: heroin, morphine, codeine, and synthetic drugs, e.g. methadone; the availability and use of synthetic drugs are on the rise. “The overarching goal of Slovenia’s National Programme on Illicit

Drugs (2014–2020) is to reduce and contain the harm caused to individuals, families, and society from illicit drug use” (ReNPPD14–20, 2014). To fulfil this goal, the Resolution provides for 14 goals, which include the goal of “promoting psychosocial treatment programmes for drug users, therapeutic groups and communities, reintegration programmes, and employment programmes for former drug addicts to contribute to reducing the social exclusion of drug users”. (ReNPPD14–20, 2014)

1.1 Therapeutic community and the place for resocializing drug addicts

A therapeutic community has been conventionally defined as a drug-free environment in which people with addictive (and other) problems live together in an organised and structured way to promote social and psychological change (European Monitoring Centre on Drugs and Drug Addiction, 2012, p. 33). Isolation and planned prevention of contact with the external social environment leave a mark on individuals, affecting them during living/treatment in an institution and later, during reintegration into the environment, characterised by random interactions and external impacts. For an individual it is important that “his or her reintegration into social and relational life realistically allows them to choose how to live their lives” (Stefanovski, 1998, p. 249). On the other hand, psychotherapeutic communities deal with individuals and address the reasons leading to addiction (Auer, 2001, p. 133; in: Podpečan, 2006, p. 40). This concerns the relations within the community, among addicts, with staff, the surroundings, and their social life. The spatial aspect here is very important, whereby the visual composition of the facility as well as good functional, programmatic, and content organisation help to influence the evolution of awareness and dealing with problems of drug users in their everyday environment, or in areas encouraging social interaction and offering the feeling of social integration. The possibility of developing the various resocialisation aspects is, along with therapeutic programmes, influenced by the built environment or elements defining it, such as location, proximity to, or distance from, the built environment, size and, above all, the organization of additional programmes, i.e. internal (communal areas, workshops, work, education, socialising – interaction) as well as external (additional activities, sports, working outdoors) which allow for resocialization and humanity of living. This is a form of living which provides seclusion when necessary, living in groups/communities, as well as contact with the wider social environment as soon as the psychological state of the addict allows for it. Here we take into consideration the following aspects that should be addressed in spaces intended for therapeutic communities for drug addicts when organising a better living environment, which becomes the place of learning, living, and socialisation – in the short- or long-term:

- How should the built environment and its surroundings – and their imageability – affect the desire for personal change?
- Does the built environment give the impression that its priorities are education and rehabilitation?
- In the opinion of staff and recovering drug addicts, what should such a therapeutic centre should look like?

1 A human being can be psychologically addicted to just about anything (Flaker, 1999, p. 214).

2 “The discourse of the duality of “us” versus “them” reflects a practice of separation, exclusion, which leads to thinking in terms of duality, e.g., good–bad, developed–undeveloped, and normal–not normal. This discourse ascribes positive characteristics to the “normal” majority and negative ones to the marginalised minority” (Pajnik, 2003, p. 87).

3 Different terms are employed to refer to someone who is a drug user; their meaning carries the connotation of drugs: “unemployed druggies”, “old acquaintances with the police”, “junkies”, “stoners”, “ex-users”, etc., or other connotations: “old dudes”, “washed-out rockers”, “first-generation dinosaurs” (Pajnik, 2003, p. 90; original in: Pajnik 2001, pp. 144–45).

These questions were the starting point of designing an evaluation system of the built environment, i.e. the criteria and indicators of the spatial response to the question of resocialisation of addicts. The key question addressed in this study was the following: How to evaluate a location so that it encourages the implementation of therapeutic programmes whose content is well thought out, but which, in the end, typically involve facilities and locations that other actors pass on? On this basis we determined the spatial elements of observation and evaluated their significance in terms of the following: built form design; accommodation units; programme; location; integration into the cultural landscape; access and mobility; public space, green areas and the physical environment; interior space and communal interior areas; cells; security and surveillance; economics and economy; inclusion of the public. Below we provide the working methods that helped us to develop the recognition process concerning location and structure evaluation, i.e. findings of semi-structured interviews with addicts, a qualitative analysis of the answers obtained, and a study of spatial developments whose main parameter is a well-designed social space.

2. WORK METHODOLOGY

By way of introduction, let us quote from Maver's (1984, p. 150) paper: *Uživanje drog in narkomanija v Sloveniji: dosedanji razvoj in pogled v prihodnost (Drug Use and Addiction in Slovenia: The Evolution and a Look to the Future)*, which concerns the relationship between urban developments, environment, and impacts thereof on drugs as a spatial phenomenon:

"If urban planning will shift its focus to building smaller atrium houses or similar, with well-maintained surroundings and more warmth, we can expect better family living conditions and better relationships among family members. Smaller houses increase the feeling of privacy and thus the responsibility and concern of its residents for tending to the house and its surroundings. This takes away most of the problems concerning leisure time, as landscaping, gardening, and doing minor house work provide plenty of opportunities to residents to occupy their time even after their obligatory workload. Such urban design prevents the emergence of substantial youth subcultures and makes them easier to control. We can predict that, on the other hand, the high-rises and faceless settlements of blocks of flats could become attractive for the poorer sections of the population, which could lead to the formation of ghettos where drug addiction and abuse could easily spread."

Below we show that "making good use of leisure time" is key for all phases of rehabilitation of addicts as well as their resocialisation, i.e. the transition from a "controlled" treatment to everyday life. Moreover, according to Flaker (1999, p. 238) "the effort put into prevention of harmful social effects of drug abuse should be comparable to the one put into health aspects of tertiary prevention".

This study about the impacts of spatial and environmental factors on the treatment success, focusing mainly on rehabilitation and resocialisation phases, is composed of semi-structured interviews and a qualitative analysis of the answers obtained, case studies of spatial developments, the needs

of drug addicts in forming spaces using special criteria, which are based on a qualitative design of the social space, and comparison of domestic and foreign practices concerning spatial value assessment (these findings are included in the explanation of spatial indicators in Chapter 3). To some extent, the study on the needs of drug addicts in terms of designing spaces to support successful treatment was based on previous findings, studies, and experience concerning spaces, environments, and the built environment design for marginal groups, which was supported by semi-structured interviews with drug addicts from Zavod Pelikan at Višnja Gora. The interviews took place in three stages: as an introductory interview to get to know the way of life of drug users (oral interview), a second interview on the way of living of drug users (written interview), and, after the study and application were completed, a follow-up interview to verify the study findings (the latter was also conducted among the staff working with drug addicts and is presented in the Results section).

2.1. Interviews with drug users from Zavod Pelikan at Višnja Gora

The study on spatial and environmental impacts on treating addicts was carried out between 2015 and 2016 by the first author of this study, who continues to volunteer at Zavod Pelikan at Višnja Gora. This institution functions as a therapeutic centre preparing addicts to enter the community. Genuine contacts and meetings, interaction, and living with drug users and therapists gave her insight into the life and thinking of former addicts. Four individuals, who agreed to take part in the survey, were selected for the interviews; the respondents varied in terms of gender, age, and type of addiction. The respondents⁴ (in the first and second interviews) tackled various addictions: sedatives, cannabis, alcohol, heroin.

The first part of interviews (oral) took place on 11 July 2015 as a conversation, but with pre-prepared questions on the reasons for initial and continued substance abuse, on the period of substance addiction that followed, and the struggles with it. The second round of interviews, which took place on 1 August 2015, was in written format; the questions mostly related to space and the environment that are, in the respondents' opinion, appropriate or necessary for the drug user. After the first survey, the preparation of the site evaluation system, and the applied architectural model of an ecovillage, the interview was repeated on 8 September 2016, involving drug users, staff, as well as volunteers. The respondents were given a few pointers that served as questions, structuring the order of their writing. Their writing was not limited by quantity, way of writing, length, or style. The aim of the written interview was to obtain from the user/drug user and the responsible persons "an impression" about what could contribute to successful treatment, not from the aspect of "cleansing" the body, but to encourage active resocialisation, i.e. reintegration into everyday life in the environment that had been part of their lives before or during their addiction, or as help to deal with an unfamiliar environment.

⁴ In this paper, each respondent is assigned a roman numeral I (the first, oral interview) and a number from 1 to 4; or II (the second, written interview) and a number from 1 to 4; or III (the third, written interview) and a number from 1 to 4 (drug addicts) and or a number from 5 to 8 (staff working with drug addicts).

2.2. Qualitative analysis of the responses in oral interviews – life stories

In this part we summarise the interviews focusing on the lives of individuals during treatment and their way of living:

- Users need a change, the opportunity to create; education/schooling during treatment (this should take 3 years).

I1: "I don't regret trying drugs, but I do regret not finishing school."

- Drug addicts feel that for them the life outside the centre has stopped, that they cannot improve, and many drop out of treatment because of this.
- They need a sense of achievement, of small personal victories.
- Their success and acknowledged achievements are a motivation to go on.
- They need routine, order, and discipline.
- They need the right kind of people to keep them company, a way of life teaching them the right interactions (compared to online social networks), interaction with people, self-insight, and the help of professionals.

I2: »I smoke weed regularly, every evening, out of a bong; I also do speed and ecstasy. Mostly in the evenings, during events, sometimes at home. The main reasons for going back to drugs are loneliness, asocial behaviour, the desire to spend time in solitude, online search for information, Facebook. And the power of will that increases when using, and the illusions that I'm able to have when I'm under influence."

- Spaces should not be confining.
- They need opportunities (regarding anything), both imaginary and actual.
- The most important thing is to feel "accepted"; that this is "the place and time for them", that it is alright to be successful and to be proud of themselves for it.

2.3. Qualitative analysis of the responses in written interviews – a place to stay during treatment

After additional encouragement to think (i.e. after the first, oral interview) about the changes that they would propose, the respondents described their desires and opinions (the second round of interviews – spatial and environmental issues). Below, we summarise some of the writings; the questions focused on the "ideal environment helping the addict to "heal"".

- Users want locations in a natural setting, in the countryside, in an area away from large cities and main roads. They place emphasis on a green environment for living, and agricultural land for self-supply (garden, fields, orchards, trees). They would like their food to come from nature, they do not want pre-processed food. In their opinion, nature is the environment that allows progress during treatment.

I11: "The right community is located in the right place; somewhere outside large cities, in a natural environment, with appropriate working and living areas; with enough land (garden, fields) for cultivation; for cultivation of one's own vegetables, fruit; with appropriate areas (larger houses) for its users; not located in the city or too close to a city, preferably in the countryside. In my opinion, nature is the supportive environment that allows progress."

I13: "There is no recipe for the right community. When talking about a community I think of nature, away from the everyday hustle and bustle."

- Users miss the appropriate places for workshops (carpentry, machinery, sewing, creative). They want these workshops to have access to outdoor areas – to spend as much time as possible working and creating outdoors, whenever weather conditions permit. They want larger living areas, preferably double rooms.
- They want a large communal area inside as well as the possibility of using outdoor areas for various purposes (meditation, therapy with sounds from nature). They mentioned an area that allows for isolation in emergencies, an area to retreat into for a short while, under professional guidance. They want as many natural, local materials as possible. They want light spaces. They crave a space that could accommodate a nuclear family. In this way, the community simulates the feeling of living in a family and offers at least a glimpse of a primary social environment.

I13: "Spaces should be made to accommodate a family (father, mother, sons, daughters), also acquaintances (foreigners), and I don't mean foreign citizens. "Normal" family atmosphere. Rooms with several beds, "maybe only one reserved for emergency", I'd omit single rooms altogether. I feel that a four-member community is enough, because in the group that I'm currently in I see the right (maybe even ideal) group: two adults, and two young adults (father, mother, son, daughter) – this seems to be the right, most familiar hierarchy from when we were born."

Despite their wishes and their views, they are aware that there is no ideal place that would be appropriate for everyone. During treatment, which is completely voluntary (the treatment can stop any time), they are aware of the necessity to be isolated up to a certain degree and the real situation regarding the choice of the living environment and the eventual secondary social environment. They say that much depends on personal efforts and general perception of life. Respondent I13 wrote: "the conditions should not be ideal".

2.4. Case study of spatial developments and design, based on a high-quality design of social spaces

Living includes the existence of humans as biological beings and, at the same time, all of their activities necessary for their existence, as well as pleasant activities that they pursue in their leisure time (Fikfak, 2007, p. 343). Humans are social beings and need "socialising" and communication for their existence, instead of being limited merely to modern communication systems. The studying of spatial developments for the purposes of

living (of drug addicts during treatment) focused on the following levels:

- way of life or way of living depending on the content and operation of the facility,
- function of the living unit concerning the way of connecting with the surroundings, inclusion of the public, and connection with other institutions,
- applicability of the living unit depending on the way of life (urban versus rural⁵), according to the time that the addict spends therein,
- relationships between the individuals, the community, and the wider community, the significance of individuality,
- impact of the way of life on the combining functions between the individual units and within a settlement structure,
- basic and permanent values of humanity in the construction of housing and accompanying programmes.

2.4.1. Design for the Natural Life Center Therapy Institute, Cankiri, Turkey⁶

The project is envisaged to be built in a plain area, surrounded by fish ponds and natural vegetation, thus creating the space for a healthy lifestyle. The centre allows for a sustainable lifestyle focused on the cycles of nature, organic agriculture, permaculture, appropriate waste management, and energy production from renewable resources. Programmatically, the centre includes various facilities: lodgings, open-air event spaces, workshops, greenhouses, an organic farm, permaculture facilities, barns, waste disposal facilities and compost management. The conceptual design of this compound emphasises the interplay of various activities and a healthy lifestyle in a natural environment in connection with agricultural activities.

2.4.2. Occupational therapy in the Spring Lake Ranch Therapeutic Community⁷

The Spring Lake Ranch Therapeutic Community was described in detail by Kladnik (2012) in the journal *Socialno delo*. Here we summarise only those parts of the paper that touch upon the spatial aspect of the presented compound, i.e. those relevant for this study.

“The community created conditions that resembled everyday life of its residents and staff. This did not resemble treatment. Their stay included activities throughout the week (with an emphasis on working days). During their time in the community, the residents came into contact with other residents, staff, and some volunteers. In non-formal communication the residents became aware of everyday practices and world views of others, and learned

⁵ “Modern rurality is reflected in the formation of a new relationship between the natural environment and spatial activities: new qualities of agricultural production are found in connection with other activities (tourism, craft, commerce, etc.). The intertwining of the rural and urban culture in agricultural space has enabled a larger economic stability of the countryside but also a new, richer cultural environment. Thus in the modern society, the idea on the rural–urban continuum proceeds in the other direction, i.e. with the transfer of the features and qualities of the countryside into the urban environment (Fikfak et al., 2012).

⁶ MuuM, LOSEV Natural Life Center Therapy (Santos, 2015).

⁷ After Kladnik, 2012.

some of the practices important for independent life and thus changed their actions. They gradually became introduced to greater independence outside the community, in the first phases through their transitional living program in a nearby town, and in the end to complete independence.”

“In the ranch there were two larger and several smaller wooden, single-storey buildings, scattered around the ranch, typical for this part of US where forests cover around 90% of the area. One of the larger buildings in the central part of the ranch housed a kitchen, a dining room, a laundry, and other communal areas. The second largest building housed lodgings for residents – each resident had his or her own room, two or three residents shared a toilet and a bathroom, the building also had a spacious and open communal area. Some of the smaller, mostly three-room houses housed one staff member and two residents each. The ranch also had another building for various repair shops and activities (a small library, pottery studio, etc.) and several outhouses: barns, an ice house, a sugar house for making maple syrup, a food storage, and a sport equipment storage.”

3. RESEARCH RESULTS

Communities are temporary homes for addicts, who are therein provided with new opportunities, knowledge, therapy, and spiritual growth. In Slovenia, these programmes are usually sited in existing buildings, which are often abandoned and in need of renovation. In the process of establishing a therapeutic centre for drug addicts, the location and building design are often not addressed appropriately, i.e. with the user in mind. A drug addict’s necessity for social interaction during their stay in the community and the resocialization necessary after treatment are also not addressed (Štibernik, 2016). Such topical and programmatic areas provide the basic starting point for evaluating the individual imaginary locations. Below we provide the evaluation results of such spatial developments and the guidelines for organisation of modern therapeutic centres, based on the elements of the working method used in this study.

3.1 Evaluation of sites of modern therapeutic centres: urban and rural

Table 1 provides an overall synthesis of evaluating the spatial criteria that contribute to decision-making regarding the value of a location for siting facilities with special content, for the purposes of strengthening the individual’s resocialisation. From the spatial aspect we determined and delineated the , according to the level of urbanity:

- Urban surroundings:
 1. Urban space (e.g. old town)
 2. Suburbs (periphery)
- Rural surroundings:
 3. Village, rural settlement (village environment)
 4. Agricultural, vacant landscape (undeveloped land)

The spatial criteria with subcategories and indicators were organised into three groups that were further broken down in detail, as follows.

Table 1: Synthesis of evaluating the spatial criteria - facilities with special content, for the purposes of strengthening the individual's resocialisation (according to level of urbanity).

| | | URBAN SURROUNDINGS | | RURAL SURROUNDINGS | |
|----------------------------|-----|---|--|---|---|
| | | CITY | PERIPHERY | VILLAGE, RURAL SETTLEMENT | VACANT LANDSCAPE |
| LOCATION | L1 | Integration/direct connection | Isolation/indirect connection | Integration/direct connection | Isolation/indirect connection |
| | L2 | Built-up area | Built, green environment, traffic | Rural area, green area | Rural area, green area |
| | L3 | Confinement, noise | Noise | Peace, occasional noise | Peace |
| | L4 | Small | Moderate | Large | Small |
| | L5 | Small | Moderate | Large | Large |
| | L6 | Detected | Large | Large | Small |
| SPATIAL CONCEPT AND DESIGN | P1 | Depending on site restrictions/ restricted | Unrestricted/restricted | Unrestricted/restricted | Unrestricted/unrestricted* |
| | P2 | Depending on the location and siting | Possibility of expansion | Possibility of expansion | Possibility of expansion |
| | P3 | Views, opening, light | Views, opening, light, external areas | Views, opening, light, external areas | Views, opening, light, external areas |
| | P4 | Opening, connection of spaces, separation of spaces, creation of routes, creation of privacy; Vertical construction | Opening of spaces, separation of spaces, connection of ambiances, creation of routes, diversification of architecture; Vertical construction/single-storey construction | Opening, connection of spaces, separation of spaces, connection of ambiances, creation of routes, connection of the programme to the village, direction connection between outdoors and indoors; Single-storey construction | Opening of spaces, separation of spaces, connection of ambiances, creation of routes, direct connection of outdoors and indoors; Single-storey construction |
| | P5 | Dependent on neighbouring structures | Dependent on neighbouring structures | Good | Good |
| | P6 | Local, natural | Local, natural | Local, natural | Local, natural |
| | P7 | Colours: introduction of colourfulness/nature indoors; Artwork: formation of interesting ambiences allowing for various interpretations | Colours: connection to nature; Artwork: formation of interesting ambiences allowing for various interpretations | Colours: connection to nature; Artwork: formation of interesting ambiences allowing for various interpretations | Colours: connection to nature; Artwork: formation of interesting ambiences allowing for various interpretations |
| | P8 | Difficult to control, can be obtrusive | Controlled, unobtrusive, desirable | Controlled, unobtrusive, desirable | Controlled, unobtrusive, desirable |
| | P9 | Indirect, connection to trees, park | Direct, access to nature | Direct, access to nature | Direct, access to nature |
| | P10 | Restricted | Large | Unrestricted | Unrestricted |
| | P11 | Concrete, asphalt, metal, wood | Wood, stone, bricks | Wood, stone, bricks | Wood, stone |
| | P12 | Coherent with the surroundings, customised to needs | Coherent with the surroundings, customised to needs | Rural, customised to needs | Rural, customised to needs |
| CONTENT AND OPERATION | V1 | Difficult to separate (depending on the size of the community) | Easy to separate (more room) | Creation of separate ambiances if appropriate, flexibility | Creation of separate ambiances if appropriate, flexibility |
| | V2 | Difficult to control, desirable up to a certain degree | Easy to control, desirable up to a certain degree | Easy to control, but not much need for control, Desirable | Easy to control, but not much need for control, Desirable |
| | V3 | Restricted size | Connection to the surroundings | Unlimited size, direct connection to the exterior | Unlimited size, direct connection to the exterior |
| | V4 | Proximity of other institutions | Direct proximity of other institutions | Distance from institutions | Distance from institutions |
| | V5 | Immediate, controlled | Gradual, controlled | Direct, controlled | Direct, controlled |
| | V6 | Enabled | Enabled | Necessary to establish | Necessary to establish |

LOCATION – understanding the siting of an element, structure, group of structures. The (6 identified) detailed criteria specifying this are the following: L1 – “Communal” isolation/integration with the existing (built) environment; L2 – Characteristics of the immediate surroundings of the spatial design; L3 – Impact of the surroundings (as space) on the programme; L4 – Impact of the surroundings (as people) on the programme; L5 – Impact of the programme (as space) on the surroundings; L6 – Impact of the programme (as users) on the surroundings.

SPATIAL CONCEPT AND DESIGN – organisation of space and design of a facility/group of facilities. The (11 identified) detailed criteria specifying this are the following: P1 – Size/capacity (depending on the type of project – new/existing facility); P2 – Dimensioning of the community (specification of size, relation between the number of users and areas); P3 – Characteristics of spatial setting; P3 – Design features; P4 – Quality of day light; P5 – Properties of building materials; P6 – Use of colours and artworks; P7 – Relationship between the community facilities and its surroundings; P8 – Relationship between outdoor vegetation and the indoors of the community; P9 – Size of outdoor areas intended for the community; P10 – Materials used for outdoor areas/exterior; P11 – Street (urban) furniture (or rural, depending on the location).

CONTENT AND OPERATION – of spaces, facilities, groups of facilities, and communities. The (6 identified) detailed criteria specifying this are the following: V1 – Adaptation in terms of age, gender, and the security level necessary; P2 – Information transfer from the external world to the community; P3 – Characteristics of spaces for group activities; P4 – Establishment of connections with external institutions; P5 – Public participation; P6 – Development of spatial communications and mobility.

3.2. Application – a preliminary design concept for an ecovillage⁸

The subject of this detailed study is located between the towns of Grosuplje and Ivančna Gorica (Figure 1). The programme is delivered at Zavod Pelikan institute in Višnja Gora, which operates as a therapeutic centre preparing addicts to enter one of Don Pierino's communities (Encounter Communities) while geographically it is at the centre of this type of programmes in Slovenia. The landscape diversity of the place allows the programme to be delivered outside urban areas, while connecting to the organic farm in one of the surrounding villages (Figure 2) and thus encouraging social interaction and meetings with various people. The design addresses the necessary agricultural land (Figure 3) and outdoor areas for recreation and farming. The buildings consist of a self-sustaining organic farm with all the associated areas for living, therapy, and work, and a wide, outdoor sports field combined with a multi-purpose sports hall and a climbing wall intended for wider use (Figure 4, 5 and 6). The project (Figure 7, 8, 9, 10, 11) allows for a stepwise construction, where the user is actively involved. Opening up of views to distant scenes and blending the interior with the outdoors “make”

⁸ The project was conceptualised in detail as part of the Long-cycle Master's Study Programme in Architecture, as a graduation work entitled Preliminary Concept Design of a Self-sustaining Organic Village for Recovering Addicts in Polževo at Višnja Gora (Štibernik, 2016).

the users to learn about themselves, their self-awareness (Figure 12). Siting, which follows the existing natural environment and complements it, and the composition that dictate the climb, routes, and the change of ambiences, allow the user a living, programmatic, and spiritual completion of the space needed during recovery. Connection to the nearby village, surrounding farmsteads, and a sports centre allow for necessary social interaction and spontaneous and planned meetings reminiscent of everyday lives. (Štibernik, 2016)

3.3. Presentation of findings from interviews

The third round of interviews (in written format) took place on 8 September 2016. The basis for the interviews was the presentation of the preliminary design concept for an organic village for recovering addicts (presented under 3.2.). The presentation was followed by interviews among drug addicts and staff. 4 interviews with drug addicts were carried out (the treatment typically takes between 3 weeks and 4 months; below, the respondents are marked as III, 1–4, as specified under 2.2.) as well as 4 interviews with staff (with 4 to 13 years of experience in treating addiction; marked as III, 5–8, as specified under 2.2.). The written interviews consisted of two parts. The first part listed the criteria as presented in Table 1, while the second part took the form of opinion questions.

During the interviews in the presentation phase, user III2 suggested that the project was too extensive. The following discussion suggested that this was the opinion of the majority; however, written answers revealed a different picture, i.e. that drug addicts find it more important to: “retreat into isolation” and “have one's own space”, and “be accepted”, “spend several days with their friends and families”, and “select various spaces”. The users fear to take on any additional responsibility, duty, or coordination. The arrival of a new person is an obstacle that evokes the largest adjustments to everyday life of recovering drug addicts, as this brings new responsibilities, new need for interaction. Their need for stability, without any changes in their surroundings, has been identified as a major obstacle – social exclusion gives a sense of safety from external world, but also the inability to handle everyday life. Unchangeability of persons, places, relationships, environments; a necessity for something permanent in life that offers a form of security. In this sense, it does not matter whether there are 5 or 50 residents in a community, as long as these are same people with the same emotions and responses.

Under the first category (Location), the opinion prevailed that a village or a vacant landscape are the most optimal places of living. They felt that the village environment had a positive impact of the surroundings (as space) on the programme, while a village and the suburbs were considered to have a positive impact of the surroundings (as people). On the contrary, when evaluating the impact of a programme (as space) on the surroundings, that of a village was considered as positive, while in terms of the impact of a programme (as users) on the surroundings the impact of a village or suburbs was considered as positive.



Figure 1: View from the location.

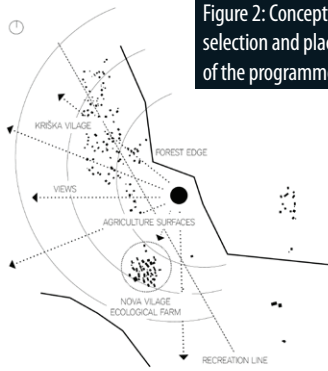


Figure 2: Concept of site selection and placement of the programme.

Figure 3: Programme concept: The natural landscape, proximity of rural surroundings, free spiritedness, an imaginary wall.



Figure 4: Rural architecture and a proposal of settlement patterns as a design guidance



Figure 5: View of the treatment facility, accommodation facility in the background, food and work facility to the right.

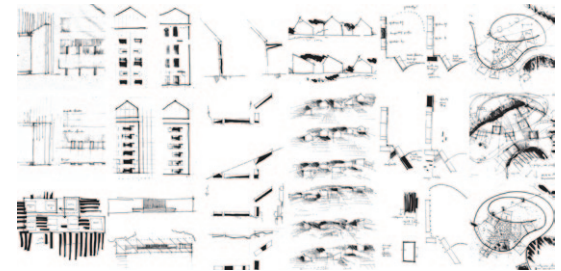


Figure 6: Design thinking – location, architecture, complex composition, connection with rurality of surrounding, materiality, relation with programme.

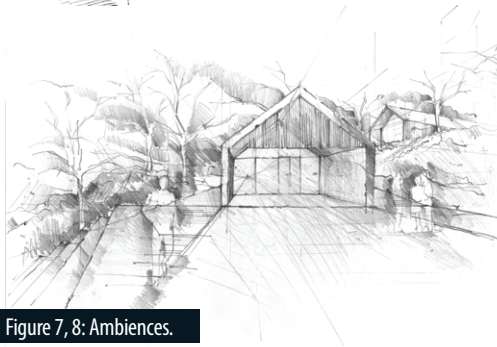


Figure 7, 8: Ambiences.

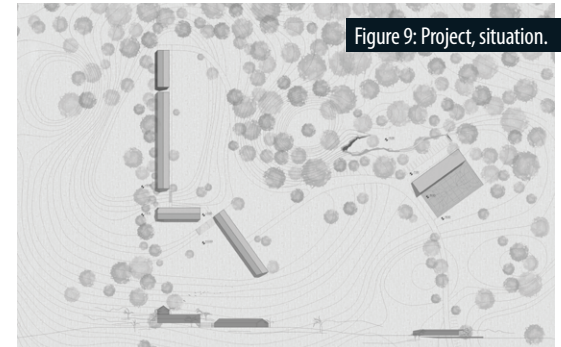
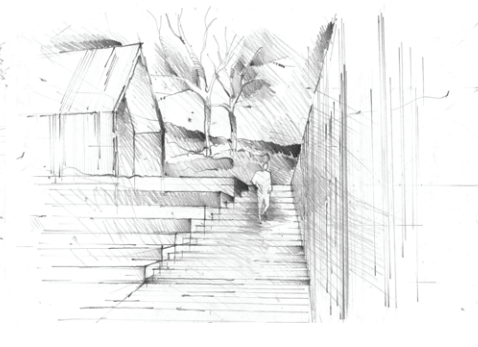


Figure 9: Project, situation.

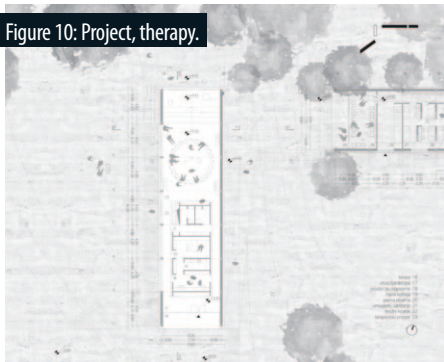


Figure 10: Project, therapy.

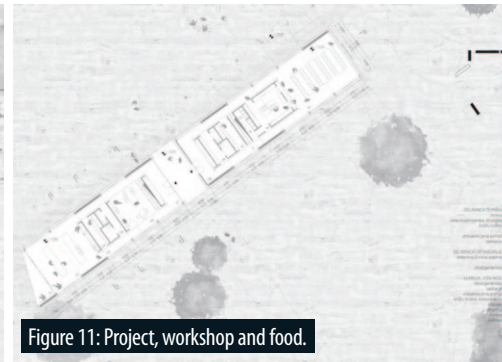


Figure 11: Project, workshop and food.

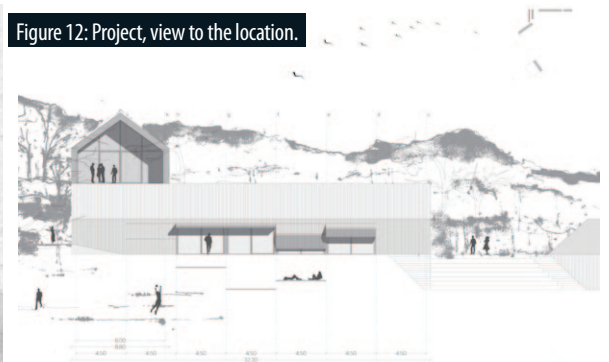


Figure 12: Project, view to the location.

Under the Spatial Concept and Design category we find the prevalence of the following responses: in the first question on the number of users, the responses varied between 6 and 12. In general, an optimum concept design would entail a village or the suburbs, and, to a smaller degree, vacant landscape; no one selected a city as the optimum environment according to the programme. Building materials, colours, and artwork were regarded as important, with one exception (“colours and artwork are irrelevant” – III3). The connections between the surroundings and community areas were considered optimal and most desired in a village or the suburbs, with one exception (“vacant landscape” – III8). The optimal correlation between outdoor vegetation and the interior of a community and the size of the exteriors was considered to be found in “the suburbs”, “village”, and “vacant landscape”, with a prevalence of “village”.

Concerning the relevance of street (urban) furniture, the answers stressed the following: “local, natural materials” (III1), “benches” (III3), “a fireplace” (III5), and “access to the main road” (winter, snow) (III8).

In the category Content and Operation we find that the opinions on the individual indicators vary greatly. In most cases, both drug addicts and staff agree that the information transfer from the outside world to the community was the best in a village and suburbs, while the connections with external institutions were the best in the suburbs.

In the category evaluating the optimal opportunities for “adjustments given the age, gender, level of safety needed”, the prevailing answer is “a village”.

Below we provide some excerpts from the opinion survey.

Question: In your opinion, what kind of a place does a recovering drug addict need to stick to treatment? At what stage of treatment are places used or lived in important? Does it matter, at any stage, where and how a recovering drug addicts lives?

III1: “They need a place where they feel well – relaxed. Never – it is our mind that is important. I don’t think it matters.”

III7: “I think it is important that the user feels at home, safe, and accepted in the house or place he lives in. This allows them to play a part in shaping spaces. Spacious, light, colourful (not dark) places are important. Space is important in all phases.”

Question: In your opinion, what is the impact of space and the environment where the drug addict is treated on resocialisation?

III8: »I think that they play an important role. Our experience with the house in the city, in Ljubljana, was that we all felt extremely bad there – it was very confining; here, in the village, it is quite the opposite. The users and staff on Litijska took every opportunity to leave the house. This is what the red fence, by the side of the road, literally signified. While the village (here in Višnja Gora) means a slow departure or resocialisation from the community back to real life. There were stairs everywhere, houses close to one another, concrete, noise from the road, view of a gas station and a bar,

walks through Fužine (with dealers), a dark, foggy Ljubljana. An extremely depressing environment to make any headway. Small spaces, riddled with darkness, negativity. In our minds the house was full of negative emotions, which even the chapel inside the house could not improve. Everyone who came into the house wanted to leave as soon as possible, while here, in Višnja Gora, indeed the opposite is the case.”

Question: What part of living in the community do you find the most important?

III2: “(1) good relationships, (2) television, (3) peace, (4) food”.

Question: How would you comment the collaboration with the nearby village and the sports facilities, connecting, in both organised way and randomly, the community users and the secondary environment – people?

III6: “It is well thought out, in this way recovering drug users make contact with the outer world, and when they feel helpless, they can temporarily go back to the safety of the community. In short, it allows for gradual relationship building.”

III2: “Depending on how the local inhabitants would accept it.”

Question: In your opinion, does socialisation in the community affect the resocialisation later on?

III5: “Definitely, the user, after a certain period of isolation (depending on the case), should be gradually reintegrated, as this is the only way for a person to learn about social values and those unwritten rules. For example, good manners and how to behave (e.g. at a post office, in a store) should be ensured.”

III4: “Of course, this prepares us how to live in the outside world.”

Question: Could you list any other measures that could later affect a user’s resocialisation? Or, how should a community operate to make the resocialisation after the treatment completion as fast and easy as possible?

III1: “There must be connections with relatives, partners, true friends. It is more difficult for those who have no one (in this case social services, psychologists, can help).”

Question: What are your comments regarding the design concept that provides for necessary, everyday routes to users (sleep – hygiene – work – food – therapy – sports – animals, etc.)?

III1: “It is necessary.”

Question: What are your comments regarding the selected location?

III8: “The location is great. It is not easily accessed by staff. Contact with the outdoors allows for returning back to one’s roots, contact with oneself. Meditative, without external, disturbing factors. What is important is the human being.”

5. CONCLUSIONS

During treatment, a drug addict needs an appropriate place that keeps him in contact with nature, oneself, with people of various interests, appropriate therapeutic, working and living areas, and the possibility of intellectual growth (schooling, education). After the completion of rehabilitation, the users mostly return to their milieu; this is when the resocialisation starts, i.e. reintegration into everyday life. When in a community, the maintenance of known (family and other positive) relationships in a combination with permanent integration into the social environment and work increases their self-confidence and the feeling of being “beneficial to oneself and the community”. When studying how drug addicts cope with their treatment we asked about the significance of space, location, structure, and relationships with friends and family and the wider environment. The evaluation system that we developed in the study can be used to define the needs for finding locations that include the search for a perfect balance in humans in terms of the relationship to the modern society as well as education on modern approaches to implementing sustainable ways of living and work.

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