THE BALANCE

Alcohol

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH

English / September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 Alcohol-use disorder can involve impaired control, tolerance, withdrawal, risky use, and continued drinking despite harm, even when outward functioning appears intact.

02 Assessment examines drinking patterns, withdrawal risk, physical and mental health, other substance use, previous treatment, and the person’s wider circumstances.

03 Because alcohol withdrawal can be life-threatening, medical stabilization may be required before personalized residential treatment and coordinated continuing care are considered.

One client

A private residence and a team organized around you.

Coordinated care

Clinical disciplines work within one individual plan.

Continuity

The next steps are considered throughout treatment.

02 / UNDERSTANDING YOUR NEEDS

Understanding your needs

Understanding alcohol use and dependence

Alcohol-use disorder is diagnosed from a pattern of impaired control, social or occupational effects, risky use, tolerance, withdrawal, and continued use despite harm. Severity exists on a spectrum, and physical dependence can be present even when outward functioning remains intact.

How alcohol use and dependence May Present

Alcohol-related difficulties often progress through changes in routine, secrecy, tolerance, recovery time, and relationships rather than one defining event.

- Needing more alcohol for the same effect or drinking earlier in the day
- Tremor, sweating, anxiety, nausea, insomnia, agitation, or other symptoms when use falls
- Blackouts, injuries, unsafe driving, falls, arguments, or decisions later regretted
- Drinking to manage sleep, fear, sadness, pressure, pain, or social exposure
- Repeated efforts to cut down followed by return to the previous pattern
- Missed responsibilities, reduced judgment, or growing reliance on others to contain consequences
- Changes in liver, cardiovascular, gastrointestinal, neurological, nutritional, or other health indicators
- Concealment, minimization, defensiveness, or disagreement between the person and those around them

The person’s report may be incomplete because of shame, impaired memory, or genuine uncertainty about quantity. Family and professional information can be useful, but treatment should distinguish direct evidence from speculation.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment establishes the pattern and last use, withdrawal and medical risk, mental state, co-occurring conditions, and the environment in which drinking occurs. The first recommendation may be medical stabilization rather than residence.

Amount, frequency, timing, context, last drink, and periods of reduced use

Previous withdrawal, seizures, delirium, hallucinations, intensive care, or emergency transfer

Blackouts, overdose with other substances, falls, injury, driving, and violence risk

Family, work, access to alcohol, travel, privacy, and continuing-care resources

Safety and the appropriate setting

Alcohol withdrawal can be life-threatening. A person with heavy or sustained use, previous seizures or delirium, severe symptoms, major medical illness, pregnancy, or uncertain mixed-substance use may require hospital or specialist withdrawal care. Do not advise abrupt cessation or international travel based on website information. Emergency symptoms, severe confusion, seizures, collapse, hallucinations, suicidal intent, or inability to remain safe require immediate local emergency assessment.

04 / CARE BUILT AROUND YOU

Care built around you

Alcohol treatment addresses immediate safety, the learned and social pattern of use, the needs alcohol has been serving, and the conditions required for change to last. A withdrawal episode alone does not complete this work.

Provide withdrawal care at the medically appropriate level Clarify goals, motivation, triggers, reinforcement, and consequences

Review psychiatric symptoms and medication after alcohol effects are considered Address sleep, nutrition, physical health, pain, and daily rhythm

Use psychotherapy and addiction-specific work selected for the formulation Consider approved medication options only through an authorized prescriber

Define family, financial, travel, and access-to-alcohol boundaries with consent Build continuing care and a response plan for renewed use or increasing risk

The plan may include abstinence as a safety or recovery goal, but it should explain why. No therapy, medication, residence, or period away can guarantee that alcohol use will not recur.

From assessment to a shared plan

The recommendation explains the proposed setting, priorities, team and pace, and how the plan will be reviewed with you.

05 / THE EXPERIENCE OF CARE

The experience of care

A calm private setting can create room for treatment, rest and reflection. The residence, schedule and practical support are organized around one client at a time.

A private place to pause

Personal space, discreet coordination and a daily rhythm shaped around clinical needs.

Care with room to recover

Individual appointments are balanced with rest, meals, movement and time to process.

Practical support

A personal care manager helps coordinate the schedule and everyday arrangements.

Care and residence imagery from THE BALANCE admissions guide. The residence is confirmed individually.

Mallorca

Private residential care in a restorative island setting.

Zurich

Private residential care with Swiss clinical coordination.

London

Selected assessment, transition and continuing-care support.

06 / FROM ASSESSMENT TO EVERYDAY LIFE

From assessment to everyday life

01

A confidential conversation

Admissions listens to your circumstances and explains the clinical review process.

02

Assessment and a recommendation

The team considers suitability, priorities, setting and the individual plan.

03

Personalized treatment

Care is reviewed and adjusted as your needs and capacity change.

04

Transition and continuing care

A handover connects treatment with the people, routines and support needed at home.

Preparing for home

Continuing care may include addiction medicine, psychotherapy, psychiatric review, recovery support, family work, monitoring agreed with the client, and practical changes to travel, social life, work, and access to alcohol. Progress may include safer physical health, reduced or absent alcohol use according to the plan, improved sleep and judgment, more honest relationships, and earlier response to craving or recurrence.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Can alcohol withdrawal be dangerous?

Yes. Withdrawal can include seizures, delirium, severe confusion, and other medical complications. Risk must be assessed by an appropriately qualified professional before stopping or traveling.

Does THE BALANCE provide detoxification in a residence?

Only services that are clinically appropriate and verified for the location and engagement may be considered. Some people require hospital or specialist withdrawal care before residence.

Do I need to drink daily to have alcohol-use disorder?

No. Diagnosis depends on impaired control, risk, consequences, tolerance, withdrawal, and continued use despite harm, not daily use alone.

Can alcohol cause depression or anxiety?

Alcohol and withdrawal can affect mood, anxiety, sleep, cognition, and behavior. An independent mental health condition may also be present, so timing and periods of reduced use matter.

Begin with a conversation

Speak privately with Admissions about your circumstances and the options available. An enquiry carries no obligation to proceed.

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Full condition page

If you or someone else is in immediate danger, seek local emergency care. Do not wait for routine admission or travel.

General information; individual care follows assessment.