National Action Plan
The Netherlands
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More information via: www.csidp.eu

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BACKGROUND

Drug related health risks and social problems are major concerns in Europe. Civil society organisations (CSO), working for and with drug users play a vital role in implementing effective measures to tackle negative consequences of drug use, because they directly work for and with the drug users and daily face the problems.

Despite of this, civil society involvement (CSI) in drug policy is low in most countries of the European Union. This leads to a mismatch between policy and practice, due to the large distance between policy makers and the field and the rapidly changing environment. Due to a lack of knowledge and missing structures within CSOs on how to get meaningfully involved in policy making, a lack of cooperation between CSOs (national and European level) and a lack of awareness of the positive effects of CSI among policy makers, a more structured approach is needed.

The European project 'Civil Society Involvement in Drug Policy (CSIDP)' is built on this rationale. The CSIDP project aims at eliminating obstacles in order to enhance meaningful civil society involvement (CSI) in the development and implementation of drug policies on national and European levels.

The following activities will be carried out in the framework of the CSIDP project:

- Assessment of CSI within European member states. With this assessment we will analyse the current state of affairs in regard to CSI;
- Development of a roadmap for CSOs and policy makers with guidance for successful CSI;
- Development and implementation of national action plans in 6 European countries
- Promotion of effective CSI structures and organisation of a European conference on CSI.

The project has 7 project partners from the Netherlands, Germany, Ireland, Portugal, Italy, Bulgaria and Slovenia.

This national action plan describes the situation and the planned activities in the Netherlands. The action plan is developed by De Regenboog Groep (RG), in close cooperation with other national stakeholders such as the Trimbos Institute and civil society organisations like Mainline, the International Civil Society Foundation, AFEW, the MDHG and TNI. Furthermore, representatives of the Ministry of Health (MoH) and the Ministry of Foreign Affairs (MoFA) were consulted.

CIVIL SOCIETY INVOLVEMENT IN THE NETHERLANDS

The Netherlands are a relatively small country with direct and short lines to policymakers and ministries. Above all, it is a unitary state. In all Dutch municipalities, a number of national rules, for example in the field of welfare, environmental legislation and marital status are applied in the same way. These are common and collective rules, which apply for all Dutch citizens in the same way.

In addition, the Netherlands have implemented the concept of state-law autonomy. This refers to the authority of a municipal council to regulate matters of the municipal household, according to own...
rules and priorities. In this regard, we also speak of an open-ended household, which means that the subjects with which the municipality can interfere are in principal unlimited (except if national legislation is being crossed).

The decentralisation of certain tasks and policies has created two dimensions of policy making – one organised on the national level and one on the local level.

**DECENTRALIZED POLICY MAKING ON A LOCAL LEVEL**

Since a number of years national governments are delegating certain tasks and powers to the municipalities. This decentralization must give municipalities more impetus and responsibility. Previously, subsidies were given by a Hague ministry to local institutions. Nowadays, this decision is delegated to municipalities, which means that all local interventions are commissioned and financed by local governments. This includes for example social and welfare policies, education and housing programmes. How local policies and strategies are designed, developed and implemented depends on the local situation. Many municipalities have developed a competitive public procurement method, which is executed in accordance with established procedures set out in the procurement guidelines and detailed in the standard bidding documents.

It is presumed that this procurement method fosters effective competition and adds value for money. However, public procurement is strongly procedure-based and therefore designed for acquiring simple goods. In case of complex goods – where quality, output and outcome are more at stake, it is questionable if procurement methods are suitable.

Some municipalities have also formed coalitions and decided to develop and implement common policies. This is the case in the four bigger cities (Amsterdam, Den Haag, Rotterdam and Utrecht). They have jointly developed a communal social welfare approach, which specifically targets topics, such as drug use and homelessness.

Organisations, which operate solely on the local level, are in general not in contact with ministries and other national administrative bodies. Instead, they are linked to municipal departments, sometimes organised in districts. The development and implementation of policies will then be organised directly on this level, without any interference of the national government.

It is to be expected, that the communication between local civil society organisations and municipalities is more frequent and direct than the communication with national authorities. This is due to shorter lines of communication and the fact that practical solutions for problems can be found more easily.

**DECENTRALIZED POLICY MAKING ON A NATIONAL LEVEL**

The Dutch drug policy is outlined in the ‘Opium wet’ which since 1976 makes a difference between hard and soft drugs and which doesn’t criminalise individual drug use. The current Dutch Drug Policy is based on the Drug Policy Strategy of 1995. Since then, a number of adaptations have been made, taking into account new drug trends and drug patterns.

The drug policy in the Netherlands is organised alongside the following pillars: awareness rising, prevention, treatment, and Harm Reduction.

The development and implementation of the national drug policy is the responsibility of the
Ministry of Health, Welfare and Sport (MoH). The MoH is also representing the Netherlands in the Horizontal Drug Group of the European Union.

Besides the MoH, drug policy is also influenced by the Ministry of Justice (MoJ) and the Ministry of Foreign Affairs (MoFA). While the MoJ is responsible for drug supply reduction (production and drug trafficking), the MoFA is promoting the Dutch Harm Reduction Policy, by for example funding activities on HIV/AIDS and harm reduction in low income countries.

All three ministries therefore are relevant in the field of drug policy and should be involved in a regular exchange with civil society.

INTERNATIONAL LEVEL

The Netherlands are well-known for their pragmatic and effective drug policy, in particular in regard to harm reduction. During the preparations for the UNGASS of 1998, the Dutch delegation suggested, for example, that further tightening of the fight against drugs would entail 'enormous criminological multiplication effects'.

Also, in the previous UNGASS preparation process of 2016, the Netherlands played an active role in the creation of the Action Plan for Demand Reduction and argued to shift the attention from law enforcement and criminalization towards improved health care and harm reduction. During this process, a consultation with different CSO’s, active on international level, was established to ensure input from civil society.

On the European level, the Netherlands are less active in promoting Dutch drug policy. Although, there is no doubt – also on policy level – that the harm reduction approach works, the NL are no longer aiming to profile as harm reduction pioneer. Harm Reduction is still one of basic the pillars within the Dutch drug policy, but due to the reluctant and cautious position in the European policy arena the Dutch drug policy is no longer acknowledged as specifically progressive or innovative. This makes that Dutch institutions and organisations are less involved in European initiatives, such as the Joint Actions, which are initiated by the European Health Programme of the European Commission.

THE DIFFERENT CSO STAKEHOLDERS

To identify CSO’s in drug policy and implementation is not easy in the Netherlands. Many harm reduction measures for example are carried out by NON CSO like the Municipal Health Services (e.g. Methadone or Heroin maintenance programmes, needle exchange etc.) and many service providers merged to regional conglomerates with a broad range of facilities and target groups.

An important spin in the web in regard of drug policy and information is the Trimbos Institute, a semi-governmental organisation which conducts research on issues related to mental health and addiction and which monitors relevant drug trends and drug patterns and which reports directly to the MoH annually.

The Trimbos Institute is also the Reitox Focal Point of the EMCDDA and coordinates the database of the Drugs Information and Monitoring System (DIMS), which functions as Early Warning System.

A relevant civil society organisation, which is active on national level is the Mainline Foundation. Mainline aims to improve the health and the rights of people who use drugs, by providing health education and training events and carries out different international projects. Mainline is partly financed by the MoH and the MoFA. Mainline is also commissioned to report directly to the MoH and
has therefore an important mediation role between the MoH and the civil society sector.

The Rainbow Group, finally, is active on local level in Amsterdam only and mainly communicate with local authorities. Due to the international division, RG also is active on European level.

**CSO EXCHANGE WITH THE GOVERNMENT**

Based on the information, we received from the officers of the MoH, the ministries are in regular contact with national operating civil society organisations, which receive direct funding from the concerned ministry.

CSOs have relatively limited or no contacts at all to the MoJ. This is not surprising, as the MoJ is focusing on law enforcement and drug supply policies.

It is currently unclear how many CSO’s are active on national level and which CSOs are in contact with the different ministries. As part of this national action plan an assessment is currently carried out to identify relevant CSOs in the field and to analyse their role within the CSI process. As mentioned before, CSO – GOV exchange was or are established for certain purposes, like for e.g. the preparations for UNGASS 2016 or the International Aids Conference, to be held in Amsterdam in 2018. Another example for collaboration between GOV and CSO was the establishment of the HARP group, mainly to prepare and launch harm reduction programs in low income countries.

Based on the above-mentioned analysis the following conclusions can be drawn at this stage:

1. The decentralisation of policy making has shifted many responsibilities from the national level to the local level.
2. CSO involvement on local level seems to be more frequent. There is regular consultation between municipalities with local CSOs in regard to the development of policies, procedures and approaches.
3. CSOs which operate on local level are not involved in regular exchange with the ministries.
4. Relevant policy-making ministries are: the MoH, the MoFA and the MoJ. The MoH is the main responsible in regard to drug policy and represents the NL in European decision-making bodies, such as the Horizontal Drug Group.
5. The ministries are in regular contact with CSOs and the Trimbos Institute if financial support is provided for specific programmes and projects and when specific advice or input is needed.
6. The Trimbos Institute is responsible for monitoring the Dutch drug trends and developments and reports directly to the MoH. This applies as well for the Mainline Foundation.
7. There is no information system from the government to inform CSOs on relevant policy
plans and developments.

8. It is unclear how many national operating CSO are active and which kind of exchange they have with the relevant ministries. This means that current CSI structures are not transparent.

9. The Netherlands are reluctant in promoting their harm reduction policy on international level. They are no longer seen as pioneers for a pragmatic and effective drug policy and less involved in European initiatives.

OBJECTIVES

The overall objective of the national action plan is to improve CSI exchange with governmental institutions in the Netherlands.

For this purpose, we will:

1. Create more understanding about current CSI, and identify potential barriers for CSI,

2. Implement a process with stakeholders (GOV and CSO) to establish a sustainable mechanism for CSI,

3. Identify possible content wise thematic focus areas for exchange between GOV and CS.

Ad 1. Assessment

- Create an overview and list of relevant national CSOs in the NL (structured according to certain fields of activity)
- Assess the level and the structures of CSI on national level
- Identify and describe good practice examples of national or local CSI structures
- Analyse bottlenecks in regard to CSI in the NL

Ad 2. Structure

- Establish a working group of CSO, which are interested in contributing to the process
- Organise a consultation meeting with the relevant ministries (Ministry of Health and Ministry of Foreign Affairs) to discuss CSI and collect input
- Develop a proposal for a transparent and sustainable CSI structure, based on GOV and CSO suggestions
- Organise a consultation session on meaningful civil society involvement during the national harm reduction conference in April 2018 and collect feedback and input
- Agreement with all stakeholders about how to organise the exchange between the ministries and the relevant CSOs

Ad 3. Content

- Propose and discuss possible agenda points and thematic priorities like HR, Cannabis, International

KEY OUTCOMES

The key outcomes of the national Action Plan are directly linked to the objectives.

- Overview of relevant CSOs in the field of drug use and their role within CSI on international and national level
- Improved and more transparent CSI structures
- Improved exchange between MoH, MOFA and CSO’s on national level
STAKEHOLDERS

A number of relevant stakeholders have been involved in the process of developing a draft plan from the very beginning. This includes

- Ministry of Health, Welfare and Sport (MoH) and Ministry of Foreign Affairs (MoFA)
- Trimbos Institute
- Mainline Foundation
- AFEW - Aids Foundation East West
- TNI – Transnational Institute
- ICS - International Civil Society Centre
- MDHG – Interest Group of Drug Users

Based on the findings of the assessment phase, more stakeholders will be invited to participate in the process of further developing and implementing the national action plan.

In the following page a detailed version of the National Action Plan - Netherlands is presented.

PROCESS OVERVIEW

Phase 1 Preparation
(January – December 2017)

Two meetings were organised with different key stakeholders from CSOs. These CSOs contributed to the further development of the national Action Plan and committed themselves to the implementation process of the national Action Plan.

Phase 2 Assessment Phase
(July – December 2017)

An assessment was carried out, to identify different CSO stakeholders and learn more about their communication with governmental institutions. A questionnaire was developed and sent out to a large number of respondents. At the same time, the 2 relevant ministries are approached to investigate their views and opportunities to contribute to this process.

Phase 3 Structure
(October 2017 – September 2018)

Based on the results of the survey, an expert group, consisting of relevant CSOs will be formed to brainstorm and discuss opportunities to create a structured exchange with GOV in the future. After
<table>
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<tr>
<th>Why this action?</th>
<th>What do you want to achieve?</th>
<th>How will you achieve it?</th>
<th>What is needed to achieve it?</th>
<th>What kind of bottlenecks do you expect and how can you overcome them?</th>
<th>How exactly will you measure success?</th>
<th>When will you deliver?</th>
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<td>Activities</td>
<td>Means &amp; Resources</td>
<td>Potential Problems &amp; Solutions</td>
<td>Indicators</td>
<td>Delivery</td>
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<td><strong>Assessment</strong></td>
<td>Lacking overview of CSO's in the NL</td>
<td>Create an overview and list of relevant CSO's in the NL (structured according to certain fields of activity)</td>
<td>Disseminate a questionnaire among CSO's and MoH and MoFA in the NL</td>
<td>Input and willingness of CSO's and MoH / MOFA to provide input</td>
<td>Lacking willingness of CSO's and MoH to provide input</td>
<td>20 filled in questionnaires</td>
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<td>Unclear CSI structures in the NL</td>
<td>Assess the level and the structures of CSI on national level</td>
<td>Disseminate a questionnaire among CSO's and MoH and MoFA in the NL</td>
<td>Input and willingness of CSO's and MoH / MOFA to provide input</td>
<td>Lacking willingness of CSO's and MoH to provide input</td>
<td>20 filled in questionnaires</td>
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<td></td>
<td>Identify bottlenecks in regard to CSI in the NL</td>
<td>Organise expert meetings with representatives of MoH, MOFA and CSO's</td>
<td>Input and willingness of CSO's and MoH / MOFA to provide input</td>
<td>Lacking willingness of CSO's and MoH to provide input</td>
<td>Consultation meeting with MoH</td>
<td>May 2018</td>
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<td>Identify good practices on national or local level</td>
<td>Organise expert meetings with representatives of MoH, MOFA and CSO's</td>
<td>Input and willingness of CSO's and MoH / MOFA to provide input</td>
<td>Lacking willingness of CSO's and MoH to provide input</td>
<td>Number of good practices identified</td>
<td>May 2018</td>
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<td><strong>Step 2</strong></td>
<td>Irregular or non-existing CSI in the NL</td>
<td>Develop a transparent and sustainable proposal for CSI mechanism/structure</td>
<td>Organise expert meetings with representatives of MoH, MOFA and CSO's</td>
<td>Input and willingness of CSO's and MoH / MOFA to provide input</td>
<td>Lacking willingness of CSO's and MoH to provide input</td>
<td>Consultation meeting with CSO's and MoH and MOFA</td>
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<td><strong>Step 3</strong></td>
<td>Lack of content wise structured information exchange GOV-CSI</td>
<td>Bring HR issue on the agenda of MoH</td>
<td>Development of thematic working groups and organize regular meetings in cooperation with MoH and MOFA</td>
<td>Interest of MoH and MOFA to commit to HR network meetings with CSOs</td>
<td>Lacking willingness of CSO's and MoH to commit</td>
<td>Structural bi-annual meetings with MoH and MOFA</td>
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<td>Lack of content wise structured information exchange in regard of international drug policy</td>
<td>Present the Dutch experience and the European activities of CSOs during meetings with MoH and MOFA</td>
<td>Exchange information and mutual support for international activities in regard of drug policy GOV-CSO</td>
<td>Willingness of MoH and MOFA to support European activities and projects</td>
<td>Lacking willingness of CSO's and MoH to support</td>
<td>Number of international consultations/support/exchange</td>
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this discussion, GOV representatives will be invited to join the discussion and to commonly develop a step by step plan for the establishment of a CSI mechanism/structure. A final version (if achievable) will be presented in September 2018 at the project’s final conference.

**Phase 4**
(October 2017 – September 2018)

An integral part of the discussion on structures, thematic focus areas will be identified and agreed on. Possibly, CSO and GOV will commit themselves to certain working groups as part of the overall structure (e.g. harm reduction, cannabis, European drug policy).

**ASSESSMENT OF RESULTS**

There are many different interpretations and definitions of the term ‘civil society’. In a broad sense, it can be regarded as the space between the economic marketplace and the state, where different associations operate. Consequently, those organizations which are part of the civil society, in general, can be referred to as ‘civil society organizations’.

For the assessment, we adopted the definition provided by the European commission's green paper on civil society, which defines it as ‘...the associational life operating in the space between the state and market, including individual participation and the activities of non-governmental, voluntary and community organizations’ (European Commission, 2006).

We developed a questionnaire and shared it with a large number of CSOs. The different members of the CSO consultation group disseminated this questionnaire through their channels.

In total 34 CSOs responded. According to the definition proposed in this survey, 70% of the respondent organizations considered themselves a Civil Society Organization, and 30% not. The survey can be summarized in the following main outcomes:

**Dutch CSOs have adapted to a decentralized and networked society.**

**Message:** Dutch CSO’s topography reflects the decentralized institutional landscape resulting from the latest social and health support reforms, in which municipalities have been rendered central. Next to this, Dutch CSOs respond to a networked society model, characterized by multi-level governance processes and a big emphasis on transnational policy discourses. This model contrasts with older hierarchical models ['Matroschka' system].

**Evidence (1)** In question no. 9, a majority (83.3%) reported to belong to an organization that operates on a local level, 60% on a national level and 55% on an international level. As a result, we can see that there is an overlap of levels.

**Evidence (2)** When the data collected is analysed further, and the overlaps are unpacked, a more nuanced image arises. From all of the replies, 53% participants reported that their organizations operate in one level, 33% on all levels (local, national and international), and 23.3% operate in two levels. From those organizations operating in one level, a majority (68.7%) perform their tasks on a local level. Local/National (48%) and National/International (48%) are the most common combinations of two levels of operation.
Dutch CSOs form a complex and interdependent network

Message: as a result of overlaps between areas of action, an image of a complex and interdependent network of Dutch CSOs arises. Interdependence, in this case, is understood as the result of sharing the same spaces and facing the same problems. What is the level of interaction, communication and the types of structures that coordinate these different agents cannot be deduced from this survey.

Evidence (1) Questions no. 7, 9 & 11 target the fields of action for Dutch CSO’s. However, once this information is reconfigured instead from an angle of multiple participation, new insights arise. On a local, national and international level, when the information is crossed referenced, we can observe how the majority of participants indirectly reported that the organizations they work for operate in 2 or more fields simultaneously.

It is particularly interesting to observe the shift in numbers between levels. In a Local Level, 58% of the responses report organizations working in 1 fields, and 41% in two fields. Only a minority operates in 3 or more fields. On a National Level, the majority (55%) operates in two fields. On an International Level, the majority (43.7%) operates in 3 or more fields, and slightly under 37% in one field.

This information raises up questions about the kind of institutional and economic structures that are related to these results. In the case of the local level, taking into consideration the recent changes in policy, and how the municipalities have integrated CSO’s in covenants and agreements, it could be argued that efficiency has been the reason why a majority of CSO’s operate in only one, or two levels.

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<th>2 fields</th>
<th>3/+ fields</th>
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<tr>
<td>local</td>
<td>58%</td>
<td>41%</td>
<td>12%</td>
</tr>
<tr>
<td>national</td>
<td>16,6%</td>
<td>55,5%</td>
<td>27,7%</td>
</tr>
<tr>
<td>international</td>
<td>37,5%</td>
<td>18,7%</td>
<td>43,7%</td>
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Most Common Fields of Collaboration: Prevention & Information, Advocacy and Research

Message: Dutch CSOs are most engaged in drug policy processes in the fields of prevention & information, policy (for example, advocacy) and research. The more we move into a Local Level, the more service providing relationships we witness. On an International Level, cooperation in EU level projects features greatly.

Evidence (1) Questions no. 7, 9 & 11 target the fields of action for Dutch CSO’s. On a Local Level we discover very equally distributed results, 13,7% of the respondents reported the CSO’s they work for as been involved in prevention & information, 13,7% in service providers, 13,7% in research, 13,7% drugs policy, and advocacy, and 11,7% in HR.

On a National Level, 28.8% of the respondents reported that their organizations participate in drug policy making in the field of Drugs Policy and advocacy, 22,2% in research, and 17,7% in prevention.

On an International Level, 24% reported that their organizations engage in EU policy making, 22.5% in International Policy, and 25% in EU collaboration projects.
Dutch CSOs are not sufficiently engaged in drug policy processes & need more information

Message: although there is a manifested interest in participating in drug policy processes, and a majority of Dutch CSOs consider this topic very important within their organizations, the levels of engagement are still, and oftentimes non-existent. Information is crucial for this.

Evidence (1) In question no.15, 78% of respondents reported being interested in being involved in activities in the field of civil society involvement

Evidence (2) In question no. 14, almost 50% of the respondents to the survey reported that civil society participation and active citizenship is a very important theme within their organizations. However, in the same questions, almost a 20% reported not being sufficiently informed about this subject matter.

Evidence (3) Questions no. 8, 10 & 12 target the level of engagement of Dutch CSO’s in policy making. On an international level, 29% of the respondents reported that the CSO’s they work for “do not have or have a very small level of engagement in drug policy process and does need it”. On National Level, this percentage remains somehow stable (24%) and it decreases to a 17% on a Local Level.

In those cases, in which there is collaboration with institutions on drug policy making, these interactions are directed towards information and advice. On a Local Level, 21.4% of the respondents reported and advice-directed interaction, and 21.4% an information-directed one. On a National Level, 28% advice-directed, 20% information directed. And Internationally, 29.1% advice-directed and 20% information.

Risks of lack of accountability

Message: A lack of sustained and structured partnerships in drug policy making processes represents a risk of lack of institutional accountability.

Evidence: Questions no. 8, 10 & 12 target the level of engagement of Dutch CSOs in policy making. In general lines, we observe that the majority of interactions are unidirectional, from the policy making institutions to CSO’s. This applies both to requests of advice, or provision of information. Whenever a majority of unidirectional channels of communication occurs, consequently questions can be raised up on what institutional levels of accountability exist. Information and advice-directed participation oftentimes is presented in form of close agendas to which CSOs cannot contribute with relevant topics, and lack follow-up sessions in which the degree to which advice has been implemented, and how, can be assessed.

CHALLENGES

Decentralisation creates a fragmented national civil society

The development and implementation of the national Action Plan has been a challenging, time-consuming and tough process. It was difficult to find sufficient commitment and involvement on both sides, civil society and governmental representatives. This is definitely not due to a lack of interest, ignorance or hierarchical gaps between civil society and government. Everyone, to whom we talked was interested, but the decentralization of policy-making has created a fragmented civil society, and linkage between the local and the national level is limited.
CSOs, which are active and financed on local level are most often not involved at all in national drug policy-making. They are in contact with local policy makers. The quality and level of CSI on the local level is judged positively. The lines to policy makers are direct and short, and CSOs are actively involved in the development and the design of local drug policies. As local governments are increasingly independent in developing their local policies, there is no need to involve national policy makers.

CSOs, which are active on the national or international level are in contact with the two relevant ministries – MoH and MOF A, mainly due to the funding relationship and the related responsibilities on both sides.

Due to this funding-related approach, the linkage between local CSOs and the ministries on national level is limited. The ministries are most often not in contact with local organisations and don’t know how and by whom certain policies are implemented there. The same applies to the local CSOs: they are unfamiliar and uninformed about relevant developments and decision-making processes on the national policy level.

**Pragmatism and successful Dutch approach as pitfall**

What we heard repeatedly during the assessment phase: ‘things are going well’, ‘if we need to know something, we know whom to approach’. This argument is partly valid. Things are going well. The Dutch drug policy works. There are not too many problems. Harm Reduction is an essential part of the Dutch drug policy and there are ideological discussions. However, the drug markets and the drug use are changing and many of these changes are happening on the local level.

A regular exchange between civil society and policy making level ensures, that policy makers are informed about the developments in the field. It can also mean that policy makers visit Drop-in centres or Drug Consumption Rooms, to learn more about the practical implementation of policies.

**ASSESSMENT OF SUCCESS**

Although the implementation of the national Action Plan was more difficult than expected, we are satisfied with final results of the process. The following concrete outcomes were achieved:

- A bi-annual meeting with national CSOs, the MoH and the MoFA has been agreed. The Trimbos Institute has agreed to organize these meetings. Due to their specific mediation function, they can easily bring together various stakeholders.
- Meetings will be organized by the Trimbos Institute and are accessible for CSOs, which are interested to join.
- The information flow between MoH, MoFA and the civil society sector would be improved. It was agreed that the Trimbos Institute would investigate the opportunity of developing an online portal or newsletter to share relevant news from both sides with each other. This idea will be further discussed in the next meeting in October 2018.
- The Trimbos could also organize specific expert meetings in cooperation with the MoH, the MoFA and the civil society sector to address specific topics, such as Drug Consumption Rooms, the need for a Drug Policy Reform and more. This needs to be further discussed.
The civil society engagement in the Netherlands is significantly influenced by the decentralization of drug policy. This makes it more difficult to organize meaningful CS structures on the national level. On the other hand, we can learn from the successes on the local level, where all relevant stakeholders cooperate with each other and challenges are seen as a common problem, which need to be addressed and solved together.

- The **direct lines and the solution-oriented approach is working**. Local CSOs are seen as partners, which are needed. Consequently, local policies are developed and implemented in a partnership.

- Although, it is clear that CSI on the national level is more complex, it would help both sides **to have a more open-minded approach, in which the roles, tasks and the specific expertise of all partners is recognized and accepted**.

- **Exchange of information and the willingness to learn from each other** should be a leading principle in the dialogue between CSOs and governmental institutions. Not putting the emphasis on potential differences and disagreement but focusing on the relevance of sharing information will contribute to a more effective exchange.

**GLOSSARY**

CS – Civil Society
CSI – Civil Society Involvement
CSO – Civil Society Organisation
CSIDP – Civil Society Involvement in Drug Policy Project
MoH – Ministry of Health, Welfare and Sport
MoFA – Ministry of Foreign Affairs
MoJ – Ministry of Justice