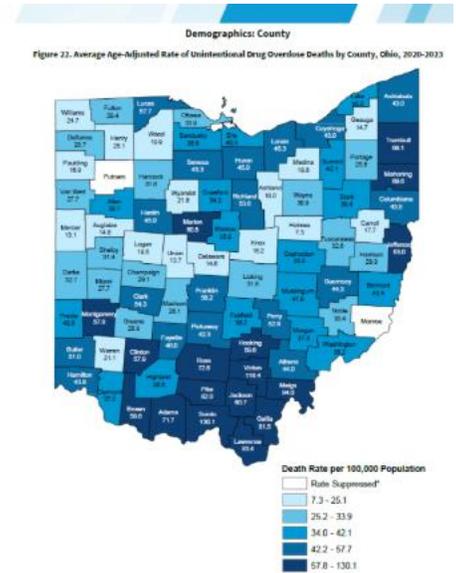


Opioid Crisis in Appalachian Ohio

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Appalachian Ohio continues to experience disproportionately high rates of opioid misuse and overdose compared with the rest of the United States. In 2022, the region's opioid-related mortality rate reached 54.8 deaths per 100,000, significantly higher than the non-Appalachian U.S. rate of 34.7 per 100,000 (Appalachian Regional Commission, 2022). Certain counties in Ohio's Appalachian region, such as those with elevated prescription and illicit opioid activity, show even higher local mortality, highlighting the epidemic's intensity. According to data from the Appalachian Children's Coalition, 7 out of 10 Ohio counties with the highest drug overdose death rates were in Appalachia. These elevated overdose rates impact families, as opioid-related fatalities frequently remove parents from households, destabilizing family systems and disrupting child development. Neighborhood-level analyses also show a strong local association between opioid overdoses and child abuse and neglect, particularly in rural and disadvantaged Appalachian communities (Ohio State University, 2023). Areas with higher rates of naloxone administration, used here as a proxy for overdoses, also experience significantly more child welfare investigations and substantiated maltreatment cases, highlighting the direct link between parental opioid misuse and immediate child safety concerns (Ohio State University, 2023).



Source: ODH 2023 Ohio Unintentional Drug Overdose Report

Impact on Children and Families

The continuous effects of opioid misuse on families are profound. Children living with parents who misuse opioids are at heightened risk for neglect, abuse, and long-term emotional trauma. Beyond the immediate household, families face economic hardship, housing instability, and stress that increases the negative effects of parental substance use. Nationally, between 2011 and 2021, over 321,000 children lost a parent to drug overdose, with Appalachian communities disproportionately affected (Marill, 2025). The loss of a parent due to overdose in these counties not only introduces grief and insecurity for children but also reshapes entire community networks, as neighbors and relatives often step in to provide support.

Foster Care and Child Welfare

One of the most visible consequences of the epidemic is increased engagement with the child welfare system. In Ohio, parental opioid misuse has been identified as a major driver of child removal. Neighborhood-level data also suggest that child maltreatment rates are concentrated in areas with higher overdose activity, particularly in economically disadvantaged Appalachian neighborhoods (Ohio State University, 2023). The rising number of children requiring placement has increased caseloads for child protective services and exposed gaps in both in-home and out-of-home support structures, creating bottlenecks that leave children vulnerable to instability while awaiting safe placements.

Kinship Care

Kinship care, particularly grandparents raising grandchildren, has become a common response to the crisis. Data indicate that higher overdose mortality in Appalachian counties correlates with a substantial rise in grandparents assuming primary caregiving roles. In Appalachia, for each 1% increase in overdose deaths, the proportion of grandparents raising grandchildren rose by 56%, compared with 24% in non-Appalachian areas (Beatty et al., 2023).

While these caregivers often provide essential stability and emotional continuity, they face significant challenges. Many are older adults with fixed incomes, chronic health issues, and minimal institutional support. Advocates have emphasized that grandfamilies caring for children left by opioid-related parental deaths frequently receive far less assistance than foster families, despite the critical care they provide (Marill, 2025).

Treatment and Service Gaps in Appalachian Ohio

Despite increasing needs, support services for children and caregivers remain fragmented and insufficient. Access to mental health and trauma-focused services is limited, particularly in rural counties where specialized care is sparse and waitlists are long (Beatty et al., 2023; Marill, 2025). The lack of consistent, well-resourced services leaves many children and caregivers without the support needed to address the compounded effects of parental overdose and household disruption. Treatment access also remains limited. The CDC estimates that in 2022, only around 1 in 4 individuals with opioid use disorder nationally received medications for OUD, highlighting a significant treatment gap (U.S. Department of Health and Human Services, CDC, 2024). In Appalachia, this disparity is even greater due to rural geography, limited provider availability, and stigma surrounding addiction treatment.

Ohio Peer Recovery Support

Peer recovery support services (PRSS) have emerged as a promising model to bridge these gaps. Programs such as the West Virginia PEERS Pilot Program demonstrate that peer-led interventions can increase treatment participation, reduce relapse, and provide families with emotional and practical support (Davis et al., 2021). PRSS specialists are individuals with lived experience of recovery who offer mentorship, resource navigation, and social support that complement formal treatment. Research indicates that these programs may serve as a “tipping point” for mitigating the opioid epidemic in Central Appalachia by expanding access to care, particularly in hard-to-reach rural communities (Horn et al., 2024). Integrating peer support with clinical services allows parents struggling with OUD to maintain engagement in treatment while also stabilizing family systems and improving outcomes for children.

Potential Policy Actions for Ohio

To address the wide-ranging impact of the opioid crisis on families in Appalachian Ohio, a coordinated, multi-level policy response is needed:

- **Expand support for kinship caregivers:** Financial subsidies, respite care, and mental health services should be made widely available to grandparents and relatives raising children affected by parental overdose (Marill, 2025; Beatty et al., 2023).
- **Strengthen child welfare capacity:** Increase the availability of foster care placements, in-home support services, and interagency collaboration to prevent instability and reduce the backlog of children awaiting care (Marill, 2025; Ohio State University, 2023).
- **Improve data collection and monitoring:** Gather county- and neighborhood-level, opioid-specific data on child welfare involvement to inform resource allocation and identify high-risk communities (Beatty et al., 2023; Marill, 2025; Ohio State University, 2023). Ohio Peer Recovery Support
- **Provide trauma-informed support for children:** Offer grief counseling, developmental interventions, and social services for children impacted by parental substance use or loss (Marill, 2025; Beatty et al., 2023).
- **Increase the use of PEER Support Specialists** to expand access to care and provide critical social support systems for those in recovery (Horn et al., 2024)

These measures aim to stabilize families, reduce the burden on child welfare systems, and support children’s long-term well-being, addressing both immediate crisis needs and the structural gaps that have emerged in Appalachian Ohio’s response to the opioid epidemic.

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