THE BALANCE

Cannabis Use Disorder

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 Cannabis use disorder is assessed through impaired control, withdrawal, craving, and significant consequences rather than frequency, legality, or medical authorization alone.

02 Personalized treatment may combine psychological and behavioral therapies, medical review, co-occurring condition care, harm reduction, and practical relapse-prevention planning.

03 THE BALANCE offers one-client residential treatment in Mallorca or Zurich, while acute psychosis, immediate suicide risk, or medical instability requires urgent local 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

When Cannabis Use Becomes a Disorder

Cannabis use disorder is considered when there is impaired control, craving, unsuccessful attempts to reduce use, increasing time devoted to use or recovery, tolerance, withdrawal, and continued use despite significant harm. Frequency matters, but it does not determine the diagnosis by itself.

Products, Potency, and Route of Use

Cannabis products vary substantially in THC and cannabidiol content, dose, route, duration, and reliability. Smoked flower, vaping products, concentrates, edible products, and prescribed formulations can produce different effects and risks.

The team asks what is used, how much, how often, where it comes from, and what is combined with it. Product labels may be inaccurate, and unregulated supplies can contain contaminants or unexpected substances.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment and Treatment Planning considers depression, anxiety, trauma, ADHD symptoms, bipolar-spectrum illness, psychosis risk, eating patterns, pain, and other substance use. Cannabis can temporarily alter sleep, motivation, memory, mood, and perception, complicating diagnosis.

The team may need time to observe symptoms without intoxication before drawing firm conclusions. This should not delay urgent treatment when risk is present.

Safety and the appropriate setting

Cannabis use can be associated with paranoia, hallucinations, disorganized thinking, or psychosis, particularly with frequent or high-potency exposure and in susceptible individuals. A first episode of psychosis requires prompt psychiatric assessment. Acute psychosis, severe confusion, dangerous behavior, immediate suicide risk, major intoxication, or medical instability requires urgent local assessment. A private residence is not a secure psychiatric unit or emergency department.

04 / CARE BUILT AROUND YOU

Care built around you

Psychological and Behavioral Treatment

Treatment may include motivational approaches, cognitive behavioral therapy, contingency management, relapse-prevention work, and treatment of co-occurring conditions. The plan considers triggers, access, social context, beliefs about benefit, boredom, stress, identity, and what cannabis has come to regulate.

No single therapy is appropriate for everyone. The objective is to build alternatives that remain realistic after discharge, not simply to remove cannabis during a protected stay.

Medication

There is no universal medication approved to resolve cannabis use disorder. A psychiatrist or physician may treat specific withdrawal symptoms or co-occurring conditions when appropriate, with attention to interactions, misuse risk, and the available evidence.

Medication should not be presented as a substitute for psychological and environmental change. It also should not be withheld automatically from someone who has a substance-use history.

Readiness to Change and Harm Reduction

Not every person is ready to commit to long-term abstinence at first contact. Motivational work can explore perceived benefits, concerns, previous attempts to change, and the client’s own goals without minimizing risk.

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

The continuing-care plan identifies triggers, social settings, products, travel, sleep, pain, psychiatric symptoms, and what the client will do if craving or use returns. It may involve local therapy, psychiatry, addiction care, family work, recovery support, or monitoring. Where prescribed cannabis was involved, the relevant prescriber and medical indication need a clear handover. Cross-border availability and legality must be checked independently.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Does frequent cannabis use always mean addiction?

No. Diagnosis depends on impaired control, clinically significant harm, tolerance, withdrawal, and continued use despite consequences—not frequency alone.

Can cannabis cause withdrawal?

Frequent users may experience irritability, anxiety, sleep disturbance, vivid dreams, appetite change, low mood, restlessness, or craving after stopping.

Can cannabis cause psychosis?

Cannabis can be associated with paranoia and psychosis, particularly with high-potency or frequent use and individual vulnerability. Acute psychosis requires prompt psychiatric assessment.

What if cannabis was prescribed?

The medical indication, benefit, dose, product, risks, and alternatives should be reviewed with the responsible prescriber. Prescribed use does not automatically exclude dependence or side effects.

Begin with a conversation

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

+41 44 500 5111

admissions@thebalance.clinic

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.