THE BALANCE

Benzodiazepine and Sedative 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 Physical dependence can develop during prescribed sedative use, while addiction additionally involves impaired control, compulsive use, and continued use despite harm.

02 Abrupt discontinuation may cause severe withdrawal, including seizures or delirium, so any reduction requires individualized medical oversight and shared decision-making.

03 THE BALANCE offers one-client residential care in Mallorca and Zurich for selected adults, supporting assessment, stabilization, coordinated treatment, and continuing-care planning.

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

Physical Dependence Is Not the Same as Addiction

Physical dependence is an expected biological adaptation that can occur even when a benzodiazepine is taken exactly as prescribed. Withdrawal symptoms may appear if the dose is reduced too quickly. Addiction or a sedative use disorder includes a broader pattern of impaired control, compulsive use, and continued use despite harm.

Which Medicines May Be Involved?

Benzodiazepines include medicines such as alprazolam, diazepam, lorazepam, clonazepam, temazepam, and others. Sedative dependence may also involve Z-drugs used for insomnia, barbiturates, or combinations of several medicines and substances.

Brand names, formulations, half-lives, dose equivalence, and availability differ between countries. A complete medication reconciliation is required. The client should bring prescriptions, pharmacy records, packaging, dosing history, and information about medicines obtained from more than one clinician or outside formal care.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment and Treatment Planning considers the current medicine, dose, timing, duration, reason for prescribing, previous attempts to reduce, withdrawal history, alcohol and other drug use, pregnancy where relevant, neurological history, sleep, pain, and psychiatric symptoms.

The team also asks what happens between doses and whether anxiety or insomnia reflects the original condition, withdrawal, rebound symptoms, another medical or psychiatric disorder, or a combination. This distinction can influence pace and treatment priorities.

Safety and the appropriate setting

Rapid reduction or sudden discontinuation can produce severe anxiety, insomnia, agitation, sensory disturbance, tremor, confusion, perceptual changes, seizure, delirium, or other serious complications. Risk varies according to medicine, dose, duration, pattern of use, previous withdrawal, physical health, and concurrent substances. High doses, complicated prior withdrawal, seizures, delirium, unstable medical illness, severe polysubstance use, pregnancy, or concurrent withdrawal from alcohol or other sedatives may require a hospital or specialist medically managed setting.

04 / CARE BUILT AROUND YOU

Care built around you

Individualized, Shared-Decision Tapering

Recent multidisciplinary guidance emphasizes that tapering should be individualized and based on shared decision-making. The pace may need to slow, pause, or change in response to symptoms and risk. Some people require a long process rather than a rapid residential withdrawal.

A private residential stay may support assessment, stabilization, the early phase of a plan, or treatment of co-occurring concerns. It should not be presented as proof that all dependence can be resolved within a predetermined number of days.

Psychological Treatment and Dependence

Psychotherapy does not eliminate physiological withdrawal, but it can help with fear, catastrophic interpretation, insomnia, avoidance, coping, trauma, and the behaviors surrounding medication use. The approach should not imply that symptoms are “all psychological.”

Treatment may also address prescription-seeking across several clinicians, secrecy, use for emotional escape, or fear of functioning without the medicine. A therapeutic relationship based on collaboration is generally more useful than confrontation or shame.

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

A taper or medication review may continue for months after the residential phase. The discharge plan must identify the responsible prescriber, pharmacy access, monitoring, psychological care, sleep treatment, travel arrangements, and what to do if symptoms worsen. Cross-border prescribing and controlled-medication rules vary. International video appointments cannot be assumed to provide lawful prescribing wherever the client travels. See International Continuing Care.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Is benzodiazepine dependence the same as addiction?

No. Physical dependence can develop during appropriate prescribed use. Addiction involves a broader pattern of impaired control and continued use despite harm. A careful assessment distinguishes them.

Can I stop benzodiazepines suddenly?

Stopping suddenly can be dangerous and may cause severe withdrawal, including seizures or delirium. Any change should be planned with an appropriately qualified prescriber.

How long does a benzodiazepine taper take?

There is no universal timeline. The medicine, dose, duration, prior withdrawal, other substances, symptoms, and medical risk all matter. Some tapers require a prolonged outpatient process.

Can a taper be completed during residential treatment?

Sometimes a residential phase can support assessment, stabilization, or part of a taper. It should not be assumed that every dependence can be resolved safely within one fixed stay.

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.