Beyond the Billboards: A Case Study on the Rotterdam Municipal Drug Campaigns

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Text on the billboard: There is blood on your pill (Rijnmond, 2023).

Abstract

Through a comprehensive case study, including an analysis of municipal documents, participatory observations, and interviews with professionals and the campaign's target audience (recreational drug users aged 18 to 34 from Rotterdam), this research shows how the municipality's top-down approach, with bold statements, attracted much media attention, but ultimately missed its purpose and failed to reach its intended audience. The study shows that many young people did not feel addressed by the message; they discussed the campaigns, but mainly about the style and tone. No behavioural change was observed, and while a specific technique was chosen to influence behaviour, it seems unlikely that the city's youth will change their perceptions if the municipal approach stays the same.

Keywords: *Case study, municipal, drug campaigns, recreational drug user, Rotterdam, youth perceptions*

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Preface

As an early-career academic and sociologist, I have greatly appreciated the opportunity to conduct research in my own city, Rotterdam, on a topic that almost always gets people talking. I am also grateful for the open and supportive guidance I received from both Erasmus University and the Municipality of Rotterdam. It was sometimes a challenge to include everything I wanted to say within the word limit, especially since I was also learning, in another course, that the strength of case studies often lies in the details. Still, I am pleased with the final result, and I did my best to make it as clear as possible, both for those new to the topic and for professionals. I hope you enjoy reading this thesis and that it contributes to a better world, whatever that may mean to you.

Text on the billboard: Your line, his liquidation (NOS, 2023).

Introduction

Humans and drugs share a relationship that traces back thousands of years. Analyses of prehistoric cave paintings, ancient burials, and mummies show how early *Homo sapiens* used mushrooms to enhance their visual abilities, strengthen social bonds, and treat illnesses and trauma (H. Hagen and Tushingham, 2019; McKenna, 1999). Since then, much has changed: wars have been fought over certain drugs, people have become addicted to them, and so-called drug epidemics have taken place (Jonnes, 1995; Pletcher & Kenneth, 1998; Turner, 2025). As a result, U.S. President Richard Nixon launched the 'War on Drugs', intended to combat illegal drug use by increasing penalties and enforcement significantly (Jamila Hodge & Dholakia, 2024; The Editors of Encyclopedia Britannica, 2025). Fifty years later, the war on drugs has caused a worldwide balloon effect, an analogy that illustrates how pressure on drug regulations shifts production to areas with less resistance, without ever eliminating it. Laffiteau (2014) and the Transform Drug Policy Foundation (2013) calculated that the spending of global drug law enforcement exceeds $100 billion each year. Besides this 'war' being a massive financial burden, other sources show how this war originated mostly as an attack on anti-war civilians and people of colour (Levins, 2021; Mann, 2021; Perry, 2024; Vulliamy, 2017). Argued by various groups and organisations, the "War on Drugs" has been a complete disaster (UN News, 2024).

Zooming in on the Netherlands, Busz et al. (2024) show how the European country has its own evolution in the war on drugs. They show how the Dutch used to be a frontrunner in harm reduction, pushing for health-focused policies, launching needle exchange programs, and setting up safe consumption spaces, leading to big improvements in public health, like lower HIV and hepatitis rates among drug users. By the 1980s, harm reduction became a core part of local health and social services, helping to reduce drug-related harm and crime. However, from the 2000s on, influenced by socio-political changes, the focus shifted towards security and crime prevention, with stricter criminal justice measures and budget cuts for harm reduction programs. Yet, recently, the Dutch approach to drugs took another interesting and fragmented turn. At a 2024 drug conference, Amsterdam's mayor, Femke Halsema, pushed for drug regulation, with reinvestments in harm reduction and creating a more humane drug policy *(Amsterdam Manifesto Dealing Drugs, 2024*; Correlation, 2024). But, not far from the capital, the city of Rotterdam presents a different approach. Under the leadership of Alderman Vincent Karremans, a member of the centre-right liberal party VVD, the Rotterdam municipality launched a multi-year 'drug denormalisation' campaign. Online advertisements and billboards across the city directly addressed drug users with texts such as "Your

line blows up porches" and "Your high, his low", which needed to work as a conversation starter about drugs, crime and their kinship (Groenendijk, 2023; Van Zaane, 2023).

The Rotterdam drug campaigns, which launched in 2022 and have their new sub-campaign every year, gained much media attention, winning national marketing awards and reaching millions of viewers (Stichting Adverteerders Jury Nederland, 2024). Other Dutch cities, like Zwolle, have announced the launch of a similar campaign (Stentor/Jasper van Loo, 2025). However, aside from all the praises, the Rotterdam campaign also received a lot of criticism. Some argued that the campaign and its underlying policies work counterproductive (*Jouw Beleid | MDHG*, n.d.; Verspeek, 2023). Others discussed how the campaign is too focused on personal blame, is corny, and lacks a solid foundation in researched behavioural data (Aghaku, 2023; Visser, 2024; Vos, 2024).

The following research, titled *Beyond the Billboards*, further analyses the Rotterdam municipal drug campaigns, focusing specifically on their effects on the city's youth aged 18 to 34, an age group believed to be overrepresented among recreational drug users. A case study design was chosen to gain deeper insight, in which municipal professionals were interviewed, key documents were analysed, and multiple relevant meetings were attended to comprehensively understand the process behind the municipal campaigns. This approach is considered important, because it is necessary to first understand the *what*, meaning what the campaigns concerned, before being able to analyse the influences of the *what*. Then, to research these influences, 17 youth Rotterdammers (aged 18 to 34) were interviewed to assess their understanding, attitudes, and behaviour related to and triggered by the campaigns. So, this case study uses deductive and inductive approaches to evaluate the campaigns, their consequences, and provide insights to improve future municipal drug intervention strategies. The following research question and sub-questions guide the study.

Research Question:

How can the influences of recent Rotterdam municipal drug-related campaigns on the city's youth be understood?

Sub-Questions:

1. What are the primary goals and strategies of Rotterdam's municipal drug-related campaigns, carried out between 2022 and 2024?
2. How have Rotterdam's youth perceived and engaged with these drug-related campaigns?
3. What changes, if any, have occurred in the attitudes and behaviours of Rotterdam's youth regarding drugs since the campaigns were introduced?
4. What are the key challenges and barriers to effectively reaching and influencing Rotterdam's youth through these drug-related campaigns?

5. How could future municipal campaigns be organised to influence local youth more?

City management workers are adding the new street name signs (Van der Deure, 2024).

Theoretical Framework

The research has two parts, each with its own theoretical framework. The first analyses the municipal anti-drug campaign, using Wight et al.'s (2016) six-step model. The second part examines the campaign's impact on Rotterdam youth, applying the Transtheoretical Model of Behaviour Change (TTM) by Prochaska et al. (1992) and Raihan & Cogburn (2008). The theories are further explained below.

Municipal Public Health Interventions

Until 2025, Rotterdam launched three municipal drug campaigns, all using the same overarching website (www.drugsimpactrotterdam.nl). However, this research focuses on the second and third campaigns, as the first campaign, called *Bekentenissen van ex-dealers* ("Confessions of ex-dealers"), was a pilot. The second, *Drugsdenormalisatie Rotterdam* ("Drugdenormalisation Rotterdam"), started in September 2023 and was known for citywide billboards and online ads with texts like *Er kleeft bloed aan jouw pil* ("There is blood on your pill") and *Jouw lijn, zijn liquidatie* ("Your line, his liquidation"). The third campaign, *Jouw high, zijn low* ("Your high, their low"), launched in September 2024 with a publicity stunt that changed famous street signs, for example, Coolsingel to "Cokesingel." Below the temporary new street signs, an informative text was placed, like "*63,000 lines of coke per day have an impact on the city."*

To understand these campaigns, Cuijpers' (2009) framework is used. Based on thirty years of drug prevention programs, Cuijpers identifies three target groups: *indicated* targets people showing early signs of problems, *selective* focuses on those with higher risk, and *universal* aims at the general population or parts without specific risks. He also distinguishes school-based, family-based, mass media, and community interventions. These categories help assess the campaigns created by the Rotterdam municipality.

Next, a six-step model by Wight et al. (2016) is used to evaluate the creation and implementation of these public health interventions. The model, *Six Steps in Quality Intervention Development (6SQuID)*, consists of the following steps:

1. Define and understand the problem and its causes;
2. Identify which causal or contextual factors are modifiable: which have the greatest scope for change, and who would benefit most;
3. Decide on the mechanisms of change;
4. Clarify how these will be delivered.
5. Test and adapt the intervention;
6. Collect sufficient evidence of effectiveness to proceed to a rigorous evaluation.

Through semi-structured interviews with key professionals, as well as by analysing and observing relevant documents and meetings, this research will use Cuijpers' (2009) framework and Wight et al.'s (2016) six-step model to categorize the campaign aims, evaluate the process and steps, and assess the choices made during the campaigns' development. For example, the steps are paraphrased and used as questions to assess whether a step was overlooked. Further details are explained in the Research Design section.

Behavioural Changes and Influences on Rotterdam Youth

To study the effects the municipal campaigns had on Rotterdam's youth, Raihan & Cogburn's (2008) steps and the underlying Transtheoretical Model (TTM) by Prochaska et al. (1992) were used. Semi-structured interviews were conducted in which youth participants were asked about their views on the campaigns, their experiences discussing drug-related topics with family and friends, and their perceptions of governmental institutions. Based on their answers, respondents were assigned to one of the six stages of the TTM. This approach revealed whether participants recently moved between stages, why, and if the Rotterdam municipal campaign influenced this change. Further details on data collection are provided in the next section: Research Design.

The transtheoretical model (TTM) consists of the following six steps: The first, precontemplation, is when people are not considering change; they may not see their behaviour as problematic or have been discouraged by past unsuccessful attempts. The second, contemplation, involves becoming aware of the issue and weighing the pros and cons of changing, though no commitment has been made yet. The third, preparation, is when individuals organise and plan for change by gathering information or taking small steps. The fourth is the stage where people actively modify their behaviour with visible efforts, although this phase is often temporary and demands significant work due to the risk of relapse. The fifth, maintenance, focuses on sustaining the new behaviour over time and preventing relapse through ongoing strategies. Finally, the sixth, termination, is reached when the behaviour change is fully integrated and the individual no longer feels the urge to return to previous habits.

Research Design & Methodology

Research Design

In order to answer the research question and its sub-questions, a case study research design was chosen, which includes a variety of methods to strengthen credibility, provide context and reduce biases. That variety included analysing documents, such as emails, presentations, and reports, as well as observations of municipal meetings and in-depth interviews with municipal professionals and Rotterdam's youth. These were then linked to the theoretical framework.

Sampling

Four municipal professionals were selected for interviews based on their involvement in the drug campaigns between 2022 and 2024. The other interviews focused on the campaign's main target group: the city's youth (18–34 years). Given the diversity within this group, a maximum variation approach was used to avoid oversampling a certain age. A short Qualtrics questionnaire was created, which interested respondents could fill out. Sampling was mainly based on age and whether respondents lived in or regularly visited the city centre, where the campaigns were most visible and where many young residents live or spend their free time (Gemeente Rotterdam, 2025). Questions about leisure activities were included to allow for more selective sampling if a large number of responses came in. Respondents could leave their contact details to be invited for an interview. The survey was in Dutch since the campaigns were in Dutch, and respondents needed to understand the messages. The study and the questionnaire were shared via social media and through flyering in the city centre and the Rotterdam public library.

Respondents

In total, 27 people completed the Qualtrics. Three of them were not invited for an interview because they either did not live in the city centre or rarely visited it. The remaining 24 were invited, of which 6 never responded. Interviews were scheduled with the other 18 respondents; 2 were conducted online due to time constraints, and the remaining 16 interviews took place in person. The average age of the respondents interviewed was 27, with the youngest being 19 and the oldest 34. The age of 29 appeared most frequently, four times. All respondents interviewed either lived in the city centre or visited it regularly. The leisure-based sampling strategy was not applied due to a shortage of respondents. One interview was excluded from the analysis, as the respondent's position was too closely related to the topic to be considered representative.

Data Collection & Analysis

All interviews were transcribed using the secure transcription tools from Goodtape.io or Microsoft Teams. After that, they were carefully checked and improved if needed. The transcripts (21), relevant documents (8), and observation notes (4) from meetings were then uploaded into Atlas.ti. All materials, in total 33, were analysed and coded following the research design strategy: deductively based on the theoretical framework, and inductively to find new patterns and knowledge. A total of 189 codes were applied 1,089 times across the 33 documents, resulting in 15 code groups (themes) that are further discussed in the results section.

Validity & Reliability

To improve the validity and reliability, several steps were taken. The earlier choice for maximum variation sampling helped reduce sampling bias, and the thesis proposal and interview questions were reviewed by peers and supervisors from the municipality and Erasmus University. Municipal stakeholders also received bi-weekly updates and a presentation every six weeks to help minimise researcher bias. Methodological triangulation was applied by combining in-depth interviews, document analysis, and participatory observations. To limit recall bias in interviews, campaign images were used to trigger memory. It should be noted that replicating this study will be difficult, as new municipal drug-related campaigns are already being launched in mid-2025, and any future research on this topic will likely be influenced by these new developments.

Ethics & Privacy

This research was conducted during a thesis internship at the Rotterdam municipality, with ethical and privacy matters regularly discussed with municipal supervisors. Sensitive data, including internal documents and interviews, was securely stored. A consent form, developed with the municipality and Erasmus University Rotterdam, was signed by all interviewees. Due to the internship setting, some classified but irrelevant information may arise; to protect privacy, the researcher signed a municipal non-disclosure agreement. All youth participants received a €20 VVV gift card, funded by the municipality as a token of appreciation, deliberately kept small in the external communication to avoid undue influence.

Results

This section presents the main findings of the study, structured around the sub-questions from the start of the study. The first sub-question is mainly answered through the municipal documents, meetings and interviews with professionals, while the other sub-questions are mostly clarified through interviews with Rotterdam's youth. For all sub-questions, document analysis and observations of relevant meetings were used.

Sub-Question 1: What are the Primary Goals and Strategies of Rotterdam's Municipal Drug-Related Campaigns, Carried Out Between 2022 and 2024?

To further analyse the process of the Rotterdam drug campaigns and answer this sub-question, the six-step model from Wight et al. (2016) is used, and as mentioned earlier, relying mainly on the conversations with the municipal professionals and document analysis.

The answer to this sub-question begins with the 2022–2026 Rotterdam Coalition Agreement, a guiding document for municipal policy. Supported by coalition parties and accepted by the opposition, it includes the following sentence, which can be seen as the starting point for the drug campaigns: "We invest annually in a campaign that informs Rotterdammers about the social consequences of buying illegal drugs, without criminalising drug users." Interviews with municipal professionals revealed that this paragraph was mainly included thanks to former Alderman Vincent Karremans, from the Dutch *People's Party for Freedom and Democracy*, called VVD.

As a result of this coalition agreement and to execute the campaign, the municipality created a briefing for agencies that were willing to collaborate on this drug campaign project. This briefing states:

> The project 'Denormalising Recreational Drug Use' aims to raise awareness about the societal consequences of drugs, such as violence, exploitation, and undermining crime. The city wants to shift the social norm, especially among recreational users of drugs like cocaine and XTC, without criminalising them. The main goal is to support long-term awareness and spark public debate, not immediate behaviour change. The target group is broad, including different age groups and social settings, and communication should feel relevant without being judgmental. A yearly campaign is planned until 2026, with a flexible, focused approach. Agencies are invited to pitch a plan that includes testing with the target group and working together with city experts. (Briefing denormalisering drugs, 2023)

The agency that ultimately carried out the project created an *Impact plan* in which the scope of the project is further finalised. Under the heading *Creative concept*, the plan briefly explains the reason behind the campaign:

> We need to show that your drug use supports and maintains drug-related crime in the city. Many people do not see the link, or do not feel addressed by it ('What difference does one pill of mine make?'). So, the message is: 'The devastating consequences of drug use. You are partly responsible for explosions in apartment buildings, buildings on fire, and mothers losing their sons. (Impact plan, 2023)

Under a different heading called *The challenges*, the goals of the campaign are described: "Creating awareness that drug use is not okay and that it contributes to the disruption of society, and starting a public debate."

Now the background of the drug campaigns is clearer, some other important elements further influenced the goals and strategies of the campaign. To further explore this, the six-step model by Wright et al. (2016) is used to compare them with the actual steps taken in the municipal campaign.

Step 1: Define and Understand the Problem and Its Causes

The first step of the six-step model from Wright et al. (2016) is about identifying the underlying problem and its causes for the intervention. A part of this has been discussed in the previous paragraph by delving into the documents, but more about the cause of the campaigns was learned during the municipal interviews.

During these interviews, it was mentioned several times that former Alderman Vincent Karremans saw the municipal drug campaigns as a way to "throw a stone into the pond", something that needed to *trigger* a public conversation about recreational drug use, similar to the debates around flying or eating meat. According to him, making users more aware of their role in drug-related crime was something that had not really been done before. Experts further explained that Karremans had a strong political voice in the process, and that the campaign was also meant to show political decisiveness and raise awareness and was part of his political gain. One interviewee criticised how closely the campaign was tied to one person, saying it made the process quite vulnerable and political. Another agreed and said Karremans deliberately wanted to provoke a reaction.

So, from this, we learn that the underlying problem and its causes, according to the municipality, are that recreational drug users in Rotterdam do not realise how much influence their behaviour has on drug-related crime in the city. The campaigns also seemed to serve a political function for former Alderman Karremans, to score political points and make a name for himself.

Step 2: Identify Which Causal or Contextual Factors are Modifiable: Which Have the Greatest Scope For Change, and Who Would Benefit Most

The next step is to look at the causal factors and their context, to figure out which ones give the best chance for change. And as we have learned before, change also means getting recreational users to start talking about their drug use and its influence on drug crime.

Through the interviews with the municipal professionals, it became clear that this specific campaign format had already been decided from the start, as Alderman Karremans had this in mind, and this was just how the political mandate looked. As one municipal interviewee said: "It became clear quite early on that there was no space to choose another approach, like an educational program or information campaign." Besides this, it was also clear from the start that this would be a multi-year campaign, as the coalition agreement covered the years 2022 to 2026, and a budget was set aside for a drug campaign each year.

Besides the format and duration, the target group was also clear from the start: 18- to 35-year-old Rotterdammers who are seen as starting or social drug users. According to the municipality, this group stands out when it comes to recreational drug use, and there is a risk of hard drug use becoming normalised among them. One interviewee explained:

> There is a certain logic behind it. By focusing on even younger people, the emphasis is more on prevention. By focusing on someone who has been using drugs for multiple years are less likely to quit. But by focusing on someone who, for instance, just moved to the city and never or rarely used drugs, you can really do something.

It was also mentioned that there was not much effort made to look around, either within or outside the municipality, at what was already being done around this topic. However, another interviewee noted that from some municipal roles it is expected to know what is going on in their area, and that active searching is not needed per se. This way of working also seems to reflect the culture of the municipality, especially within the specific department that handled this campaign: the Safety Department (*Directie Veiligheid, DV)*. In an interview, its internal culture was described as a

"bull charging straight at its target", which, in a crisis-oriented organisation, is sometimes seen as necessary: "act quickly and get it done."

So, the fact that no deeper consideration was given to other contextual or causal factors, or different policy approaches, does not seem to be so surprising. It fits the organisational culture, and the campaign was a political assignment that simply had to be carried out. At the same time, one interviewee did point out:

> I see this with other topics too, that there is often little time taken to first check what's already there. Sometimes we repeat work or make plans that were previously rejected for a reason. It can feel like we're doing double work.

Step 3: Decide on the Mechanisms of Change

Now that the underlying problem, the causes and their factors have been mapped in steps 1 and 2, the 3rd step is about making choices on the change mechanism that will shape the intervention.

The earlier-mentioned *Impact plan* clearly reflects the choices that shaped the mechanisms of change for the drug campaigns. That plan outlines the strategy for triggering behavioural change, drawing on the Disrupt-Then-Reframe technique by Davis and Knowles (1999). In their research, for instance, people were asked to buy note cards for charity using phrasing like: "They cost 300 cents… that's 3 dollars. It's a bargain." The idea is that a brief moment of confusion (disruption) is followed by a clear and persuasive reframe, which increases compliance. The plan also highlights a related insight: "If you know what came before, you will experience it differently." Several best practices inspired this approach, including campaigns around meat consumption, overfishing, and smoking. An interviewed professional put it this way: "You first need to shake someone awake, only then can they consciously reflect on their own behaviour."

So, the mechanism of change, the Disrupt-Then-Reframe technique, was decided by the campaign bureau that was chosen to execute the municipal drug campaigns. Important to note that this technique is about behavioural change by first making people *aware*, while we previously learned that the focus of the campaign was mainly on making people talk. So, the first campaign has the goal to disrupt, to then focus the rest of the annual campaigns on reframing the issue.

Step 4: Clarify How These Will Be Delivered

Now that it is clear the first campaign was aimed at shocking, using the Disrupt-Then-Reframe technique, this step looks at how that was put into practice.

In this phase, the collaboration between the two responsible municipal divisions fell apart. After the first campaign proposal was rejected for being too soft, the second proposal, which is the one that was ultimately launched, was seen by the Social Development department (*Maatschappelijke Ontwikkeling, M*O) as too harsh and too focused on criminalising the end-user. As a result, they stepped out of the collaboration. One professional said:

> I'd never seen that before, a political figure saying no so firmly. But it didn't really surprise me either. It's a VVD alderman, and we all know where the VVD stands on drugs. Someone like that wants to make a statement, show they're taking action.

The other department, *Directie Veiligheid (DV),* was shortly disrupted by the Social Development department (*MO)* leaving, but after a short discussion, they continued with the plan as approved, as they had to, because it was the assignment of 'their' alderman.

Other details that influenced the execution of the campaign also came up in the interviews, like the choice to include the Rotterdam Municipality logo on the campaign expressions, and the launch of the website *drugsimpactrotterdam.nl* as a call to action, a place where people could get more info about the campaign. In an interview, it was also discussed why no supportive message was added, something like *"Need help? Go to X."* That kind of line had been used in another campaign by *Directie Veiligheid*, about drug couriers. When asked about this, someone said:

> It's a good question, but that campaign focused more on youth crime and prevention, and that combo makes sense there. This drug campaign was really about sending a strong signal. It was a deliberate choice to stick to the safety frame.

Another important decision of the municipality was to use street billboards and social media for its campaigns. With the help of the earlier-mentioned theory of Cuijpers (2019), we can categorise the Rotterdam drug campaign as a universal mass media intervention. According to Cuijpers (2019) and its supporting studies (Sowden & Arblaster, 2002; Hingson et al., 1996; Holder et al., 2000; Perry et al., 1996; Wagenaar et al., 2000; Pentz et al., 1989), mass media campaigns do not reduce drug use, but they may increase knowledge and strengthen the effects of community interventions.

Step 5: Test and Adapt The Intervention

The campaigns were tested through a number of focus group sessions with people from the target audience. These sessions took place at the office of the campaign agency and involved presenting campaign ideas to a small group for feedback. It is unclear what was discussed during the sessions for the 2023 and 2024 campaigns. However, one session for the 2025 campaign was attended by the researcher. In this session, the municipality and the campaign agency presented best and worst practices, along with several other ideas. Below is a personal note from that meeting:

> The focus group session lasted two hours and took place at the campaign bureau's office. Three people from the campaign agency were present, along with two people from the City of Rotterdam. Two of us were writing our theses for the municipality on the topic of drugs, including me. Three young employees from the agency joined the session, but in the role of young participants. There were also two people with no ties to the agency or municipality. So a total of 5 youth participants attended. The session lasted two hours. Several statements were discussed, along with PR campaigns and slogans. We also talked about which well-known campaigns, like the BOB campaign or the Week Without Meat campaign, might serve as inspiration or be used as a reference point in future drug campaigns. There will be two or three more sessions, though it's unclear how those will be structured or which young people will be involved. The setting was informal and relaxed, more of a brainstorm. Although the group was told that all ideas were welcome, there was little to no critical feedback.

Step 6: Collect Sufficient Evidence of Effectiveness to Proceed to a Rigorous Evaluation

The final step of the six-step model from Wight et al. (2016) focuses more on evaluation. After the 2023 and 2024 campaigns, the municipality executed multiple evaluations in order to improve the next campaigns. Next to an analysis on the marketing reach statistics, such as how many views and clicks a certain campaign had, a more overall evaluative and qualitative research was desired by the municipality team that worked on the campaigns:

> Ideally, we would have done a baseline measurement before starting the 2023 campaign to see how the topic was perceived, whether people felt they had a role in the city's drug issues. Ideally, that would have happened around March, April, or May 2023, before the campaign launched in September. But we didn't do that. The alternative was to do it in March 2024, ahead of the 2024 campaign, but by then, people had already seen the 2023

> campaign. So, what exactly would we be measuring? Because of that, I suggested doing a 'single measurement' after the campaigns to check if people had seen it, what they thought of it, and whether they believed the municipality had a role in addressing the issue. That evaluation focused mostly on last year's campaign, the first campaign wasn't included.

Through the interviews, it was learned that the municipality has its own research department, which they asked to execute this *single measurement* evaluation. However, as there was no baseline measurement done before the 2023 campaign, the municipal research department declined the assignment. Therefore, an external research bureau was asked to execute this evaluation, which they did. This statistical evaluation, which had 742 respondents, was mentioned in this study earlier. However, the evaluation is too extensive to completely go into depth; multiple learning points from that evaluation were discussed during the interviews:

> I actually thought that was a fair point of criticism on the first campaign; it mainly told people what not to do, without offering an alternative. There wasn't really a clear sense of what someone could do instead. This year, we're putting more focus on that. For example, if someone's using and wants to stop but doesn't know how, a framework like that can really help. There was a referral link on the website, hidden in the FAQ section, but it wasn't very visible and definitely not central in the campaign itself.

Sub-Question 2: How Have Rotterdam's Youth Perceived and Engaged With These Drug-Related Campaigns?

Now that the municipal interviews and their document have been discussed in detail for the first sub-question, the interviews with the young people (ages between 18 and 34) are used to answer the second sub-question. In these interviews, some general topics were discussed, which are contextually important, so these will be briefly mentioned first.

To start the youth interviews in a relaxed way, participants were first asked which neighbourhoods they live in. Most of them live in the city centre of Rotterdam or a neighbourhood called Oude Noorden, while others are spread across a wide variety of neighbourhoods such as Overschie, Delfshaven, Feijenoord, Vlaardingen, and more. After this, it was asked how they prefer to spend their free time. They describe spending their free time in many different ways, with social contact and relaxation as central themes.

Since the municipal campaigns focus on hard drugs, it was felt important to understand what participants already knew about hard drugs. All participants were vocally outspoken about hard

drugs, and they all knew what hard drugs are. They generally describe hard drugs as illegal substances that act quickly and strongly on the body and mind are frequently mentioned examples like cocaine, MDMA, ecstasy, speed, ketamine, GHB, and heroin.

It was also important to explore the participants' personal experiences with hard drugs, in which out of the 17 interviews with Rotterdam's youth, 14 respondents used hard drugs in their lives. Most say they use drugs in social settings such as parties, festivals, or house gatherings. The latter became more common during the COVID-19 pandemic, as events outside the home were no longer taking place. Respondents also mention that alcohol and festival tickets have become very expensive, making the cheaper drugs more appealing. Aside from financial reasons, other motives for using drugs include being in a mental dip, wanting to experiment, changing their state of mind, or needing to vent. Reasons not to use drugs include having responsibilities such as a job, simply not liking the effects, fear of losing control, or not wanting to deal with the aftereffects. Nearly all participants say that hard drug use is fairly normalised in their environment. No one reported knowing few or no people in their surroundings who use hard drugs.

After discussing these more general topics, the young people were asked whether they had seen the campaigns, which ones, where and when, what they thought at the time, whether they remembered talking about it afterwards, what their further thoughts were, and whether they felt addressed by the campaigns. During the coding and analysis of the interviews, several themes came up, which will be further discussed below. Based on these themes, the current sub-question is answered.

Theme 1: Familiar, But Only Vaguely Recognised

All participants except one had seen the campaign. The poster with the coffin and the text "Your line his liquidation" and the one with the bloody XTC pill saying "There's blood on your pill" were especially memorable. The street sign 'PR stunt' was also recognised and mentioned often. Most participants said they had seen the posters on the street, in bus shelters or other outdoor advertising. Some also mentioned seeing the campaign in the news or on social media, either as a paid advertisement or as a regular post. The drugs debate at the Arminius Church in Rotterdam was recognised by several, but none of the participants had attended. Of the campaign materials from 2023 and 2024, the videos with the slogan "Your high, his low" were the least recognised.

Theme 2: Limited Conversation, and Mostly About the Form

More than half of the youth interviewees, 9 out of 17, said they had discussed the campaigns with people around them, but only briefly. For example: Interviewer: "You didn't talk about it with friends? About the content of the campaigns?" Interviewee 13: "No, not really. I mean, sure, when

we walked past it. But it's not like we had a whole discussion about it." Several others mentioned how they remembered talking about it with whoever they were with when they saw the campaign on the street. Others said they had briefly mentioned it to their partner, parents, or friends. In almost all cases, the conversation was not about the actual message of the campaign, but more about its tone. Some said they laughed about it with their partner or friends, and also admitted that laughing about it probably was not the point of the campaign. One participant did mention having had a more in-depth conversation with a group of friends about whether end-users carry responsibility for the drug-related crime behind the scenes. This person thinks that the conversation started because of the Rotterdam drug campaign, but was not completely sure. The interviewee did remember that the discussion eventually shifted towards whether or not hard drugs should be legalised. Another participant felt that the campaign had sparked meaningful conversations in their friend group, and gave the following example:

> In conversations with my friends, the vibe shifted from 'it's just fun and cool that we do this' to more critical questions like: how does this actually work? Maybe you've got six dealers in your phone, but what happens after that? The whole process of getting drugs has always been a bit vague to me. It's all via via, hand-to-hand, but of course it goes further than that. My friends and I started to question how little we actually know about where it comes from, if it's safe, and especially who, knowingly or not, is part of that whole system. (Interviewee 4, 2025)

Thema 3: Feeling Addressed or Not

A key theme was whether or not participants felt addressed by the campaigns. Out of the 17 youth interviews, 4 said they felt (somewhat) addressed. These respondents mainly said this was because they realised the message was about them. This was especially the case with the "Your high, his low" videos from the second 2024 campaign, which were described as relatable and well done, for example, showing someone dancing at a festival and then heading to the toilet to use drugs. As interviewee 5 put it: "I did feel somewhat addressed, yeah. When I saw it, I did feel a bit uncomfortable." And interviewee 10 said: "I think I did feel addressed, because it's about me." All four of these respondents use drugs occasionally and could be classified as recreational users.

Other participants did not feel addressed by the campaigns, and their responses varied. One participant who does use drugs from time to time said: "I didn't feel addressed, but I think it does stand out because drugs are still a bit of a taboo. So, when there's suddenly a billboard right in front

of you, it does catch your eye" (Interviewee 14, 2025). Another participant, who had tried drugs but is not really open to doing it again, felt not addressed at all:

> Something about it feels off. The idea that your line leads to a liquidation, that there's blood on your pill, that's a stretch. As a user, you're not thinking about that. You just want to get high. In the moment you take that pill, you're not thinking about the consequences or what the dealer's doing afterwards. And honestly, why should I, as a user, care what happens next? If you die tomorrow, I'd probably be more worried about not being able to get another pill than about your death. We don't have a connection, it's just a transaction. (Interviewee 2)

This idea of a "transaction" came up in other interviews, too. Several respondents described it as a "not my problem" kind of issue. One participant who never used drugs put it like this:

> It's almost impossible to really let it hit close to home, because it just doesn't affect you directly. Sure, bad things happen behind the scenes, but that's like with cheap chicken. When I see a commercial about factory-farmed chicken, I'm shocked for a moment. But once I'm in the supermarket, I mostly look at the price, because that's what affects me. Or when I walk past a kiosk and smell something tasty, I just buy it without thinking too much about it. (Interviewee 6, 2025)

It was also interesting to see that non-users also do not feel addressed to start conversations with users around them:

> At first, I didn't think it was aimed at me. Maybe because I'd never really thought about it. Now that I reflect on it, maybe it should've felt that way. The use of 'you' does speak directly to you, but because I don't use drugs myself, it didn't really feel like it was meant for me. (Interviewee 16, 2025)

Theme 4: Uncertainty About the Goal of the Campaigns

The goal of the campaign was not entirely clear. Do you want people to change their behaviour, or just start talking? Many participants interpreted the campaigns as aiming for

behaviour change or awareness, but did not see change themselves or anyone around them. Others said they were already aware of the world behind the drugs they use:

> What's actually the goal here? Are they trying to say: your line contributes to a liquidation, look at what you're causing, so stop? Or is it just about showing what's going on, to make people more alert? For me, that's not really clear. As a user or a citizen, I know it's not okay, but I already knew that. You're doing something that you know is wrong, and you do it in secret. (Interviewee 1)

Another participant had a similar take:

> I think the goal of the campaign is mostly to shock people and make them think deeply. But I don't think this approach makes people reflect on their drug use. Instead, they mainly end up talking about how the message was delivered. In that sense, I think the campaign misses the mark; this probably isn't the right way to tackle it. (Interviewee 12)

Theme 5: Criticism of the Approach and Alternative Ideas

The overall sentiment toward the campaign was largely critical, especially regarding its tone and approach. Several participants expressed frustration with how the campaign seemed to target users without acknowledging the broader system behind drug-related issues, such as poverty and lack of opportunity. Words like moralising, shallow, aggressive, intense, and even funny came up repeatedly. The street sign stunt in particular was often seen more as a joke than a serious message, some even thought it was a parody from *Dumpert.nl* rather than official policy. It seems the street signs may have overshadowed the deeper message of the "Your high, his low" campaign. There was also scepticism about the effectiveness of such top-down campaigns, with some viewing them as a waste of resources. Instead, several participants called for more investment in youth work, social initiatives, poverty reduction, and structural solutions to drug-related crime. The portrayal of drug users felt stigmatising to some, leaning toward victim-blaming rather than addressing deeper societal causes.

> If you really want to engage people in conversation, go to the places where they actually gather, like community centres, schools, or libraries, and develop something that actually fits that setting to start a real dialogue. It might sound a bit school-like, but it's probably more

> effective. I also wonder how much impact posters even have. It's like a festival poster: you see it, you buy a ticket, and that's it. But this topic is way more complex. So, is this really the right tool? I don't think so. Maybe it would be better to work together with, say, nightclubs. But honestly, it's just a really tricky issue. (Interviewee 12, 2025)

Not all respondents and reactions to the approach were negative. In terms of marketing, many thought the visuals and messaging were polished and clear. A few appreciated the boldness of the campaign's tone. As one participant put it:

> I actually think it's good that the campaign is a bit sharp. You can't just show the fun side of drugs; there are a lot of downsides and risks, even if you only use them once. This campaign shows what's behind that experience. (Interviewee 6, 2025)

The 2024 video campaign "Your high, his low," partly shot at a festival, was often described as relatable, better executed, and more effective than the other campaign from 2023. Interviewee 10 mentioned: "It shows exactly what happens, someone takes something, heads to the dixi, and continues. It's a typical scene. So when you watch it, you instantly recognise yourself in it." Another participant saw the campaign as sympathetic toward victims of drug violence, but was also critical of the municipality's broader neglect:

> I appreciate the attention it brings to those harmed by the drug trade. But it's bittersweet, many of the people involved in uithalen (the process of smuggling drug shipments from shipping containers in ports) are often very young people with fewer chances from specific neighbourhoods in Rotterdam, and the city should do more for them. That's where it rubs. (Interviewee 16, 2025)

Interestingly, no participant reported clicking through to the campaign website or actively looking up more information. However, during seven interviews, participants did bring up TV shows and media related to drugs, like *Mocro Maffia*, *Spuiten en Slikken*, *Scarface*, or YouTube documentaries on drug criminals, which helped frame their own thinking about drugs and drug culture.

Sub-Question 3: What Changes, if Any, Have Occurred in the Attitudes and Behaviours of Rotterdam's Youth Regarding Drugs Since the Campaigns Were Introduced?

Since this sub-question is most closely linked to the study's chosen theory, the six-step Transtheoretical Model (TTM) by Prochaska et al. (1992) and Raihan & Cogburn (2008) is used here to assess and analyse the current attitudes and behaviours of the youth respondents. At the same time, we have already learned in the earlier sub-questions how behavioural change was not necessarily the main goal of the campaign. Instead, the main aim was more about starting conversations around drug use. Because of that, the relevant findings from the previous sub-questions are also very relevant here.

Firstly, we will dive into the drug use of the youth respondents in relation to the six-step model of Raihan & Cogburn (2008) and Prochaska et al. (1992). As mentioned earlier, this model was used after the interviews to analyse where the participants are in terms of behavioural change around their recreational hard drug use. During this analysis, it quickly became clear that most participants (13 out of 17) are in the first phase: precontemplation, which means: "people are not thinking about change at this point. They might not consider their actions to be problematic, or they might have made unsuccessful attempts to change in the past, which would demotivate them to try again." None of those 12 participants mentioned anything about thinking of changing their drug use or ever did before. One of them, interviewee 4, literally said: "I still use the same as before I saw the campaigns." Interestingly, none of these participants is actively thinking about changing their drug use, although they seem to be aware of the relation of their drug use and the criminal world behind it. As one of them put it:

> I think the relationship between recreational drug use and crime is complicated. For me, drugs are just part of nightlife, a way to relax, let go, and meet new people. At the same time, I'm aware there's a darker side. (Interviewee 7)

After asking whether they used drugs before, during and/or after COVID-19, and whether there are any drugs they would never want to try, it became clear that their use does not follow a clear up- or downward trend. Most participants also seemed to have some sort of hierarchy when it comes to hard drugs. Interviewee 8 said:

> What I find tricky is that campaigns often throw all drugs into one pile, even though there are big differences between them. Like truffles and shrooms: they both contain psilocybin, but one's legal and the other isn't, just because it grows above ground. Those contradictions

make it confusing. So if you're going to run a campaign, at least acknowledge those differences. Different drugs have different impacts on people and on society, and that should be reflected more clearly.

Almost all of them mentioned heroin as a drug they would never want to try, mainly because they do not know what it does or because it is seen as highly addictive. The most commonly mentioned drugs that were used were XTC, MDMA, and cocaine, and none of these were framed as problematic. So, these participants are in precontemplation when it comes to some hard drugs, but for others, like heroin, they are in a different phase: first stage of behavioural change (precontemplation) when it comes to certain hard drugs, but with substances like heroin, they fall into a different stage that is not part of the model, namely, never used and firmly convinced they never want to. For convenience, I refer to this as a *stable non-user*.

One participant, interviewee 6, is a so-called stable non-user for everything except alcohol, so this person also does not fit into the six-step model. Another participant, interviewee 9, used to take XTC but does not want to anymore, but at the same time is not actively trying to quit; the person is just done with it. This person also falls outside the six-step model, but I will call that here *passive termination*. Then there's interviewee 2, who has never used but is open to trying XTC. That is kind of the opposite of contemplation, like moving backwards through the model, without ever having been in it. For simplicity, I will call that *reverse contemplation*.

We have already read that 9 out of 17 youth respondents discussed the campaigns with their surroundings, although it was almost always superficially. So, to conclude whether Rotterdam's youth attitudes and behaviours changed since the campaigns were introduced, they did not change their drug use and some of the respondents seemed to be a special case as they did not fit into the six-step model, but it seems to have slightly influenced their behaviour in discussing the drug use and drug-crime relation by discussing the Rotterdam drug campaigns with others. However, the latter was almost always very superficial and often about the form of campaigning, not the message in it.

Sub-Question 4: What are the Key Challenges and Barriers in Effectively Reaching and Influencing Rotterdam's Youth Through These Drug-Related Campaigns?

I would like to begin this sub-question by first highlighting a few points that *do not* appear to require further attention. This is important because it helps clarify what does not seem to be the reason why the campaign had little to no impact on the interviewed participants. For instance, the participants generally speak positively about the Municipality of Rotterdam. There is a sense of appreciation for how the city has improved in recent years, such as wider bike lanes, more lively

spaces, and a fresh, youthful atmosphere within the organisation. Also, when asked how they would feel if someone at a birthday party told them they worked for the municipality, they often reacted enthusiastically and with curiosity about the person's role. At the same time, some also view the municipality as a (too) large bureaucratic organisation where things can move slowly. Still, the sentiment is that the municipality genuinely tries to do good for the city and is open to diverse people and ideas. In addition, all participants agreed that the Municipality of Rotterdam does have a role to play when it comes to addressing the topic of drugs.

When it comes to challenges and barriers in reaching and influencing young people effectively, several factors come into play. To begin with, some young people are predisposed to question drug campaigns by default, as they perceive them as part of a political game: "Why is the user being addressed? It's the government that turned the system into a criminal one." (Interviewee 18). Participants see current drug policy as superficial: it focuses mainly on visible problems instead of underlying causes. In their view, this has been the case for the past twenty years under former Prime Minister Rutte, and also in Rotterdam, where former mayor Aboutaleb pursued a tough-on-crime approach. They feel that too much of the responsibility for drug-related crime is placed on users, while it is actually the policy itself that sustains this criminal system. This comes across to them as a form of *victim blaming*. They are also critical of campaigns that target users, as they do not believe those have any real impact. Instead of encouraging behaviour change, these campaigns seem to serve political goals. Some participants suspect that parties like *Leefbaar Rotterdam* use these campaigns to show their voters that they are 'taking action', but nothing really changes. To them, this feels like populist politics aimed at winning votes or boosting political careers rather than actually solving problems (Interviewees 8, 11 and 18).

Something else that stood out: a lot of participants mentioned the lack of alternatives to drugs. During the interviews, drugs were often compared to (fake) meat. One said:

> Yes, I have been vegan for a long time, and that was not always easy. Meat and all those things are tasty. Luckily, there are now loads of alternatives. And that is exactly my point: it needs to be made more accessible. Like, you should not have to buy your drugs from a dealer, even if that sounds weird. (Interviewee 5)

Drugs were also compared to alcohol, which now has a growing number of alternatives, like the non-alcoholic beers in supermarkets and bars. If similar alternatives existed for drugs, participants said they would probably go for those.

Because participants often brought up the idea of alternatives themselves, the conversation often naturally moved towards legalisation and regulation. Several of them saw legalisation as a potential solution to broader issues like crime, health risks, and the fact that these campaigns often do not seem to work. They felt the government should focus more on regulation than on discouragement. People are going to use drugs anyway, they say, so it is better to offer drugs in a safe and controlled way than leave it up to an illegal market. Some participants made distinctions between drugs; for example, MDMA is produced here, but cocaine is not, so it involves different types of criminal networks, like cartels. Health was also a concern as people worry about contaminated pills or the risks of things like fentanyl, and believe drugs should be tested or even produced in a controlled environment. In that sense, they did not just see legalisation as something practical, but also as something that might actually be more ethical, like buying fair trade chocolate. Some also think legalisation would give us more insight into how many people actually use or develop problems.

To conclude, key challenges and barriers do not appear to be due to negative views about the Municipality of Rotterdam itself. On the contrary, most participants spoke positively about the city and felt the municipality has a legitimate role in addressing drug-related issues. The actual challenges seem to lie somewhere else, namely, a presumption of political scepticism, a sense that current policies and campaigns focus too much on users instead of addressing systemic causes, and a lack of tangible or accessible alternatives to drug use. The idea of legalisation and regulation came up unprompted in several interviews, often framed as the only solution, both a practical and ethical one.

Sub-Question 5: How Could Future Municipal Campaigns Be Organised to Influence Local Youth More?

Throughout this study, more was learned about what the municipality was planning for the third annual drug campaign in 2025. To directly test these ideas, the future drug campaigns of Rotterdam were also discussed. The idea for 2025 is to have multiple smaller campaigns, instead of one big one. One of the 2025 campaigns is about normalising non-drug use, using slogans like *'95% do not use'*. The youth interviewees expressed low expectations of this approach; they referred back to the 2023 and 2024 campaigns and repeated a key point: be honest with your audience. When you target recreational users, where usage rates are relatively high, and then introduce a message like 95% do not use, that figure comes across as very unrealistic. As a result, these users will not feel addressed. Another idea from the municipality for 2025 is showing an online storyline, called De *Reis van je Lijntje* ("The Journey of your Line"), in which the viewer reads and hears about the steps your

drug takes. Respondents were somewhat more positive about this, though they were disappointed to hear it mostly consists of text and barely includes any moving images.

Participants were also asked whether they had ideas of their own for future campaigns, or how they would approach the campaign if they were working at the Municipality of Rotterdam. The most common answer was that they would put more emphasis on prevention by organising talks and education in schools, for instance. Others suggested creating a theatre performance about drugs and the city, and involving people with lived experience or former users to make it more personal, by showing what happens when a friend gets sick or ends up in trouble. Several also stressed the importance of involving community centres and youth workers early on in both designing and carrying out the campaign. Another interviewee suggested focusing on the positive:

> Maybe it would be more effective to flip the message. Instead of portraying users negatively, why not say something positive about those who choose not to use? That will probably land better. When you make users feel guilty or stigmatised, they are more likely to withdraw. It becomes a taboo, and that only makes the problem worse. (Interviewee 9, 2025)

Several also said they were worried about the drug use of younger generations, and felt campaigns should tap into that concern. There were also ideas about reusing the existing campaign titles but giving them a new twist, like turning them into community talk nights. From a marketing perspective, many noted that campaigns need to be seen more often with more repetition, or at least more visibility; “People go about their day and forget”. Other suggestions included high-quality content journalism, more dialogue with the target audience, more colourised images, and stronger use of online channels. One participant talked about producing a YouTube documentary, combined with short clips for social media. Others wanted clear, practical information on how to use drugs safely, and suggested showing campaigns right after people have used, because that might actually be when the message hits home. The final suggestion was to give the viewer more in-depth evidence:

> But is this really such a big problem? That question stays with me because there is so little clear information out there. Maybe the knowledge exists, but I have never seen it. For example, I honestly do not know whether my recreational drug use at a festival really causes that much environmental damage or contributes to criminal networks. That is where my doubt comes in: I want evidence, I want research. (Interviewee 10, 2025)

Conclusion & Discussion

The results of this study, which included various research methods including in-depth interviews, document analysis and observations, indicate a minor influence of the Rotterdam drug-related campaigns on its youth. The aim of the municipal intervention was mainly focused on getting a conversation started; “throwing a stone into the pond” as the main force behind these Rotterdam drug campaigns, Vincent Karremans named it. But, this case study shows that a big stone was used (bold statements and directly addressing the end-user), the ripples it created were minimal (superficial conversations, mostly about the way of campaigning). In this combined section of the conclusion and discussion, some of the main findings of this case study will be discussed shortly, and hopefully be of help for the remainder of the Rotterdam municipal drug-related campaigns, which are planned for at least 2025 and 2026.

The first thing to discuss is the chosen strategy behind the campaigns: the *Disrupt-Then-Reframe* technique, which was brought in by the campaign bureau. Although it is noteworthy that a behavioural influence technique was involved, I see a mismatch between the *Disrupt-Then-Reframe* technique and the drug campaigns, as the technique is mostly famous for its application in selling charity cards door-to-door in the United States, which is quite a different context from addressing recreational drug users. Next to that, the technique seems to be misapplied, as in theory, the disruption is directly followed up by the reframing: “The authors created a new influence technique involving a small disruption (stating the price of a package of note cards in pennies rather than dollars) and a direct reframing (saying, "It's a bargain")” (Davis & Knowles, 1999). In practice, the part of *disrupting* was pulled loose from the part of *reframing*, with both having their separate campaign, with a lot of space and time between them.

An additional internal point to address is the internal culture at the Safety Department (*Directie Veiligheid, DV)*, the division that is responsible for the drug campaign, which was described as a “bull charging straight at its target”. Aside from the fact that this could partly be explained by something that also came up in one of the interviews, namely that the Safety Department, is crisis-driven and its employees are used to having to act fast, this could have been more balanced out with a continues collaboration with the more ‘softer’ department, the Social Development Department (*Maatschappelijke Ontwikkeling, MO)*. I genuinely applaud the intention of both departments to collaborate from the start, but it was quite surprising that when the Social Development Department stepped out, the Safety Department simply continued the campaigns on their own, because they had to. Next to that, the coalition agreement clearly says: “…without criminalising drug users.”. So, to then criminalise the user in the second campaign proposal, which gets approved by former

Alderman Karremans, while the Social Development Department indicates that this is not right, and then to have the Safety Department just move on, was quite striking to me. This seems to undermine the coalition agreement and the importance of having both municipal divisions work together on a broad issue like drugs, which requires multiple perspectives.

Also, the theories used in this study deserve some reflection and discussion. First, the six-step model of Wight et al. (2016) was used to analyse the creation and process of the municipal campaigns. The model gave structure to the findings and made it visible in the study when a certain step in the process got less attention. For instance, the drug campaigns were a clear executive order, with limited focus on the first step from Wight et al.'s (2016) model: 'Define and understand the problem and its causes.'. Secondly, the steps of Raihan & Cogburn (2008) and their underlying Transtheoretical model (TTM) by Prochaska et al. (1992) were used to research the impact of the drug campaign on the attitudes and behaviours of Rotterdam's youth. Although this model provided the research with structure and made visible how no respondent changed their behaviour, the model often mismatched with reality as multiple respondents fell out of the model, such as the *stable non-user* and *reverse contemplation*, which are not part of the theoretical model. The third theory used in this study is Cuijpers (2009), which categorises the drug campaigns as universal, mass-media interventions. According to this theory, these campaigns do not change drug use, but they may increase knowledge and strengthen community-based interventions. This partly fits with the municipality's goal of sparking conversations about drug use, but not with the ultimate goal of changing behaviour. Also, since mass media campaigns can boost community interventions, and community-based approaches were often recommended during the youth interviews, but are missing from the Rotterdam future campaign plans, this is an important recommendation for the municipality: they now need to focus on community-based interventions.

Another point to address here is the fact that the topic of drugs encouraged many respondents to start talking about legalisation and their thoughts on this. This study did not further explore the discourse around legalisation and regulation, but it appears that the theme of legalising and regulating hard drugs is a significant topic among young people in Rotterdam. This would be an interesting subject for follow-up research, to examine whether this is indeed the case in Rotterdam, or even across the entire country. Another direction for future research could be to explore how the Rotterdam municipality uses these drug campaigns to influence how citizens accept and follow the current drug policies.

In conclusion, this case study research shows how, through a top-down and a disrupt-then-reframe technique in its drug-related campaigns, the Rotterdam Municipality used bold statements intended to trigger a domino effect on the responsibility of the end-user, attracted much media

attention, but did not persuade the city's youth. Although this study is critical of the municipality's approach, the results show enough opportunities for the future. But if the municipality does not change its approach, the city's youth will not change their attitude or behaviour either.

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Appendixes

Appendix 1: Ethical and Privacy Checklist

CHECKLIST ETHICAL AND PRIVACY ASPECTS OF RESEARCH

INSTRUCTION

This checklist should be completed for every research study that is conducted at the Department of Public Administration and Sociology (DPAS). This checklist should be completed *before* commencing with data collection or approaching participants. Students can complete this checklist with help of their supervisor.

This checklist is a mandatory part of the empirical master's thesis and has to be uploaded along with the research proposal.

The guideline for ethical aspects of research of the Dutch Sociological Association (NSV) can be found on their website (http://www.nsv-sociologie.nl/?page_id=17). If you have doubts about ethical or privacy aspects of your research study, discuss and resolve the matter with your EUR supervisor. If needed and if advised to do so by your supervisor, you can also consult Dr. Bonnie French, coordinator of the Sociology Master's Thesis program.

PART I: GENERAL INFORMATION

Project title:	Beyond the Billboards
Name, email of student:	Berend van Hoek, 702637bh@eur.nl
Name, email of supervisor:	Michael Giffin, giffin@essb.eur.nl
Start date and duration:	8th of February 2025 till 23rd of June 2025

Is the research study conducted within DPAS NO

If 'NO': at or for what institute or organization will the study be conducted?
(e.g. internship organization) Rotterdam Municipality, Directie Veiligheid

PART II: HUMAN SUBJECTS

1. Does your research involve human participants. YES

If 'NO': skip to part V.

If 'YES': does the study involve medical or physical research? NO

2. Does your research involve field observations without manipulations that will not involve identification of participants. YES

If 'YES': skip to part IV.

3. Research involving completely anonymous data files (secondary data that has been anonymized by someone else). NO

If 'YES': skip to part IV.

PART III: PARTICIPANTS

1. Will information about the nature of the study and about what participants can expect during the study be withheld from them? NO

2. Will any of the participants not be asked for verbal or written 'informed consent,' whereby they agree to participate in the study? NO

3. Will information about the possibility to discontinue the participation at any time be withheld from participants? NO

4. Will the study involve actively deceiving the participants? NO

Note: almost all research studies involve some kind of deception of participants. Try to think about what types of deception are ethical or non-ethical (e.g. purpose of the study is not told, coercion is exerted on participants, giving participants the feeling that they harm other people by making certain decisions, etc.).

Does the study involve the risk of causing psychological stress or negative emotions beyond those normally encountered by participants? NO

Will information be collected about special categories of data, as defined by the GDPR (e.g. racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data for the purpose of uniquely identifying a person, data concerning mental or physical health, data concerning a person's sex life or sexual orientation)?

YES

Will the study involve the participation of minors (<18 years old) or other groups that cannot give consent? NO

Is the health and/or safety of participants at risk during the study? NO

Can participants be identified by the study results or can the confidentiality of the participants' identity not be ensured? NO

Are there any other possible ethical issues with regard to this study? NO

If you have answered 'YES' to any of the previous questions, please indicate below why this issue is unavoidable in this study.

During interviews, it will be asked if the participant has used drugs in their life. This data can be important in the result part, where participants who did not use drugs differ from participants who used drugs.

What safeguards are taken to relieve possible adverse consequences of these issues (e.g., informing participants about the study afterwards, extra safety regulations, etc.).

By making sure it is clear that the results will be anonymised, the research is independently done and results will never have personal consequences.

Are there any unintended circumstances in the study that can cause harm or have negative (emotional) consequences to the participants? Indicate what possible circumstances this could be.

No.

Please attach your informed consent form in Appendix I, if applicable.

Continue to part IV.

PART IV: SAMPLE

Where will you collect or obtain your data?

Analysing documents from the Rotterdam municipality. Observing municipal meetings and interviewing municipal workers and Rotterdam's youth. The interviews will be done online or in person.

What is the (anticipated) size of your sample?

Interviewing 4 professionals, and 15-20 youth citizens'.

What is the size of the population from which you will sample?

Almost 200,000 people are in the scope of Rotterdam's youth.

Continue to part V.

Part V: Data storage and backup

Where and when will you store your data in the short term, after acquisition?

Data will be stored in the secure environment of the Rotterdam municipality. This environment is only accessible with a personal password. Besides, interviews will be recorded by phone and after transcribing, these will be deleted permanently. After finalising the thesis, all data will be deleted. In detail, the Rotterdam municipality works in the secure environment of VMWare and uses Microsoft Outlook and applications like Word.

Who is responsible for the immediate day-to-day management, storage and backup of the data arising from your research?

I am responsible. However, the Rotterdam municipality is responsible for securing the work environment.

How (frequently) will you back-up your research data for short-term data security?

The research data is backed up on a weekly basis within the secured environment.

In case of collecting personal data how will you anonymize the data?

Interviews will be transcribed as soon as possible after the interview occurs. Every interviewee will be marked as 'Interviewee 1', 'Interviewee 2', 'Interviewee 3' etc

PART VI: SIGNATURE

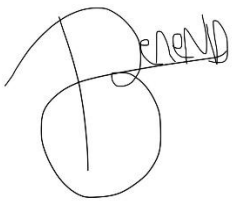
Please note that it is your responsibility to follow the ethical guidelines in the conduct of your study. This includes providing information to participants about the study and ensuring confidentiality in storage and use of personal data. Treat participants respectfully, be on time at appointments, call participants when they have signed up for your study and fulfil promises made to participants.

Furthermore, it is your responsibility that data are authentic, of high quality and properly stored. The principle is always that the supervisor (or strictly speaking the Erasmus University Rotterdam) remains owner of the data, and that the student should therefore hand over all data to the supervisor.

Hereby I declare that the study will be conducted in accordance with the ethical guidelines of the Department of Public Administration and Sociology at Erasmus University Rotterdam. I have answered the questions truthfully.

Name student: Berend van Hoek

Date: 17-03-2025



Name (EUR) supervisor: Michael Giffin

Date: 21-03-2025

Appendix 2: Consent Form for Professionals

CONSENT FORM

Thesis Project: BEYOND THE BILLBOARDS

A study on the influence of drug-related municipal campaigns on Rotterdam youth

Student researcher: Berend van Hoek (702637)

Introduction

You are invited to participate in a research project under the Erasmus School of Social and Behavioural Sciences (ESSB) at Erasmus University Rotterdam. This study is conducted on behalf of the Rotterdam municipality but remains fully independent. No personal or identifiable data will be shared with the municipality or any external parties. The project, 'A study on the influence of drug-related municipal campaigns on Rotterdam youth,' examines the effects of recent municipal drug campaigns on Rotterdam's youth to inform future prevention and intervention strategies. For more information, contact Berend van Hoek (702637bh@eur.nl) or the EUR Data Protection Officer (privacy@eur.nl).

Data Collection

The interview will take place online or at a location of choice and will last approximately 60 minutes. It may be audio or video recorded and transcribed. Your contact details will be replaced with a unique code and stored separately in a secure file. Reports from the analysis will never be traceable to individual participants. The legal basis for processing your data is your explicit, freely given, and unambiguous consent, by Article 6(1)(a) of the GDPR.

Potential Risks & Voluntary Participation

There are no physical, legal, or financial risks associated with participating. You are not required to answer all questions, and participation is voluntary. You may stop at any time without consequences.

Reimbursement

This study does not provide financial compensation.

Data Sharing & Confidentiality

No confidential information or personal data from or about you (such as name or place of residence) will be released in any way, your data remains anonymous. The anonymized data collected from you will be used for this thesis and any scientific articles that may be created from it. The collected data will only be used by the researcher and the thesis supervisors from the Erasmus University Rotterdam (Michael Giffin: giffin@essb.eur.nl). This research may discuss topics such as drug use or mental health. By signing this form, you explicitly consent to the processing of such data. In addition, other researchers at Erasmus University Rotterdam may use the anonymized data, but will never be sold or used commercially. In any case, your data will always be used anonymously and confidentially. The data collected for this master's thesis will in principle be deleted after the final assessment of the thesis, unless it is necessary for writing scientific articles or follow-up research by other researchers at the university. Finally, although this study is conducted for the Rotterdam municipality, all data remains confidential, and only anonymized findings will be included in the final research report.

Turn the page for the final info and your signature.

Your Rights

You have the right to:

- ✓ Request information about the data collection and analysis;
- ✓ Withdraw your consent and request data erasure before anonymization or publication;
- ✓ Submit a request via the Data Subject Rights Request Portal of Erasmus University Rotterdam;

If unsatisfied, file a complaint with the Data Protection Officer (fg@eur.nl) or the Dutch Data Protection Authority (www.autoriteitpersoonsgegevens.nl).

Consent Statement

By signing below, I confirm that:

- ✓ I have been informed about the purpose, data collection, and storage of this research.
- ✓ I have read this form (or had it read to me) and had the opportunity to ask questions.
- ✓ I voluntarily agree to participate and understand my rights, including withdrawal without consequences.
- ✓ I understand that my information will be treated confidentially.

Additionally, I give permission for:

	Yes	No
Audio recording of the interview	☐	☐
Use of anonymous quotes from my interview	☐	☐
Being contacted for a future follow-up study	☐	☐

Participant Name: _____

Date: _____

Signature: _____

Researcher Declaration

I confirm that I have informed the participant about all aspects of this study.

Researcher Name: _____

Date: _____

Signature: _____

Appendix 3: Consent Form for Youth

CONSENT FORM

Thesis Project: BEYOND THE BILLBOARDS

A study on the influence of drug-related municipal campaigns on Rotterdam youth

Student researcher: Berend van Hoek (702637)

Introduction

You are invited to participate in a research project under the Erasmus School of Social and Behavioural Sciences (ESSB) at Erasmus University Rotterdam. This study is conducted on behalf of the Rotterdam municipality but remains fully independent. No personal or identifiable data will be shared with the municipality or any external parties. The project, 'A study on the influence of drug-related municipal campaigns on Rotterdam youth,' examines the effects of recent municipal drug campaigns on Rotterdam's youth to inform future prevention and intervention strategies. For more information, contact Berend van Hoek (702637bh@eur.nl) or the EUR Data Protection Officer (privacy@eur.nl).

Data Collection

The interview will take place online or at a location of choice and will last approximately 60 minutes. It may be audio or video recorded and transcribed. Your contact details will be replaced with a unique code and stored separately in a secure file. Reports from the analysis will never be traceable to individual participants. The legal basis for processing your data is your explicit, freely given, and unambiguous consent, by Article 6(1)(a) of the GDPR.

Potential Risks & Voluntary Participation

There are no physical, legal, or financial risks associated with participating. You are not required to answer all questions, and participation is voluntary. You may stop at any time without consequences.

Reimbursement

Participants in this interview will receive a VVV gift card of 20 euros (twenty euros). Besides this, no further financial compensation is provided.

Data Sharing & Confidentiality

No confidential information or personal data from or about you (such as name or place of residence) will be released in any way, your data remains anonymous. The anonymized data collected from you will be used for this thesis and any scientific articles that may be created from it. The collected data will only be used by the researcher and the thesis supervisors from Erasmus University Rotterdam (Michael Giffin: giffin@essb.eur.nl). This research may discuss topics such as drug use or mental health. By signing this form, you explicitly consent to the processing of such data. In addition, other researchers at Erasmus University Rotterdam may use the anonymized data, but will never be sold or used commercially. In any case, your data will always be used anonymously and confidentially. The data collected for this master's thesis will in principle be deleted after the final assessment of the thesis, unless it is necessary for writing scientific articles or follow-up research by other researchers at the university. Finally, although this study is conducted for the Rotterdam municipality, all data remains confidential, and only anonymized findings will be included in the final research report.

Turn the page for the final info and your signature.

Your Rights

You have the right to:

- ✓ Request information about the data collection and analysis;
- ✓ Withdraw your consent and request data erasure before anonymization or publication;
- ✓ Submit a request via the Data Subject Rights Request Portal of Erasmus University Rotterdam;

If unsatisfied, file a complaint with the Data Protection Officer (fg@eur.nl) or the Dutch Data Protection Authority (www.autoriteitpersoonsgegevens.nl).

Consent Statement

By signing below, I confirm that:

- ✓ I have been informed about the purpose, data collection, and storage of this research.
- ✓ I have read this form (or had it read to me) and had the opportunity to ask questions.
- ✓ I voluntarily agree to participate and understand my rights, including withdrawal without consequences.
- ✓ I understand that my information will be treated confidentially.

Additionally, I give permission for:

	Yes	No
Audio recording of the interview	☐	☐
Use of anonymous quotes from my interview	☐	☐
Being contacted for a future follow-up study	☐	☐

Participant Name: _____

Date: _____

Signature: _____

Researcher Declaration

I confirm that I have informed the participant about all aspects of this study.

Researcher Name: _____

Date: _____

Signature: _____

Appendix 4: Atlas.ti Code Book

Municipal: 1. Define and understand the problem and its causes.
Municipal: 2. Identify which causal or contextual factors are modifiable and which have the greatest scope for change and who would benefit most.
Municipal: 3. Decide on the mechanisms of change.
Municipal: 4. Clarify how these will be delivered.
Municipal: 5. Test and adapt the intervention.
Municipal: 6. Collect sufficient evidence of effectiveness to proceed to a rigorous evaluation.
Municipal: Applied theorie of Disrupt then Reframe
Municipal: Arguing objectivity of measurement of Mediatest
Municipal: Campaign aim: Indicated aim (1)
Municipal: Campaign aim: Selective aim (2)
Municipal: Campaign aim: Universal aim (3)
Municipal: classical campaign format was imposed
Municipal: Comparing drug campaign with other concept like pescetarian
Municipal: Comparing to other Dutch cities
Municipal: Consulting of experts
Municipal: Critical reflection of municipal worker
Municipal: Definition of concept of policy
Municipal: Description of drugcampaigns
Municipal: Description of municipal team on drug campaigns
Municipal: Description of political influence on job
Municipal: Discussing influence of municipality on its citizens
Municipal: Discussing internal hierarchy and power structures
Municipal: Discussing legalisation of harddrugs
Municipal: Discussing personal role in starting phase of drugcampaign
Municipal: Discussing sender of campaign
Municipal: Discussing the future
Municipal: Discussing the national plan for similar drug campaign
Municipal: Discussing the size of the Rotterdam Municipality
Municipal: Discussion of addressing the user
Municipal: Dishonest internal culture
Municipal: Doubting future work at municipality
Municipal: Drugcampaigns project were educational
Municipal: Drugs as a subject
Municipal: Future campaigns
Municipal: General process and way of working.
Municipal: General process creation drugcampaigns
Municipal: Goal
Municipal: Important circumstances when launching campaign
Municipal: Imported annotation
Municipal: Interesting statement
Municipal: Internal administrative hierarchy
Municipal: Internal counteracting

Municipal: Internal political changes
Municipal: Internal rush culture
Municipal: Internal tension
Municipal: It's going according the plan
Municipal: Job function
Municipal: Lack of coördination
Municipal: Launching period of the campaign
Municipal: Limited policy space
Municipal: Mapping contextual and relevant other projects
Municipal: Missing of baseline measurement
Municipal: Municipal reflection on drugcampaigns, politics and expertise
Municipal: Naming missing the baseline measurement a choice
Municipal: Naming the municipality courageous
Municipal: One-person politics
Municipal: Personal engagement with creation process
Municipal: Personal thought
Municipal: Political game
Municipal: Political influences
Municipal: Politics as reason for drugcampaigns
Municipal: PR stunt overshadowed the campaign
Municipal: Previous relevant experiences
Municipal: Process timeline
Municipal: Professional's opinion on meeting the goal and being effective
Municipal: Project challenges
Municipal: Reason for drugcampaigns
Municipal: Researching relevant other internal & external projects
Municipal: Something extraordinary about drugcampaign
Municipal: Starting phase of campaign
Municipal: Target audience of campaign
Municipal: Tension during creation process
Municipal: Their own research department saying no to measurement because of lack of baseline measurement
Municipal: Top-down politics
Municipal: Transition between campaign 1 and 2
Municipal: Unsure if different departments find each other
Youth: Alternatives to harddrugs
Youth: Buying drugs is so easy nowadays
Youth: Comparing drugs to another concept like meat or fast fashion
Youth: Comparing drugs with a personality / identity
Youth: Describing harddrugs
Youth: Discussing a drug related TV show
Youth: Discussing being the 'moodkiller'
Youth: Discussing drug criminality
Youth: Discussing drug trends

Youth: Discussing drug use around them
Youth: Discussing drugs and newer generations
Youth: Discussing drugviolence with others
Youth: Discussing Dutch political climate
Youth: Discussing how the issue is much bigger
Youth: Discussing legalisation of harddrugs
Youth: Discussing other societal issues
Youth: Discussing personal medical drug use
Youth: Discussing reasons to be part of drug criminality
Youth: Discussing recent drug news
Youth: Discussing regulation of harddrugs
Youth: Discussing specific drugs
Youth: Discussing supply and demand of drugs
Youth: Discussing the testing of drugs
Youth: Discussing worries on drug use of newer generation
Youth: Doubting impact of not using drugs
Youth: Drug use is normalized
Youth: Drugcampaigns - calling them funny
Youth: Drugcampaigns - calling them rough
Youth: Drugcampaigns - campaign worsening stigma
Youth: Drugcampaigns - comparing with other drugcampaign
Youth: Drugcampaigns - discussing awareness
Youth: Drugcampaigns - discussing engagement with campaign
Youth: Drugcampaigns - discussing sender of campaign
Youth: Drugcampaigns - discussing them with others or not
Youth: Drugcampaigns - drugcriminality is normalized-ish
Youth: Drugcampaigns - feeling addressed or not
Youth: Drugcampaigns - feeling responsible for others or not
Youth: Drugcampaigns - Future campaigns
Youth: Drugcampaigns - in doubt about best approach
Youth: Drugcampaigns - marketing channels
Youth: Drugcampaigns - mentioning educational / awareness as other approach
Youth: Drugcampaigns - mentioning victim blaming
Youth: Drugcampaigns - missing datadriven backstory
Youth: Drugcampaigns - naming them sympathetic
Youth: Drugcampaigns - negative
Youth: Drugcampaigns - not discussing them with others
Youth: Drugcampaigns - other ideas
Youth: Drugcampaigns - Political party
Youth: Drugcampaigns - positive
Youth: Drugcampaigns - professional stakeholder say
Youth: Drugcampaigns - questioning drug governance
Youth: Drugcampaigns - relating campaign to behavioural change
Youth: Drugcampaigns - relating them to a political game

Youth: Drugcampaigns - relating them to drug news
Youth: Drugcampaigns - relating them to recent drug violence in city
Youth: Drugcampaigns - relating them with governmental expenses
Youth: Drugcampaigns - relating them with nature
Youth: Drugcampaigns - relating them with personal expenses
Youth: Drugcampaigns - seeing them
Youth: Drugcampaigns - seeing them from marketing perspective
Youth: Drugcampaigns - seeing them from work perspective
Youth: Drugcampaigns - target audience
Youth: Drugcampaigns - the goal
Youth: Drugcampaigns - their perceptions
Youth: Drugcampaigns - not seeing them
Youth: Experience with municipal drug campaigns
Youth: Experiences with municipality
Youth: Interesting statement
Youth: Linking drug-use to a personality
Youth: Linking drug-use to drug-violence
Youth: Negative about Rotterdam Municipality
Youth: Neutral about Rotterdam Municipality
Youth: Not connecting drug violence to own drug use
Youth: Other interpretation of drug violence
Youth: Period of using drugs
Youth: Personal experiences
Youth: Personal thoughts
Youth: Positive about Rotterdam Municipality
Youth: Racial presumption
Youth: Reason for not using harddrugs
Youth: Reason for using harddrugs
Youth: Relating drug use to music genre
Youth: Saying alcohol is normalized
Youth: Saying other harddrugs are less normalized than alcohol is
Youth: Setting when using harddrugs
Youth: Spending free time
Youth: Stage 0: Stable non-user
Youth: Stage 0.1: Reverse contemplation
Youth: Stage 0.2: Passive Termination
Youth: Stage 1: Precontemplation
Youth: Stage 2: Contemplation
Youth: Stage 3: Preparation
Youth: Stage 4: Action
Youth: Stage 5: Maintenance
Youth: Stage 6: Termination
Youth: Their work experiences
Youth: Values

Youth: Vraag 01. Wat is je leeftijd?
Youth: Vraag 02. In welke wijk woon je?
Youth: Vraag 03. Hoe deel jij je vrije tijd het liefste in?
Youth: Vraag 04. Gaat het in jouw omgeving wel eens over drugsgebruik?
Youth: Vraag 05. Wat zijn volgens jou harddrugs?
Youth: Vraag 06. Gaat het in jouw omgeving wel eens over druggerelateerde criminaliteit in de stad?
Youth: Vraag 07. Hoe zie jij de relatie tussen drugsgebruik en drugscriminaliteit?
Youth: Vraag 08. Heb je wel eens harddrugs gebruikt?
Youth: Vraag 09 & 10. Wat is volgens jou de 'Gemeente Rotterdam' en wat vind jij ervan?
Youth: Vraag 11. Heb jij de Rotterdamse gemeentelijke advertenties over drugsgebruik en drugscriminaliteit gezien?
Youth: Vraag 12. Hoe zie jij de rol van de gemeente als het gaat om voorlichting of beleid rondom drugs?
Youth: Vraag 13. Wat zou jij zelf doen als je een campagne moest maken over dit onderwerp? Wat zou jij belangrijk vinden om over te brengen?
Youth: Vraag 14. Wat zou je tegen de gemeente willen zeggen als het gaat over hoe zij met jongeren en drugs omgaan?
Youth: Vraag 15. Wil je nog iets anders kwijt?

Appendix 5: Youth Interview Questions

First, some general questions (1-5 min)

1. What is your age?
2. In which neighbourhood do you live?
3. How do you prefer to spend your free time?

Questions about drugs: (5-10 min)

4. Is drug use ever discussed in your environment?
    a. If yes, please talk about: With whom, when was this, what was the setting, and what was your role in the conversation?
    b. If no, please talk about: Why not?
5. In your opinion, what counts as hard drugs?
6. Is drug-related crime in the city ever discussed in your environment?
    a. If yes, please talk about: When was this (last year, past years, or earlier), what was the setting, and what was your role in the conversation? Has there been a shift in how you and your family/friends view drugs?
    b. If no, please talk about: Why not?
7. How do you see the relationship between drug use and drug-related crime?
    a. For example, talk about: What do you think is the role of recreational drug users in drug-related crime?
8. Have you ever used hard drugs?
    a. If yes, please talk about: In 2022? And in 2023? And in 2024? And before 2022? Would you like to share in what setting? Would you want to stop? Why or why not?
    b. If no, please talk about: Why not? Would you ever want to try? Do you have many people around you who use?

Questions about the municipality and its drug campaigns: (20-30 min)

9. What does the 'Municipality of Rotterdam' mean to you?
    a. For example, talk about: What does the Municipality of Rotterdam entail, who are they, what do they do, what tasks do they have? Are emergency services (Police, Ambulance, Fire Department) part of this?
10. What do you think of the Municipality of Rotterdam?
    a. For example, talk about: When was the last time you had contact with the municipality? And, imagine you are at a party and someone tells you during a casual conversation that they work for the Municipality of Rotterdam, what do you think of that?
11. Have you seen the Rotterdam municipal advertisements about drug use and drug-related crime?
12. How do you see the role of the municipality when it comes to education or policy regarding drugs?

If time permits:

13. What would you do if you had to make a campaign about this topic? What would you find important to communicate?

14. What would you want to say to the municipality about how they deal with youth and drugs?
15. Is there anything else you want to add?

Appendix 6: Professional Interview Questions

Some general questions:

1. What is your position, and what does your role entail?
2. What was your role in the drug campaigns between 2022 and 2024, and what did the rest of the team look like?
3. How would you describe the Rotterdam drug campaigns?

Some questions regarding the process of the drug campaigns:

4. In your opinion, what was the reason for organising the drug campaigns? (Step 1: The problem)
5. Were other approaches besides these drug campaigns discussed? (Step 2: Causal/Contextual factors) (e.g., prevention programs, community initiatives, lobbying for legalisation or other approaches) (Why were these drug campaigns chosen?)
6. What mechanisms for change were discussed? (Step 3: Change mechanisms) (Currently, conversation starters are used, but for example, seeking help could have been an option as well.) (Is there internal and external communication with other clusters and parties about how, for example, healthcare, education, day activity programs, etc., are doing?)
7. How did the subsequent process go regarding how the campaigns had to be implemented, and who made those decisions? (Step 4: Implementation)
8. How were the plans tested, if at all? (Step 5: Testing)
9. How were the campaigns evaluated, if at all? (Step 6: Effectiveness evaluation)

Optional/Some questions regarding your perspective on drugs and the campaigns:

10. What influence do you think the drug campaigns have had on users?
11. What influence do you think the drug campaigns have had on non-users?
12. In your opinion, have the campaigns achieved their goals?
13. Who do you think benefited the most from the drug campaigns?
14. What do you know about young people's reactions to the campaigns?
15. How would you describe the collaboration between all stakeholders? Is it mainly an execution relationship, or is there room to think critically or even disagree?
16. Have there been moments when your vision on the approach to drug use differed? How are such tensions handled?
17. Looking back, would you have done anything differently?
18. Is there anything else you would like to add?