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EXPLAINER

Rural Harm Reduction: Spotlight on Cochise County, Arizona

January 2025

Introduction

Arizona's Cochise County demonstrates how tailored harm reduction can benefit rural communities. Between 2021 and 2022, Cochise County saw a dramatic **65 percent spike** in overdose deaths. The county's harm reduction program expanded the following year, improving access to a growing range of services and contributing to a **38 percent decline** in overdose deaths.

Background

Cochise County sprawls across **6,219 square miles** in southeastern Arizona—the size of Rhode Island and Connecticut combined—and was home to an estimated **123,793 individuals** in 2024. About **one-third of residents** live in rural areas. With **99.3 percent** of the county's land considered rural, many people live in small, remote, hard-to-reach locales. Cochise County is home to Sierra Vista—a regional hub with a population of **roughly 45,000**—and an additional **six municipalities** ranging from about 1,300 to 16,000 residents. The remaining communities are even smaller. The majority of people living in the county report having to regularly travel **45 minutes or more** to access needed health care services.

Many Cochise County residents struggle simultaneously with **food insecurity**, **lack of affordable housing**, and limited transportation options—all factors that contribute to and exacerbate the **overdose crisis**. Consequently, effective harm reduction programming must offer diverse services and find innovative ways to ensure access to those services.

Harm Reduction in Cochise County

Arizona **decriminalized syringe service programs (SSPs)** in 2021 following **overdose spikes driven by the influx of fentanyl**. **Cochise Harm Reduction (CHR)**—which started in 2019 in Bisbee as an **informal syringe exchange** operating out of the back of founder Lu Funk's car—has become an essential organization providing a range of brick-and-mortar and mobile services across Cochise County. CHR distributes a variety of harm reduction tools, including injection supplies and sharps containers, the overdose reversal medication naloxone, and fentanyl test strips, and provides onsite testing for HIV and hepatitis C. They also distribute camping gear, host a mobile food pantry, offer referrals to substance use disorder treatment, and more.

According to Funk, the CHR team grew in 2023 from two to 11 people, and their budget increased by 280 percent, enabling them to increase participant reach by 225 percent and provide more comprehensive services. The organization runs five monthly mobile routes, and CHR staff and volunteers have lived experience of drug use.

Harm Reduction Services

Sterile syringes distributed	155,200
Sharps containers distributed	1,127
Naloxone doses distributed	13,217
Onsite HIV/HCV rapid tests	88
Referrals to substance use disorder treatment	77

Wraparound Services

Individuals receiving camping supplies	626
Meals distributed	5,050
Referrals to social and health services (other than substance use disorder treatment)	475



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Contact us

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CHR’s expanded reach translated directly into lives saved. According to Funk, program participants reported 134 overdose reversals with naloxone. In fact, Cochise County’s overdose deaths fell from 29 in 2022 to 18 in 2024.

Policy Lessons

Arizona’s policy environment affects harm reduction in the state’s rural communities.

Arizona Policies that Help Harm Reduction	How They Help
Decriminalization of SSPs allows for needs-based distribution of needles, syringes, and other injection supplies.	Needs-based distribution of sterile injection equipment reduces disease transmission and injection site injury.
The overdose Good Samaritan Law protects rescuers, in specified circumstances, from being prosecuted or charged for possession of a controlled substance.	Good Samaritan Laws encourage people to carry and administer naloxone and to call emergency services in the event of an overdose.
SSPs are not subject to extensive governmental approval or regulation.	SSPs operate best when given the flexibility to meet local community needs and adapt to changing circumstances.
Distribution of fentanyl test strips is permitted.	People may change their behaviors to reduce overdose risk if they are aware fentanyl is in their drug supply.

Arizona Policies that Hinder Harm Reduction	How They Hurt
The state’s paraphernalia law does not exempt SSP participants.	Paraphernalia laws make people reluctant to disclose possession of needles to first responders, increasing the risk of needle-stick injuries.
Drug checking is limited to testing for fentanyl.	The illicit drug supply changes rapidly, and many harmful adulterants will not show up on strips that test for fentanyl and other opioids.
Distribution of drug use equipment other than injection supplies is banned.	Non-injection drug use (e.g., smoking) may be somewhat safer than injection but can still lead to disease transmission if supplies are shared.
The evidence-based medication methadone is over-regulated at the clinic, state, and federal levels.	Over-regulation of methadone makes the evidence-based therapy difficult to access, decreasing treatment adherence and increasing overdose risk.
Opioid settlement money is not being spent on harm reduction, despite expert recommendations.	There is a dearth of sustainable funding resources for harm reduction, restricting organizations’ ability to operate optimally.

Much of CHR’s success is due to its local relevance, Funk said. Policy should thus allow organizations to remain flexible and responsive to the needs of their participants and specific contexts.