

Medication-assisted treatment, often shortened to MAT, is one of the most misunderstood parts of drug addiction treatment. Some people hear the word “medication” and assume it means replacing one substance with another. Others imagine it as a stand-alone prescription, separate from therapy, accountability, or personal work. Neither view reflects how MAT is meant to function in a professional treatment setting.

At Recreate Ohio, located in Gahanna just outside Columbus, medication-assisted treatment may be part of a broader continuum of care that includes detox, residential or inpatient rehab, and outpatient treatment. Recreate Behavioral Health Network describes its Ohio facility as offering a full continuum of care, with services that may include individual therapy, group therapy, family and couples therapy, CBT, DBT, EMDR, medication-assisted treatment, and supportive holistic services such as mindfulness, art therapy, fitness and wellness activities, and nutrition education.

That matters because MAT works best when it is not treated as a shortcut. Medication can reduce cravings, stabilize withdrawal symptoms, and lower the risk of relapse for some people with opioid use disorder or alcohol use disorder. But medication alone does not repair relationships, rebuild routines, address trauma, teach coping skills, or help someone navigate the first difficult months of recovery. Those changes usually require clinical care, structure, time, and honest support.

For people and families comparing drug addiction treatment options in central Ohio, the practical question is not simply, “Does this program offer MAT?” The better question is, “How does MAT fit into the whole treatment plan?”

What medication-assisted treatment means in addiction care

Medication-assisted treatment combines FDA-approved medications with counseling, behavioral therapies, monitoring, and recovery support. It is most often discussed in the treatment of opioid addiction, although medications are also used in the treatment of alcohol use disorder. The phrase can sound technical, but the underlying idea is straightforward: when addiction has changed the body and brain, medication can help restore enough stability for deeper recovery work to begin.

Someone coming off opioids, for example, may face intense physical withdrawal, sleep disruption, anxiety, body aches, gastrointestinal distress, and cravings that feel relentless. In that state, even a motivated person may struggle to participate meaningfully in therapy. They may hear the right guidance and still be unable to apply it because their nervous system is in survival mode. MAT can reduce that physiological pressure.

That does not mean every person needs medication, and it does not mean medication is appropriate in every situation. Good treatment requires assessment. Substance use history, medical risks, co-occurring mental health symptoms, prior treatment experiences, overdose history, current medications, pregnancy status, and personal goals can all affect the plan. In real clinical practice, MAT is not a slogan. It is a decision made case by case.

The “assisted” part of medication-assisted treatment is important. Medication assists recovery. It does not complete it. People still need to understand their triggers, develop relapse-prevention skills, address shame, learn how to tolerate stress without returning to substances, and rebuild a life that can support sobriety. For many patients, MAT creates the breathing room needed to do that work.

Where MAT fits in Recreate Ohio’s continuum of care

Ohio law recognizes the need for a community-based continuum of care for opioid and co-occurring drug addiction. That continuum includes services such as detoxification, outpatient care, intensive outpatient treatment, medication-assisted treatment, peer support, residential services, recovery housing, and multiple pathways to recovery. The reason is practical: addiction rarely follows a neat, linear course, and people need different levels of support at different points.

Recreate Ohio describes services that align with this broader continuum. Its Ohio location in Gahanna offers detox, residential or inpatient rehab, and outpatient treatment. Within that larger structure, medication-assisted treatment may be used when clinically appropriate.

The level of care matters. A person in detox may need medical support to manage withdrawal safely and begin stabilization. Someone in residential treatment may need a more structured environment while medications are adjusted, therapy begins, and daily recovery habits take shape. Someone stepping down into outpatient care may still benefit from medication while practicing recovery skills at home, work, school, or in family life.

The value of a continuum is that treatment can adapt. A patient is not reduced to a single appointment or a single prescription. If symptoms intensify, if cravings return, or if depression and anxiety complicate recovery, the care team can reassess the plan. If someone gains stability, they may be able to move into a less intensive setting while maintaining therapeutic and medical support.

What MAT may include at a professional treatment center

Medication-assisted treatment is not one medication and one fixed protocol. It usually begins with a clinical evaluation. Providers need to understand what substances a person has been using, how much, how often, for how long, and by what route. They also need to know what happened during previous quit attempts. Did withdrawal become unbearable? Was there a recent overdose? Did cravings peak after leaving residential care? Did the person relapse when returning to a certain environment?

A thoughtful MAT plan may include several connected pieces:

1. A medical and behavioral health assessment to determine whether medication is appropriate.
2. Use of approved medications for opioid or alcohol use disorder when clinically indicated.
3. Individual and group therapy to address behavior patterns, triggers, trauma, and relapse risk.
4. Ongoing monitoring, medication management, and adjustment as needs change.
5. Planning for step-down care, peer support, family involvement, and long-term recovery routines.

That is one of the key differences between MAT delivered as part of addiction treatment and medication prescribed without adequate support. In a comprehensive setting, medication is tied to clinical goals. The team looks at sleep, mood, cravings, attendance, engagement in therapy, medical side effects, and safety concerns. Progress is not measured only by whether a person says they feel better on a given day. It is measured by whether their recovery is becoming more stable and sustainable.

The medications people often ask about

People researching MAT often want to know which medications are used. The answer depends on the substance use disorder being treated and the person's clinical needs. For opioid use disorder, common medications include buprenorphine, methadone, and naltrexone. For alcohol use disorder, medications such as naltrexone, acamprosate, or disulfiram may be considered. These medications work differently, carry different risks, and require different levels of monitoring.

Buprenorphine can reduce cravings and withdrawal symptoms for many people with opioid use disorder. Methadone can also be effective, especially for people with long or severe opioid histories, but it is subject to specific federal and clinical controls. Naltrexone blocks opioid receptors and may be used for opioid or alcohol use disorder, though patients generally need to be fully detoxed from opioids before starting it. Alcohol-use medications have their own considerations, including liver health, adherence, and the person's drinking pattern.

A professional program should not treat these medications as interchangeable. The right choice depends on clinical details. Someone who has repeatedly relapsed after short detox stays may need a different plan than someone with a shorter use history and strong home support. Someone with chronic pain, major depression, or high overdose risk requires careful review. Medication decisions also need to consider drug interactions, side effects, and the likelihood that a patient can follow the plan after leaving a higher level of care.

Ohio's OARRS system, the statewide electronic database for controlled-substance dispensing information, supports safer prescribing and helps identify potential risks related to controlled substances. In the context of addiction treatment, that type of monitoring can be one part of responsible care. It is not about punishing patients. It is about reducing dangerous medication combinations, identifying patterns that may signal risk, and connecting people to appropriate help.

Why MAT is not “trading one addiction for another”

The stigma around MAT remains strong, even in families that desperately want their loved one to survive. A parent may say, “I don't want him dependent on anything.” A spouse may ask, “Is she really sober if she takes medication?” These questions usually come from fear, not malice. Families have often watched years of chaos, broken promises, overdoses, legal problems, or hospital visits. They want certainty.

The clinical distinction is between addiction and physical dependence. Addiction involves compulsive use despite harm, loss of control, craving, and continued use even when life is falling apart. Physical dependence means the body has adapted to a medication or substance, and stopping suddenly may cause withdrawal. Many medications can create physical dependence without producing addiction in the behavioral sense. Blood pressure medications, antidepressants, and some seizure medications also require careful management rather than abrupt discontinuation.

When MAT is properly prescribed and monitored, the goal is not intoxication. The goal is stability. A person taking medication as directed, attending therapy, repairing relationships, working, parenting, and avoiding illicit drug use is in a very different clinical situation from someone cycling through fentanyl or other street opioids with high overdose risk.

There are trade-offs. Some patients dislike the idea of taking a daily medication. Some experience side effects. Some worry about stigma in recovery communities. Others may misuse medication if it is not carefully managed. These concerns deserve honest discussion. Still, for many people, the risks of untreated opioid addiction are far greater than the risks of properly supervised MAT.

The role of detox before medication-assisted treatment

Detox is often the first step for people who arrive physically dependent on alcohol, opioids, benzodiazepines, or other substances. Recreate Ohio offers detox as part of its services, and that level of care can be crucial when withdrawal symptoms are medically risky or likely to derail early recovery.

Detox and MAT are connected, but they are not the same. Detox focuses on helping the body clear substances and manage acute withdrawal. MAT may begin during or after detox depending on the medication, the

substance involved, and clinical timing. For instance, some opioid-related medications require careful timing to avoid worsening withdrawal. Alcohol withdrawal may require medical management before longer-term medications are considered.

One common mistake families make is assuming detox alone is treatment. Detox can be lifesaving and necessary, but it is often brief. The person may feel physically better after several days and believe they are ready to return home. Yet the deeper drivers of drug addiction remain. Cravings may return. Old contacts may reach out. Sleep may remain poor. Anxiety may spike. Without continued care, the relapse risk can be high.

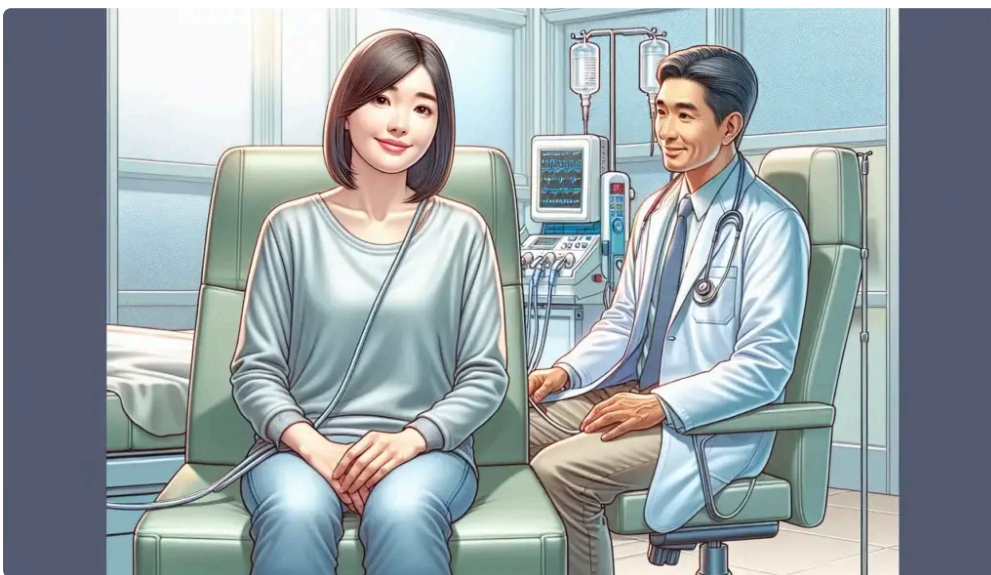
That is where a continuum of care becomes important. Detox can open the door. Residential treatment, outpatient care, therapy, MAT, peer support, and recovery planning help a person walk through it and keep going.

Residential treatment and MAT: structure while the brain settles

Residential or inpatient rehab gives patients a protected environment during a vulnerable period. Recreate Ohio offers residential or inpatient rehab, and its Ohio facility also provides primary mental health services in a residential treatment setting. That combination matters because substance use disorders often overlap with depression, anxiety, trauma symptoms, mood instability, or unresolved grief.

In residential care, patients can begin to regain a normal rhythm. Meals happen at consistent times. Sleep starts to repair. Therapy sessions create accountability. Group work helps people recognize patterns they may have minimized for years. Medication can be monitored more closely than it would be if someone were living at home with easy access to triggers.

This level of structure is especially useful when MAT is being started or adjusted. Some people feel relief quickly. Others need time. A patient may still have cravings in the evening, feel emotionally flat for a few days, or struggle with shame once the immediate chaos of use quiets down. In a residential setting, those experiences can be addressed in real time rather than becoming reasons to leave treatment or use again.



The residential environment also helps clinicians observe what a patient may not know how to report. Does the person isolate after group? Do cravings increase after family phone calls? Does trauma work destabilize sleep? Does anxiety make it hard to sit through sessions? These details can shape both medication management and therapy planning.

Therapy remains central, even when medication helps

Recreate Ohio states that treatment may include CBT, DBT, EMDR, individual therapy, group therapy, family therapy, and couples therapy. These services address parts of addiction that medication cannot reach on its own.

CBT, or cognitive behavioral therapy, helps patients identify thoughts and behaviors that increase relapse risk. A patient may learn to recognize the familiar chain: stress at work, resentment on the drive home, a text from an old contact, the thought that “one time will not matter,” and then use. CBT slows that chain down and creates opportunities to interrupt it.

DBT, or dialectical behavior therapy, can help people who struggle with emotional intensity, impulsivity, self-harm urges, or relationship conflict. Skills such as distress tolerance and emotion regulation are not abstract concepts for someone in early recovery. They can be the difference between calling a sponsor, attending a group, or returning to substance use during a painful moment.

EMDR may be used with trauma-related symptoms when clinically appropriate. Trauma and addiction frequently reinforce each other. Some people use substances to quiet memories, numb the body, or escape hypervigilance. When the substance is removed, trauma symptoms can become more noticeable. A careful treatment plan does not ignore that. It addresses trauma at a pace the patient can tolerate.

Family and couples therapy can also be important. Addiction changes the entire household. Family members may become hypervigilant, controlling, withdrawn, or exhausted. Trust may be badly damaged. Medication may reduce cravings, but it does not automatically rebuild trust. Families often need help learning how to support recovery without enabling destructive behavior or living in constant fear.

Outpatient treatment after a higher level of care

Outpatient treatment is where many people discover whether recovery can survive real-life pressure. Recreate Ohio offers outpatient treatment, which may serve people stepping down from detox or residential care, as well as those who do not require 24-hour support.

The transition out of residential care can be jarring. Inside treatment, the day has structure. Outside, the person faces bills, work stress, parenting demands, loneliness, and the same neighborhoods where use occurred. MAT can provide continued physiological support during this stage, but the outpatient plan still needs to address behavior and environment.

A patient might feel stable during the first week home, then encounter a trigger that seems minor to everyone else. A song, a paycheck, a certain gas station, or an argument can bring back cravings. Outpatient therapy gives those moments a place to be examined before they become relapse. Medication management can also continue, with adjustments when symptoms change.

The best outpatient care is realistic. It does not assume motivation will remain high every day. It helps people plan for the days when motivation is low, sleep is poor, or resentment creeps in. Recovery often turns on those ordinary moments.

Holistic supports and why they are not just extras

Recreate Ohio says its services may include holistic supports such as yoga and mindfulness, art therapy, adventure therapy, equine therapy, Reiki, acupuncture, chiropractic care, fitness and wellness activities, and nutrition education. These services should not be confused with a replacement for clinical treatment. They are

better understood as supports that can help patients reconnect with their bodies, regulate stress, and build healthier routines.

People entering drug addiction treatment often have neglected basic physical care for a long time. Appetite may be irregular. Sleep may be damaged. The body may be tense, undernourished, restless, or exhausted. Movement, nutrition, and mindfulness practices can support the recovery process by helping patients notice physical cues earlier and tolerate discomfort without immediately trying to escape it.

Art therapy can give language to experiences that are hard to explain in a standard therapy session. Fitness activities can help rebuild confidence and reduce restlessness. Mindfulness can help someone observe cravings without obeying them. These supports do not replace MAT, CBT, DBT, EMDR, or medical care. They complement them.

The trade-off is that holistic care must stay grounded. A person with severe opioid use disorder does not need vague encouragement when they are at high risk of overdose. They need evidence-informed treatment, safety planning, and appropriate medical support. Holistic services are most useful when integrated into a serious clinical program, not when used to decorate one.

What families should understand before treatment begins

Families often enter this process carrying years of fear. They may want immediate reassurance that treatment will work, that relapse will not happen, and that medication will solve the crisis. A responsible treatment conversation is more measured. Recovery is possible, but it requires a plan, participation, and continuing care.

It helps when families understand several practical points:

1. MAT is a clinical tool, not a moral failure or an easy way out.
2. Detox alone is rarely enough for lasting recovery from serious drug addiction.
3. Therapy remains necessary because medication does not teach coping skills or repair relationships.
4. Treatment plans may change as symptoms, cravings, and risks become clearer.
5. Family support works best when it includes boundaries, education, and consistency.

The family's role is not to control every decision. It is to support treatment engagement, reduce chaos where possible, and stop participating in patterns that keep addiction protected. That can be painful. A parent may need to refuse money while still offering a ride to treatment. A spouse may need to stop covering for missed responsibilities while still participating in therapy. These distinctions are hard in real life, which is why family education and counseling can matter.

Safety, monitoring, and responsible prescribing 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. Certification and oversight exist because addiction treatment involves real medical and ethical risk. Patients deserve care that is accountable, properly documented, and delivered within legal and professional standards.

Medication-assisted treatment requires particular care because some medications used in addiction treatment are controlled substances or have important safety considerations. Responsible prescribing includes assessment, documentation, attention to other medications, monitoring for misuse, and coordination when needed. Ohio's OARRS system supports safer prescribing by making controlled-substance dispensing information available for appropriate clinical use.

For patients, monitoring can sometimes feel uncomfortable. Someone may wonder, “Do they think I’m lying?” A better way to understand it is that monitoring protects recovery. Addiction thrives in gaps, secrecy, and uncoordinated care. A clear medication plan reduces confusion. It also helps clinicians respond quickly if warning signs appear.

There are edge cases. A patient may have legitimate pain needs after surgery. Another may be prescribed medication for anxiety by an outside provider. Someone else may have moved from another state and arrive with an existing MAT regimen. These situations require careful coordination rather than assumptions. Good care avoids both extremes: careless prescribing on one side and rigid refusal to treat complex patients on the other.

How patients experience MAT in early recovery

The first weeks of recovery can feel uneven. Some patients expect medication to erase every craving and feel disappointed when it does not. Others feel so much better after stabilization that they underestimate the work ahead. Both reactions are common.

A person might sleep through the night for the first time in months and assume the problem is solved. Then a conflict with a partner brings back old impulses. Another person may feel physically stable but emotionally raw. Without the numbing effect of substances, grief, guilt, or anxiety can surface sharply. Medication can help reduce the biological drive to use, but the emotional work still arrives.

Clinicians often watch for subtle shifts. Is the patient becoming more honest in group? Are they less defensive when discussing relapse history? Are they able to sit with discomfort for a few minutes longer than last week? Are they beginning to make realistic plans rather than dramatic promises? These changes may not look impressive from the outside, but they <https://www.recreateohio.com/addiction/opioid-addiction/> often signal genuine recovery.

MAT can support those changes by keeping cravings from overwhelming every other intervention. When the brain is not constantly demanding relief, a person can begin to listen, practice, and choose differently.

Long-term questions: how long does MAT last?

One of the most common questions is how long someone should remain on medication. There is no single answer that fits every patient. Some people use medication for a shorter period during stabilization and step-down care. Others benefit from longer-term maintenance, especially if they have a history of relapse, overdose, or severe opioid use disorder.

The decision should be clinical, not driven by shame or outside pressure. Stopping too early can increase relapse risk for some people. Staying on medication without continued assessment may also be inappropriate for others. The right approach weighs stability, cravings, side effects, recovery supports, mental health symptoms, housing, family environment, and the patient’s ability to manage stress without returning to use.

Tapering, when appropriate, should be planned. Abrupt discontinuation can trigger withdrawal, cravings, and relapse. A patient who wants to stop medication should be able to discuss that goal honestly with the care team without being judged. Likewise, a patient who wants to continue medication should not be shamed for using a treatment that supports stability.

Recovery is not proven by how little help a person uses. It is proven by honest engagement, safer choices, and a life that becomes less organized around substances.

What “full continuum of care” means for real people

The phrase “full continuum of care” can sound like marketing language until a family needs it. Then it becomes very concrete. A person may need detox first because withdrawal is too severe to manage alone. After detox, they may need residential treatment because home is unstable or cravings remain high. Later, they may need outpatient care to stay connected while returning to daily responsibilities. MAT may be part of one or more of those stages.

Recreate Ohio identifies detox, residential or inpatient rehab, outpatient treatment, medication-assisted treatment, primary mental health services in a residential setting, therapy options, and holistic supports as part of what may be available through its Ohio facility. For someone seeking drug addiction treatment, the value lies in how these services can be combined around actual need.

A patient with co-occurring anxiety may need therapy and medication management to work together. A patient with trauma may need EMDR or other trauma-informed care at the right time, not necessarily on day one. A patient whose family system is strained may need family sessions before returning home. A patient who has repeatedly relapsed after detox may need MAT considered more seriously than in past treatment attempts.

No program can promise a perfect outcome. Addiction treatment is not a mechanical process. But a broad continuum gives clinicians more ways to respond when recovery becomes complicated, which it often does.

Choosing MAT with clear expectations

Medication-assisted treatment at Recreate Ohio, when clinically appropriate, should be understood as one part of a larger recovery plan. It may help reduce cravings and support stabilization. It may make therapy more accessible. It may lower risk during vulnerable transitions. It may also require patience, monitoring, adjustment, and honest communication.

The most useful mindset is neither blind faith in medication nor reflexive rejection of it. MAT deserves a careful conversation. What is the diagnosis? What substances are involved? What has happened in past treatment? What are the medical risks? What therapies will accompany the medication? What happens after detox or residential care? How will progress be measured? What support does the family need?

People recover through different pathways. Ohio’s approach recognizes multiple pathways to recovery, and that matters. For some, MAT is central. For others, it is temporary or not clinically indicated. The common thread is that treatment should meet the person in front of the clinician, not force everyone into the same mold.

For families in the Columbus area looking at Recreate Ohio, the key takeaway is simple: medication-assisted treatment is not separate from recovery work. It belongs inside a thoughtful, accountable treatment plan that may include detox, residential care, outpatient treatment, therapy, mental health support, and practical recovery tools. When used well, MAT can give people enough stability to do the harder work of healing, and that work is where lasting change begins.