



WELCOME TO HOLLAND!



EU-PROMENS

Workshop
A Dutch view on addiction care



Mental Health Exchange Programme -
Netherlands, 2nd wave

 25 November - 4 December 2025

 Utrecht, Netherlands
Utrecht UT, Netherlands

Welcome



Tjebbo Grijpma MBA 

Directeur bedrijfsvoering bij Amethyst Verslavingszorg Flevoland



Teie Salomons · 1ste

Verpleegkundig specialist GGG | MSc | Regiebehandelaar | hoofd behandelzaken | hoofdopleider verpleegkundig specialisten Amethyst Verslavingszorg

Teie Salomons

Advanced nurse practitioner
Head of treatment Amethyst

Tjebbo Grijpma

Director of operations Amethyst

Who are our visitors today?





We work for Amethyst Flevoland

- Young organization founded in 2013
- Partnership between GGZ Centraal and Tactus
- 125 employees
- Treating 1000 patients a year
- Care and Cure services paid for by health insurance and social support government



Amethyst is the name of a crystal used in Greek mythology as a stone against drunkenness and imparts calm and balance

What is special about working at Amethyst in Flevoland?



Almere (nr 8 biggest city NL)

- Developed as an overflow city for Amsterdam.
- **1976**: first residents.
- **2025**: over **220,000 inhabitants**
- Construction of Almere started on December 1, 1975. So yesterday Almere was 50 years old.





Mentimeter

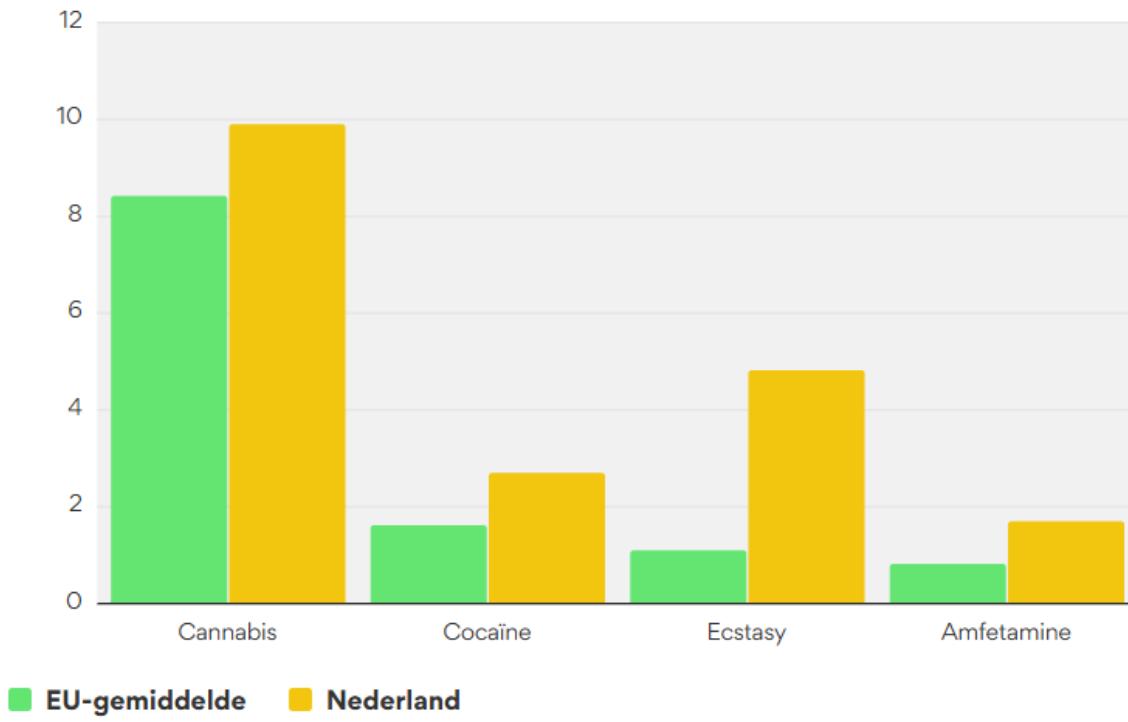
- **Key features in the Netherlands:**
- **Tolerance policy:** soft drugs like cannabis are tolerated under strict conditions.
- **Coffee shops:** licensed venues where cannabis can be purchased and consumed.
- **Amsterdam's reputation:** known for liberal attitudes toward recreational drug use.
- **Festival culture:** MDMA (ecstasy) and other party drugs are common at music festivals.
- **Harm reduction:** free drug testing services.



International comparison of Europe and the Netherlands

Internationale vergelijking

Gebruik van cannabis, cocaïne, ecstasy en amfetamine onder volwassenen (15-64 jaar) in de EU (gemiddelde, incl. Noorwegen en Turkije) en Nederland



Bronnen: European Drug Report 2025, EUDA; Gezondheidsenquête/Leefstijlmonitor CBS in samenwerking met het RIVM en het Trimbos-instituut, 2023.

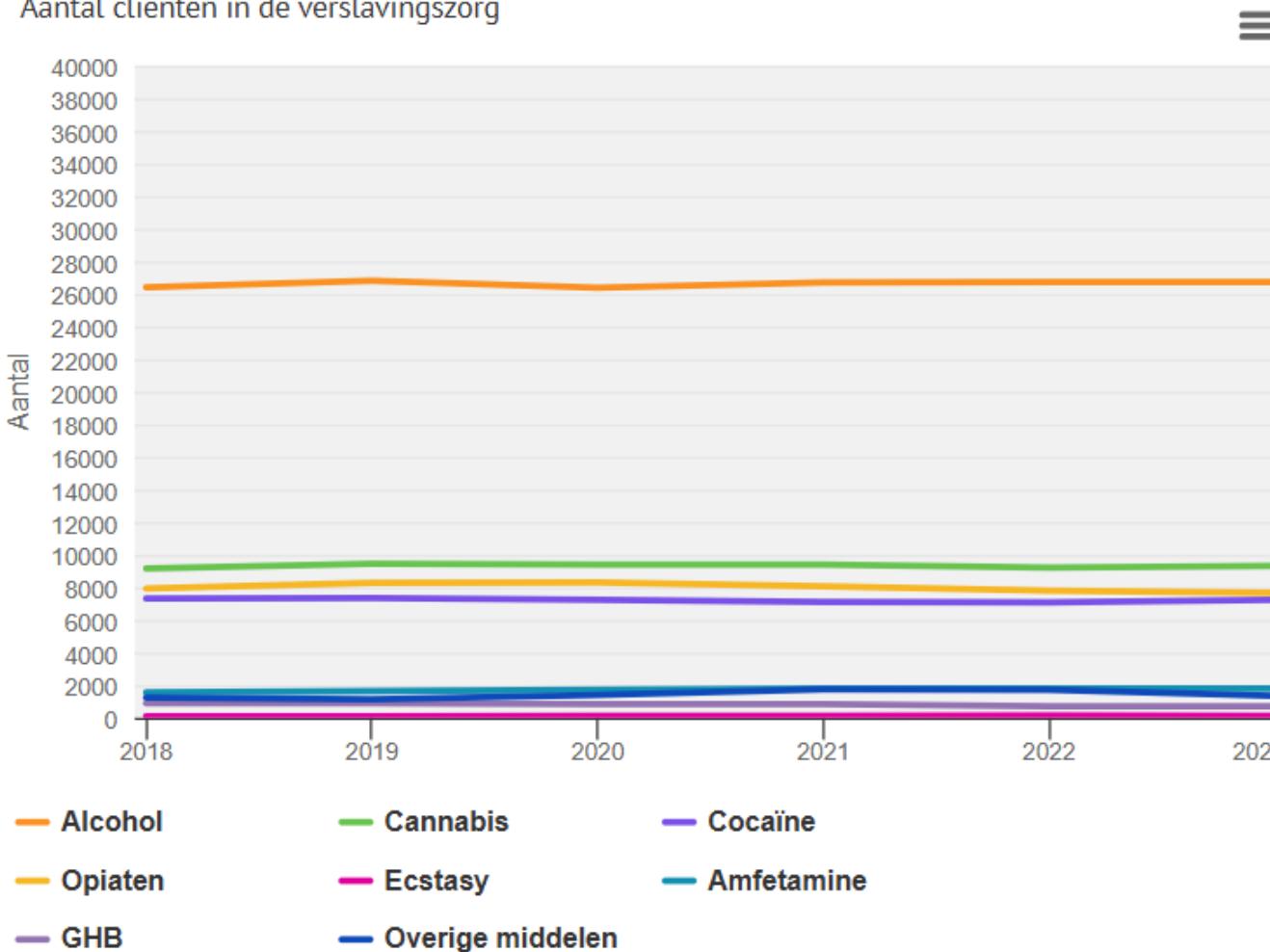


NDM

Number of clients in addiction care

Verslavingszorg

Aantal cliënten in de verslavingszorg



Back to Amethyst: work areas

- Almere is a large multicultural city
- We also work in areas where farmers and fishermen live – noordoostpolder
- Seasonal workers from various European countries





Outside the big cities:

- More alcohol problems
- More shame about problems
- More support system
- Big city Almere – Lelystad
- More designer drugs
- More crime
- More socialwork

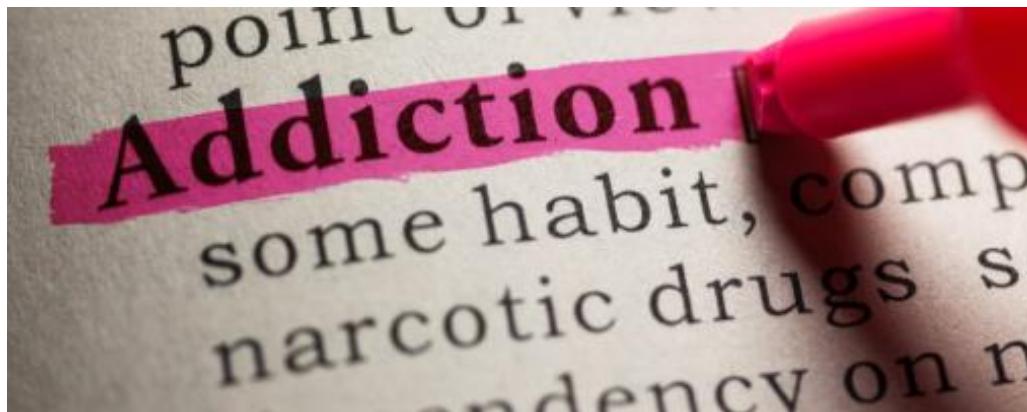
More socialwork means

Location Schrijverstraat Almere city:

- Methadone posts
- Social activation
- Living room
- User areas/ user rooms (smoking heroin, weet, alcohol)
- We take patients off the streets
- Trying to get them into care



View on addiction



- Addiction is an illness
- Treatment consists of targetting multiple factors
- Social-biopsychological approach

Route to care



- Typically through a referral (GP, other specialised care)
- Intake, assessment, treatment
- Group therapy is the norm

- Care is covered by health insurance

Treatment in the Netherlands

- Two main treatments:
- 12-step program
- Cognitive behavioral therapy (CBT)



Our treatments:

Behandelfase

Toeleiden naar zorg

Detoxificatie

Inzicht gevende behandeling

Terugvalpreventie

CARE

Verslavings- behandeling

Verslaving de Baas

Ambulante detox
 Klinische detox

Verslaving de Baas
 Dagbehandeling
 MDOD
 Seeking Safety
 ACT
 Themagroep (55+, gokken, seksverslaving)
 Klinische behandeling (KB)¹

Terugvalpreventie
 AA/NA

MZU
 Rehabilitatie

Complementair behandelaanbod

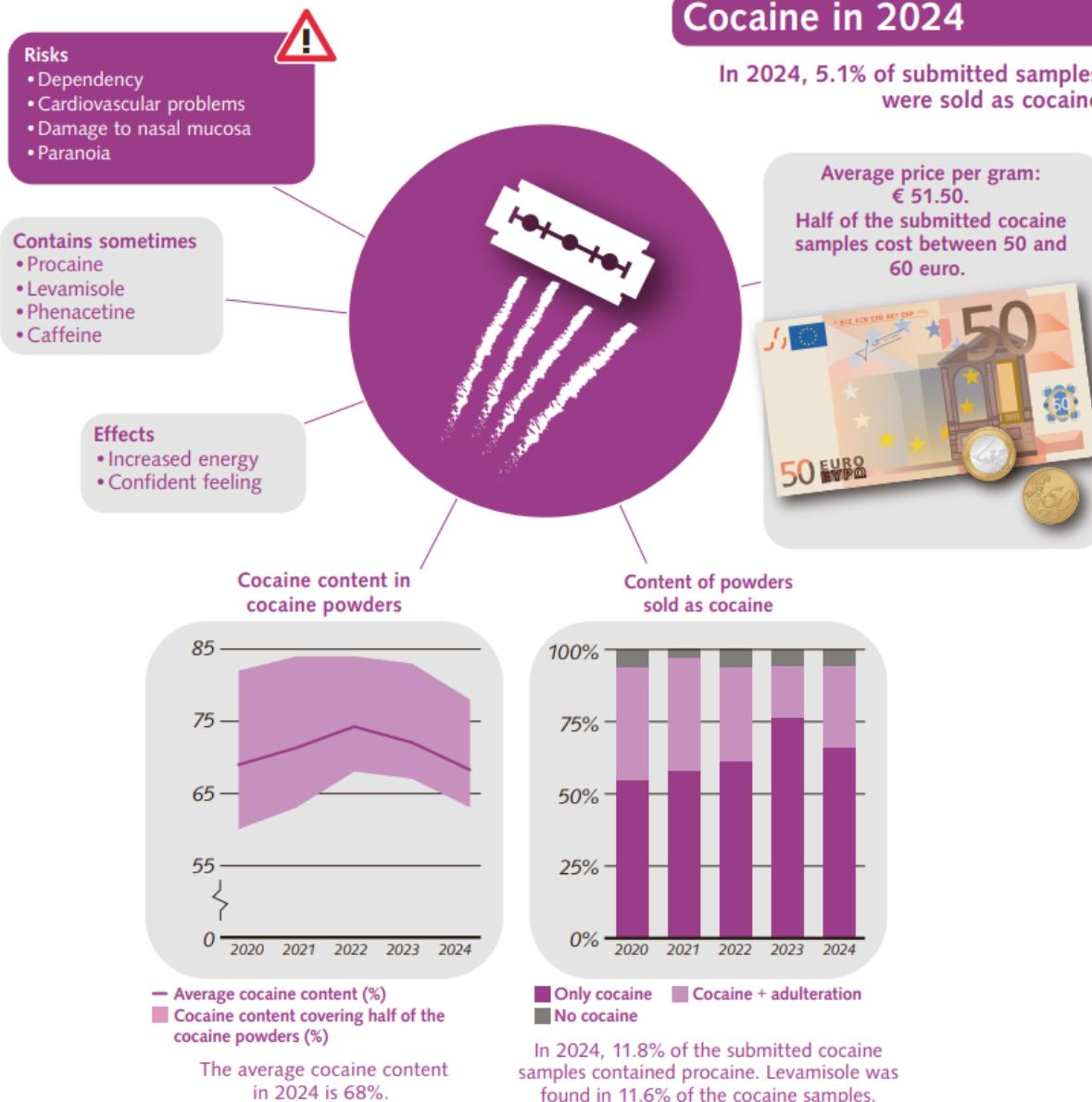
PMT
 ADHD coaching
 ERT individueel
 Kortdurend systemisch
 Diagnostiek psychodiagnostisch
 Diagnostiek psychiatrisch
 CGT Insomnia
 COMET-zelfbeeld
 Schema therapie
 EMDR/Trauma
 Seeking Safety

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 Farmacotherapie

Drugs Information and Monitoring System (DIMS)

- Testing service at 33 locations
- In 2024: 19.000 samples were brought
- Valuable information about developments, compositions and usage

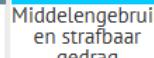
Information like:



National Drug Monitor (NDM)

- Yearly updates about trends, markets and developments
- Extensive information about the usage
- Helps to predict what to expect



Home	Kerncijfers	Publicaties	Alcohol	Tabak	Cannabis	Ecstasy (MDMA)	Cocaïne		Lachgas	Ketamine
GHB	Psychedelica	NPS	Opioïden	Slaap- en kalmeringsmiddelen	ADHD-medicatie	Wetgeving, beleid en preventie	Drugs-criminaliteit		Bijlagen	Over NDM

 7.0 Laatste feiten en trends 7.1 Over amfetamine 7.2 Gebruik: volwassenen 7.3 Gebruik: jongeren en jongvolwassenen 7.4 Problematisch gebruik 7.5 Gebruik: internationale vergelijking 7.6 Hulpvraag en incidenten 7.7 Ziekte en sterfte 7.8 Aanbod en markt Download pdf.

Amfetamine

Home > Amfetamine > 7.0 Laatste feiten en trends

7.0 Laatste feiten en trends

Wijzigingsdatum: 12 | 11 | 2025

Volwassenen

Amfetaminegebruik in het laatste jaar (2023)



1,3%

Trend in amfetaminegebruik
onder volwassenen

1,0%



1,6%

Amfetaminegebruik onder
volwassenen, naar leeftijdsgroep

Developments

- New psychotropic drugs (NPS) are introduced at a high rate
- Increase in cocaïne/crack usage
- Increase in vaping among young people
- Number of patients in addiction healthcare is stable

Care in networks

- Care for complex patients is usually delivered in networks
- Addiction, mental health, social problems, physical issues.
- Working closely with partners to provide optimum care



Current developments

- Therapy is usually provided in groups
- Online/E-health is on the rise
- New therapy methods: contingency management as one of the newer ones

Current developments (2)

- Fast increase of addiction healthcare organisations
- Often targetting low-complex patients
- The regular organisations see an increase of high complex patients

Peer support

- Addiction healthcare was one of the early adapters when it comes to peer support
- Most famous: Alcoholics anonymous (AA)
- Introduction of “experience experts”



Patient case

We see a 24 year old woman, referred by her GP with oxycodon abuse. Her parents kicked her out, she lives with friends, moving between houses. When you see her for a first consultation, she tells of a past consisting of sexual abuse and repeated trauma, she has recurring nightmares and avoids certain locations. She feels depressed and has suicidal thoughts at times. Her drug use has caused her to lose her job as a medical secretary, after she was caught stealing medication. She has little to do during the day.

Her current oxycodon use is 140 mg spread out over the day, which she buys on the black market. She's motivated to quit using, but when she tried it herself, the withdrawel symptoms were so hard, she wasn't able to remain sober.



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