



# Irrigating Harm Reduction Deserts

*Building Community, Transnational Coalitions, and Equitable Access through the Harm Reduction Community Convening Model (HRCCM) and A-PLACE Framework*

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**NATIONAL**  
**HARM REDUCTION**  
**COALITION**

# WHO WE ARE



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HARM REDUCTION  
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The background of the image is a close-up photograph of parched, cracked soil. The cracks are deep and irregular, forming a network of polygonal shapes across the entire frame. The soil is a light tan or beige color, and the lighting creates subtle shadows within the cracks, emphasizing their depth.

What is a **harm reduction** desert?

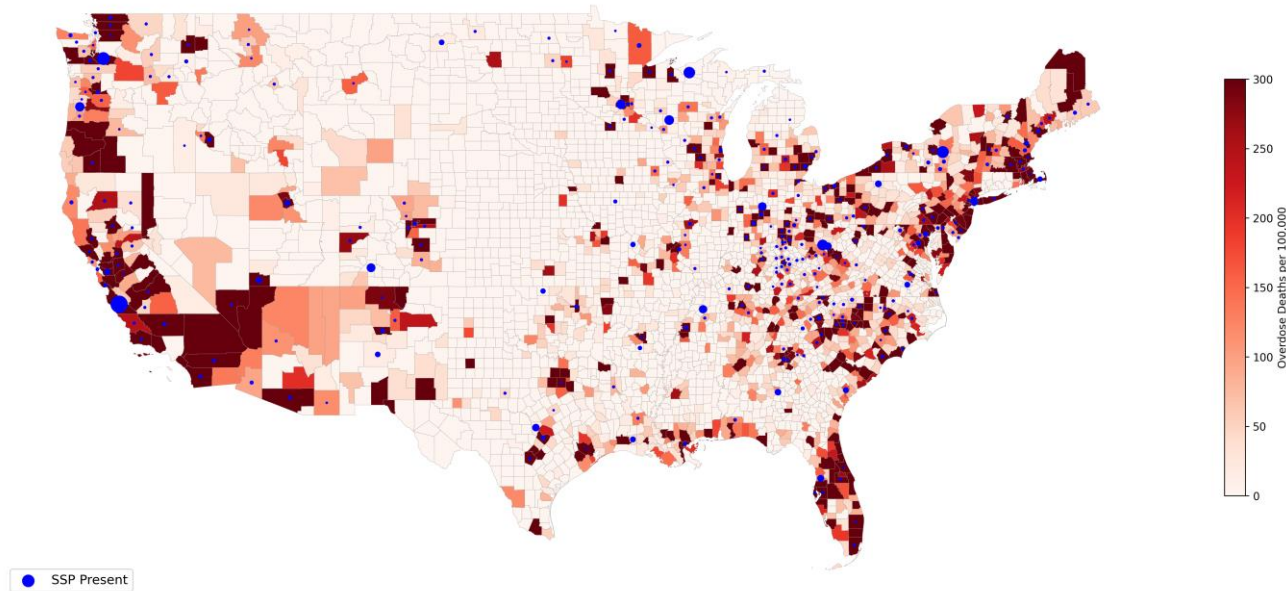


**Any place where the demand for  
harm reduction greatly outstrips the  
available supply of services.**



# For example:

Harm Reduction Deserts: Overdose Rates and SSP Access by County



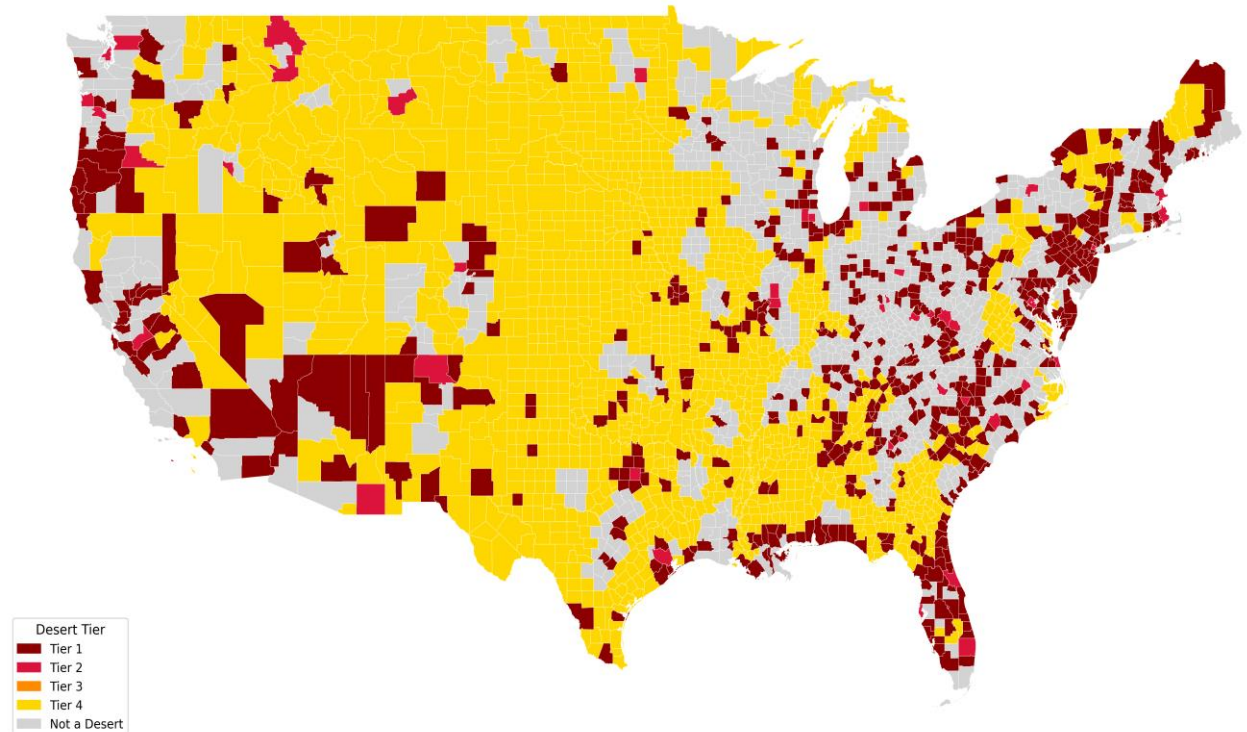
This map of the **contiguous United States** shows overdose death rates by county in red and the presence of syringe services programs (SSPs) in blue—places that are dark red with no blue dot are areas with the highest need and the least access to harm reduction services **via an SSP**.

# For example:

## Tier 1 (dark red):

- Overdose rate is in the top 25%
- No SSP in the county
- The nearest SSP is at least 100 miles away, located outside the county

Tiered Harm Reduction Deserts by County



# Why This Data Matters

- **Helps prioritize limited resources where the need is most urgent**
- **Supports advocacy efforts for policy and funding in underserved regions**
- **Informs partnership building with local leaders and community groups**
- **Highlights the urgent need for infrastructure in Tier 1 regions**
- **Centers equity by focusing on geographic and racial disparities in access**



**Irrigating **harm reduction** deserts:**  
**The Harm Reduction Community Convening Model**





# What is the HRCCM?

**A community-centered strategy  
to expand harm reduction in  
underserved regions by.**

# What do we want the HRCCM to accomplish?

## **DELIVER**

**Bring harm reduction services to place that need them.**

## **DEVELOP**

**Build local leadership and partnerships to support services.**

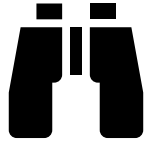
## **DESIGN**

**Creating space for communities create solutions that work for them.**

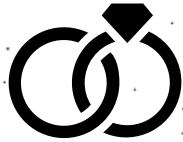
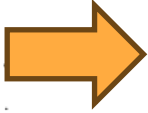
## **DEEPEN**

**Lay the groundwork for long-term, community-led change**

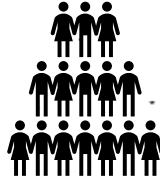
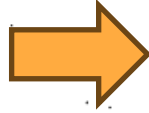
# How is the HRCCM going to accomplish this?



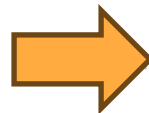
**Identify**



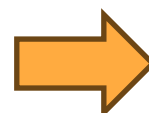
**Engage**



**Convene**



**Co-Design**



**Activate**

# What happens at a convening? **DAY ONE**

Day 1 is about alignment. We bring everyone into the same room—often for the first time—and build a foundation of shared language and understanding. This is where relationships begin to form, and where we start dismantling the power dynamics that keep communities disconnected.

## **Foundations of Harm Reduction**

*Understanding principles, history, and core values*

## **The War on Drugs & Structural Oppression**

*Unpacking how policy and systems create harm*

## **Stigma and Language**

*Shifting narratives, centering dignity and lived experience*

## **Cross-Sector Dialogue**

*Bringing together PWUD, providers, health officials, and others to build trust and break silos*

## **Intro to Harm Reduction Services**


*Overview of syringe access, naloxone, safer use education, and more*




# What happens at a convening? **DAY TWO**


Day 2 is where we shift from connection to strategy. Using the A-PLACE tool, we work with the community—not just to imagine solutions, but to map out how to make them happen. It's practical, it's collaborative, and it's designed to lead to real, lasting change.

 **Assessing Gaps and Strengths**  
*Communities identify existing resources and where services are lacking*

 **Mapping Stakeholders and Relationships**  
*Who are the allies, opponents, and decision-makers?*

 **Strategizing with A-PLACE**  
*Participants walk through 6 key areas to understand what's needed and where there's opportunity*

 **Setting Priorities and Goals**  
*Communities create early-stage action plans that are specific, feasible, and aligned with local context*

 **Building Momentum**  
*Participants commit to next steps and define how they'll stay connected*



# **A-PLACE: A Strategic Framework for Community-Led Action**



### **A** Awareness

*What does the community understand about local needs, harm reduction, and the people most impacted?*

- Are myths or stigma influencing public opinion?
- How can we raise awareness and share accurate information?

### **A** Alliances

*Who are our allies, and who else should be at the table?*

- What coalitions, partnerships, or networks already exist?
- How can we strengthen collaboration and trust across sectors?

### **P** Policy & Practice

*What policies or systems help—or block—harm reduction?*

- Are current policies supportive, restrictive, or unclear?
- What practices need to change in local agencies or orgs?

### **C** Cultural Competency

*Are services and messaging responsive to the people most affected?*

- Are language, race, gender, and class considerations being addressed?
- Are PWUD and historically underserved communities involved in shaping services?

### **L** Leadership

*Who is leading this work—and how do we support and sustain them?*

- Are people with lived experience in leadership roles?
- What leadership development is needed?

### **E** Establish, Expand & Evaluate

*What's needed to launch or grow harm reduction services—and how will we know it's working?*

- What gaps are we filling?
- How will we measure success and ensure sustainability?

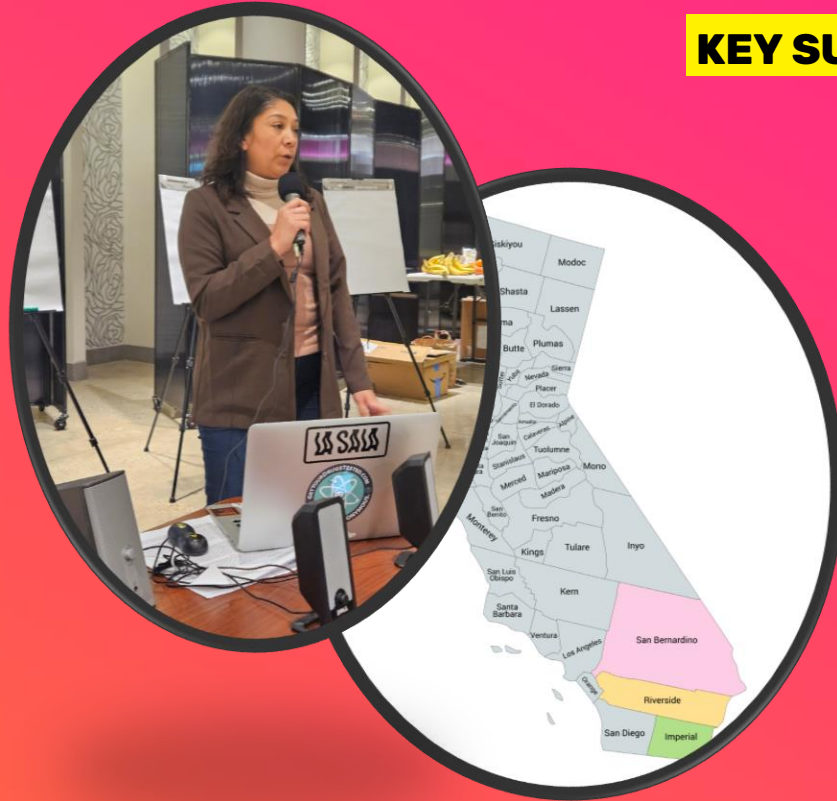


# **HRCCM and A-PLACE in Action**



# Riverside, San Bernardino, and Imperial Counties 2024

## KEY SUCCESSES



- ✓ Formation of a regional working group that continues to meet and collaborate regularly
- ✓ Increased investment in the region, including support from the California Health Care Foundation for NHRC's *Overdose Prevention at the Border (OPAB)* project
- ✓ Expanded harm reduction access in historically underserved border communities
- ✓ Strengthened partnerships across the U.S.-Mexico border, including with promotores, public health agencies, and grassroots organizers
- ✓ Elevated local leadership, especially people who use drugs and community health workers, in regional planning and decision-making
- ✓ Fully bilingual, with all sessions, materials, and facilitation delivered in both Spanish and English to ensure full participation and language justice

# What does the HRCCM produce?

- ✓ **Clear action plans grounded in the A-PLACE framework**
- ✓ **Regional leadership coalitions with shared goals**
- ✓ **Peer-led strategies to expand harm reductions services**
- ✓ **New funding partnerships and policy wins that create lasting change**

# Why does the HRCCM work?

- ✓ **Rooted in community-defined priorities**
- ✓ **Centers people who use drugs as leaders**
- ✓ **Flexible and adaptable to regional context**
- ✓ **Builds cross-sector—and sometimes transnational—collaboration**
- ✓ **Grounded in equity**



**What's next?**



# Let's Keep Irrigating the Desert—Together

 **Host a convening in your community, region, or country – we're here to support**

 **Free A-PLACE worksheets and planning tools available to help you get started**

 **Partner with NHRC for training, facilitation, and technical assistance** 

**Start conversations around funding – we'll help strategize**

 **Stay connected – let's grow this work, together**



# **THANK YOU** FOR ATTENDING

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