

Drug addiction rarely fits into a neat category. One person may need medical support through withdrawal before they can sit through a therapy session. Another may be [Addiction Treatment in Ohio](#) physically stable but unable to stay sober in the same home environment where substance use has become routine. Someone else may have completed a higher level of care and now needs structured outpatient treatment while rebuilding work, family, and daily responsibilities.

That is why a continuum of care matters. In Ohio, addiction treatment is not meant to be a single doorway with one standard program behind it. State law recognizes a community-based continuum for opioid and co-occurring drug addiction that includes detoxification, outpatient services, medication-assisted treatment, peer support, residential services, recovery housing, and multiple pathways to recovery. That range reflects what clinicians and families see every day: recovery needs change over time, and treatment works best when the level of care matches the person's actual clinical needs.

Recreate Behavioral Health Network identifies its Ohio location, Recreate Behavioral Health of Ohio, also referred to as Recreate Ohio, as being in Gahanna, just outside Columbus. The organization says the Ohio facility offers detox, residential or inpatient rehab, and outpatient treatment. It also describes the location as providing a full continuum of care and offering primary mental health services in a residential treatment setting.

For individuals and families trying to understand what those services mean, the terms can feel clinical and abstract. Detox, residential treatment, and outpatient care are not interchangeable. Each serves a different purpose. Each has strengths and limitations. And each can play a role in drug addiction treatment when used at the right time.

Why a full continuum of care matters in drug addiction treatment

The phrase "continuum of care" gets used often in behavioral health, but it has practical meaning. Addiction treatment should not depend on a single decision made during a crisis. Needs can shift quickly. A person who arrives in withdrawal may need detox first. After withdrawal stabilizes, that same person may benefit from residential treatment where therapy, medication support, and daily structure can begin. Later, outpatient care may help maintain progress while the person practices recovery skills in the community.

This stepped approach is especially important because drug addiction affects more than drug use alone. It can disrupt sleep, appetite, pain tolerance, decision-making, emotional regulation, family trust, employment, housing stability, and physical health. Co-occurring mental health concerns are also common. When depression, anxiety, trauma symptoms, or other mental health conditions are present, treatment has to address more than stopping a substance. It has to help the person function, think clearly, manage distress, and participate in life without returning to substance use as the main coping tool.

Ohio's framework for addiction services reflects this reality. A complete system includes options such as ambulatory and sub-acute detoxification, non-intensive and intensive outpatient services, medication-assisted treatment, peer support, residential services, recovery housing, and more than one pathway to recovery. No single service solves every problem. The clinical judgment lies in matching the right service to the right stage of recovery.

Recreate Ohio's stated offerings fit into that broader model by including detox, residential or inpatient rehabilitation, and outpatient treatment at its Gahanna-area location. The organization also says treatment may involve evidence-based therapies, medication-assisted treatment, and holistic supports. For someone evaluating

care, the important question is not simply “Does this program treat addiction?” It is “Can this program respond if my needs change?”

Detox: stabilizing the body before deeper treatment begins

Detox is often the first point of contact when drug use has led to physical dependence or when withdrawal is expected. It is not the entire recovery process. It is the beginning of clinical stabilization.

Withdrawal can vary widely depending on the substance used, the amount and frequency of use, the person’s medical history, and whether more than one substance is involved. Some people experience intense discomfort, agitation, nausea, sleep disruption, sweating, muscle aches, or anxiety. Others face higher medical risk and need closer monitoring. Because of those variables, detox should not be treated casually or reduced to “getting it out of the system.” It is a healthcare intervention aimed at helping a person move through the acute withdrawal period as safely and steadily as possible.

Recreate Ohio says it offers detox services. In the broader treatment process, detox creates space for the next phase. A person in active withdrawal may be unable to concentrate, participate meaningfully in therapy, or make stable decisions about ongoing care. Once the acute physical symptoms are better managed, treatment planning becomes more realistic.

Families sometimes hope detox alone will be enough. That hope is understandable, especially after a frightening period of substance use. But detox by itself does not usually address the patterns that keep addiction active. It does not rebuild coping skills, repair relationships, treat trauma, establish relapse prevention strategies, or support long-term medication planning when medication-assisted treatment is appropriate. The transition after detox is often a critical moment. If the person leaves with no ongoing structure, the risk of returning to use can remain high.

This is where a facility offering multiple levels of care can be valuable. If detox, residential treatment, and outpatient treatment are connected through the same broader continuum, the next step does not have to feel like starting over. The person can move from medical stabilization into therapeutic work with less disruption. The clinical team can also reassess needs as withdrawal symptoms improve, since the picture often becomes clearer after several days of stabilization.

Residential treatment: time, structure, and focused therapeutic work

Residential treatment, sometimes called inpatient rehab in everyday language, provides a more immersive level of care than outpatient treatment. Recreate Ohio says its Gahanna-area facility offers residential or inpatient rehab and provides primary mental health services in a residential treatment setting. That distinction matters because many people entering drug addiction treatment are not dealing with substance use in isolation.

Residential care can give a person distance from the people, places, and pressures that have been tied to substance use. That separation is not about punishment or escape. It creates a protected period where the person can sleep, eat, attend therapy, begin medication support when clinically appropriate, and practice a different daily rhythm. For someone whose life has narrowed around obtaining, using, recovering from, or hiding drug use, ordinary structure can feel unfamiliar at first. Over time, it becomes part of treatment.

The therapeutic work in residential care often becomes more effective once the person is physically stable. Recreate says treatment at the Ohio facility may include cognitive behavioral therapy, dialectical behavior therapy, EMDR, medication-assisted treatment, individual therapy, group therapy, family therapy, and couples therapy. These approaches serve different functions.

Cognitive behavioral therapy, commonly called CBT, helps people examine the relationship between thoughts, feelings, behaviors, and consequences. In addiction treatment, that might mean identifying the thoughts that appear before use, challenging distorted beliefs such as “I already failed, so it doesn’t matter,” and practicing alternative actions during cravings.

Dialectical behavior therapy, or DBT, is often associated with skills for emotional regulation, distress tolerance, interpersonal effectiveness, and mindfulness. In practical terms, it can help a person survive intense feelings without acting on urges. That skill can be crucial for someone whose drug use has become a way to manage panic, anger, grief, shame, or emotional numbness.

EMDR, short for eye movement desensitization and reprocessing, is a therapy associated with trauma treatment. Not every person in addiction treatment needs EMDR, and no responsible program would treat it as a universal solution. But for some people, unresolved trauma and substance use are closely linked. When clinically appropriate, trauma-focused work can be an important part of sustained recovery.

Individual therapy provides privacy and focus. Group therapy offers feedback, accountability, and the relief of hearing someone else describe a familiar struggle. Family and couples therapy can address the relational damage addiction often leaves behind. Families may need help setting boundaries, communicating without escalating conflict, and understanding the difference between support and rescuing. Couples may need a structured setting to talk about trust, relapse risk, resentment, and practical plans for life after treatment.

Medication-assisted treatment, when appropriate, can also be part of care. Ohio’s continuum explicitly includes medication-assisted treatment as part of addiction services. MAT is not a shortcut or a lesser form of recovery. For certain substance use disorders, medication can reduce cravings, support stabilization, and lower risk when used as part of a broader treatment plan. It requires clinical oversight, honest assessment, and ongoing monitoring.

Outpatient treatment: recovery practiced in real life

Outpatient treatment serves a different purpose than detox or residential care. It allows people to receive structured addiction treatment while living outside the treatment setting. Recreate Ohio says it offers outpatient treatment, which can be an important step for people who do not need 24-hour residential care or who are transitioning down from a higher level of treatment.

The value of outpatient care is that it places recovery skills closer to everyday life. A person may attend therapy and then return to the same responsibilities, relationships, neighborhoods, and stressors that shaped their substance use. That can be challenging, but it is also where long-term recovery has to function.

Outpatient treatment may be appropriate for someone who is medically stable, has enough support and safety outside treatment, and can participate consistently without the containment of a residential setting. It can also serve as continuing care after detox and residential treatment. That transition can prevent the abrupt drop-off that sometimes occurs when a person leaves a structured program and suddenly has little accountability.

Outpatient care is not automatically “less serious” than residential treatment. It simply operates with a different level of intensity. The clinical question is whether the person can remain safe and engaged without round-the-clock support. For some, outpatient treatment offers enough structure. For others, it may not be enough at the beginning. A careful assessment helps determine that.

A common example is the person who has a stable home, transportation, and motivation but keeps relapsing during periods of stress. Outpatient therapy may help that person identify triggers, develop coping strategies, engage family support, and adjust medication planning if appropriate. By contrast, someone returning each night

to an environment where drugs are readily available may need a higher level of care or additional recovery housing support within the broader continuum.

What treatment may include at Recreate Ohio

Recreate Behavioral Health Network states that its Ohio facility may include both established clinical therapies and holistic supports. The word “may” is important. The actual plan for any person should depend on assessment, clinical fit, availability, safety, and goals. Good treatment is individualized rather than assembled from every possible service.

The organization says treatment at the Ohio facility may include:

- Cognitive behavioral therapy, dialectical behavior therapy, and EMDR
- Medication-assisted treatment when clinically appropriate
- Individual, group, family, and couples therapy
- Yoga or mindfulness, art therapy, adventure therapy, and equine therapy
- Reiki, acupuncture, chiropractic care, fitness or wellness activities, and nutrition education

That range suggests an attempt to address drug addiction from several angles. The core of treatment remains clinical: assessment, therapy, medication support when indicated, and structured planning. Holistic supports can add value when they reinforce stability, self-awareness, physical health, and engagement. They should not be viewed as replacements for evidence-based addiction treatment, but they may help some people reconnect with their bodies, manage stress, and tolerate discomfort without returning to substance use.

For instance, mindfulness practices may help a person notice a craving before acting on it. Fitness and nutrition education can support basic physical restoration after months or years of neglect. Art therapy may give someone a way to express grief or shame before they have words for it. Equine or adventure-based work, when appropriate, can challenge patterns around trust, frustration, avoidance, and confidence. These services are not magic. Their usefulness depends on integration into a broader treatment plan.

Mental health and addiction often need to be treated together

Recreate Ohio says it offers primary mental health services in a residential treatment setting. That is a significant point because co-occurring mental health concerns often complicate drug addiction treatment. A person may stop using for several days and then find that depression, anxiety, insomnia, irritability, or trauma symptoms intensify. Without mental health care, the person may return to substances for relief.

Treating mental health and addiction together can reduce that back-and-forth pattern. It gives clinicians a chance to ask better questions. Is the person using stimulants partly to push through depression or exhaustion? Are opioids being used to numb emotional pain or physical discomfort? Is cannabis use tied to anxiety or sleep? Has trauma shaped the nervous system in a way that makes ordinary stress feel unbearable? These questions require careful assessment, not assumptions.

A residential setting can offer time to observe patterns. Some symptoms fade after withdrawal. Others remain **alcoholism rehab programs** and need treatment in their own right. That distinction matters because early recovery can be noisy. Sleep may be disrupted. Mood may swing. Motivation may rise and fall. Cravings may appear unexpectedly. A clinician needs enough information to avoid overreacting to temporary symptoms while also not dismissing serious mental health needs.

Family members often notice this complexity before the person in treatment does. They may say, “The drugs are the problem,” and they may be right in one sense. But they may also describe years of panic attacks, isolation, trauma, compulsive behavior, or untreated depression. Effective drug addiction treatment should be able to hold both truths: substance use needs direct intervention, and mental health may need direct care as well.

Medication-assisted treatment and safe prescribing in Ohio

Medication-assisted treatment has become an essential part of the addiction treatment landscape, especially for opioid use disorder. Ohio’s continuum of care includes MAT, and Recreate says medication-assisted treatment may be part of treatment at its Ohio facility. When used appropriately, medication can support recovery by reducing cravings, easing physiological instability, or lowering relapse risk.

MAT is sometimes misunderstood. Some people fear it means replacing one drug with another. That framing is too simplistic and can keep people from receiving care that may help them stabilize. In legitimate medical treatment, medications are prescribed, monitored, adjusted, and paired with counseling or behavioral support. The goal is improved functioning, reduced harm, and sustained recovery.

Ohio also has OARRS, the statewide electronic database for controlled-substance dispensing information. OARRS supports safe prescribing and helps connect people at risk of substance use disorder to resources. For treatment providers and prescribers, systems like this can help identify patterns that deserve attention, such as overlapping prescriptions or high-risk medication combinations. For patients, it is part of a broader safety framework around controlled substances.

Medication decisions should always be individualized. Some people benefit from MAT. Some do not need it. Some may have medical or psychiatric factors that require extra caution. The best approach is neither automatic acceptance nor automatic rejection. It is a thoughtful clinical conversation based on diagnosis, history, risk, response, and patient goals.

The role of family, couples work, and peer support

Drug addiction rarely affects only one person. Families often arrive exhausted, frightened, angry, and unsure what kind of help is actually helpful. They may have spent years alternating between confrontation and rescue. They may have paid bills, covered legal or work consequences, taken custody of children, searched bedrooms, monitored phones, or stayed awake listening for breathing. By the time treatment begins, trust may be thin.

Recreate says its Ohio facility may include family and couples therapy. Those services can help loved ones move from crisis reactions toward clearer communication and boundaries. Family therapy does not mean blaming the family for addiction. It also does not mean giving the person in treatment a pass for harmful behavior. At its best, it creates a structured space where everyone can speak honestly, learn what recovery requires, and make practical changes.

Couples therapy can be especially delicate. Addiction can damage intimacy through lying, financial strain, emotional absence, unsafe behavior, or repeated broken promises. A partner may want to be supportive but feel foolish for hoping again. The person in treatment may feel shame and defensiveness. Therapy can slow those conversations down so they do not become another cycle of accusation and withdrawal.

Ohio’s broader continuum also includes peer support. Peer support can be powerful because people in recovery often hear things differently from someone who has lived through addiction and found a way forward. A peer can offer practical credibility: how to handle cravings after an argument, how to walk into a meeting for the first

time, how to rebuild a weekend routine, how to answer questions from relatives without oversharing. Peer support is not a substitute for clinical treatment, but it can add connection and hope.

Choosing the right level of care

The decision between detox, residential treatment, and outpatient treatment should be based on clinical need, not pride, fear, convenience, or stigma. Many people try to choose the least disruptive option first. That is human. Work, children, bills, pets, and privacy all matter. But if the level of care is too low, the person may cycle through repeated attempts without enough support.

A practical assessment usually considers several factors:



- Current substance use, withdrawal risk, and medical stability
- Mental health symptoms, including safety concerns and trauma history
- Home environment, including access to drugs and supportive relationships
- Prior treatment history, relapse patterns, and response to medication
- Ability to attend and participate in treatment consistently

These questions are not meant to label someone as “severe” or “not severe.” They help match care to reality. A person with serious withdrawal symptoms may need detox before any other plan makes sense. A person whose home environment is unstable may need residential treatment even if they feel physically fine. A person who has completed residential care may need outpatient treatment to maintain momentum. A person with co-occurring mental health concerns may need integrated services rather than addiction counseling alone.

There are also edge cases. Someone may appear stable during an intake call but deteriorate when withdrawal begins. Another person may request residential treatment but be clinically appropriate for outpatient care with strong support. Someone may enter treatment for one substance and later disclose use of another. Good programs reassess rather than lock someone into the first impression.

What “multiple pathways to recovery” means in practice

Ohio’s continuum recognizes multiple pathways to recovery. That phrase matters because recovery is not identical for everyone. Some people build recovery through medication-assisted treatment and therapy. Others rely heavily on peer support and structured routines. Some need trauma treatment before they can maintain

sobriety. Others need family repair, employment stability, housing support, or help managing chronic mental health symptoms.

Multiple pathways does not mean anything goes. Drug addiction treatment still needs standards, clinical accountability, and safety. Ohio treatment providers that deliver substance use disorder treatment must be certified by the Ohio Department of Mental Health and Addiction Services under state law. Certification requirements exist because vulnerable people deserve care from providers operating within recognized oversight, not improvised programs making unsupported promises.

Within those standards, personalization matters. A person who feels shamed or forced into a one-size-fits-all model may disengage. A person who is offered choices, education, and clinically appropriate options may become more invested. The tone of treatment matters too. Professional care should be direct without being demeaning. It should hold people accountable without confusing accountability with humiliation.

At Recreate Ohio, the stated combination of detox, residential care, outpatient treatment, therapy options, medication-assisted treatment, mental health services, and holistic supports reflects this wider idea of varied pathways. The work is to determine which pieces belong in a specific person's plan.

Gahanna, Columbus, and access to care in central Ohio

Recreate Behavioral Health Network identifies Recreate Ohio as being in Gahanna, just outside Columbus. For many people in central Ohio, location can affect whether treatment is realistic. Being near a major metro area may matter for families, transportation planning, and continuity with community supports. At the same time, being outside the immediate center of a city may feel more comfortable for some people entering residential care.

Access is not only geographic. It is emotional and practical. A person may need to know whether detox is available because they are afraid of withdrawal. A parent may need to understand whether residential treatment can address mental health symptoms. A spouse may want to know whether family or couples therapy is part of the conversation. Someone leaving a higher level of care may need outpatient treatment that keeps them connected while they return to daily life.

The first contact with treatment often happens during a narrow window. The person is willing today, or the family has finally agreed to seek help, or a medical scare has made the risk impossible to ignore. Programs that can explain levels of care clearly can help people make decisions before that window closes.

Recovery planning after the first phase of treatment

The first days of treatment are important, but long-term recovery depends on what follows. Detox can stabilize withdrawal. Residential treatment can provide structure and intensive therapy. Outpatient care can support the transition into daily life. The thread connecting those stages is planning.

A strong recovery plan is concrete. It addresses where the person will live, what supports they will use, how medications will be managed if prescribed, what therapy continues, how family boundaries will work, and what steps to take if cravings intensify. It also anticipates predictable stress points. Weekends, paydays, anniversaries, conflict with a partner, chronic pain, boredom, and contact with old using friends can all become relapse risks if ignored.

Treatment should also prepare people for imperfect days. Recovery is not measured by never feeling a craving or never having a painful emotion. It is measured by what a person does next. Do they call someone? Attend

treatment? Use a skill from therapy? Leave a risky setting? Tell the truth sooner? Restart care after a setback? These actions are built through repetition and support.

Outpatient treatment can be especially useful here because it keeps recovery active while life resumes. The person is no longer protected by the same residential structure, so the treatment focus shifts toward application. How do CBT skills work after a stressful shift? How does DBT distress tolerance work during a family argument? How does a medication plan hold up when sleep is poor? How does mindfulness help when a craving comes on during an ordinary drive home?

A professional, realistic view of hope

Hope in addiction treatment should be honest. It should not promise that one admission fixes everything. It should not pretend that detox is easy, that residential care removes all risk, or that outpatient treatment works without commitment. But it should also reject the fatalism that surrounds drug addiction. People do recover. Families do heal. Brains and bodies can stabilize. Trust can return slowly through repeated truthful actions.

Recreate Ohio's stated services place detox, residential or inpatient rehab, and outpatient treatment within one Ohio location in Gahanna, just outside Columbus. The facility says it provides a full continuum of care, primary mental health services in a residential setting, therapies such as CBT, DBT, and EMDR, medication-assisted treatment, individual and group therapy, family and couples therapy, and a range of holistic supports. For someone seeking drug addiction treatment, those offerings point to a central principle: recovery often requires more than one type of help.

The right starting point depends on the person. Detox may be the safest first step when withdrawal is a concern. Residential treatment may be appropriate when structure, distance from triggers, and deeper therapeutic work are needed. Outpatient treatment may support those who can live outside the facility while continuing care, or those stepping down from a higher level of treatment.

Drug addiction narrows life. Effective treatment should widen it again, carefully and practically. That widening begins with stabilization, continues through honest clinical work, and grows stronger when care follows the person into real life. For individuals and families in Ohio considering Recreate Ohio, understanding the differences among detox, residential treatment, and outpatient care can make the first decision clearer and the next step less overwhelming.