THE BALANCE

Opioid 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 THE BALANCE offers voluntary, one-client residential treatment in Mallorca or Zurich for selected adults whose opioid-related risks can be managed safely.

02 Care may combine evidence-based medication, overdose prevention, psychiatric and psychological support, physical-health assessment, family work, and coordinated continuing treatment.

03 Assessment distinguishes opioid use disorder from prescribed-treatment dependence, prioritizes overdose and polysubstance risks, and directs unstable or emergency cases to hospital 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

Opioid Use Disorder, Physical Dependence, and Pain Treatment

Physical dependence can develop during appropriately prescribed opioid treatment and means that abrupt reduction may produce withdrawal. Opioid use disorder involves a broader pattern of impaired control and clinically significant harm. The distinction matters because a person should not be labeled with addiction solely because their body has adapted to prescribed medication.

Overdose Risk Comes First

Opioid overdose can suppress breathing and cause death. Risk increases with fentanyl or an unknown supply, return to use after reduced tolerance, higher doses, injection, previous overdose, concurrent sedatives or alcohol, and medical conditions affecting breathing or metabolism.

The assessment should establish overdose history, current supply, access to naloxone, people who may witness an overdose, and whether urgent medical care is needed. Suspected overdose is an emergency. A private residence is not a substitute for emergency services, ventilation support, or hospital care.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Depression, anxiety, trauma, grief, ADHD symptoms, sleep problems, and suicidal thinking may precede opioid use, result from it, or become intertwined with withdrawal and chronic pain. The team considers diagnostic timing rather than assigning every symptom to one cause.

Psychological treatment may address triggers, craving, shame, loss, relationships, behavior, coping, trauma where relevant, and rebuilding a life that does not depend on opioid use. It should complement—not replace—appropriate medication and medical care.

Opioids combined with benzodiazepines, sleeping medications, alcohol, or other central nervous system depressants can increase respiratory risk. The full medication and substance list must be reconciled, including prescriptions from different clinicians, over-the-counter products, and substances obtained outside medical care.

Safety and the appropriate setting

Opioid withdrawal can involve anxiety, agitation, muscle and bone pain, gastrointestinal symptoms, sweating, insomnia, and intense craving. It is often profoundly distressing and can create dehydration, relapse, or other complications. Co-occurring alcohol, benzodiazepine, or sedative withdrawal may be medically dangerous. Naloxone can reverse an opioid overdose temporarily and should be considered as part of a practical safety plan for people at risk and those close to them. Availability, formulation, training, and local requirements vary by country.

04 / CARE BUILT AROUND YOU

Care built around you

Medication for Opioid Use Disorder

Evidence-based treatment may include buprenorphine, methadone, or extended-release naltrexone, depending on the client, jurisdiction, access, contraindications, prior response, and informed preference. These medicines are not simply substitutions for one addiction. They can reduce illicit opioid use, withdrawal, craving, overdose risk, and mortality when appropriately prescribed and continued.

THE BALANCE does not present medication-free treatment as inherently superior. The responsible prescriber should explain options, benefits, risks, induction requirements, monitoring, interactions, and how treatment will continue after the client leaves the residence.

Why Detoxification Alone Is Not Sufficient

Withdrawal management may be necessary, but completing withdrawal does not by itself treat opioid use disorder. Detoxification without ongoing medication or another evidence-based treatment plan can increase the risk of return to use and overdose because tolerance falls while triggers and craving remain.

If the client requests a medication-free approach, the team should discuss the evidence and risks without coercion. Informed choice requires an accurate explanation of alternatives, not a promise that comfort, privacy, or willpower can replace ongoing treatment.

Chronic Pain and Opioid Use Disorder

Some clients continue to experience significant pain. Treatment should not frame all pain as psychological or remove analgesia without a credible alternative. Pain medicine, addiction medicine, psychiatry, physical health, function, sleep, and emotional well-being may need coordinated review.

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

Before discharge, the plan identifies who will prescribe and monitor medication, where it can be dispensed, what happens during international travel, which local clinicians will remain involved, and how urgent concerns will be handled. Cross-border prescribing cannot be assumed. International Continuing Care may include addiction medicine, psychiatry, psychotherapy, recovery support, family work, overdose prevention, and a clear response to missed medication, craving, or return to use.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Does THE BALANCE treat opioid use disorder?

THE BALANCE may treat selected adults with opioid use disorder when assessment confirms that their medical, psychiatric, prescribing, and safety needs can be supported within the voluntary residential model.

Is opioid detox enough to treat addiction?

No. Withdrawal management alone does not treat opioid use disorder and can leave a person at increased overdose risk after tolerance falls. Ongoing evidence-based treatment and overdose prevention are essential.

Does treatment include buprenorphine or methadone?

Medication options may include buprenorphine, methadone, or extended-release naltrexone where clinically appropriate, lawfully available, and supported by a responsible prescriber and continuing-care plan.

Will I have to stop all medication?

No. Medication is reviewed according to indication, benefit, risk, interactions, dependence, and the client's preferences. Changes are made only through appropriate prescribing responsibility.

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.