THE BALANCE

Drug Use and Dependence

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 Drug-related risks vary by substance, route, frequency, mixed use, health, mental state, and possible contamination, requiring a substance-specific assessment.

02 Treatment planning prioritizes emergency and stabilization needs before addressing persistent use, co-occurring conditions, environmental factors, and continuing recovery support.

03 Residential care may be considered after immediate risks are addressed, while overdose, dangerous withdrawal, psychosis, seizures, or severe symptoms require emergency or specialist care.

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 drug use and dependence

A substance-use disorder involves impaired control, social or occupational impact, risky use, tolerance, withdrawal, and continued use despite harm. The diagnosis and risk depend on the specific substance, route, frequency, amount, context, and co-occurring conditions.

How drug use and dependence May Present

Patterns may be hidden by travel, cash access, multiple residences, private prescribing, or a network that absorbs consequences. Risk can still increase quickly.

- Escalating dose, frequency, route, or use in increasingly unsafe settings
- Craving, impaired control, long recovery periods, or repeated unsuccessful attempts to stop
- Withdrawal symptoms or use primarily to avoid feeling unwell
- Overdose, loss of consciousness, seizures, chest pain, severe agitation, or emergency care
- Paranoia, hallucinations, mood instability, panic, cognitive change, or profound sleep disruption
- Mixing substances with alcohol or prescribed medication
- Financial, legal, relationship, work, driving, or security consequences
- Concealment, uncertain supply, counterfeit pills, or disagreement about what was taken

The absence of obvious external loss does not establish safety. Equally, a single episode should not automatically be described as dependence without assessing pattern, context, and diagnostic criteria.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment begins with a nonjudgmental but exact substance history. Because memory, supply, and dose may be uncertain, records, collateral information, examination, and indicated testing may be relevant.

Substance names, street or product names, source, route, amount, frequency, and last use

Polysubstance use, alcohol, prescribed medication, supplements, and possible contamination

Tolerance, withdrawal, overdose, seizures, delirium, chest pain, psychosis, and emergency history

Consent, capacity, goals, readiness, and the local continuity available after treatment

Safety and the appropriate setting

Suspected overdose, unresponsiveness, severe chest pain, seizure, extreme agitation, psychosis, suicidal intent, or another acute concern requires immediate local emergency care. Some withdrawals and mixed-substance patterns require hospital or specialist monitoring. Do not advise abrupt cessation, medication changes, or international travel without appropriate review. A private residence is not equivalent to an acute medical, secure psychiatric, or licensed withdrawal unit.

04 / CARE BUILT AROUND YOU

Care built around you

Treatment is tailored to the substance and the person. It may include medical stabilization, addiction-specific psychotherapy, psychiatric care, physical-health treatment, environmental change, and continuing recovery support.

Place overdose, withdrawal, psychosis, and medical risk in the correct level of care Develop an accurate timeline and shared formulation

Clarify what effects the substance provides and what consequences maintain or challenge use Treat co-occurring psychiatric and physical conditions with coordinated responsibility

Use authorized medication options where indicated for the specific disorder Build skills, motivation, routines, relationships, and recovery supports

Address access, money, travel, contacts, devices, and high-risk environments Prepare a continuing-care and emergency plan before the intensive phase ends

No single method applies to every drug. General wellness language, nervous-system claims, or trauma narratives should not replace substance-specific medical and addiction competence.

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 should be substance-specific and locally realistic. It may involve addiction medicine, therapy, recovery groups or other supports, medication, testing by agreement, family work, and changes to access, travel, work, and social networks. Progress may include reduced or absent use according to the plan, fewer emergencies, improved health and cognition, more honest communication, stronger alternative coping, and earlier response to craving or recurrence.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Does THE BALANCE treat every type of drug use?

No. Suitability depends on the substance, pattern, acute risk, medical and psychiatric needs, consent, and verified local capability. Another service may be more appropriate.

Can withdrawal require hospital care?

Yes. Risk varies by substance, mixed use, health, and history. Hospital or specialist care may be required for dangerous withdrawal, severe symptoms, or uncertain polysubstance use.

What if the substance is unknown or counterfeit?

Treat uncertainty as clinically important. Counterfeit or contaminated products can create unpredictable overdose and interaction risk. Acute symptoms require emergency assessment.

Can drug use cause psychosis or mood symptoms?

Yes. Intoxication, withdrawal, and sleep deprivation can affect mood, perception, and behavior. An independent psychiatric condition may also be present.

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.