

Space and alcohol addiction.



‘The question is not why
the addiction, but why the
pain.’

- *Gabor Maté*

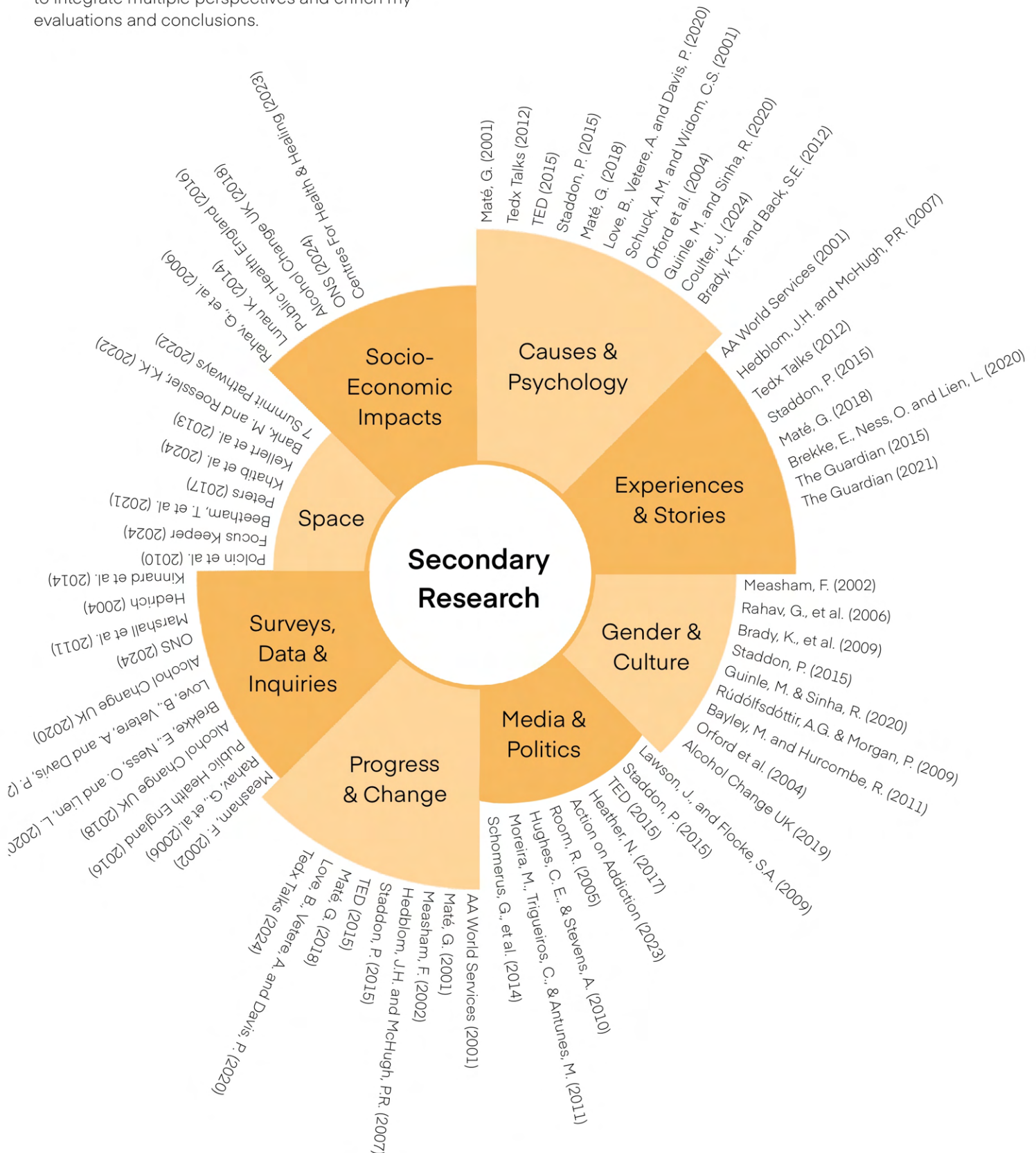
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1. Introduction

1.1 Thematic Analysis

For this report, I have collated a range of secondary research, covering eight key themes, to inform my analysis of how the lived experiences of individuals struggling with alcohol addiction are shaped by the physical spaces and environments they inhabit/use in their daily lives. This includes an array of books, articles, reports, and videos, only dated after 2000, to integrate multiple perspectives and enrich my evaluations and conclusions.



1.2 Aims & Objectives

According to the Office for National Statistics (2024), there were 10,048 deaths in 2022 from alcohol-specific causes registered in the UK, a 4.2% increase from 2021, and a 32.8% increase from 2019. It is undeniable that alcohol addiction is an intensifying crisis impacting countless lives, which demands a significant change to the way we confront addiction and encourage recovery. While treatment options for alcohol addiction are increasingly available, the focus remains on addressing the dependency itself, rather than the underlying traumas and needs of the individual: 'The concept of addiction as a 'disease' risks oversimplifying the nuances and deeply personal experiences that lead individuals to addiction in the first place' (Maté, 2008, p. 145). This report investigates what a critical role various physical spaces we occupy can play in shaping how people overcome alcohol addiction.

Utilising a wide range of secondary research, including in-depth evaluations of literature surrounding the psychology of addiction, studies on trauma and mental health, as well as analyses of existing treatment spaces, will help to build a more comprehensive understanding of alcohol addiction and the influence that spatial environments can have on this issue. By understanding how these spaces either nurture or ignore the needs of those seeking recovery, this report aims to shed light on the limitations of current addiction support structures, whilst suggesting opportunities for new and improved spaces that foster long-term recovery. By reimagining addiction recovery spaces as places that not only address the broader context of the individual's life experiences, such as childhood or intergenerational trauma, but also actively promote emotional healing, society can take a step towards breaking the destructive cycle of addiction: 'The people, dynamics and physical surroundings a person lives with can help or hinder the ability to successfully maintain sobriety' (7 Summit Pathways, 2022, para. 1).

By designing safe and empowering environments for alcohol addicts that offer genuine pathways to lasting recovery, can we fully support those who need it most?

2. Addiction in Our Society

2.1 Stigma, Media & Political Perspectives

Alcohol addiction remains a deeply stigmatised issue in the UK, where both negative media representations and political approaches further reinforce harmful stereotypes against individuals in need of support: Schomerus et al. (2014) highlights these stereotypes about alcohol addicts in the UK, discussing how beliefs such as individuals with alcohol dependency 'are themselves to blame for their bad fate' were prevalent, emphasising this deeply rooted stigma. Heather (2017) states that UK policies primarily frame alcohol addiction as a social disorder to be controlled, as opposed to a health issue that should be addressed with empathy and support. This finding highlights how prioritising punishment over treatment does more harm than good, amplifying social prejudice and contributing to a culture of blame and isolation.

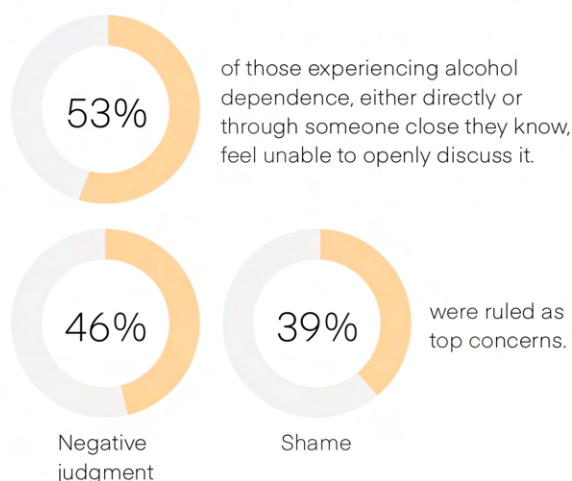


Figure 1: Action on Addiction (2023)

This evidence further proves how stigmatisation only creates barriers to treatment, discouraging individuals from seeking help due to fear of daily judgement and social exclusion. Another crucial finding is that 'media depictions often treat alcohol dependence as a sign of moral failing' (Room, 2005, para. 5), and such portrayals only serve to ignore the underlying social, psychological, or physiological factors that drive addiction, which 'leads to limited public understanding and heightens stigma' (Room, 2005, para. 5). Therefore, shifting media narratives, particularly on social media platforms, from vilification to awareness and open discussion around alcohol misuse is vital in fostering a safer and more supportive environment that encourages the first step in recovery: acceptance (UKAT, no date).

Alternative approaches to dealing with the addiction crisis have been tested in more progressive, international models, such as those

used in Portugal: Portugal's decriminalisation policies and heavy investments in treatment facilities have been associated with a decrease in alcohol and drug related harm, as they direct focus towards prevention and harm reduction instead of punishment (Hughes and Stevens, 2010). This finding is extremely compelling in illustrating how the simple action of shifting the focus from blame to treatment and reintegration back into society, has created a supportive framework that encourages individuals to seek help without fear of judgement or punitive repercussions. Another significant point that stands out is that 'the goal was to make sure that every addict in Portugal had something to get out of bed for in the morning', and what came to light was, 'as they rediscovered purpose, they rediscovered bonds and relationships with the wider society' (TED, 2015, 9:46). These findings spotlight both the success and benefits of more empathetic, health-centred models, emphasising the need for improvements into societal attitudes and governmental shifts towards human-centric interventions to tackle the growing problem of addiction more effectively in the UK.

However, while Portugal's drug decriminalisation model is often celebrated for its public health benefits, a criticism of this experimental approach is that it also poses risks if not carefully managed: one major drawback in particular is that decriminalisation might inadvertently send a message that substance abuse is risk-free, or even encouraged, which could dangerously undermine recovery efforts for individuals with addiction. According to Moreira et al. (2011), a more relaxed stance on substance misuse 'may lower the perceived risks associated with drug use, possibly reducing motivation for treatment among habitual users' (Moreira et al., 2011, p. 214). This finding challenges the results reported earlier, suggesting that decriminalisation without careful monitoring may perpetuate substance dependence, further contributing to its normalisation within society. Therefore, it is essential for those in authority to strike a balance between minimising punitive measures and actively encouraging treatment and support, to ensure we make meaningful progress in promoting sustainable recovery and build a healthier, more compassionate society.

3. Gender, Culture & Background

3.1 Gender Roles in Addiction

Gender is a significant factor in influencing addiction and the experiences of those who struggle with substance misuse, especially among women. According to a Hidden Hurt report (2016), 31% of women who have experienced extensive physical/sexual abuse have an alcohol problem, most likely used as a form of self-medication to alleviate stress and distress. The spaces and environments that women inhabit, such as abusive households or neighbourhoods rife with violence, can also exacerbate and perpetuate cycles of substance abuse. For instance, research highlights that women who grow up in environments with familial addiction are more likely to develop their own dependency due to normalised patterns of alcohol use and unresolved trauma (Guinle & Sinha, 2020). Therefore, environments like these not only shape women's initial exposure to alcohol, but can also create barriers to seeking help, since societal stigma and scrutiny often leads to women fearing judgement. One claim states that 'women with alcohol problems and who experience domestic abuse from a partner face a double stigma' (Staddon, 2015, p. 91), which is further supported by the claim that 'historically, the relationship between women and alcohol has been both fraught and complicated, with femininity and alcohol being considered unsuitable bedfellows' (Rúðólfssdóttir & Morgan, 2009, p 493).

In summary, these insights underscore the need for more trauma-informed recovery spaces that acknowledge these gendered experiences to provide effective support and safe environments for all at-risk individuals.

3.2 Culture & Background Factors in Alcohol Dependence

The cultural and social backgrounds of individuals can impact their experiences of alcohol addiction and recovery, with evidence showing disparities in research and treatment outcomes among minority groups: Bayley and Hurcombe (2011) recognise that people from Black and Minority Ethnic (BME) communities are under-represented in alcohol treatment services, which is supported by the finding that the National Alcohol Survey in the US began in 1964, but reports of alcohol use among minority ethnic people only began two decades later in 1984 (Orford et al., 2004). This evidence highlights the gaps in understanding the unique challenges these groups face, not only

perpetuating systemic inequality, but also 'leading to the gross generalisation of findings and ineffectual recommendations' (Staddon, 2015, p. 125).

Moreover, a review by Alcohol Change UK (2019) states that alcohol use in BME groups is under-reported due to a range of factors, including fear of reactions from family, social unacceptability or lack of awareness or trust of available support services. Staddon (2015) also claims reports on alcohol use in Black communities focus on negative health consequences with no contextualisation of experiences within sociological theory. These findings stress the importance of addressing cultural influences and tailoring addiction services to the diverse needs of BME communities. Integrating strategies such as inclusion of community members in service design, as well as emphasising both confidentiality and acceptance, can increase support for struggling individuals.

4. Evaluating Addiction Treatment

4.1 Purpose and Design of Existing Support Spaces

The 12-step programme, originally developed by Alcoholics Anonymous (UK Rehab, no date, para. 3), has been widely used for over 80 years, offering free treatment to millions of members (Kelly et al., 2020). This approach emphasises spirituality, encouraging individuals to recognise a 'higher power' and completely abstain from alcohol (AA, no date). Meetings are typically held in churches or community centres (AA, no date), chosen for their availability and accessibility, ensuring support is within reach for anyone seeking help. As a result, the design of these spaces is often utilitarian, focusing on functionality as opposed to therapeutic aesthetics.



Figure 2: AA Meeting Space (2020)

Figure 2 reflects a typical venue for AA meetings, with chairs arranged in a circle to foster an inclusive environment conducive to open discussion and equality among participants. The circle also removes any hierarchical barriers, creating a more supportive atmosphere for experiences to be shared. However, the design of this space suggests practicality and cost-effectiveness, with minimal furnishings and a lack of decorative elements that could contribute to psychological comfort or warmth. This stark, sparse environment, although functional, may therefore feel impersonal to participants, offering nothing that can reduce stress or anxiety like more purposefully designed rehabilitation facilities.

In contrast, private rehabilitation centres prioritise creating environments that enhance the wellbeing of individuals and promote positive healing and recovery through thoughtful design elements. For example, Delamere, a private rehabilitation clinic in Cheshire, is 'set amidst six acres of attractively landscaped grounds beside Delamere forest', and is 'an oasis of peace and quiet' (Delamere, no date). Facilities like these often incorporate green

spaces, natural daylight, and comfortable accommodations to relax the body and mind, enabling individuals to focus completely on their recovery journey: 'therapeutic environments are intentional spaces that prioritize comfort, functionality, and emotional safety', that are 'tailored to meet the psychological and physical needs of individuals' (Focus Keeper, 2024, para. 2). Similarly, another finding states that 'The architecture of residential recovery settings is an important silent partner in the alcohol/drug recovery field' (Polcin et al., 2010). This underscores the crucial role that thoughtfully designed spaces play in the healing process, and how it can influence the daily experiences of individuals by addressing the multifaceted aspects of addiction in recovery.

4.2 Flaws & Limitations of Current Support Models

Current support methods for alcohol addiction present several flaws that may limit their effectiveness for certain individuals. For instance, the 12-step program has often been criticised for its rigid framework, such as its belief in 'total abstinence' (AA, no date, para. 1), and its 'inflexibility concerning other methods for addiction treatment' (Centres For Health & Healing, 2023, para. 17). Whilst AA is still the default treatment for alcoholism in many parts of the world, thousands struggle every day, and some even die, without ever hearing about alternatives (The Guardian, 2015, para. 11). This highly spiritual approach to recovery may not resonate with all individuals seeking help, which potentially alienates those who do not share similar beliefs.

Private rehabilitation centres, whilst offering more personal treatment options, also have notable drawbacks: the exorbitant cost of these often luxury facilities render them inaccessible to many individuals in need. According to a study by Health Affairs (2021), 'many for-profit rehab programs charged inflated fees and used misleading sales practices to attract patients without evaluating their actual medical needs.' These organisations have commodified recovery by transforming treatment into a luxury only accessible to those with significant financial resources, rather than a fundamental necessity available to all. This exclusivity creates more barriers to treatment, which may deter individuals from seeking help due to the overwhelming financial burden.

Additionally, the 12-step programme still names alcoholism as a 'progressive illness' (AA, no date, para. 1), which holds negative connotations of weakness, and suggests that recovery is only possible through medical intervention, which ignores the broader social, psychological, or environmental factors that can lead an individual to addiction. According to The Guardian (2021), a former AA member claims he left the programme 'feeling more broken' and 'told the root of my problems was my own moral failings'. Likewise, another former member argues that AA left him 'in a stage of overwhelming cognitive dissonance' (The Guardian, 2015, para. 7). These findings demonstrate that addiction treatment is not a 'one size fits all' method, and it is vital to adopt more personalised and flexible strategies within considered, therapeutic spaces that are designed not only for functionality, but also tailor to the diverse needs and capabilities of each individual.

5. Case Studies

5.1 Supervised Injection Facilities

There are more than 100 supervised injection facilities (SIFs) currently operating in over 60 cities around the world (National Harm Reduction Coalition, no date). According to the National Social Inclusion Office (no date), SIFs provide a hygienic and safe healthcare environment where people can inject drugs under the supervision of trained health professionals, offering a compassionate, human-centric service where staff can not only provide primary medical care, but also connect vulnerable/marginalised addicts with social or treatment services. The effectiveness of SIFs is well-documented:

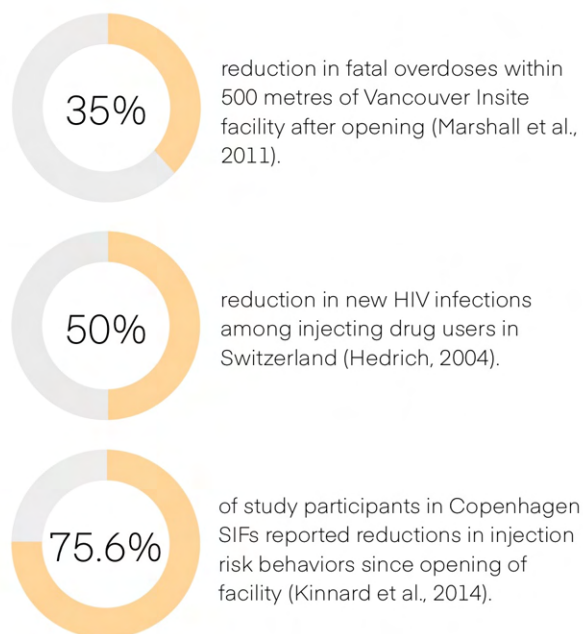


Figure 3: SIF statistics (2004, 2011, 2014)

This alternative approach to supporting addicts acknowledges the complexities of addiction in a non-judgmental environment, where trust can be fostered between the users and healthcare providers, which could potentially facilitate access to further treatment services.



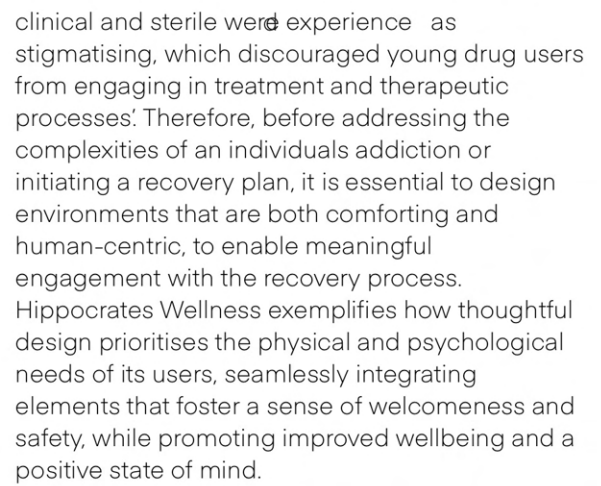
Figure 4: Insite SIF facility in Vancouver (no date)

The design of SIFs also affects the experiences of individuals using these facilities: the compassionate, inclusive atmosphere can reduce the stigma and isolation felt by users, fostering a sense of dignity and respect. The individual booths add personal privacy, ensuring users feel respected and not stigmatised. Other design features, like clear lighting, stainless-steel surfaces, and open sightlines, all contribute to a more hygienic, orderly layout, and this simplicity helps to avoid distractions, placing focus on the purpose of the space: harm reduction and recovery support.

Although this space is designed for practicality, some argue that integrating less clinical and more therapeutic design elements could enhance the experience and encourage more frequent use: Peters (2017) discusses how both 'salutogenic design can enhance sensory experiences for patients, visitors and staff', and how 'therapeutic design proposes new ways of thinking about social support and sustainability'. Likewise, Khatib et al. (2024) outlines how sustainable therapeutic environments help individuals feel more secure, at peace, and less stressed while also enhancing their capacity for self-healing. This approach puts the individual first, ensuring that their physical, psychological, and social requirements are met in a supportive, healing environment. So, even with the effectiveness of SIFs in providing essential services within safe environments, research frequently proves how the integration of therapeutic design elements can further improve overall well-being and satisfaction.

5.2 Hippocrates Wellness

Hippocrates Wellness is a wellness retreat focusing on 'sustainable lifestyles', integrating methods such as 'nutritional counselling, therapies, lectures, and organic cuisines', to 'reverse aging and disease' (Hippocrates Wellness, no date). Unlike conventional treatment spaces, Hippocrates adopts a holistic approach and therapeutic spatial design to create a calming, rejuvenating environment so its users can focus fully on their healing journey.



The design of Hippocrates heavily utilises biophilic principles, intertwining natural elements like natural light, green spaces, and water features with the built environment to promote self-healing: Khatib et al. (2024) describes how biophilic design facilitates 'reduced stress, faster recovery times, and improved mood', which is supported by the findings of Kellert et al. (2013), who discuss other benefits like 'rapid declines in stress-related negative emotions' and 'salutary changes in bodily systems indicative of lessened physiological and neuroendocrine mobilization'. It is clear from this research that incorporating nature into both interior design and the exterior landscape fosters feelings of comfort and serenity, which are crucial in creating the emotional stability necessary to begin recovery.

It is important to note that spaces that are overly clinical, stark, or impersonal can further exacerbate feelings of discomfort or alienation: in a study by Bank and Roessler (2022), it was found that 'therapeutic spaces that were viewed as

6. Trauma, Mental Health & Addiction

6.1 Understanding the Role of Trauma in Addiction

Trauma, especially intergenerational and childhood trauma, can play a pivotal role in the development of alcohol addiction, serving as an invisible wound that, when left unaddressed, can drive individuals towards harmful coping mechanisms: 'for each emotionally traumatic childhood circumstance, there is a two-to-threefold increase in the likelihood of early alcohol abuse' (Maté, 2018, p.102).

Maté (2001) explores this idea on a closer level, asking not 'why the addiction?' but 'why the pain?'. This reframes our understanding of addiction, suggesting that addiction is not the problem itself, but rather a response to unresolved trauma, loneliness, or inner pain. Maté's perspective invites us to delve deeper into the conditions of an individual's life, the environments they have used/inhabited in their daily lives, and ask, what void is alcohol filling that their lives cannot? One finding states that addicts 'self-medicate to soothe their emotional pain' because 'their brain development was sabotaged by their traumatic experiences' (Maté, 2018, p. 102), and what they get from substances is 'relief from pain, a sense of peace, a sense of control, a sense of calmness' (TEDx Talks, 2012, 2:03). This underscores how addressing the addiction (the problem) alone without addressing the pain (the cause) only results in superficial solutions, leaving the individual vulnerable to relapse.

The cycle of addiction is deeply tied to the environments individuals inhabit throughout their lives, and these spaces can either exacerbate or heal these traumas. For instance, unsafe or unstable childhood environments that fail to provide care and comfort, whether it be abusive/neglectful households or harmful neighbourhoods, can reinforce feelings of distrust and isolation, leaving little room for healing or growth. Schuck and Widom (2001) discuss how people with histories of childhood abuse or neglect can be more vulnerable to using alcohol to cope with stressful situations, and Brady and Back (2012) similarly write how 'child victimization may lead to low-self esteem and the subsequent use of alcohol to deal with negative cognitions'.

However, whilst childhood trauma is often linked to physical environments, it can also arise from intergenerational trauma, where parents can directly/indirectly pass on unresolved emotional or psychological wounds to their children: one source claims that 'children learn unhealthy

patterns indirectly through interacting with or observing family members' (Psych Central, 2022, para. 11), which is supported by Maté's statement that 'for each person, there is a different way of filling the emptiness, but the emptiness always goes back to what we didn't get when we were very small' (TEDx Talks, 2012, 11:56). These inherited traumas can shape how children perceive and navigate the world, and without knowing, they may perpetuate the same cycles of pain and dysfunction with their own children. Therefore, recognising the role of physical and emotional environments in prolonging or healing pain is an essential step in breaking the cycle of addiction.

So, should the focus be on designing clinical treatment spaces that manage the symptoms of addiction, or instead on healing spaces that confront the cycles of trauma, nurturing individuals and families to overcome their pain?

7. Designing Healing-Centric Spaces

7.1 Envisioning Healing Spaces: Purpose and Potential for Trauma Recovery

When considering the design of spaces to support individuals recovering from trauma or addiction, it is critical to focus on environments that nurture both emotional and psychological healing. For example, leisure spaces, dedicated to sport or creative activities, could provide meaningful daily fulfilment and act as a healthy output for struggling youths or parents. Therapeutic community settings could also act as safe havens, promoting relaxation, connection, and personal growth. Additionally, social spaces could offer opportunities for individuals to develop healthy relationships and foster a sense of community and belonging, which could be invaluable for those who may have been alienated by their addiction or traumatic experiences: 'when individuals feel like they belong, they are more likely to experience positive emotions and increased well-being' (Coulter, 2024).

However, it is important to acknowledge that spaces promoting well-being already exist for the general population; community centres and leisure facilities all offer safe environments, yet these are not tailored to the unique needs of addicts. The challenge lies in ensuring that these newly designed spaces explicitly address addiction recovery whilst maintaining a welcoming and non-stigmatising atmosphere. One approach may be to subtly embed recovery-focused elements into the design, such as peer-support areas, resources for therapy, or even discreet signage that signals the space's purpose to those seeking help. At the same time, care must also be taken to not isolate or alienate addicts further by marking these spaces too obviously as 'addict-only' zones. So, the design should instead create inclusivity by creating an environment that feels welcoming to everyone while subtly emphasising its focus on recovery. Integrating multi-purpose areas is one possible way of encouraging participation from addicts without triggering feelings of exclusion, and could provide a sense of autonomy, allowing individuals to choose how they engage with the space, fostering empowerment. By striking this balance, these spaces can become both inclusive and specialised, supporting recovery by giving people a reason to get out of bed in the morning.

The best outcomes for these potential spaces would be measured not only in the reduction of addictive behaviours, but also in the restoration of confidence and hope within users. Besides the purpose, if the space was thoughtfully designed with people in mind, it could help individuals

address the root causes of their struggles, whilst simultaneously presenting them with healthier coping mechanisms to build a more fulfilling life.

In essence, these environments have the potential to serve as catalysts for long-term personal transformation, breaking cycles of trauma and addiction for future generations.

7.2 Designing for Recovery: Interior Elements that Foster Healing

Thoughtful and therapeutic design elements can quickly transform spaces with a simple purpose into places of healing and renewal. One key feature is biophilic design, which can include 'natural light, plants, natural materials, views of nature, and water features' (Khatib et al., 2024). Increasing research indicates that biophilic design can have positive impacts like 'reducing stress, improving emotional well-being, alleviating pain, and fostering improvements in other outcomes' (Kellert et al., 2013, p. 87). This same source also mentions two specific aspects of biophilic design that could be implemented into new, healing-centred spaces:

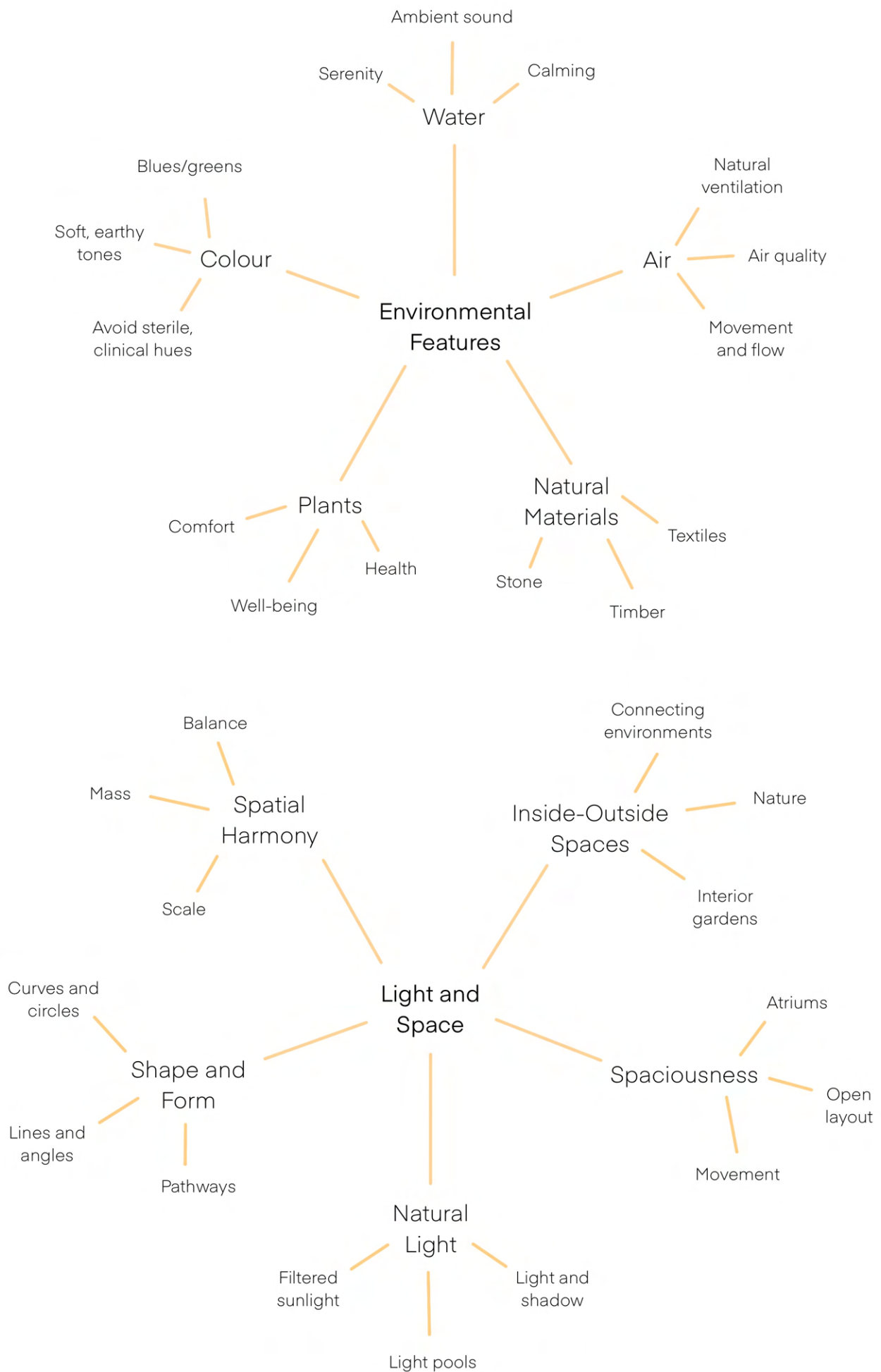


Figure 5: Biophilic design attributes by Kellert et al. (2013)

Ultimately, the purpose of these design elements is to create environments that are welcoming, supportive, and empowering. By placing people at the centre of design and critically evaluating the limitations of the spaces they currently use/inhabit, it is possible to create new environments that go beyond functionality; spaces that nurture healing by addressing the many layers and complexities surrounding addiction, promoting both internal healing as well as recovery from external symptoms. Spaces that break barriers, and build futures.

A new beginning. A new path. A new you.

8. Conclusion

The ultimate purpose of this report was to challenge conventional perspectives on addiction by arguing that the focus should shift from treating addiction like a disease to creating more community-based, healing-centric spaces. In conclusion, it is clear that the experiences of individuals struggling with addiction are shaped heavily by the physical spaces they use in their daily lives, and that current treatment environments often fail to address the deep-seated trauma and psychological needs that fuel addiction. This report has highlighted the urgent need for more therapeutically designed spaces that prioritise healing and wellbeing over clinical recovery. By incorporating effective design elements such as biophilia, open layouts, and a non-judgemental, inclusive atmosphere, there is potential to break the cycle of trauma and addiction in parents and youth to ensure enduring recovery.

By placing human needs at the heart of design, spaces can be redefined to actively contribute to healing, connection, and reintegration into society, paving the way for lasting change and a healthier future.

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Figure 5: Kellert, S.R., Heerwagen, J. and Mador, M. (2013) *Biophilic Design : The Theory, Science and Practice of Bringing Buildings to Life* [Infographic].