



Harm Reduction Needs an Update in Rural America

Small communities across the country are having trouble adapting the urban model of syringe exchange to suit their needs.

July 13, 2018 By [Casey Halter](#)

Does harm reduction need an update in rural America? That's the subject of [a recent opinion piece](#) on HuffPost. The article argues that small communities across the country are having trouble adapting the urban syringe exchange model for their communities. Meanwhile, the U.S. opioid epidemic is striking suburban and rural towns the hardest and shows no signs of slowing down.

The article overviews a number of structural and social barriers outside cities that make urban harm reduction models difficult to implement. For one thing, the article points out, these communities typically contend with a less robust health infrastructure, leading to overcrowding, understaffing and longer commute times to clinics. Furthermore, these areas also tend to include more politically and socially conservative constituents, rendering policy-making and community support difficult. The lack of anonymity in small communities is yet another barrier, as it can further stigmatize those seeking support or treatment.

However, the need for needle exchange in suburban and rural areas grows more drastic by the day. HIV and hepatitis C virus (HCV) cases are on the rise in many of these communities. Decades' worth of evidence shows that syringe exchanges curb new infections and drug-related overdoses. But how can small cities and towns make them work?

In some rural areas, advocates are having major success with mobile needle exchange—vans that dole out clean needles and overdose reversal kits, conduct testing and more. These sidestep the “not in my backyard” opposition that dooms many exchanges before they begin. Advocates are also working to educate local lawmakers and community members about the benefits of syringe exchanges and helping set up rules to make them operate better in small communities.

But harm reduction outreach in rural America still has a long way to go. In the midst of syringe exchange expansion, many cities, notably Charleston, West Virginia, are shuttering their clinics after short attempts at operation (and plenty of controversy). However, when it comes to harm reduction in the face of the current opioid epidemic, adapting is imperative.

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