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EXPLAINER

Rural Harm Reduction: Spotlight on Virginia's West Piedmont Health District

June 2025

Background

Covering more than 2,500 square miles in southwestern Virginia, the [West Piedmont Health District](#) is home to about 137,000 residents spanning Henry, Franklin, and Patrick counties and the roughly 14,000-person city of Martinsville.

Compared to the state as a whole, West Piedmont Health District residents face a number of social and economic barriers to optimal health and have “fewer opportunities to thrive.” They are less likely to have a high school or university education, more likely to live in poverty, and more likely to be uninsured.

West Piedmont Health District Socioeconomic Vulnerability Metrics

Jurisdiction	High School Diploma or GED	Bachelor's Degree or Higher	Child Poverty	Adult Poverty	Median Household Income	Uninsured Adults
Virginia	90.8%	40.3%	13%	9.4%	\$80,615	10.9%
West Piedmont	85.2%	18.9%	23.1%	14.1%	\$48,898	14.3%

Additionally, while the proportion of West Piedmont residents who lack a vehicle (6.4 percent) is similar to that of Virginia residents generally (6 percent), private transportation is even more essential for accessing services in this [mostly rural](#) area than in other parts of the state.

Substance Use and Overdose

Approximately 2.7 percent (more than 3,700) of West Piedmont Health District residents live with a substance use disorder (SUD), compared to just 1.7 percent of Virginians. The region's socioeconomic and geographic vulnerabilities mean that individuals living with an SUD have fewer life-saving and health-promoting resources available to them.

In 2023—the latest year for which complete data is available—the [overdose death rate](#) in Henry and Franklin Counties and the city of Martinsville was substantially higher than the state's. Additionally, a higher proportion of [emergency department visits](#) in the West Piedmont Health District are due to overdose when compared to the state as a whole.

Jurisdiction	2023 Overdose Death Rate per 100,000 Residents	2023 Rate of Overdose Visits to the Emergency Department per 10,000 Visits
State of Virginia	28.7	57.8
Henry County	59.6	-
Franklin County	37.4	-
Patrick County	17.1	-
Martinsville City	105.2	-
West Piedmont Health District	-	68.3



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Contact us

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Harm Reduction in West Piedmont Health District

The [Virginia Harm Reduction Coalition](#) (VHRC) was formed in 2018 by a group of people who use drugs in response to rising overdose deaths in Southwest Virginia. Now a comprehensive harm reduction program under the state health department, the VHRC remains peer-run. A fundamental part of the VHRC's work is serving the rural communities of the West Piedmont Health District. Their mobile van serves Roanoke City, Martinsville City, Henry County, Patrick County, and Franklin County.

Between their mobile and brick-and-mortar locations, the VHRC provides an array of [supplies and services](#):

- Sterile injection equipment, drug-checking test strips, and overdose-reversal medication (naloxone)
- Tools for safe disposal (e.g., take-home sharps containers)
- Daily living supplies (e.g., blankets, socks, menstrual products) for those experiencing homelessness
- Food pantry and clothes closet
- Used injection supply collection
- Communicable disease testing (including HIV and hepatitis C) and connection to treatment
- Referrals to social services, primary care clinics, warming shelters, and SUD treatment
- Education on overdose prevention and response for lay rescuers and professional first responders

In 2024, the VHRC distributed **19,656 doses of naloxone**, empowering participants to reverse at least **1,494 overdoses**, and collected and safely disposed of **161,040 used syringes**.

Reaching individuals who live in rural parts of the state is essential yet difficult due to geographic and transportation challenges, limited healthcare networks, distrust of health systems and providers, and fear of stigma or persecution. Ariel Johnson, the VHRC's Director of Operations, Martinsville, and Patient Navigation, said in an interview that their program currently serves almost 400 participants living in rural areas of Virginia. The VHRC goes directly to rural participants whenever possible, bringing harm reduction tools and services to their doorstep and connecting them with resources for other healthcare needs (e.g., maternal care).

Additionally, Johnson explained, the VHRC engages with and educates first responders (including law enforcement) and religious groups to help decrease stigma and improve comprehensive and continuous care in rural communities. Per Johnson, more than 100 people attended their recent first responder training on trauma-centered practices and harm reduction. The training improved understanding among law enforcement officers, who committed to stop routinely attending overdose calls in the county or city. This change in practice could [encourage more people to call 911](#) when witnessing an overdose.

Policy Lessons

Existing policy both helps and hinders the VHRC's work, including their rural outreach.

Helpful Policy	Harmful Policy
Broad comprehensive harm reduction (CHR) legislation allows for mobile services	CHR legislation offers no clear protections for participants between counties
Approvals and oversight provided by harm reduction-knowledgeable Virginia Department of Health	Drug-induced homicide laws discourage seeking help during overdose
Good Samaritan Law provides protections for individuals responding to overdose	Harm reduction organizations can distribute safe injection equipment (but not safer smoking kits)