

Ohio has lived through the drug addiction crisis in a way that is difficult to understand from statistics alone. Families have learned the vocabulary of detox, relapse, fentanyl exposure, medication-assisted treatment, residential care, outpatient programming, and recovery housing not because they wanted to, but because someone they love needed help. Clinicians, case managers, emergency departments, courts, employers, and peer supporters have all become part of a much larger care ecosystem.

Within that landscape, Recreate Ohio, also known as Recreate Behavioral Health of Ohio, represents one treatment option in the Columbus area. The facility is located in Gahanna, just outside Columbus, and is described by Recreate Behavioral Health Network as offering detox, residential or inpatient rehab, and outpatient treatment. The organization also describes the Ohio location as providing a full continuum of care, including primary mental health services in a residential treatment setting.

That phrase, continuum of care, matters. Drug addiction treatment is rarely a single event. It is more often a sequence of carefully matched services, adjusted as a person stabilizes physically, begins to think clearly again, confronts mental health concerns, repairs relationships, and learns how to live without returning to substance use. A person may need detox first, then residential treatment, then outpatient care. Another person may be appropriate for intensive outpatient treatment while remaining at home. Someone else may need medication-assisted treatment and peer support over a much longer period.

The best treatment planning begins with that reality: people do not recover on a fixed schedule, and effective care must meet them at the right level of need.

Ohio's treatment landscape is built around a continuum of care

Ohio law recognizes that drug addiction treatment requires more than one kind of service. The state requires a community-based continuum of care for opioid and co-occurring drug addiction that includes ambulatory and sub-acute detoxification, non-intensive and intensive outpatient services, medication-assisted treatment, peer support, residential services, recovery housing, and multiple pathways to recovery.

That legal framework reflects what professionals in the field see every day. Addiction affects the body, judgment, emotions, relationships, employment, housing, and legal stability. It also frequently overlaps with depression, anxiety, trauma, bipolar disorder, and other mental health concerns. Treating only the substance use, while ignoring the person's larger life, leaves too many weak points exposed.

A continuum of care does not mean every person receives every service. It means the care system has enough range to respond to different levels of severity. Someone using opioids daily and experiencing withdrawal may need medically supported detoxification before meaningful therapy can begin. A person with a stable home, reliable transportation, and early-stage substance misuse may benefit from outpatient treatment. A person whose home environment is filled with triggers, conflict, or active drug use may need residential care to get enough distance from chaos to make progress.



This is one reason the term “drug addiction treatment” can be misleading if it sounds like a single program. Treatment is a clinical process. It may include medical care, behavioral therapy, medications, family involvement, relapse prevention planning, mental health treatment, and ongoing recovery support. The proper mix depends on the person in front of the clinician.

Where Recreate Ohio fits

Recreate Behavioral Health Network identifies its Ohio facility, Recreate Ohio, as being in Gahanna near Columbus. According to the organization’s own description, the facility offers detox, residential or inpatient rehab, and outpatient treatment. It also describes the Ohio location as providing a full continuum of care and primary mental health services in a residential treatment setting.

For people in central Ohio, location can be more than a convenience. Families often need to remain involved. Discharge planning may require coordination with local providers, employers, courts, schools, or supportive relatives. A facility near Columbus may be accessible to people from the city itself, nearby suburbs, and surrounding communities that depend on the Columbus area for specialized behavioral health services.

Recreate also states that treatment at its Ohio facility may include cognitive behavioral therapy, dialectical behavior therapy, EMDR, medication-assisted treatment, individual therapy, group therapy, family therapy, and couples therapy. The word “may” is important. Treatment should be based on clinical assessment, not a menu approach where every service is automatically appropriate for every patient.

The facility also describes holistic supports that may be available, including yoga and mindfulness, art therapy, adventure therapy, equine therapy, Reiki, acupuncture, chiropractic care, fitness and wellness activities, and nutrition education. These services can play a useful supportive role when integrated responsibly into a broader treatment plan. They should not replace medical care, evidence-based therapy, or medication when those are clinically indicated. Their value often lies in helping people regulate stress, reconnect with their bodies, practice sober recreation, and experience relief without substances.

Detox is often the doorway, not the destination

Detoxification is one of the most misunderstood parts of drug addiction treatment. Families sometimes believe that if a person completes detox, the addiction has been treated. Clinicians know better. Detox addresses acute physical dependence and withdrawal. It can help a person become medically stable enough to participate in the

next phase of care, but it does not by itself resolve the behavioral, emotional, and environmental patterns that sustain addiction.

For opioids, withdrawal can be intensely uncomfortable and can drive people back to use even when they are deeply motivated to stop. For alcohol and certain sedatives, withdrawal may carry serious medical risks. Stimulant withdrawal may look different, often involving exhaustion, depression, sleep disturbance, agitation, or intense cravings. The details vary, but the principle remains the same: the early stage of stopping substance use can be physically and psychologically unstable.

That is why detox should be connected to ongoing treatment whenever possible. A person who leaves detox without a next step may be returning to the same triggers, the [Get more info](#) same untreated anxiety, the same social network, and the same access to drugs. For opioid addiction in particular, a return to use after [Addiction Treatment in Ohio](#) a period of abstinence can carry heightened overdose risk because tolerance may have changed.

A strong continuum helps reduce that gap. If detox leads directly into residential treatment, outpatient programming, medication-assisted treatment, therapy, or peer support, the person has a better chance of converting a brief crisis intervention into a sustained recovery effort.

Residential treatment provides structure when life is too unstable

Residential or inpatient rehab can be appropriate when a person needs a protected, highly structured setting. That need may come from the severity of substance use, repeated relapse, unsafe home dynamics, co-occurring mental health symptoms, or difficulty functioning in daily life. The goal is not simply to remove access to drugs. The goal is to create enough stability for deeper work to begin.

In residential treatment, days are typically more structured than ordinary life. People are not left to improvise their recovery hour by hour. They participate in therapy, groups, education, recovery planning, and clinical monitoring. When mental health services are part of the setting, as Recreate describes for its Ohio location, care can also address psychiatric symptoms that may be driving or worsening substance use.

The residential level of care has trade-offs. It can offer distance from triggers, but it also removes the person from everyday responsibilities for a period of time. That can be necessary and even lifesaving, but it requires planning. Parents may need childcare arrangements. Workers may need to address leave or employment concerns. People involved with courts or probation may need documentation and coordination. Good treatment planning does not pretend these issues are secondary. They affect whether a person can enter care, stay in care, and transition successfully afterward.

Residential treatment is also not a guarantee. No legitimate provider can promise permanent recovery after a set number of days. What residential care can do is help stabilize the person, build insight, teach skills, treat co-occurring concerns, and prepare a realistic next phase of care.

Outpatient care meets people where recovery has to be practiced

Outpatient treatment occupies a crucial place in the spectrum. It allows people to receive clinical services while living outside the facility. For some, outpatient care is the first appropriate level of treatment. For others, it is the step-down after detox or residential rehab.

The advantage of outpatient treatment is that recovery skills are practiced in real life. A person learns to manage cravings after work, communicate with family while emotions are high, avoid old contacts, attend appointments, and build routines in the same environment where relapse risks exist. That real-world exposure can be powerful.

The challenge is that outpatient care asks more of the patient's environment. If someone returns every night to a home where substances are present, violence is occurring, or no one supports sobriety, outpatient treatment may not be enough at the beginning. If the person lacks transportation, has untreated psychiatric symptoms, or is still in acute withdrawal, attendance and engagement can suffer.

This is why assessment matters. The right question is not whether outpatient treatment is good or bad. The right question is whether it matches the person's current clinical needs, risks, supports, and capacity to participate.

Medication-assisted treatment deserves a practical conversation

Medication-assisted treatment, often called MAT, is part of Ohio's recognized continuum of care for opioid and co-occurring drug addiction. Recreate also identifies MAT as one treatment that may be included at its Ohio facility.

MAT is sometimes misunderstood by families and even by people seeking treatment. Some worry that medication means a person is not truly in recovery. That view is too simplistic and can be dangerous. For opioid use disorder, appropriately prescribed medication can reduce cravings, support stability, and lower the risk of returning to illicit opioid use. Medication is not a shortcut around recovery work. It is one tool that may allow a person to stay alive and engaged long enough to rebuild a life.

The decision to use medication should be individualized. It belongs in a clinical conversation that considers substance use history, overdose risk, prior treatment attempts, medical issues, mental health symptoms, pregnancy status when relevant, patient preference, and access to follow-up care. Some people do well with MAT as part of a comprehensive plan. Others may have different clinical needs. What matters is that decisions are based on evidence, safety, and the patient's actual condition rather than stigma.

Ohio also uses OARRS, the statewide electronic database for controlled-substance dispensing information. It supports safer prescribing and helps identify people who may be at risk of substance use disorder so they can be connected to resources. Prescription monitoring is not treatment by itself, but it is part of the broader safety structure around controlled medications.

Therapy is where patterns become visible

Recreate states that its Ohio facility may include cognitive behavioral therapy, dialectical behavior therapy, EMDR, individual therapy, group therapy, family therapy, and couples therapy. Each of these approaches serves a different purpose, and none should be treated as a buzzword.

Cognitive behavioral therapy, commonly known as CBT, helps people identify thoughts, beliefs, and behaviors that contribute to substance use. A patient may begin to recognize the internal script that appears before relapse: "I already ruined the day," "I can handle it this time," or "Nothing helps anyway." Those thoughts are not harmless. They shape choices. CBT gives people tools to challenge and replace them.

Dialectical behavior therapy, or DBT, is often useful for people who struggle with emotional intensity, impulsivity, self-destructive behavior, or relationship instability. Its skills can help with distress tolerance, emotional regulation, mindfulness, and interpersonal effectiveness. In plain terms, DBT can help a person survive a painful feeling without immediately trying to escape it through drugs.

EMDR, or eye movement desensitization and reprocessing, is often associated with trauma treatment. Trauma and addiction frequently overlap. Some people use substances to blunt memories, panic, shame, or hypervigilance. When trauma remains untreated, sobriety can feel intolerable because the symptoms that

substances once muted become louder. EMDR is not appropriate for every person at every stage, but when clinically indicated, trauma-focused care can be an important part of recovery.

Individual therapy gives a person privacy to address issues they may not be ready to discuss in a group. Group therapy offers something different: honest feedback, shared experience, accountability, and the realization that addiction thrives in isolation. Family and couples therapy can help repair communication and establish boundaries, although those sessions require careful clinical judgment. Not every relationship is safe or ready for joint work.

Mental health care is not a side issue

Recreate describes its Ohio facility as offering primary mental health services in a residential treatment setting. That is significant because many people entering drug addiction treatment are not dealing with addiction alone. Depression, anxiety, trauma symptoms, grief, and mood instability may all affect substance use.

When mental health symptoms are ignored, treatment can become a revolving door. A person stops using for a short period, but the untreated panic attacks return. Sleep collapses. Shame intensifies. Irritability damages relationships. The person reaches for the substance that once provided fast, if destructive, relief.

Co-occurring care requires patience. In early recovery, it can be difficult to distinguish long-standing psychiatric symptoms from substance-induced symptoms or withdrawal effects. A person may look depressed after stopping stimulants, anxious after stopping alcohol, or emotionally raw after stopping opioids. Clinicians need time, observation, and careful assessment. Quick labels can mislead. So can dismissing every symptom as “just the drugs.”

Good treatment keeps both possibilities in view. It treats immediate distress, monitors change over time, and adjusts the plan as the person stabilizes.

Holistic supports can strengthen recovery when used wisely

The holistic services Recreate says may be available at its Ohio facility include yoga, mindfulness, art therapy, adventure therapy, equine therapy, Reiki, acupuncture, chiropractic care, fitness and wellness activities, and nutrition education. These supports can be meaningful, especially for people whose lives have narrowed around obtaining, using, and recovering from substances.

A person in early recovery often has to relearn ordinary regulation. Eating at regular times, sleeping through the night, moving the body, tolerating quiet, and experiencing pleasure without intoxication may all feel unfamiliar. Nutrition education can support physical rebuilding. Fitness can restore energy and confidence. Mindfulness can help someone notice a craving without immediately obeying it. Art therapy may give language to experiences that are difficult to speak directly.

There are limits. Holistic care should be presented honestly. It is supportive, not a replacement for medical detox when detox is needed. It does not substitute for medication-assisted treatment when MAT is clinically appropriate. It cannot carry the full weight of severe depression, psychosis, or acute withdrawal. Its strongest role is as part of an integrated plan.

This distinction matters because families are often vulnerable when searching for help. They may be drawn to anything that sounds gentle, natural, or transformative. Those qualities can be valuable, but addiction treatment still needs clinical backbone: assessment, safety planning, qualified staff, evidence-informed therapies, continuity, and appropriate medical oversight.

Certification and accountability in Ohio

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. For patients and families, this requirement is an important baseline. Certification does not tell the whole story of quality, and it does not mean every program fits every person, but it does establish that providers operate within a regulated framework.

Families should feel comfortable asking direct questions before admission. The answers matter, and so does the way the provider responds. A reputable organization should not make people feel unreasonable for asking about licensing, services, clinical approach, medication policies, mental health care, discharge planning, family involvement, costs, or what happens if symptoms worsen.

A short, practical set of questions can clarify whether a program matches the person's needs:

1. What levels of care are available, and how is the recommended level determined?
2. How does the program handle withdrawal risk, mental health symptoms, and medication-assisted treatment?
3. What therapies are offered, and who decides which ones are appropriate?
4. How are families involved when the patient consents and it is clinically appropriate?
5. What happens after discharge, including outpatient care, peer support, or recovery housing referrals?

These questions are not meant to interrogate staff. They help align expectations before a crisis becomes more chaotic. They also reveal whether the provider thinks in terms of a continuum rather than a single episode of care.

The importance of multiple pathways to recovery

Ohio's continuum recognizes multiple pathways to recovery. That phrase deserves more respect than it sometimes receives. People recover through different combinations of treatment, medication, therapy, peer support, faith communities, mutual-help groups, family repair, recovery housing, employment, and personal discipline. The path that works for one person may not fit another.

Some people strongly connect with peer support because they trust someone who has lived through addiction and recovery. Others engage first through therapy because shame or trauma makes group sharing difficult. Some need medication to stabilize cravings. Some need residential treatment before they can hear anything a counselor is saying. Some require repeated treatment episodes before recovery becomes stable.

Professionals learn humility here. A person who looked disengaged in one setting may thrive in another. Someone who resisted family therapy may later ask for it. A patient who seemed stable may relapse after a job loss or breakup. Another who seemed fragile may build a surprisingly durable recovery when the right supports are in place.

Multiple pathways do not mean anything goes. They mean care should be individualized, ethically delivered, and responsive to change.

How families can support treatment without trying to control it

Families often arrive exhausted. They have searched bedrooms, paid debts, answered late-night calls, argued, pleaded, threatened, forgiven, and panicked. By the time treatment begins, they may want certainty. They want the provider to fix the problem and the patient to come home different.

That desire is understandable, but recovery is not something families can control from the outside. What they can do is participate appropriately, learn about addiction, set boundaries, reduce enabling patterns, and support follow-through with care. Family therapy can help when it is safe and clinically appropriate. Couples therapy may help some relationships, but it should not be used to pressure someone into reconciliation or expose a person to unsafe dynamics.

Boundaries are often misunderstood as punishment. In treatment work, a boundary is a clear statement of what a family member will or will not do. A parent might say, "I will drive you to outpatient appointments, but I will not give you cash." A spouse might say, "I will participate in therapy, but I will not stay in the house if there is active drug use." These are painful lines to draw, but vague rescue patterns can keep everyone trapped.

Families also need support for themselves. Addiction destabilizes entire households. Even when the person with substance use disorder enters treatment, loved ones may remain hypervigilant. They may struggle to sleep, trust, or stop scanning for signs of relapse. Recovery is healthier when the family system receives attention too.

Matching the level of care to the moment

One of the most important clinical judgments in drug addiction treatment is placement. Too little care can leave a person unsafe. Too much care, or the wrong kind of care, can create unnecessary disruption or reduce engagement. The decision should consider the whole person.

Severity of use matters, but so do withdrawal risk, overdose history, psychiatric symptoms, medical conditions, motivation, home safety, transportation, legal obligations, and available support. A person with daily opioid use and repeated overdose may need a different plan than someone misusing prescription medication intermittently but still functioning at work. A person with severe depression and suicidal thoughts needs a different level of attention than someone whose primary issue is relapse prevention after residential care.

The continuum associated with Ohio's approach allows for movement. Care can intensify when risk increases and step down when stability improves. That movement should not be seen as failure. If someone in outpatient care needs residential treatment, the original plan may simply have underestimated the level of need. If someone completes residential treatment and transitions to outpatient care, that is not the end of treatment, it is a shift in setting.

What "full continuum of care" should mean in practice

When a facility describes a full continuum of care, patients and families should think about connection. Are services linked in a way that reduces gaps? Is there a plan for what happens after detox? Can residential treatment connect to outpatient treatment? Are mental health needs assessed and addressed? Is medication-assisted treatment considered when appropriate? Are family services available when clinically useful? Does discharge planning start early enough to matter?

A continuum is strongest when each stage prepares the person for the next one. Detox prepares the body and mind for treatment participation. Residential care builds stability and skills. Outpatient care helps apply those skills in daily life. Peer support and recovery housing may extend structure and accountability. Therapy continues the deeper work. Medication may support biological stability. Wellness practices help rebuild a life that feels worth protecting.

No single service carries the entire burden. Recovery is usually built from layers.

Recreate Ohio in the broader recovery conversation

Recreate Ohio's stated services place it within a broad, clinically relevant treatment spectrum: detox, residential or inpatient rehab, outpatient treatment, primary mental health services in a residential setting, evidence-based therapies such as CBT and DBT, trauma-focused care such as EMDR when appropriate, medication-assisted treatment, family and couples therapy, and selected holistic supports.

For a person or family searching for drug addiction treatment in Ohio, those categories provide a starting point for discussion. The next step is always fit. What does the assessment show? What level of care is recommended? How are co-occurring mental health concerns handled? What role might medication play? How does the program plan for discharge? How will the person remain connected to support after leaving a structured setting?

The strongest treatment decisions are rarely made from fear alone, although fear is often what brings people to the phone. They are made by asking clear questions, listening for clinically grounded answers, and choosing care that matches the person's immediate safety needs and long-term recovery goals.

Drug addiction can shrink a life until every day revolves around avoiding withdrawal, finding substances, hiding use, managing consequences, or surviving shame. Effective treatment works in the opposite direction. It widens the frame. It gives the body a chance to stabilize, the mind a chance to clear, relationships a chance to heal, and the person a chance to practice a different way of living.

In Ohio, the need for that full spectrum remains real. Facilities such as Recreate Ohio are part of a larger system built around the understanding that recovery may require detox, residential care, outpatient treatment, medication, therapy, peer support, mental health services, recovery housing, and multiple legitimate pathways forward. The work is demanding. It is also possible, especially when treatment is matched carefully to the person and sustained beyond the first moment of crisis.