THE BALANCE

Prescription Medication 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 Physiological dependence, medication misuse, and medication-use disorder are distinct but may overlap, requiring careful assessment without shame or assumptions of deception.

02 THE BALANCE reviews the medication’s indication, prescribing history, current use, interactions, health risks, and personal goals before recommending any change.

03 Care may maintain, simplify, change, or gradually reduce medication under authorized prescribing, with coordinated monitoring and clear responsibility after discharge.

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 prescription medication dependence

Physiological dependence means the body has adapted and may produce withdrawal symptoms when a medication is reduced or stopped. Misuse involves use outside the agreed direction. A medication-use disorder involves impaired control, risk, consequences, and continued use despite harm. One does not automatically prove the others.

How prescription medication dependence May Present

Problems may emerge gradually through dose escalation, early refills, several prescribers, use for additional purposes, or fear of functioning without the medication.

- Taking more, more often, or by a different route than agreed
- Using medication to change mood, sleep, energy, confidence, or emotional state beyond the indication
- Withdrawal symptoms, rebound symptoms, or intense fear when a dose is delayed
- Obtaining medication from multiple prescribers, countries, pharmacies, or informal sources
- Combining medication with alcohol, substances, or other sedating or stimulating agents
- Cognitive slowing, falls, accidents, agitation, insomnia, mood change, or impaired judgment
- Repeated unsuccessful attempts to reduce or an increasingly complicated self-directed taper
- Conflict, secrecy, stockpiling, lost prescriptions, or reliance on others to manage supply

Some behaviors can also arise from poorly coordinated prescribing, inadequate pain or symptom treatment, cognitive difficulty, or genuine confusion. Assessment should be exact without assuming deception.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Medication review requires an accurate list, the original indications, dose history, prescribers, dispensing records where available, other substances, and previous reduction attempts.

Medication name, formulation, dose, schedule, route, duration, and time of last dose

Original indication and whether the underlying condition remains active

All prescribers, pharmacies, countries, online sources, and informal supply

Consent for prescriber coordination and the plan for responsibility after discharge

Safety and the appropriate setting

Abrupt cessation of some medications can cause seizures, delirium, severe autonomic symptoms, psychiatric destabilization, pain crisis, or other harm. Overdose and interaction risk can also be significant. Severe confusion, seizure, unresponsiveness, breathing difficulty, suicidal intent, psychosis, or suspected overdose requires immediate local emergency care. International travel should not precede necessary medical review.

04 / CARE BUILT AROUND YOU

Care built around you

Care may involve maintaining, simplifying, changing, or gradually reducing medication. The decision belongs to an authorized prescriber working from the indication, risk, history, and the person’s informed goals.

Prevent abrupt or unsafe medication changes Establish one current medication list and clear prescribing responsibility

Treat the original pain, sleep, anxiety, mood, attention, or other indication Address misuse or substance-use disorder when diagnostic criteria are met

Use a personalized taper only when clinically indicated and monitored Coordinate pharmacy, prescriber, medical, psychological, and addiction input

Clarify storage, administration, travel documentation, and authorized access Arrange long-term prescribing and follow-up before transition

There is no universal taper speed or symptom-free method. Website content should never be used to alter a dose. A slower or paused taper may be clinically appropriate, and continued medication may sometimes remain the correct plan.

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

Medication responsibility must not become ambiguous after discharge. The handover should identify the prescriber, pharmacy, current list, taper or maintenance plan, monitoring, emergency instructions, and therapy or medical care for the original condition. Progress may include safer and more coherent prescribing, reduced misuse, improved cognition or sleep, more effective treatment of the underlying condition, and greater confidence managing medication without secrecy or abrupt change.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Is physical dependence the same as addiction?

No. Dependence is physiological adaptation. Addiction or substance-use disorder involves impaired control, risk, consequences, and continued use despite harm. They can coexist but are not identical.

Should I stop my medication before admission?

No medication should be stopped or changed merely to prepare for admission without guidance from an appropriately qualified prescriber. Provide an accurate current list.

Can THE BALANCE create a taper plan?

A personalized taper may be considered only by an authorized prescriber after assessment. Availability and responsibility must be confirmed for the individual case.

How long does tapering take?

There is no reliable standard duration. It depends on the medication, dose, duration, health, prior attempts, symptoms, goals, and clinical response.

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.