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Housing for Recovery, Not Punishment

A campus design framework for social housing serving tenants with active addiction: integrating residential stability, community connection, clinical support, and safe consumption facilities.

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Active Addiction · Harm Reduction · Housing First · Safe Injecting Facility · Campus Model

The Design Argument

Conventional social housing for people with addiction operates on a condition of treatment: stable housing as a reward for demonstrated sobriety. Housing First research shows that unconditional housing keeps far more people housed than this approach. This framework adopts the Housing First principle (stable, unconditional housing as the foundation from which everything else becomes possible) and extends it through design.

> *"Housing is not the reward for recovery. It is the condition that makes recovery possible."*

Seven Design Principles

01 Dignity First

No design element should signal surveillance, punishment, or otherness. The campus feels like housing, not a facility.

02 Unconditional Tenure

Active drug use is not grounds for eviction. Tenancies are secure. Support is offered, not coerced.

03 Harm Reduction Not Abstinence

Safe consumption, clean equipment, naloxone access, and non-judgmental support are embedded in the design.

04 Separation of Zones

The SIF is architecturally distinct from residential and community areas. Residents choose engagement.

05 Community as Infrastructure

Shared space and communal activity are designed in. Social connection is a clinical outcome.

06 Neighbourhood Integration

The campus faces the street. Community hub facilities are open to the broader neighbourhood.

07 Resident Governance

Tenants have formal representation. Decisions are made with residents, not for them.

ZONE 1 · RESIDENTIAL: 22 UNITS

- 12 × studio/1-bed (40–50m^2): single adults
- 6 × 1-bed + study (55m^2): couples or pet accommodation
- 4 × 2-bed (70m^2): adults with dependants or complex support needs
- All units fully self-contained: kitchen, bathroom, private entry, private outdoor space
- Minimum 2-year initial tenancy: renewable unconditionally. Drug use in private units is not grounds for eviction
- Naloxone, clean equipment available on request. Pets permitted.
- Bathroom doors open outward. Duress alert button alerts community hub staff, not police.
- Voluntary check-in system: resident texts daily; hub follows up if no contact by agreed time

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ZONE 2 · COMMUNITY HUB: STREET-FACING

- Peer worker at front desk: no sign-in required for drop-in. Naloxone available at reception.
- Commercial kitchen: community meals 5 nights/week, resident volunteers involved
- Two flexible program rooms: art, music, digital literacy, movement
- AOD counsellor 3 days/week, mental health worker 2 days/week: all self-referral

- Housing support worker, legal aid, Centrelink liaison, visiting GP: all opt-in

ZONE 3 · SAFE INJECTING FACILITY (SIF): SIDE STREET ENTRY

- No ID required. Brief de-identified intake on first visit only.
- Six individual booths: warm materials (timber, warm-tone tile), not clinical stainless
- Duress button at each booth alerts nurse directly. Emergency equipment immediately accessible.
- Recovery lounge: sofas, warm lighting, water, juice, peer worker present; not a discharge queue
- Nurse + peer worker at all times. Medical officer on call during peak hours.
- Police not routinely called. Like the Sydney MSIC, a SIF requires specific legislative authorisation to operate
- Evidence: the Sydney MSIC supervised more than 1.2 million injections and managed 10,890 overdoses to April 2022, with no deaths (Medical Journal of Australia, 2022)

ZONE 4 · GREEN CORRIDOR AND GROUNDS

- Community garden: raised beds, tool shed, produces feed to community kitchen
- Covered pergola seating for 12, scattered smaller clusters, sensory garden
- Fenced off-lead area for dogs. Vet visits monthly, telehealth referral.
- Movement space: yoga, exercise, ball games

Staffing Overview

Campus Coordinator	Full-time: all zones, resident liaison, external service coordination
Peer Workers ×3	Full-time equivalents: minimum 50% with lived experience of addiction
SIF Nurses ×2	Full-time equivalents: registered nurses, harm reduction trained
AOD Counsellor	0.6 FTE: self-referral, no mandatory engagement
Mental Health Worker	0.4 FTE: trauma-informed, partner agency
Housing Support Worker	0.5 FTE: tenancy, benefits, documentation
Medical Officer	On-call, on-site during SIF peak hours: sessional

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