Evaluation report

Swedish Council for Working Life and Social Research

Swedish Research on

ALCOHOL, NARCOTICS, DOPING, TOBACCO AND GAMBLING

An Evaluation of Swedish Research on Alcohol, Narcotics, Doping, Tobacco and Gambling (ANDTG)

conducted by

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Report on the Evaluation of Swedish Research on Alcohol, Narcotics, Doping, Tobacco, Prescription Drug Abuse and Gambling (ANDTG)

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PREFACE

The Government of Sweden has given the Swedish Council for Working Life and Social Research (FAS) the responsibility for national coordination of social science alcohol research. From 2008 and on the latter area includes the area of narcotics research. FAS has carried out evaluations of Swedish research in several of its areas of coordination but not in the area of Swedish research on alcohol and tobacco. The 2009 board of FAS commissioned FAS to carry out an evaluation of Swedish research in the area of alcohol, narcotics, doping and tobacco (ANDT) and not only the social science research. The international evaluation group further suggested that prescription drug abuse and problem gambling (G) also should be included. The scope of the evaluation therefore is much wider than social science research, and encompasses all Swedish research within the ANDTG field. This is the first Swedish evaluation ever with such a broad scope and I am very pleased to present the FAS board with this important document.

A Swedish reference group has advised on various aspects of the evaluation process. One member of this group, Assoc professor Ola Arvidsson, is the main person responsible for the description of developments in Swedish ANDTG research during the period before the evaluation was to cover (Appendix H). Professor Olle Persson, Department of Sociology, Umeå University, has assisted the evaluation group by carrying out bibliometric analyses, which he has described together with Jørgen Bramness in Chapter IV and Appendix G. Ms Kerstin Carsjö, Research Secretary at FAS, has written Chapter I-III and is responsible for Appendices A-F. Edvin Sandberg Frid helped out in the evaluation for a brief period primarily with handling of survey data.

FAS extends its gratitude to the international evaluation group for an excellent and thorough scrutiny of the Swedish contribution to the ANDTG research field. The profound expertise of the international evaluation group guarantees a well balanced view on the Swedish accomplishments of ANDTG research. The conclusions and suggestions in the report, entirely the responsibility of the panel, are now open for discussion and action among funders, researchers and policy makers.

FAS also extends its gratitude to the Swedish reference group for invaluable guidance, discussions and extensive background material.

The FAS administrative officer in charge of the entire mission, from start to goal, a marathon sometimes at sprinter speed, has been Kerstin Carsjö, who is thanked for her never failing endeavour!

Stockholm in April 2012

Erland Hjelmquist

Secretary-General of the Swedish Council
for Working Life and Social Research

EXECUTIVE SUMMARY

This is a report from a 12-month review of Swedish research from the period 2005–2010 concerning alcohol, narcotics, doping and tobacco as well as prescription drug abuse and problem gambling (ANDTG) during 2011. The purpose of this review is to evaluate scientific quality of the research and to identify gaps, weaknesses and strengths of Swedish ANDTG research from an international perspective.

The results of the evaluation are to 1) contribute to the strategic input which the Swedish government has asked FAS to deliver for the 2012 Government Research Bill and the Research Strategy commissioned by the Ministry of health and Social Affairs and 2) provide input for a second call in the area of ANDT research which FAS plans to announce in 2012. The work of this report reflects the efforts of a Swedish reference group as well as an Evaluation Group of international ANDTG research experts. The reference group provided advice on the planning of the evaluation, definition of areas to be covered, identification of appropriate Swedish researchers to be surveyed, selection of international experts for the Evaluation Group members as well as various other aspects of the evaluation. The Evaluation Group was composed of:

- Harold Holder, Senior Scientist Emeritus and Former Director of Prevention Research Center, Pacific Institute for Research and Evaluation, Berkeley, CA, USA (Chair)
- Jørgen Bramness, Director of Science, Norwegian Centre for Addiction Research (SERAF), Oslo, Norway;
- Marja Holmila, Research Professor, Department of Alcohol, Drugs and Addiction, National Institute for Health and Welfare (THL), Helsinki, Finland;
- Karl Mann, Professor and Chair, Department of Addictive Behaviour & Addiction Medicine, University of Heidelberg, Germany;
- Ann McNeill, Professor of Health Policy and Promotion, Deputy Director, UK Centre for Tobacco Control Studies, University of Nottingham, UK
- David Nutt, Professor and Head, Neuropsychopharmacology Unit, Imperial College London, London, UK.

The review of Swedish ANDT and gambling research included examining the written summaries of research provided by Swedish scientists, a review of the top five identified scientific publications from each Swedish researcher and/or research group, conduct of interviews with national public decision-makers and stakeholders as well as selected Swedish scientists, and the completion of a bibliometric analyses of Swedish ANDT research publications in international scientific journals.

The following observations and recommendations were made by the Evaluation Group:

Sweden has a long history and tradition in substance use research but its internationally leading position is under threat. Considering the size and scope of addiction, the changing situation particularly concerning gambling and the internet, increasing harms in Sweden, and the great potential of such research and publication in international journals, there is a need to invest and reorganize to regain a leading position in addiction research.

Existing funding of ANDTG research is fragmented, short-term and rarely coordinated which makes planning and continuity of research difficult. There is a need for more collaboration across Swedish funding sources to achieve more commonality in addressing research issues and questions. This is not to achieve a total single focus for all Swedish ANDT research but to increase coordination of research funding and priorities. This collaboration should also support the development of additional capacity especially for new researchers and increase continuity of research funding. Currently ANDTG research is primarily organized and governed through universities in Sweden. While larger Swedish research groups have the capacity and demonstrated interest in international collaboration, in general across much of Swedish ANDTG research there is a lack of such collaboration. International research collaboration should be encouraged, both to ensure that Swedish research meets international scientific standards and to maximize the productivity of Swedish researchers as well as increase the return on national research funding.

Following the group review and based upon experiences and trends in the international scientific community as well as specifically ANDTG research, we make the following strategic recommendations:

1. Create a long term and sustainable research commitment dedicated to the ANDTG field to facilitate Swedish research to meet international scientific standards and relevance. Based upon best practices as, e.g., USA, UK, Norway, this will require two developments: (a) create long term earmarked funding for ANDTG research by bringing together new funding and existing funding and (b) create a national consortium to manage these funds.

2. Sweden has unique research opportunities in substance use and harm research, which we encourage be given priority in contrast to attempting to cover all areas of ANDTG. We recommend that emphasis be given primarily to such areas where Sweden has unique strengths and opportunities as well as international relevance.

3. Research investment should cover epidemiology/prevention and preclinical/treatment research and its impact on reducing harm associated with ANDTG. One recognized/recommended approach is the creation of dedicated national research centres with long term funding overseen by regular scientific review by an international panel. These national centres can be instrumental in creating more national and international collaboration. They will provide outstanding training opportunities to support research careers. Such training is crucial for the future of Swedish research, particularly due to the coming generational shift in research leadership with the impending retirement of many senior researchers.

4. The sustainability of ANDTG research could be assisted by funding from the EU. National funding should be available for ANDTG Swedish researchers to help secure EU funding. Special effort should start immediately in Sweden to influence the upcoming allocation process of EU funding.

In addition, the Evaluation Group makes the following specific recommendation:

1. Sweden has historically demonstrated a special strength in epidemiological studies of substance use and associated harms, and more recently gene and environment interactions which contribute to these, by making extensive use of national health registries and the male military conscript data bases. This research should be encouraged and continued as it contributes not only to Sweden but has international importance as well.

2. Translational research including animal and molecular models into human experimental medicine and clinical trials is a unique Swedish asset. We recommend that this be continued and consideration be given to facilitating access to Positron Emission Tomography (PET)/Magnetic Resonance Imaging (MRI) and gene sequencing among other technologies.

3. Sweden has been among the pioneers looking at psychotherapy and medication interactions in treatment of substance use. This should be extended into the field of personalized medicine, given the strengths of Swedish cohort approaches.

4. Sweden has the highest snus use rate in developed countries, the lowest smoking prevalence in Europe and thus low smoking related mortality and morbidity, and highest rates of use of nicotine replacement therapy. We recommend the development of a new prospective cohort to disentangle the effects of nicotine, tobacco and smoking as well as to follow

up tobacco use behaviours, switching between different forms of tobacco, likelihood of giving up tobacco and health effects. We also recommend study of the consequences of the Gothiatek standard for smokeless tobacco (a voluntary standard governing constituents and manufacturing of snus) on tobacco related use and harm.

5. Sweden has been a world leader in the use of national public policy to reduce alcohol and drug problems. There is little quantitative research over the past five years concerning the effects of these policies on associated alcohol and drug related harm and contemporary research on these effects should be undertaken.

6. The responsibility for alcohol licensing and the reduction of ANDTG problems is placed with municipalities in Sweden and this situation has international relevance and importance. As a result, there is a need for research on the reduction of ANDTG harms at the local level which can be used to determine the relative effectiveness of local prevention policies or local programs, i.e., to enable local prevention efforts to become more evidence-based.

7. Current research on gambling is promising and should be encouraged. In times of limited funding and resources, Swedish gambling research could be directed toward international collaboration. That part of Swedish gambling research funding which comes from gambling to the Swedish Gambling Monopoly should be channeled through the proposed consortium for ANDTG research.

I. Introduction and background

The Government of Sweden has given the Swedish Council for Working Life and Social Research (FAS) responsibility for national coordination of research in the following areas: ageing and the elderly, disability, international migration and ethnic relations (IMER), children and youth as well as social science alcohol research. From 2008 and on the latter area includes the area of narcotics. FAS has carried out evaluations of Swedish research in several of its areas of coordination but not in the area of Swedish research on alcohol and drugs. FAS board has commissioned FAS to carry out an evaluation of Swedish research in the area of alcohol, narcotics, doping and tobacco (ANDT) including prescription drug abuse and problem gambling. In addition to research with a main focus on ANDTG, research with one of the substances as a co-variate or one of many risk factors for outcomes in e.g., the health area, was to be included.

The evaluation was completed by the end of the year 2011. The time period to be covered by the evaluation was defined as 2005-2010.

The objective of the evaluation was to make an assessment of the scientific quality of the research and to identify gaps, weaknesses and strengths of Swedish ANDT research from an international perspective. The development of research infrastructure in the ANDT area in terms of organization, funding etc is however also an area of interest to be covered by the evaluation. Additional aspects to be evaluated concern the relevance of Swedish research in the area to international as well as Swedish policy and society in general.

The results of the evaluation are to 1) contribute to the strategic input which the Swedish government has asked FAS to deliver for the 2012 Government Research Bill and the Research Strategy commissioned by the Ministry of health and Social Affairs and 2) provide input for a second call in the area of ANDT research which FAS plans to announce in 2012.

SWEDISH REFERENCE GROUP

FAS started by setting up a Swedish reference group for the evaluation consisting of the following members: Professor emeritus Mats Berglund, Clinical Alcohol Research, Lund University; Professor emeritus Lars Terenius, Dept of Clinical Neuroscience, Experimental Alcohol and Drug Research, Karolinska institutet; Professor Hans Gilljam, Dept of Public Health Science, Social Medicine, Karolinska institutet; Dr. Ola Arvidsson, formerly associated with Swedish National Board of Health and Welfare and Swedish National Institute of Public Health for alcohol and drug work; Dr. Björn Hibell, Director of the Swedish Council for Information on Alcohol and Other Drugs (CAN) and Gabriel Romanus, former MP and Chair of Nordic Alcohol and Drug Policy Network.

The task of the reference group has mainly been to

give advice on the planning of the evaluation, definition of areas to be covered, identification of researchers in the area, selection of experts for the Evaluation Group members as well as various other aspects of the evaluation. The reference group met altogether seven times.

INTERNATIONAL EVALUATION GROUP

As mentioned above one of the tasks of the Swedish reference group was to give advice on the selection of a group of international experts to carry out the evaluation. The experts needed to be recruited outside of Sweden to reduce the potential for conflicts of interest. However, as some of the relevant material and publications most likely would be available in the Swedish only experts from the Nordic countries were to be included in the group. In addition to language issues, gender aspects were also considered. One of the main considerations however, was that the group had to cover the various research areas of the evaluation.

The international Evaluation Group consisted of the following six members:

- Harold Holder, Senior Scientist Emeritus and Former Director of Prevention Research Center, Pacific Institute for Research and Evaluation, Berkeley, CA, USA
- Jørgen Bramness, Director of Science, Norwegian Centre for Addiction Research (SERAF), Oslo, Norway;
- Marja Holmila, Research Professor, Department of Alcohol, Drugs and Addiction, National Institute for Health and Welfare (THL), Helsinki, Finland;
- Karl Mann, Professor and Chair, Department of Addictive Behaviour & Addiction Medicine, University of Heidelberg, Germany;
- Ann McNeill, Professor of Health Policy and Promotion, Deputy Director, UK Centre for Tobacco Control Studies, University of Nottingham, UK
- David Nutt, Professor and Head, Neuropsychopharmacology Unit, Imperial College London, London, UK.

Professor Harold Holder acted as chair of the Evaluation Group. The group met four times in Stockholm. At the first meeting in March 2011 the objectives and results of the inventory survey were presented. The Evaluation Group specified further questions and information needed to be included in the second survey. The procedure for the remaining part of the evaluation was also drawn up at this meeting.

At the second meeting in June 2011 the results of the second survey were presented and the material to be reviewed was divided up between the group members. An outline and timetable for the report were also agreed on.

The third meeting, in September 2011, included interviews with so-called stakeholders (government, politicians, non-government organization representatives) and selected research group leaders. At this meeting preliminary conclusions and recommendations were also drafted.

At the fourth meeting, in November-December 2011 the report writing was further finalized.

II. The evaluation process

BACKGROUND MATERIAL

The reference group suggested that the Evaluation Group may need an introduction to the Swedish ANDTG research scene and offered to provide a description of the developments of Swedish ANDTG research during the period preceding the time period covered by the evaluation. Ola Arvidsson is the main author of this background description, which can be found in Appendix H, but other members of the reference group have also contributed. The description covers such topics as academic theses, positions and research institutions, centres of research and research groups, financing and other activities in support of research.

The evaluators were also provided with a number of reports and documents with relevance for the evaluation. These include:

a. The English summary of the 2010 annual report on Drug trends in Sweden from the Swedish Council for Information on Alcohol and Other Drugs (CAN) (1).

b. An English translation of the Swedish Government Strategy on ANDT policy published in the spring of 2011 (2).

c. A report from the Government Commission on Substance Abuse by Gerhard Larsson was completed in the spring of 2011. The evaluators were provided with English translations of the chapters on Research and knowledge dissemination from the volume of recommendations and analyses respectively. The research appendix on relevant topics relating to substance abuse treatment was also made available to the group (in Swedish only however) (3).

d. FAS had a special call for funding in the ANT area in 2009. The evaluators were provided with a report on this call, its results as well as progress reports from the 15 projects and 3 programme grants approved (4).

e. The AFA insurance had a major call for funding in the area of ANT research and a published report from the results from this call was provided to the evaluators by the coordinator of the programme, Professor Lars Terenius in the reference group (5).

f. The Swedish Council on Health Technology Assessment (SBU) produced a two-volume report on drug and alcohol treatment in 2001, which was circulated in the group (in Swedish only) (6).

CRITERIA FOR THE EVALUATION

At the second meeting in June the evaluators agreed on the following set of criteria for the evaluation:

1. **Scientific quality** within an international perspective – application of appropriate methods, analyses, sampling, etc.

2. **Scientific merit** – creating new ideas, importance of science and findings, description of key achievements, major contributions to ANDT research.

3. **Scientific productivity** – number of publications, international collaborations including publication with co-author from other countries, citations by others in international scientific journals.

4. **Organizational structures** – Research group, development, stability, networking, ability to draw funding from general research sources also from designated funding.

5. **Training** – number of Ph.D., M.D. degrees in ANDT awarded over past 5 years and amount of publications, number of post-doctoral students employed in group and their publications.

6. **Relevance** – potential to be applied, ability to reduce harm, public health relevance, contribution to Swedish policy, stimulation of future research, participation in health policy deliberations. Collaborations with clinical units on practice.

7. **Weaknesses** – what aspects or areas are missing.

The first two criteria were to apply to individual papers reviewed.

The information from researchers was collected in 2 steps:

1) an inventory of researchers and their research groups in which respondents were asked to provide detailed information on their research groups and research activities and

2) in a second survey (referred to as the evaluation survey) more detailed information was obtained from the researchers and research groups identified on the basis of the inventory. In this survey respondents were also asked to submit key publications to FAS.

INVENTORY SURVEY

One of the first steps in the evaluation was to make an inventory of Swedish research in the area of ANDTG. This was accomplished by means of a survey. The survey was carried out in December 2010- January 2011.

Just before Christmas 2010 (Dec 21-22) an e-mail was sent out to researchers active in the ANDTG area during the period 2005-2010 asking them to go to a website to answer a short inventory questionnaire. Deadline for answering the questionnaire was January 25, 2011.

The e-mail was sent out to the following:

- researchers applying for grants in the ANDT area from FAS
- researchers applying for grants from National Alcohol Retailing Monopoly Council for Alcohol Research (SRA)
- researchers receiving grants in the area from the Swedish Research Council (VR)
- researchers receiving grants from the National Board of Institutional Care (SIS)
- researchers receiving grants in the area from AFA insurance (AFA)
- researchers receiving grants from the Swedish Brain Foundation

– researchers receiving grants from Mobilisation against Narcotics (MOB)
– researcher names obtained from tobacco expert in reference group
– Swedish members in Kettil Bruun Society (KBS)

In all the e-mail was sent to 308 researchers. In addition to this the mail was sent out to members of the Swedish Association for Alcohol and Drug Research (SAD), an association of 340 active researchers in the field of alcohol and other drugs. The e-mail was also sent out to persons in charge of research and development in the area at the following: Swedish National Board of Health and Welfare, National Institute of Public Health, National Council for Crime Prevention and Swedish National Laboratory of Forensic Science. Furthermore in the e-mail itself researchers were asked to forward the mail to colleagues active in the research area.

The aim of the survey was to identify research group leaders and other signficant researchers which should be covered in the evaluation itself. In addition to personal details of the respondent the respondent was asked to describe the following aspects with a reference period of the past six years (2005–2010): main research interests, areas of ANDT research involved in, members of research group (if any), publications and grants received as principal investigator. The questionnaire can be found in Appendix A.

The response to the inventory survey is shown in the table below as well as in Appendix C.

Table II-1. Summary of results of inventory

Response category	N
Complete response	166*
Returned (wrong address etc)	12
Not applicable (i.e. not active in ANDTG research)	7
No response	147
Total	**332**

* 5 of which were partially complete

Due to the open invitation for researchers to reply to the inventory questionnaire it is difficult to calculate any response rates. Out of the 161 complete responses received 25 came from researchers who were not on the mailing lists. Roughly speaking, only about half of the solicited researchers responded to the inventory survey. Some researchers replied giving a reason for their non-response and sometimes the mailing addresses were obviously out of date. The main reasons for the low response probably include the researcher not being actively involved in ANDTG research anymore or not bothering to reply since they were not active in FAS areas of responsibility. In all 166 respondents identified themselves as ANDTG researchers.

The response from the inventory was reviewed closely in a meeting with the reference group with regard to the response in terms of self-reported research activity in the ANDTG area including number of publications as well as group membership. Researchers with low levels of ANDTG activity and researchers whose leaders had responded were excluded from the second survey. The reference group advised on these matters as well as contributed names of researchers not covered by the first survey. Some bibliometric analyses also resulted in the addition of researcher names to be included in the second survey, referred to as the evaluation survey.

EVALUATION SURVEY

The evaluation survey was sent out in the middle of May 2011 to 127 researchers who were identified as either individual ANDTG researchers or group leaders by themselves or by the reference group. From the inventory survey responses it was evident that most researchers work in groups. The second questionnaire was thus to be completed mainly by research group leaders. However, researchers who were not members of a group were asked to answer the questions by referring to their own research. Research groups can be defined in different ways. In this survey a 'research group' was meant to be a group which either 1) has a leader with budgetary responsibility, or 2) which works together on the same research project(s) or 3) which works with similar research questions (ANDT) in the same administrative unit. Loosely knit groups, e.g. net-works with members from different environments which share the same research interests, but who do not do research together were not to be included.

The questionnaire for the second, evaluation survey can be found in Appendix B. It included partly the same questions as the first survey, which probably contributed to some of the non-response. Questions included: information about the group leader/researcher him/herself, information on name and members of each research group the respondent was a leader of, postdocs employed in groups, PhDs obtained by research group members, description of current research group programmes, main focus of research groups, grants obtained by research groups, key scientific achievements by research groups, applied contributions by research groups, national and international research collaboration, general issues in Swedish ANDT research (priorities,

constraints/problems, improvements needed) as well as lists of publications.

In addition to publications lists respondents were asked to submit the five most representative publications from each research group (could be either from a perspective of scientific quality or of policy relevance) in electronic version to FAS for reading by the evaluators.

The response to the evaluation survey is summarized in the table below.

Table II-2. Response to evaluation survey

Response category	N
Complete response	69
Incomplete responses	10
Refusal	3
Not applicable (i.e. not active in ANDTG research, member of other group)	10
No response	35
Total	**127**

As evident from the table above 69 researchers replied out of the 127 who were invited to participate (54 percent). Ten researchers replied that they were not really active in ANDTG research or considered themselves members in a group with another leader. Ten researchers left incomplete responses and three refused. The researchers who did not respond or left incomplete responses were reminded and in correspondence with these researchers it was evident that there was some 'disturbance' from the first survey: some researchers thought they had already answered the survey and some could not be bothered to fill in the survey questions again, since answering the first survey had been time consuming.

A compromise was then agreed upon in the group in which the researchers who had left incomplete or no responses in the second survey but had left complete responses to the first survey were included among the second survey responses. These numbered 22 researchers, which in-creases the response rate to 91 persons (69+22) or 72 percent. These 22 researchers were also asked to submit their 5 'top' publications electronically to the evaluation group (which some but not all of them did). A summary of particpation in the surveys, submission of publications and interview participation is shown in Appendix C.

A listing of the 91 researchers and their research groups included in the evaluation survey can be found in Appendix D. To create an overview of the field the research groups are listed by university in alphabetical order and then by 'disciplinary domains' (medicine, behavioural and social) and then university departments in alphabetical order.

In the survey the researchers were asked to identify the main focus of each of their research groups according to the matrix shown in the table below. The substance categories were the same as in the table but the research categories were as follows:

– Biomedical
– Treatment
– Epidemiology: Problems (acute & chronic)
– Epidemiology: Prevalence, patterns of use
– Prevention: Programs, interventions
– Prevention: Policy
– Other: Culture, ethnology, history etc

When the Evaluation Group reviewed the results of the second survey they found that a number of research group leaders had either not chosen main focus of their research groups or perhaps misinterpreted the focus descriptions, which were quite brief in the questionnaire as evident from above. The group therefore reviewed all the foci of the responding research groups and modified these if necessary. An additional research category named 'Service provision' was also added. Some research groups with low levels of research activity were excluded. This exercise resulted in 102 self-reported research groups which were distributed over

Table II-3. Number of research groups in evaluation survey by substance and main focus as revised by evaluators

	Bio-medical	Treat-ment	Inter-ventions	Patterns of use	Policy	Problems	Service provision	Other	Total
Alcohol	7	6	9	4	2	10	6	5	**49**
Gambling problems	0	2	0	0	0	0	0	0	**2**
Tobacco	2	3	2	4	0	9	0	1	**21**
Drugs - illicit	8	3	3	3	0	7	1	3	**28**
Drugs - medications	0	0	0	0	0	0	0	0	**0**
Drugs - steroids	1	1	0	0	0	0	0	0	**2**
Total	**18**	**15**	**14**	**11**	**2**	**26**	**7**	**9**	**102**

the different foci as shown in the table below.

The Evaluation Group then divided these groups between themselves according to expertise of the different members. A copy of all the responses to the survey questions were sent out to the appropriate evaluators for review during the summer of 2011. A list of the publications submitted and reviewed by the evaluators can be found in Appendix E. The researchers are listed in the same order as in Appendix D, i.e., by university, disciplinary domain and university department. All researchers sent in long lists of publications, many times going back further than 2005. The number of researchers who actually submitted their 'top' publications electronically numbered 55 and the number of publications submitted and reviewed by the evaluators were 287.

BIBLIOMETRIC ANALYSES

At an early stage Olle Persson, Professor in Library and Information Science at University of Umeå, was asked to help with the inventory and evaluation by carrying out bibliometric analyses. The bibliometric analyses were carried out by Olle Persson and Jörgen Bramness of the Evaluation Group and are reported in Chapter IV. The reference group has also been presented with interim results of the bibliometric studies and has commented on the results.

INTERVIEWS

In addition to the information from the surveys, the Evaluation Group expressed an interest in meeting with policy/decision-makers and administrators from government agencies to discuss their views on Swedish ANDTG research. Two groups were interviewed in the first morning of September 26, 2011 in two one hour and a half sessions. The first group consisted of six politicians and representatives of NGOs. The second group consisted of seven representatives of ministries and government authorities. All members of the evaluation group were present at these interviews. A list of the participants in these discussions can be found in Appendix F.

Ahead of the interviews, the participants had been asked to prepare a brief presentation of themselves and their organization. The participants had also received a list of questions to prepare beforehand. The questions sent out to policy/decision-makers and administrators included:

1. What research has been useful in developing and implementing treatment, prevention, and policy in alcohol, narcotics, doping, tobacco & gambling (ANDTG) in Sweden over the last decade?

2. What do you believe are the roles for ANDTG researchers in assisting/supporting policy in Sweden?

3. What ANDTG questions or problems, in your opinion, need to be addressed by researchers for future decision-making and policy? (Please give special emphasis to Swedish strengths and weaknesses, e.g., what could make ANDTG research better in Sweden)?

4. What is your assessment of Swedish ANDTG research, its organization, and funding?

In order to facilitate documentation of the interviews the stakeholders were asked to send in their responses to the questions beforehand as well, which was complied with by most.

The Evaluation Group also met with some researchers in person in the afternoon of September 26 in order to be able to follow up some issues in greater depth. Twenty-six researchers were interviewed altogether. Four groups of 3-5 researchers were interviewed in 60 to 90-minute parallel sessions by the evaluators who split themselves up into two groups. A list of the researchers interviewed can be found in Appendix F. All researchers who were invited could not participate in the interviews, these are marked with 'Apology' in Appendix C.

The topics of the researcher interviews had been sent out beforehand as well and included the following:

1. What are the most important assets of alcohol, narcotics, doping, tobacco & gambling (ANDTG) research in Sweden?

2. What areas of ANDTG research in Sweden should be continued and/or developed in the next years? Why are these priorities now?

3. What are the most important constraints/problems faced by ANDTG research in Sweden?

4. What should be done now in order to improve and strengthen ANDTG research in Sweden?

Again, researchers had been asked to send in written answers to the questions to facilitate documentation.

Table III-1. Research funding in the area of ANDTG in Sweden 2005-2010 (in thousand SEK)

Funding source	2005	2006	2007	2008	2009	2010
Swedish Council for Working Life and Social Research (FAS)	9 091	9 442	9 974	15 475	33 526	25 701
Swedish Research Council – Humanities and Social Science	820	700	1 460	1 082	351	4 418
Swedish Research Council – Medicine and Health	7 380	10 902	12 485	12 795	24 978	23 688
Swedish Research Council – Research Infrastructure	300	0	0	0	0	1 540
National Board of Institutional Care (SiS)	3 234	5 961	5 862	2 204	690	2 205
AFA Insurance	9 700	9 600	9 100	8 600	0	0
National Board of Health and Welfare	0	225	504	1 246	949	1 400
National Institute of Public Health	0	0	0	0	10 843	17 957
Alcohol Research Council of the National Alcohol Retailing Monopoly (SRA)	3 000	3 000	3 000	3 000	3 000	3 000
Ministry of Health and Social Affairs	7 375	0	0	0	0	0
Swedish National Centre for Research in Sports	0	90	90	175	0	400
Brain Fund	5 000	5 000	5 000	5 000	5 000	5 000

III. Funding of ANDTG research in Sweden

As part of FAS responsibility for national coordination of research in the area of social science alcohol research, FAS started in 2002 to carry out yearly surveys of the funding of this research in Sweden. From 2008 and on this area also includes narcotics. The table above shows the results from these surveys for the period 2005-2010 but the figures have been supplemented by such research in all sciences (not just social sciences) and also includes tobacco, doping/anabolic steroids as well as gambling.

As evident from Table III-1 FAS is one of the main funders of ANDTG research alongside with the Swedish Research Council. The funding provided by the FAS in the ANDT field has been reinforced for the period from 2009 to 2012 in line with the Government's proposal in its most recent research-policy bill and at present amounts to SEK 15 million per year. FAS call for research applications in the area had a broad focus, including both social and medical research. FAS reported a total funding volume of just over SEK 33 million for 2009, of which SEK 11 million in long-term support for centres and programmes. The special effort in the ANDT field entailed a doubling compared with the year before.

Interestingly enough the funding of ANDTG research by the Scientific Council of Medicine and Health of the Swedish Research Council shows the same pattern as FAS funding, namely a doubling during 2009–2010 compared to the previous two years. This increase is a reflection of the supplementary allocation of SEK 37 million from 2009 onwards that the Swedish Research Council received for strategic psychiatry research in the 2008 Government Research Bill of which addiction research constitutes a major part.

Funding by Scientific Council of the Humanities and Social Sciences of the Swedish Research Council, although at a lower level, has also increased quite substantially during the last year covered in the period.

FAS major spending items in the past six-year period include basic and project support for the Centre for Social Research on Alcohol and Drugs (SoRAD) at Stockholm University. Other current beneficiaries of programme support are two departments at Karolinska Institutet and one department at Uppsala university. In 2008 FAS increased its support for research projects in the ANDT field, in part through a fairly large project dealing with women, health and intoxication in the framework of a special call in the area of women's health.

In the ANDT field as a whole, applications exceed grants by a wide margin. The applications received by FAS in 2009 correspond to a total amount of almost SEK 500 million for the period until 2012. The grants approved by FAS are at a significantly lower level. Even so, compared with a number of other research fields where FAS provides funding – such as research dealing with the elderly; children and young people; disability; and migration – there is less competition for funds in the ANDT field. FAS calls for proposals and its decisions to grant funds, like those of the Swedish Research Council, are largely governed by the focus and quality of the applications received. At an overall level it is possible to give priority to fields of particular urgency, as in the present case by means of a special temporary reinforcement of resources in the ANDT field. However, the

quality of the research and the ability of the implementing environment to compete scientifically must always determine the allocation of grants.

There are also research funds available for the ANDTG field outside the research council system. Four central government agencies – the National Board of Institutional Care, the National Institute of Public Health, the Swedish Prison and Probation Service and the National Board of Health and Welfare – have certain research funds at their disposal, of which some are ear-marked for the ANDT field. The volumes involved and the mechanisms used to allocate funds differ across agencies.

The ALF funds paid by the central government to county councils in return for medical training and clinical R&D amount to just over SEK 1.6 billion per year in all (7). Further, municipalities and county councils set aside a total of about SEK 1.5 billion per year for local and regional R&D units and other municipal and county-council research activities. However, it has not been possible to obtain information about the percentage of those significant research funds that benefits research in the ANDT field.

There is also non-governmental research funding from the National Alcohol Retailing Monopoly (Systembolaget) that makes a regular contribution. The Monopoly has been setting aside certain funds for research since the 1970s through an independent Alcohol Research Council (SRA). Between 2005 and 2010 this sum has amounted to 3 mill SEK per year. The projects granted have traditionally been biomedical in nature but during later years more social science projects have been granted funds.

The Swedish State Game operator Svenska Spel gives 5 mill SEK per year to the Swedish Brain Fund. A large proportion of these funds goes to research on addiction. Starting in 2011 Svenska Spel has also set up a research council which will annually give out 5 mill SEK in research grants for the area of gambling problems.

Between 2004 and 2008 AFA Insurance implemented a special research programme focusing on alcohol-related risks and treatment issues. A total of SEK 50 million was spent over a five-year period. Those funds were mainly allocated to a limited number of major projects in the field of biomedical alcohol research.

There are no special agencies or foundations providing research support for tobacco research. Researchers in this area have to compete for the funds available from the research councils in Sweden (primarily the Swedish Research Council).

Mobilisation against narcotics (MOB) was established in 2002 by the government and worked during the period 2002–2007 to coordinate drug policy measures at the national level. During the years 2003–2007 MOB supported Swedish addiction research with substantial amounts of funding. According to the coordinator of MOB the total amount of funding was around 94 mill SEK, but it has not been possible to break this support down by year. For additional details please refer to page 24 in Appendix H.

In conclusion, funding for ANDTG research is fragmented over a fairly large number of councils, agencies, foundations and other organizations. However, the trend in funding provided for research in the ANDTG area appears to be increasing at least for the major funders during the time period covered by this evaluation, especially the last few years.

IV. A bibliometric survey of Swedish research in alcohol, narcotics, drugs and tobacco

The Evaluation Group commissioned a bibliometric survey of relevant Swedish research which has been published in international scientific journals concerning alcohol, narcotics, drugs, and tobacco. The survey was carried out by Professor Olle Persson, University of Umeå and Professor Jørgen G. Bramness, University of Oslo. The purpose of the survey was to provide an assessment of publication output by Swedish ANDT researchers in international scientific journals both in comparison to its own history of publication as well as to the publication by other European countries and to provide additional details about the relevance and citation impact of Swedish publications. The complete results and details concerning methods utilized are shown in Appendix G.

MATERIALS AND METHOD

The survey began with a keyword search to identify as many ANDT research papers between 2005 and 2010 as possible using the database of published scientific

journals maintained by ISI Web of Science (WoS). The keywords and sorting criteria utilized are shown in Tables 1 & 2, Appendix G. A multi disciplinary field such as ANDT research presents special challenges in such a survey. Although there is a set of core journals, a great number of articles are scattered over a vast number of disciplines, and relevant papers may be published in general journals in a variety of fields. Further, many keywords, such as alcohol and many others, are used in many natural science papers not relevant to ANDT research. These papers were excluded from the analysis. To increase accuracy the search was restricted to the scientific paper title and requiring that at least one key word was present indicating an ANDT substance. These subfield keywords are shown in Table 2, Appendix G.

Table IV-1. Total scientific and ANDT scientific papers by country 2005-2010

Country	All Papers in Web of Science	ANDT-Papers	Percent- ANDT-Papers	Papers per million inhabitants
Netherlands	139458	1415	1.01	86
Sweden	97930	1247	1.27	133
Finland	48977	726	1.48	137
Denmark	53981	634	1.17	117
Norway	42979	502	1.17	107

Results of the bibliometric survey are summarized in Table IV-1 which shows the number of scientific papers in total by Sweden and other European countries as well as a percentage of total publications which results from ANDT research and papers per one million population. Sweden has the second highest percentage (closely following Finland) of ANDT scientific papers in total scientific paper production compared to these other countries of in this table.

Table IV-2. Number of ANDT scientific papers by country and year

All fields	Country					
Year	Norway	Sweden	Netherlands	Finland	Denmark	Total
2005	73	217	216	121	87	714
2006	73	170	214	107	89	653
2007	77	214	241	122	108	762
2008	79	225	229	133	120	786
2009	96	205	259	124	117	801
2010	104	216	256	119	113	808
Total	**502**	**1247**	**1415**	**726**	**634**	**4524**

Table IV-2 shows the number of ANDT scientific papers per year and by European country. The results suggest that while there is an overall trend across these countries for annual increase in the number of papers over the period 2005-2010, the ANDT scientific publication of Sweden along with Finland has remained somewhat flat over this period, i.e., there is little evidence of an overall increase in Swedish ANDT scientific publication comparable to Norway and Denmark.

Table IV-3. Total substance specific ANDT publications by country from 2005–2010

Total over 2005-2010	Country					
	Norway	Sweden	Netherlands	Finland	Denmark	Total
Alcohol	149	467	432	342	228	1618
Illicit drugs	108	236	363	99	148	954
Medicinal drugs	112	218	244	95	130	799
Steroids	9	38	20	6	16	89
Tobacco	222	504	560	284	231	1801

Table VI-3 provides a total by country of the total number of ANDT scientific papers over the period 2005-2010 by substance in ANDT research, i.e., alcohol, illicit drugs, medicinal drugs (prescribed), steroids, and tobacco. The information in this table is further broken down in Table 5, Appendix G which shows the number of citations by country by substance in ANDT research for each year. As is true for all these countries, tobacco and alcohol are the substances most often addressed in Swedish ANDT research followed by illicit and medicinal drugs. Steroid research has the lowest number of publications in every country.

One indicator of importance of ANDT research is the frequency with which specific papers are cited by others. Table IV-4 provides a summary of the mean number of citations for an ANDT papers by country of authors. Greater detail is given in Table 5, Appendix G, which shows the annual results for citations for each row in the summary Table IV-4 shown below.

Table IV-4. Mean number of citations per ANDT paper by substance and country

Total & substance	Country					
	Norway	Sweden	Netherlands	Finland	Denmark	Total
All	8.35	8.75	9.67	7.77	8.80	8.84
Alcohol	6.45	7.77	7.87	6.87	7.08	7.39
Illicit drugs	7.19	7.54	9.96	7.92	9.51	8.77
Medicinal drugs	7.37	7.39	8.05	6.82	8.70	7.73
Steroids	10.67	10.47	22.20	8.00	14.81	13.74
Tobacco	10.17	10.63	11.02	8.74	10.09	10.33

Swedish ANDT research has a scientific paper citation average which is relatively comparable to the other countries cited and to the average across all countries for each substance, i.e., alcohol, illicit drugs, medicinal drugs, steroids, and tobacco.

There exists a set of core international ANDT scientific journals listed in Table 9, Appendix G, which also shows the number of publications in each journal by country. Limiting the analysis to these core ANDT journals, the percentage of published ANDT papers which appear in these international core journals by country are: Sweden, 22%; Denmark, 16%; Finland, 24%; Netherlands, 25%, and Norway, 26%. The mean citation by country over the period 2005–2010 is: Sweden, 7.6; Denmark, 4.3; Finland, 5.6; Netherlands, 7.9; and Norway, 5.9. An average of 23% of all ANDT papers was published in core ANDT journals such that 22% of the Swedish ANDT papers were published in ANDT journals, which is less than in Finland, the Netherlands and Norway, but more than in Denmark. Additional details are shown in Tables 7 and 8, Appendix G.

In a second step all the titles of the 1247 identified Swedish papers via the WoS search were reviewed manually and a decision was made whether the paper was truly relevant to ANDT research. From this manual search 1 045 papers were identified (196 papers were excluded plus 6 possible duplicates) and these were categorized according to what was the main drug and the principal method of research. Table IV-5 shows the primary substance in these additionally screened Swedish ANDT published papers. Table IV-6 shows the methodology or type of research in the same studies.

Table IV-5. Swedish ANDT papers with duplicates and miscodes removed by specific substance 2005–2010

	Year						
Drug	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**Total**
Alcohol	70	44	64	65	68	60	371
Several drugs	12	10	16	16	15	15	84
Amphetamines	6	8	10	12	8	8	52
Cannabis		1	4	4	3		12
Hallucinogens	1		1				2
Cocaine	1	3	3	4	1	3	15
Nicotine (including snuff)	90	54	65	68	65	76	410
Opioids	8	8	20	19	9	7	71
Prescription drugs	1	2	3		1		7
Anabolic steroids	2	4	2	2	2	7	19
Total	**189**	**132**	**187**	**190**	**171**	**176**	**1045**

Table IV-6. Swedish ANDT papers with duplicates and miscodes removed across all substances by primary method over 2005–2010.

	Year						
Method	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**Total**
Epidemiology and health economics	54	42	59	71	53	54	333
Clinical including genetics	82	56	86	75	76	86	461
Pre clinical including neurobiology	36	30	35	36	28	24	189
Theory/commentary including meta-analysis	19	6	8	8	15	12	68
Total	**191**	**134**	**188**	**190**	**172**	**176**	**1051**

Table IV-7. Swedish ANDT papers with duplicates and miscodes removed by specific substance 2005–2010 by method and substance

	Method				
Drug	**Epidemiology and health economics**	**Clinical including genetics**	**Pre clinical including neurobiology**	**Theory/ commentary including meta-analysis**	**Total**
Alcohol	116	151	73	31	371
Several drugs	34	38	1	11	84
Amphetamines	1	19	32		52
Cannabis	5	2	5		12
Hallucinogens			2		2
Cocaine		4	10	1	15
Nicotine (including snuff)	167	200	29	22	418
Opioids	6	31	34		71
Prescription drugs	2	4		1	7
Anabolic steroids	2	12	3	2	19
Total	**333**	**461**	**189**	**68**	**1051**

A means to identify potential significance of Swedish ANDT research is provided via the frequency with which the filtered ANDT papers of which they were authors or co-authors were cited by others. This is measured here by the H-index which is a ratio of number of papers and frequency of citation. In a separate query (data not shown here) we identified the Swedish authors who had an H-Index of 5 or more within the studied time frame 2005-2010. This included 27 Sweden-based scientists and their institutions. Those research institutions with frequently cited ANDT research include Karolinska Institutet, Stockholm as the most prominent, followed by University of Lund, University of Gothenburg, National Board of Forensic Medicine, Linköping, Uppsala University and Stockholm University.

SUMMARY OF RESULTS AND OBSERVATIONS

The number of papers by country is quite proportionate to the number of papers each country has in Web of Science. Interestingly, Finland has the highest proportion of ANDT-articles of the whole country output of papers, and also in relation to population size. In the current list Sweden is number two, following Finland closely. Considering the mean number of citations per article, Sweden has a citation average close to the average.

Over the period of this bibliometric survey, while there is an overall annual increasing trend across countries in the number of papers, the ANDT scientific publication of Sweden along with Finland has remained somewhat flat over this period, i.e., there is little evidence of an overall increase in Swedish ANDT scientific publication comparable to Norway and Denmark. This is in line with the observation of the Commission of Substance Abuse Report concerning a declining trend of publication and citation rates for the years 1992–2006.

A closer look at published papers considered true ANTD-papers revealed that nicotine and alcohol were the most studied substances which were relatively stable over the years, 2005–2010. In second place came papers on several drugs, amphetamines and opioids. Cannabis, hallucinogens and prescription drugs appear to be less frequently studied but cannabis research was often included in other research (e.g. in the "several drugs" field). This is illustrated in Table IV-7 which shows that many of the papers were from clinical and epidemiological research using nicotine or alcohol as covariates.

Some important limitations of this survey should be noted. The Web of Science (WoS) data base does not include all ANDT-publications, since books and book chapters are not covered, and has a strong bias towards medicine. WoS typically includes more quantitative than qualitative research papers. While there exist such limitations and while important research may have been missed, when comparing Swedish ANDT research to other comparable European countries, the results are helpful and provide sensible and useful information. Therefore, the present survey reveals that Swedish ANDT-research is of a similar magnitude and of a similar impact to those countries to which comparison has been made.

V. Review of Swedish ANDTG research

The Evaluation Group organized its review of Swedish ANDTG research in two main themes , i.e., (a) Research concerning developing an understanding of causal factors of use and addiction (Biomedical and preclinical research) as well as measuring and explaining harm associated with ANDTG (Epidemiology and consequences) and (b) Research concerning social response to ANDTG problems and harms (Treatment and prevention). The following summary of the findings and observations of the group utilizes four headings for convenience: Biomedical and preclinical research, Epidemiology and consequences (medical, societal and economic), Treatment, and Prevention and reduction of harm. Within each of these summaries, when appropriate, subheadings are added to address specific substances, e.g., alcohol, illicit drugs, and tobacco. In addition, due to their unique and developing nature, a discussion of special research areas is included, e.g. Gambling, Abuse of anabolic/androgenic steroids, and Prescription drug abuse.

The scale and costs of the problem of addictions in Sweden have recently been estimated as part of Europe-wide survey to be 1.2 billion Euros per year counting only alcohol, opiate, and cannabis dependence (8). This represents a significant estimated increase since 2005. Ramstedt et al has shown that alcohol consumption increased by 20% from 1997 to 2007 resulting in increased deaths and hospitalizations for liver damage both for men and women (9).

BIOMEDICAL AND PRECLINICAL RESEARCH

The preclinical range of Swedish addiction research is inevitably patchy: the topic is a huge one and it is not possible for a small country to be part of, let alone leading, in every area. Never-theless in some areas – notably preclinical alcohol research – Sweden is world-leading (due in part to the recent 5 year research investment from the AFA insurance foundation). Here novel insights into the brain regions and mechanisms by which alcohol produces pleasure and addiction have been studied with a rather different perspective to that in the USA (by far the leading addiction research country in terms of research spending and one which tends to dominate thinking).

In particular the work on amino-acid receptors and appetite regulating brain peptides is very exciting and one that has already lead to new approaches to treatment being developed at the discovery level. These insights are likely to have relevance beyond addiction e.g. in eating disorders and obesity also. The established strength of Swedish research into peptide neurotransmitters is also apparent in the addiction field. This work has benefited from the strong preclinical research base in Sweden with its long tradition of molecular neuroscience, human brain samples and physiological measurements. There is also a good translational medicine element with studies in rodents and human tissue being conducted reciprocally and including the use of very new approaches such as epigenetics. Few groups in the world have this ability so it is one to be cherished.

Significant advances in analytical methods in clinical chemistry of amphetamine alcohol and psychedelics have been made also. Other areas that can claim to be cutting edge though less in volume and likely impact are the studies on pre-natal nicotine exposure and respiratory distress syndromes and the factors predisposing to tobacco-induced cancers.

The continuation of these successes is however under some threat, the greatest of which is career progression. Many of the top preclinical and clinical researchers are nearing retirement and there is a real need to ensure succession. Retention of middle-career scientists is critical and special efforts should be made to encourage PhD and clinicians into addiction research. Linkage with European groups and organizations should be enhanced both for training and obtaining of research funds.

To keep at a world-leading level Swedish addiction researchers need access to the latest pre-clinical techniques particularly genomic analyses and cutting edge animal facilities, including the provision of mice with specific mutations of genes of interest (transgenics). Access to small-animal imaging equipment such as rodent MRI is also needed. The strong Swedish tradition of small-scale human experimental medicine studies is receding and enhancing this – particularly with parallel imaging studies – is a pressing need. There is provision for human neurochemical imaging using the resources of the two Swedish centres (Karolinska and Uppsala) both of which have (PET) imaging tracers of relevance to addiction, and this potential should be explored. The growing value of using new MRI techniques such as functional MRI to study brain mechanisms and circuits in addiction needs to be embraced in Sweden as it has in other leading research countries.

EPIDEMIOLOGY AND CONSEQUENCES (MEDICAL, SOCIAL AND ECONOMIC)

Swedish epidemiological research has been of consistent high quality and is often published in international scientific journals. The availability and utilization of registries, surveys and cohorts have established a remarkably productive trend. As a result, Swedish research has been able to examine the medical, social, and economic impact of substance use, especially alcohol, illicit drugs, and tobacco.

Alcohol

Swedish epidemiology research has had a long and notable history, especially in the study of drinking and drinking patterns. Many studies have been published in a number of international scientific journals and have made extensive use of both surveys and Swedish registries. Such research has generated a rich set of insights concerning use of substances, especially alcohol which was often emphasized. Sweden has also established a quantitative research tradition of examining the cultural and social factors surrounding drinking and drug use, especially among youth, as well as identification of personal and cultural factors.
The study of the consequences of drinking in Sweden has benefited from several Swedish data research opportunities such as the long-term observations of conscripts as well as other long-term cohort studies. Longitudinal studies using cohorts have been linked to national registers to analyses consequences, problems, and risk factors. Such research has allowed Swedish scientists to look at specific areas such as long-term consequences of alcohol consumption in men and women in different social classes or early consequences of alcohol consumption in freshmen at colleges and

universities. Fetal alcohol syndrome was another strong focus. Most of this research has had a very high international impact because Swedish researchers and Swedish funding agencies seem to have had a specific interest in long-term observational and outcome studies. In recent years these long-term studies also started to focus on genotyping of patients and its contributions to the long-term cause of alcohol consequences.

A special strength in Swedish epidemiological research is the utilization of advanced statistical techniques, including time-series analyses, to examine trends in Swedish consumption in comparisons with other European countries including Eastern Europe, cultures which have not been previously examined. Such studies have enjoyed wide international importance and cooperation with international researchers.

In addition to societal consequences, there has been key research in Sweden on the economic aspects of alcohol including cost of drinking at a societal level and its effects on medical care costs, workplace productivity and absences, estimates of avoidable and unavoidable costs of alcohol-related illness, e.g., brain diseases, liver cirrhosis inpatient care in Sweden controlling for the lag structure and period of decline in disease risk, and longitudinal equalization of alcohol treatment participation among socioeconomic groups. Given the overall strength of health economics research in Sweden (10), it would be a natural step to increase Swedish scientific strength by expanding the application of health ecoomics research tools and approaches to studies of ANDTG.

Illicit drugs

Epidemiological research on use and consequences of illicit drugs has also been an important aspect of Swedish epidemiology and social studies. Often the study of illicit drugs is conducted in conjunction with similar analyses of alcohol, e.g., long term consequences of alcohol and drug use, risk factors for alcohol related problems, stability and variation in drinking and drug use patterns. Of special note are studies of alcohol and drug use mortality and morbidity at different ages, cannabis and risk psychosis, and social determinants of alcohol-related problems including school performance as well as long term effects of cannabis and other drugs and long term effects of amphetamine use.

Sweden has organized and led an ongoing series of school-based surveys of children and youth in a wide number of European countries which have provided extensive cross national comparisons of the use of alcohol, tobacco and drugs by youth. The data from these surveys are utilized by both Swedish and European researchers quite widely.

Tobacco

Sweden is unusual among the industrialized western countries as it has a very low smoking prevalence (the lowest in Europe) and hence low smoking related mortality and morbidity, but the highest level of smokeless tobacco use (specifically snus, a low nitrosamine tobacco product). Sweden has a long tradition of smokeless tobacco use and therefore provides a unique opportunity to study the health risks from low nitrosamine smokeless tobacco and the extent to which the use of snus explains Sweden's low smoking prevalence. Sweden also has one of the highest rates of nicotine replacement therapy in the world and together with widespread use of snus, Sweden is therefore uniquely placed to examine the health risks caused by nicotine in comparison with non-combustible tobacco and combustible tobacco. In addition to these unique attributes, tobacco use remains a public health priority (about 30% of adult men use tobacco) and use tends to be concentrated among disadvantaged groups in society, thus making a major contribution to health inequalities in Sweden.

Most tobacco research falls within epidemiology and there is innovative use of cohorts, registries and survey work. For example, research groups are assessing: the health consequences of snus and the health consequences of active and passive smoking, using prospective cohort data; the impact of tobacco use during pregnancy and risks to offspring; research on the relationship between gene-environmental interactions such as IQ and smoking, and the relationship between snus use and Rheumatoid Arthritis and other autoimmune diseases; and the relationship of tobacco use and socioeconomic factors, immigration and social capital.

Looking to the future, the Gothiatek standard for smokeless tobacco (a voluntary standard governing constituents and manufacturing of snus) has been adopted elsewhere and is now being disseminated internationally. As a result, we recommend study of the consequences of this standard on tobacco related use and harm. Identifying the impact of snus on overall population harms compared with smoking (in addition to individual harms) has important implications for international tobacco control policy.

A commonly used cohort of construction workers has been studied to assess the health risks of snus use but this has limitations and a key priority for research is the need for a new prospective cohort to be estab-

lished which could be used to disentangle the effects of nicotine, combustible and non-combustible tobacco on health, and also to examine the likelihood of switching between different forms of nicotine use and subsequent tobacco use cessation.

TREATMENT RESEARCH

Sweden, like Scandinavian research in general, has a long tradition of examining the social and cultural aspects of treatment including personal factors in seeking treatment, consequences of treatment, and treatment policy and factors which influence client demand for treatment and the effects of drug treatment on reducing current and future use of medical care. Swedish researchers have looked specifically at factors in treatment success in psychosocial interventions and treatment systems and their development and current situation in Sweden, comparing it to other countries, looking at changing views and legislation, popular images and professionals' views on factors affecting addiction and recovery. The work includes alcohol and other drugs and a focus on treatment within social work.

Alcohol

Different from treatment research in other well-funded countries Swedish colleagues have also had an early interest in long-term follow-up of treatment studies. This is true for pharmacological as well as psychotherapeutic interventions in alcohol dependent patients. Based on these strengths a government-commissioned meta-analysis of global evidence-based treatment approaches in alcoholism was performed and published. This publication has had an enormous impact on treatment research worldwide (6).

Swedish researchers continue to be on the forefront of treatment research in alcoholism, many of which test innovative approaches. Research interests span the whole field from primary care, through specialised inpatient facilities all the way to coerced treatment in forensic institutions. Research groups are widely diverse including adults, adolescent students, and the elderly. A traditional focus on gender aspects of treatment began in Sweden much earlier than in other parts of the world.

Illicit drugs

Overall the treatment research within the illicit drug area seems to limited and may benefit from increased attention. There has been some good translational research in Sweden addressing the issue of amphetamine abuse, pointing both to different pharmacological approaches and addressing the treatment of co-morbid psychiatric disorders. This seems to be research of very good quality that needs to be continued. Some other pharmacological treatment studies of good quality have also been identified.

There is limited research into the Swedish Opioid Maintenance Treatment (OMT) and outcomes including some papers which examined long term outcomes. Considering the number of patients on this treatment and the opportunities in some university sites in Sweden, where academic research and applied research within the community could be combined, a specific effort is recommended. In addition, there is some good research on motivational interviewing in conjunction with illicit drug treatment which could be extended.

Tobacco

Among the papers provided the Evaluation Group, there were very few studies in the clinical field. Historically, Sweden was previously at the forefront of smoking cessation treatment research, and the prototype for nicotine replacement therapies originated in Sweden. Significant contributions were also made in the past by Swedish researchers in nicotine dependence, for example, to further understanding of nicotine dependence classification and its treatment (such as a commonly used diagnosis tool, the 'Fagerstrom Test for Nicotine Dependence'). There is relatively little research currently in this area, although there is some developmental research underway examining the use of techniques such as motivational interviewing in population and individual cessation interventions. Current studies on smoking cessation before surgery are excellent.

Importantly, given the prevalence of snus use, the lack of a randomized controlled trial on the use of snus for smoking cessation (there are observational data to support this) was a clear research gap; researchers commented that it had been difficult to acquire funding for such studies.

For the future, concerns were expressed by stakeholders that tobacco treatment needed to be seen, from the user perspective, as separate from treatment for other addictions. This seems appropriate but research into the impact of tobacco dependence treatment alongside other drug treatment programmes represents a significant gap in the literature.

PREVENTION AND REDUCTION OF HARM

Sweden has a long history of the use of public policy and other prevention strategies to reduce heavy drink-

ing, illicit drug and tobacco use and associated harms. More recently as responsibility and control of alcohol and drug policy and prevention efforts has shifted to municipalities as a means to bring responsibility for harm reduction closer to the local setting obvious research needs have been often unaddressed.

Alcohol national policy

Swedish research has demonstrated the measurable effects of historical alcohol policies in terms of contributions to overall public health and safety. Of special note has been the application of advanced time series statistical tools in the study of national policy and prevention effects. In 1999 core funding for a national Centre for Social Alcohol and Drug Research was created by the Swedish Government, and a centre was established within the Faculty of Social Sciences of Stockholm University. This continued until 2007 when the funding was modified and shifted to a ten-year grant from FAS. The evaluation material provided indicated that the centre does not now define itself as a national policy research centre. As a result, Sweden currently lacks a dedicated national concentration or centre for the study of alcohol and drug policy which is reflected in the lack of research on the effects of Swedish national or local policy.

While there are some recent cases of qualitative analyses of Swedish policy, such studies while informative are not sufficient to determine the impact of Swedish alcohol policy nor the effects of policy changes. Further such policy research should be submitted to international scientific journals in order to continue to maintain credibility for Swedish policy and prevention research. Over the five-year period in which the Evaluation Group reviewed published research, there were very few quantitative studies of Swedish policy published in international scientific journals. In order to establish generalizable health and safety effects of national or municipal public policy, there must be a substantial increase in quantitative policy and prevention research in Sweden.

Illicit drug national policy

Sweden has maintained a somewhat unique and perhaps more restrictive national policy concerning illicit drugs compared to many other members of the European Union. However, based upon the scientific papers made available, there were no quantitative research concerning the effects of Swedish national drug policy and this is a significant missed opportunity.

Alcohol and illicit drug prevention

There have been important Swedish studies of specific prevention programs including high school students and parent prevention interventions as well as one university-based prevention research project which seeks a reduction in university student heavy drinking. This project which involves an extensive international collaboration has published important research concerning primary and secondary intervention with university freshmen including the use of brief interventions. These studies are of world leading quality, and well published in international journals.

Some good quality intervention evaluations have also been carried out on alcohol, tobacco and drug use among young people in educational institutions in different parts of the country and in cooperation with other European researchers. Sweden has a well organized structure for prevention work, thus creating a special resource for experimental research. One of the barriers faced by prevention researchers is that testing interventions are seen as less significant because this research is applied.

At the point in time when Sweden became a member of the European Union, a number of historical national policies were eliminated or modified as a condition of EU membership and as a result much of the responsibility for local alcohol licensing and regulation and local substance abuse prevention has been transferred to municipalities. Since this transfer, prevention and policy research in Sweden has declined and except for a few excellent examples, there has been little Swedish quantitative effect studies from local prevention of health and safety problems associated with alcohol or drugs.

In addition, there has not been an associated increase in Swedish research concerning effects of various prevention efforts or utilization of local policy to reduce harm in a condition when there is much to be learned of both national and international relevance about municipal efforts to reduce harm. There is but one notable example of a municipal-based research program which has published a number of papers concerning the effects of environmental efforts to reduce heavy and youth drinking as well as the use of drugs in club environments. There has been no other published study of equivalent prevention efforts by other municipalities.

Tobacco policy and prevention

There is very little Swedish research in the prevention and policy fields concerning use of tobacco and it is very unclear how research is currently informing current

national tobacco policy. This is essential in order to reduce the morbidity and mortality caused by tobacco use. National surveys could also benefit from an objective measure of smoke/nicotine exposure in order to increase relevant data for both policy studies but also epidemiology.

We identified some significant concerns for the future of tobacco research in Sweden. It was unclear how the different research projects complemented one another or reflected Sweden's unique patterns of tobacco usage and national policy. A strategic overview of the tobacco field should take place, taking into account Sweden's unique attributes, to enable more appropriate prioritization of research gaps, and also provide a direct link to policy.

Overall, there appears to be a dearth of research groups focusing specifically on tobacco and this appears to be linked to a history of difficulties in acquiring funding for tobacco research. There is therefore a strongly held view that tobacco research is currently a low priority, that tobacco researchers are declining in number and there are very few younger researchers focusing on this area. In addition, most researchers studying tobacco in Sweden are clinicians and there are few psychologists, sociologists, etc involved; there is therefore a dearth of multi-disciplinary research being carried out.

There therefore appears to be a strong need for a sustainable funding source specifically for tobacco research. This funding source should be independent of tobacco and pharmaceutical industries as a part of tobacco policy. Emphasising the importance of European and international collaborations could help to secure funds from outside of Sweden and provide useful comparative studies given Sweden's unique combination of combustible and non-combustible nicotine delivery systems. The EU funding mechanisms appear to be currently underused.

SPECIAL RESEARCH AREAS

Some relatively new research areas have been identified in recent years. Since they are in early development states and merit discussion as growing fields, these are discussed separately as gambling, abuse of anabolic androgenic steroids, and prescription drug abuse.

Gambling

Gambling research is a rather new area within addiction research. This fact has consequences for funding of different aspects in gambling research. While Swedish gambling research is very strong in treatment there is little biomedical or epidemiological work as of yet. The same holds true for prevention and policy studies. The lack of this kind of research is understandable, since not every country can invest in these topics.

One research group has published two randomised controlled trials in pathological gamblers. One tested an 8-week internet-based cognitive behaviour therapy which was compared with a waiting-list control. The authors found a fairly good effect size which was sustained after 6, 18 and 36 months. A second publication reports results on a trial where cognitive behavioural therapy, motivational enhancement therapy and a waiting list were compared in 150 gamblers. The authors could show that both active treatments were significantly superior to the waiting list. Again these effects were sustained after 6 and 12 months. Both studies were funded by the Swedish National Institute of Public Health. Further funding in this area is highly recommended.

Both studies put this group to the forefront of international treatment research in pathological gambling. Especially using an internet-based access to patients (unpublished data), and smart phones to approach probands is extremely relevant in international gambling research. These well established methods also hold the potential to be extended into research in "internet addiction".

Especially on the level of the European Union within the Framework programmes for Research as well as in the funding of health research (DG Sanco) Swedish researchers could get more involved and thus cover some of the currently lacking aspects. Some Swedish research collaborations already exists with Dutch and English researchers. For this reason international collaborations are strongly suggested.

Abuse of anabolic/androgenic steroids

Research into the field of abuse of anabolic/androgenic steroid is a small, but still somewhat significant research field that has been acknowledged during the later years. Sweden seems to be well represented compared to other countries in this field, even if we are not talking about a great amount of research. Their research is averagely cited. The research is mostly derived from two different groups, seemingly not cooperating with each other. The research is mostly observational and derived partly from routine screenings in treatment wards, jails or in forensic settings and partly from more in depth interviews among patients. Even if up to date psychometrics and laboratory analyses have been used, we identified few studies using advanced techniques within neuro-

imaging or genetics. No intervention studies where found, even if some studies look at treatment results observationally.

One study tries to estimate the number of problem users of anabolic/androgenic steroids, and a number of approximately 10 000 problem users in Sweden has been mentioned in several settings. This figure is comparable or even higher than the number of dependent on opioids. We are not sure if this figure is well enough documented. It is based on several assumptions that can be true, but it is unsure whether the scientific bases of these assumptions are well enough established. There also seems to a discrepancy between this estimated figure (rather high) and the number of subjects included in the different studies (rather low). This is an important point because there exist several recommendations on future research and even an idea of establishing a separate centre for this research was based upon this estimate. We are however unsure if the current research within anabolic/androgenic steroids is of such a quality and volume as to sustain a centre of its own.

Suggestions for future research should include more theory driven basic (preclinical) research, larger cohorts (if obtainable), use of modern techniques in genetics and neuro-imaging and intervention studies. Whether or not the estimated volume of the problem is accurate or not we suggest that the researchers increase their national and international collaboration with researchers of similar interest and improve the quality of epidemiology in this area. The current number of Swedish researchers now is not large enough to sustain a centre of their own. Also collaboration with other fields of drug abuse research needs to be increased, to address abuse of anabolic androgenic drugs in a broader context. All this could be done within a smaller frame than establishing a whole new centre would involve.

Prescription drug abuse

Prescription drug abuse is an increasing problem internationally, especially after the introduction of opioid therapy for non-malignant pain in the mid 1990's. Sweden has over the years done quite a bit of research in this field, but the research has during latter years declined in volume. During the period we have reviewed this research has had a level of research equivalent to that of countries we have compared with, but reviewing the papers more closely this research appears to be very small and fragmented, different groups doing the occasional paper within the field from an epidemiological, pharmacological, forensic or psychiatric point of view.

Sweden has great possibilities for pursuing this research with their transparent health care system, their national cohorts, extensive patient registries and the relatively newly established national prescription database. We recommend that more research is done in this field, but col-laboration between groups and explicit focus on the field needs to be addressed. Nordic co-operation, using similar prescription databases is also a possibility. This is one field were Sweden could make a difference. We do not know if the recommended establishing of a separate research unit is a good suggestion. This field, as other fields in drug abuse research needs to find its place together with the other drug abuse research disciplines. The proximity to the Uppsala centre of spontaneous reports (WHO Collaborating Centre for International Drug Monitoring) should also be utilized.

VI. Summary of observations and recommendations

Sweden has a long history and tradition in substance use research but its internationally leading position is under threat. Considering the size and scope of addiction, the changing situation particularly concerning gambling and the internet, increasing harms in Sweden, and the great potential of such research and publication in international journals, there is a need to invest and reorganize to regain a leading position in addiction research.

Existing funding of ANDTG research is fragmented, short-term and rarely coordinated which makes planning and continuity of research difficult. There is a need for more collaboration across Swedish funding sources to achieve more commonality in addressing research issues and questions. This is not to achieve a total single focus for all Swedish ANDT research but to increase coordination of research funding and priorities. This collaboration should also support the development of additional capacity especially for new researchers and increase continuity of research funding.

Currently ANDTG research is primarily organized and governed through universities in Sweden. While

larger Swedish research groups have the capacity and demonstrated interest in international collaboration, in general across much of Swedish ANDTG research there is a lack of such collaboration. International research collaboration should be encouraged, both to ensure that Swedish research meets international scientific standards and to maximize the productivity of Swedish researchers as well as increase the return on national research funding.

Following the group review and based upon experiences and trends in the international scientific community as well as specifically ANDTG research, we make the following strategic recom-mendations:

1. Create a long term and sustainable research commitment dedicated to the ANDTG field to facilitate Swedish research to meet international scientific standards and relevance. Based upon best practices as, e.g., USA, UK, Norway, this will require two developments: (a) create long term earmarked funding for ANDTG research by bringing together new funding and existing funding (see Table III-1 about funding sources) and (b) create a national consortium to manage these funds.

2. Sweden has unique research opportunities in substance use and harm research, which we encourage be given priority in contrast to attempting to cover all areas of ANDTG. We recommend that emphasis be given primarily to such areas where Sweden has unique strengths and opportunities as well as international relevance.

3. Research investment should cover epidemiology/prevention and preclinical/treatment research and its impact on reducing harm associated with ANDTG. One recognized/recommended approach is the creation of dedicated national research centres with long term funding overseen by regular scientific review by an international panel. These national centres can be instrumental in creating more national and international collaboration. They will provide outstanding training opportunities to support research careers. Such training is crucial for the future of Swedish research, particularly due to the coming generational shift in research leadership with the impending retirement of many senior researchers.

4. The sustainability of ANDTG research could be assisted by funding from the EU. National funding should be available for ANDTG Swedish researchers to help secure EU funding. Special effort should start immediately in Sweden to influence the upcoming allocation process of EU funding.

In addition, the Evaluation Group makes the following specific recommendation:

1. Sweden has historically demonstrated a special strength in epidemiological studies of substance use and associated harms, and more recently gene and environment interactions which contribute to these, by making extensive use of national health registries and the male military conscript data bases. This research should be encouraged and continued as it contributes not only to Sweden but has international importance as well.

2. Translational research including animal and molecular models into human experimental medicine and clinical trials is a unique Swedish asset. We recommend that this be con-tinued and consideration be given to facilitating access to Positron Emission Tomography (PET)/Magnetic Resonance Imaging (MRI) and gene sequencing among other technologies.

3. Sweden has been among the pioneers looking at psychotherapy and medication interactions in treatment of substance use. This should be extended into the field of personalized medicine, given the strengths of Swedish cohort approaches.

4. Sweden has the highest snus use rate in developed countries, the lowest smoking prevalence in Europe and thus low smoking related mortality and morbidity, and highest rates of use of nicotine replacement therapy. We recommend the development of a new prospective cohort to disentangle the effects of nicotine, tobacco and smoking as well as to follow up tobacco use behaviours, switching between different forms of tobacco, likelihood of giving up tobacco and health effects. We also recommend study of the consequences of the Gothiatek standard for smokeless tobacco (a voluntary standard governing constituents and manufacturing of snus) on tobacco related use and harm.

5. Sweden has been a world leader in the use of national public policy to reduce alcohol and drug problems. There is little quantitative research over the past five years concerning the effects of these

policies on associated alcohol and drug related harm and contemporary research on these effects should be undertaken.

6. The responsibility for alcohol licensing and the reduction of ANDTG problems is placed with municipalities in Sweden and this situation has international relevance and importance. As a result, there is a need for research on the reduction of ANDTG harms at the local level which can be used to determine the relative effectiveness of local prevention policies or local programs, i.e., to enable local prevention efforts to become more evidence-based.

7. Current research on gambling is promising and should be encouraged. In times of limited funding and resources, Swedish gambling research could be directed toward international collaboration. That part of Swedish gambling research funding which comes from gambling to the Swedish Gambling Monopoly should be channeled through the proposed consortium for ANDTG research.

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APPENDIX A

FORSKNINGSRÅDET FÖR ARBETSLIV
OCH SOCIALVETENSKAP

Appendix A: Inventory Survey

Inventering av svensk ANDT forskning 2005-2010
Forskningsrådet för Arbetsliv och Socialvetenskap (FAS) genomför på uppdrag av dess styrelse en utvärdering av svensk forskning om alkohol, narkotika, dopning och tobak (ANDT). Spelberoende och läkemedelsmissbruk är också inkluderat. Syftet med utvärderingen är dels att göra en inventering av området men även en utvärdering, dvs styrkor och svagheter i svensk forskning på området värderas i relation till den internationella forskningen. En beskrivning av de strukturella förutsättningarna för svensk ANDT-forskning kommer också att ingå.

Utvärderingen skall vara klar till slutet av 2011. En internationell utvärderingsgrupp är under tillsättning. En svensk referensgrupp har tillsatts bestående av följande medlemmar: docent Ola Arvidsson, professor emeritus Mats Berglund, professor Hans Gilljam, direktör Björn Hibell, fd statsrådet Gabriel Romanus samt professor emeritus Lars Terenius. Referensgruppens roll är framför allt rådgivande för planeringen av utvärderingen men den kommer också att bidra med bakgrundsbeskrivningar. Bibliometriska analyser, hearings samt en utvärderingsenkät kommer sannolikt också att utgöra underlag för utvärderingen.

Som ett första steg i uppdraget genomför vi en kartläggning av forskare verksamma inom området med hjälp av en enkät. Vi vore tacksamma för din hjälp med att besvara denna enkät. Enkäten består av 7 frågor och är på engelska.

Vi önskar svar på enkäten senast den 25 januari 2011.

Frågor besvaras av FAS huvudsekreterare Erland Hjelmquist (erland.hjelmquist@fas.se, tel: 08-775 40 71) eller av forskningssekreterare Kerstin Carsjö (kerstin.carsjo@fas.se, tel: 08-775 40 89).

Tack på förhand för din medverkan!

Erland Hjelmquist, Huvudsekreterare, FAS
Kerstin Carsjö, Forskningssekreterare, FAS

1. Personal details

Name:

Academic title:

Email address:

Name of department/unit:

Address of department/unit:

Age:

() -25
() 26-35
() 36-45
() 46-55
() 56-65
() 66-

Gender:

() Female
() Male

Education:
Indicate highest degree (examen) obtained and discipline,
e.g., PhD in sociology. Use Swedish terms if preferable (e.g. licentiat).

Profession/occupation:
Indicate your profession or occupation, e.g., physician,
occupational therapist, social worker, psychologist etc.

Employment**:**
Describe your current employment situation by indicating
1) what position you hold, 2) whether it is permanent or timelimited and 3) % time allocated to research etc. Use Swedish terms if preferable (e.g. univ.lektor, univ.adjunkt).

2. Please list your main research interests in the ANDT field (including problem gambling) during the past six years (2005-2010).

Select at the most five interests and describe them with one or a few words:

3. Please indicate which areas of ANDT research you have been involved in during the past six years (2005-2010):

() Alcohol
() Prescription drugs
() Illicit drugs
() Tobacco
() Anabolic/androgenic steroids
() Problem gambling

4. If you are a member of a group which is active in the area of ANDT research, please specify details on the other members in the group:

For each member of the group, please specify: 1) name 2) position/title 3) discipline (e.g., medicine, sociology, etc) 4) year of PhD 5) average % time in ANDT research during 2005-2010. Please put a comma between each item and end with semi colon as specified below. Include doctoral students and expected year of PhD. If there is a leader of the group, start with this person and indicate leadership with *.
(Example: Anders Andersson, Professor, Sociology, 1985, 50%;)

5. Please list your publications in the area of ANDT research during the past six years (2005-2010).

Separate both the foreign and Swedish language publication lists into the categories indicated below (include submitted manuscripts).

a) Peer-reviewed journal articles, b) Articles in other journals, c) Books or chapters in books, d) Other publications (abstracts in proceedings etc). Mark your PhD thesis with *.

Foreign language publications:

Swedish language publications:

6. Please specify which grants you have received as PRINCIPAL INVESTIGATOR during the past six years (2005-2010) for research in the ANDT area.

Specify following details for each grant: 1) project title 2) total amount 3) funding source. Include ALF grants. Please put a comma between each item and end each grant with semi colon as specified below.

(Example: Alcohol and gambling, 500 000 kr, FAS;)

7. Comments:

Unless you indicate otherwise, your response will be stored in a computerised register.

Thank you for your cooperation!

APPENDIX B

FORSKNINGSRÅDET FÖR ARBETSLIV
OCH SOCIALVETENSKAP

Appendix B: Evaluation Survey

Evaluation of Swedish ANDT research 2005-2010 – survey to research group leaders

The board of the Swedish Council for Working Life and Social Research (FAS) has decided that FAS should carry out an evaluation of research on alcohol, drugs, tobacco and anabolic/androgenic steroids (ANDT) including prescription drugs and problem gambling this year. The aim of the evaluation is to make an inventory of the research area but also an evaluation, i.e., to identify strengths, gaps and weaknesses in Swedish ANDT research from an international perspective.

A description of the structural developments of Swedish ANDT research will be included. Bibliometric analyses and hearings with socalled stakeholders and selected research group representatives will also make up a basis for the evaluation. The evaluation should be completed by the end of 2011.

A Swedish reference group has been appointed consisting of the following six members: Associate professor Ola Arvidsson, Professor emeritus Mats Berglund, Professor Hans Gilljam, Director Björn Hibell, former Minister Gabriel Romanus and Professor emeritus Lars Terenius. The role of the reference group is primarily to assist with advice in the planning of the evaluation but it will also contribute with background informaion.

The international evaluation group consists of the following six members: Harold Holder, Senior Scientist and Former Director of Prevention Research Center, Pacific Institute for Research and Evaluation, Berkeley, CA, USA (ordf); Jörgen Bramness, Director of Science, Norwegian Centre for Addiction Research (SERAF), Oslo, Norway; Marja Holmila, Research Professor, Department of Alcohol, Drugs and Addiction, National Institute for Health and Welfare (THL), Helsinki, Finland; Karl Mann, Professor and Chair, Department of Addictive Behaviour & Addiction Medicine, University of Heidelberg, Germany; Ann Mcneill, Professor of Health Policy and Promotion, Deputy Director, UK Centre for Tobacco Control Studies, University of Nottingham, UK and David Nutt, Professor and Head, Neuropsychopharmacology Unit, Imperial College London, London, UK.

As a first step in the task an inventory survey was carried out of Swedish ANDT researchers in December 2010 – January 2011. This second evaluation survey is directed primarily towards **research group leaders** but also to **individual researchers** in the area. The research group leaders and the individual researchers have been identified through the responses to the inventory survey and with the help of the reference group.

From the inventory survey responses it was evident that most researchers work in groups. This questionnaire should be completed by research group leaders. If you receive this questionnaire and are a researcher who is not a member of a group you should still answer the questions by referring to your own research. Research groups can be defined in different ways. In this survey we mean by ’research group’ a group which either 1) has a leader with budgetary responsibility, or 2) which works together on the same research project(s) or 3) which works with similar research questions (ANDT) in the same administrative unit. We do not wish to include loosely knit groups, e.g. networks with members from different environments which share the same research interests, but who do not do research together.

We would be grateful for your participation in this survey. The questions are in English. The questionnaire is personal, which means that you can go to the website, look at the questions and answer them, but you can save your answers temporarily and come back to complete the questionnaire later.

We would like you to respond to the survey by June 17th, 2011.

Questions can be addressed to FAS Secretary General Erland Hjelmquist (erland.hjelmquist@fas.se, phone: 08-775 40 71) or to Research secretary Kerstin Carsjö (kerstin.carsjo@fas.se, phone: 08-775 40 89).

Thank you in advance for your cooperation!

Erland Hjelmquist, Secretary General, FAS
Kerstin Carsjö, Research secretary, FAS

1. Information about the group leader/researcher
Below you will find personal information retrived from the inventory survey and websites on the Internet. If any information is incorrect or missing, please make appropriate changes.

First name:

Last name:

Postition/title:
() Assoc prof (docent)
() Assoc prof (univ lekt)
() Chair
() PhD
() Postdoc
() Professor
() Professor emer
() Res fellow (forsk ass)
() Researcher
() Other

If "other" Position/title (as indicated above), please specify:

University/college/organization:
() Gothenburg university
() Gävle university college
() Jönköping University College of Health Sciences
() Karolinska institutet
() Linköping university
() Linköping university hospital
() Linnaeus university
() Lund university
() Lund university hospital
() Malmö university college
() MidSweden university
() Mälardalen university college
() National Board of Forensic Medicine
() National Council for Crime Prevention
() Royal Institute of Technology
() Sahlgrenska university hospital
() Stavanger university
() Stockholm university
() Swedish Council for Information on Alcohol and other Drugs (CAN).
() Swedish National Laboratory of Forensic Sciences
() Swedish School of Sport and Health Sciences
() Umeå university
() University College West
() Uppsala university
() Örebro university
() Other

If "other" University/college/organization (as indicated above), please specify:

Department:

Section/division:

Unit:

Are you a leader of an ANDT research group?
() Yes
() No

2. In the first inventory survey you were identified as a leader of one or more research groups active in the area of ANDT research (including gambling). Please specify the groups for which you are a group leader below.

If you are a leader of more than one group please specify details about the groups separately in the boxes below. If you are a leader of more than three groups please specify details on additional groups in box d).

Please specify following details on the members in the group(s): 1) name 2) position/title 3) discipline (e.g., medicine, sociology, etc) 4) year of PhD 5) average % time in **ANDT research** during 2005-2010. Include doctoral students and expected year of PhD.

Please put a comma between each item and end with semicolon as specified below.
(Example: Anders Andersson, Professor, Sociology, 1985, 50%;)

a) Specify the name of research group 1:

Specify details about the members of the group:

b) Specify the name of research group 2:

Specify details about the members of the group:

c) Specify the name of research group 3:

Specify details about the members of the group:

d) Specify details on additional research groups and its members below:

3. Please list the postdocs currently employed in your group(s).

If you are a leader of more than one group please specify details about the groups separately in the boxes below. If you are a leader of more than three groups please specify details on additional groups in box d).

Please specify following details about the postdocs in the group(s): 1) name 2) title of his/her thesis 3) year of PhD 4) major discipline (of basic education, e.g., medicine, economics etc) and 5) which university his/her PhD was received at.

Please put a comma between each item and end with semicolon as specified below.
(Example: Anders Andersson, Alcohol and drugs, 2002, Medicine, Stockholm University;)

a) Specify details about the postdocs in research group 1:

b) Specify details about the postdocs in research group 2:

c) Specify details about the postdocs in research group 3:

d) Specify details about the postdocs in additional research groups:

4. Please list the persons in your research groups who have received a PhD degree in the area of ANDT from your department during 2005-2010.

Please specify following details about the person's in the groups: 1) name 2) title of his/her thesis 3) year of PhD 4) major discipline (of basic education, e.g., medicine, economics etc) and 5) current employment. If you do not know the person's current employment please indicate the person's last known e-mail address or any other contact information you may have.

Please put a comma between each item and end with semicolon as specified below.
(Example: Lisa Larsson, Alcohol and drugs, 2002, Medicine, Göteborg University;)

5. Describe briefly the current ANDT research programme of your group(s). If a research programme has not been developed, please describe which are the main research areas of interest in your group(s).
If you work as an individual researcher with ANDT research (i.e. not in a group), describe your own research in the box below and in questions 6–12.

If you are a leader of more than one group please specify details about the groups separately in the boxes below. If you are a leader of more than three groups please specify details on additional groups in box d).

a) Specify details for research group 1 (maximum 1500 characters including blank spaces):

b) Specify details for research group 2 (maximum 1500 characters including blank spaces):

c) Specify details for research group 3 (maximum 1500 characters including blank spaces):

d) Specify details for additional research groups (maximum 1500 characters including blank spaces per group):

6. Below is a matrix of on the one hand, different types of substances/problems and, on the other hand, different types of research.

Please describe the focus of your group(s)' ANDT research from 2005-2010 by indicating in priority order up to three cell numbers in the boxes below which are most appropriate for your research. If you lead several research groups' indicate appropriate number of boxes for each group.

Example: if the main focus of the group's research is on the treatment of alcoholism, indicate '1B' in the first box. If your group also does research on the treatment of gambling problems and is the second focus of the groups' research, indicate '6B' in the second box and so on.

	Biomedical	**Treatment**	**Epidemiology: Problems (acute & chronic)**	**Epidemiology: Prevalence, patterns of use**	**Prevention: Programs, interventions**	**Prevention: Policy**	**Other: Culture, ethnology, history etc.**
Alcohol	1A	1B	1C	1D	1E	1F	1G
Drugs-illicit	2A	2B	2C	2D	2E	2F	2G
Drugs-medications	3A	3B	3C	3D	3E	3F	3G
Drugs – steroids	4A	4B	4C	4D	4E	4F	4G
Tobacco	5A	5B	5C	5D	5E	5F	5G
Gambling problems	6A	6B	6C	6D	6E	6F	6G

a) Specify details for reseach group 1:

1) Specify cell number corresponding to main focus:

2) Specify cell number corresponding to secondary focus:

3) Specify cell number corresponding to third focus:

b) Specify details for reseach group 2:

1) Specify cell number corresponding to main focus:

2) Specify cell number corresponding to secondary focus:

3) Specify cell number corresponding to third focus:

c) Specify details for reseach group 3:

1) Specify cell number corresponding to main focus:

2) Specify cell number corresponding to secondary focus:

3) Specify cell number corresponding to third focus:

d) Specify details for additional reseach group(s):

7. Please specify below which grants your group(s) have received during the past six years, i.e., 2005-2010 for research in the ANDT area.

If you are a leader of more than one group please specify details about the groups separately in the boxes below. If you are a leader of more than three groups please specify details on additional groups in box d).

Please specify following details for each grant: 1) project title 2) total amount 3) funding source. Include ALF grants. Also, if you have received funds from commercial sources (tobacco, alcohol or pharmaceutical companies), include these.

Please put a comma between each item and end each grant with semicolon as specified below. *(Example: Alcohol and gambling, 500 000 SEK, FAS;)*

a) Specify details for research group 1:

b) Specify details for research group 2:

c) Specify details for research group 3:

d) Specify details for additional research groups:

8. Describe one or more key achievements from your research group(s) during 2005-2010 (major contributions to international frontline ANDT research – include both methodological research, theoretical contributions and empirical research).

If you are a leader of more than one group please specify details about the groups separately in the boxes below. If you are a leader of more than three groups please specify details on additional groups in box d).

a) Specify details for research group 1 (maximum 1500 characters including blank spaces):

b) Specify details for research group 2 (maximum 1500 characters including blank spaces):

c) Specify details for research group 3 (maximum 1500 characters including blank spaces):

d) Specify details for additional research groups (maximum 1500 characters including blank spaces per group):

9. Describe major applied contributions from your research group(s) to ANDT development in Sweden and internationally (societal impact of your research) during 2005-2010 (e.g., participation in health policy processes including committees, consultations with local or central government).

If you are a group leader of more than one group please specify details about the groups separately in the boxes below. If you are a leader of more than three groups please specify details on additional groups in box d).

a) Specify details for research group 1 (maximum 1500 characters including blank spaces):

b) Specify details for research group 2 (maximum 1500 characters including blank spaces):

c) Specify details for research group 3 (maximum 1500 characters including blank spaces):

d) Specify details for additional research groups (maximum 1500 characters including blank spaces per group):

10. Describe your group(s) research collaboration (documented by co-publishing or otherwise) in the ANDT area at the national and international level during 2005-2010.

If you are a group leader of more than one group please specify details about the groups separately in the boxes below. If you are a leader of more than three groups please specify details on additional groups in box d).

a) Specify details for research group 1 (maximum 1500 characters including blank spaces):

b) Specify details for research group 2 (maximum 1500 characters including blank spaces):

c) Specify details for research group 3 (maximum 1500 characters including blank spaces):

d) Specify details for additional research groups (maximum 1500 characters including blank spaces per group):

11. If relevant to your research interests, please describe if you have had any collaboration with clinical units or centres with applied practice or programs during 2005-2010.

If you are a group leader of more than one group please specify details about the groups separately in the boxes below. If you are a leader of more than three groups please specify details on additional groups in box d).

a) Specify details for research group 1 (maximum 1500 characters including blank spaces):

b) Specify details for research group 2 (maximum 1500 characters including blank spaces):

c) Specify details for research group 3 (maximum 1500 characters including blank spaces):

d) Specify details for additional research groups (maximum 1500 characters including blank spaces per group):

12. Describe what areas of ANDT research you plan to continue and develop in your research group(s) during the next few years.

If you are a group leader of more than one group please specify details about the groups separately in the boxes below. If you are a leader of more than three groups please specify details on additional groups in box d).

a) Specify details for research group 1 (maximum 1500 characters including blank spaces):

b) Specify details for research group 2 (maximum 1500 characters including blank spaces):

c) Specify details for research group 3 (maximum 1500 characters including blank spaces):

d) Specify details for additional research groups (maximum 1500 characters including blank spaces per group):

13. General issues in Swedish ANDT research

a) Describe which areas you consider should have the **highest priority** in Swedish ANDT research in the years to come. (Maximum 1500 characters including blank spaces)

b) Describe what you see as the most important **constraints/problems** facing ANDT research in a) Sweden and b) your group(s). (Maximum 1500 characters including blank spaces)

c) Describe what you see as the most important measures which need to be taken in order to **improve/strengthen** ANDT research in Sweden. (Maximum 1500 characters including blank spaces)

14. List of publications

In the previous inventory survey respondents were asked to list their own publications in the area of ANDT during 2005-2010. We now want to ask you to do the same for the publications from **your research group** during 2005-2010. Please make sure that you restrict the publications to those dealing with ANDT research.

If you are the leader of several research groups make separate lists for each research group. If some members of your group also are members of other ANDT research groups please try to avoid the same publications being listed in several groups.

Please list the publications as specified below:

1) List up to **five of the best and most representative publications in the area of ANDT research** from your group during 2005-2010.
(These publications may of course overlap with those listed under category 2 below).

2) List up to a) **five of the most important ANDT publications from the perspective of scientific quality** and up to b) **five of the most important ANDT publications from a perspective of policy relevance** from your group during 2005-2010. (The categories may overlap, in which case you list the same publication twice.) If the publication is not in English please provide an English translation in parentheses.

3) List the **remaining publications from your research group in the area of ANDT research** during 2005-2010. Separate this list of publications in two categories, non-Swedish language and Swedish language publications (include submitted manuscripts). **Non-Swedish publications** should be listed as follows; a) Peer-reviewed journal articles, b) Articles in other journals, c) Books or chapters in books, d) Other publications (abstracts in proceedings etc.). **Swedish publications** should be listed as follows; e) Peer-reviewed journal articles, f) Articles in other journals, g) Books or chapters in books, h) Other publications (abstracts in proceedings etc.).

If possible without too much trouble, please list the publications in reverse chronological order (i.e., starting with the most recent).

Submission of publications:
Electronic versions of the **top five** publications listed under category 1 should be submitted together in a separate e-mail addressed to ANDT@fas.se. Send one e-mail for each research group you lead. The e-mail should contain your name, the name of the research group and a list of the publications submitted and, of course, don't forget to attach the publications themselves. If you do not have the electronic versions of the publication please scan them into pdf-format. If this is not possible send the publication by regular mail in two copies to: FAS, att: Kerstin Carsjö, Box 2220, 103 15 Stockholm.

a) Specify details for research group 1:

b) Specify details for research group 2:

c) Specify details for research group 3:

d) Specify details for additional research groups:

Thank you for your cooperation!

Unless you indicate otherwise, your response will be stored in a computerised register.

APPENDIX C

Appendix C: Survey responses, submission of publications and interview participation

Last name	First name	Response to survey 1	Invited to survey 2*	Response to survey 2*	Submitted publica-tions*	Inter-viewed
Abrahamson	Maria	Complete				
Adami	Johanna	Old address				
Adermark	Louise	Complete				
af Klinteberg	Britt	Complete	Yes	Incomplete		
Agartz	Ingrid	No response	Yes	No		
Ahacic	Kozma	No response				
Ahlner	Johan	No response				
Alfredsson	Lars	Complete	Yes	Yes	Yes	
Allebeck	Peter	Complete	Yes	Yes	Yes	Yes
Anckarsäter	Henrik	No response	Yes	No		
Andersson	Christina	No response				
Andersson	Agneta	No response				
Andersson	Claes	Complete				
Andersson	Tommy	Not invited	Yes	No		
Andreasson	Jesper	Complete				
Andréasson	Sven	Complete				Apology
Anthonsen	Mette	No response				
Arlebrink	Jan	Incomplete				
Arver	Stefan	No response				
Bakalkin	Georgy	Complete	Yes	Yes	Yes	Yes
Beck	Olof	Not invited	Yes	Not appl		
Beijer	Ulla	Complete				
Bendtsen	Preben	Complete	Yes	Yes	Yes	
Berglund	Kristina	Complete				
Berglund	Mats	Complete				Yes
Bergman	Hans	No response	Yes	Not appl		
Bergmark	Anders	Complete	Yes	Yes	Yes	Yes
Bergmark	Karin H	Complete	Yes	Not appl		
Bergström	Magdalena	Complete				
Berman	Anne H.	Complete	Yes	Yes	Yes	
Billinger	Kajsa	No response				
Billquist	Leila	No response				
Billstedt	Eva	No response				
Birgner	Carolina	No response				
Bjerke	Mia	No response				
Bjerre	Bo	Not invited	Yes	No		
Björnsson	Einar	No response				
Blix	Olof	Complete				
Blomqvist	Jan	Complete	Yes	Yes	Yes	Apology
Bodin	Maria	Complete				
Boethius	Göran	No response	Yes	No		
Bogren	Alexandra	Complete	Yes	Yes	Yes	Yes
Bolin	Kristian	Old address				
Bolinder	Gunilla	Complete	Yes	No		
Borg	Stefan	No response				Apology
Bragesjö	Fredrik	No response				
Brené	Stefan	No response				
Brunnberg	Elinor	Complete	Yes	Yes		
Brådvik	Louise	No response	Yes	Yes	Yes	
Bränström	Richard	Complete	Yes	Yes	Yes	
Byerley	Andrew	No response				
Carlbring	Per	Complete	Yes	Yes	Yes	Apology
Carlsson	Sofia	Complete	Yes	Yes	Yes	

*One main reason for empty boxes below includes membership in a group for which leader was asked to respond

Appendix C: Survey responses, submission of publications and interview participation

Last name	First name	Response to survey 1	Invited to survey 2*	Response to survey 2*	Submitted publica-tions*	Inter-viewed
Chalom	David	No response				
Chergui	Karima	Complete				
Cisneros Örnberg	Jenny	Complete				
Cnattingius	Sven	Complete	Yes	Yes	Yes	Yes
Cornell	Svante	No response				
Cruce	Gunilla	Complete				
Dahlbäck	Olof	No response				
Dahlén	Johan D	Complete	Yes	No		
Dahlgren Sandber	Annika	Complete				
Damberg	Mattias	No response				
Damström-Thakke	Kerstin	No response	Yes	No		
Davstad	Ingrid	Complete				
de Faire	Ulf	No response				
Domellöf	Erik	Complete	Yes	Yes	Yes	
Druid	Henrik	No response				
Edenborg	Carl-Michael	No response				
Edman	Johan	Complete				
Edvardsson	Ingrid	No response				
Eidevall	Lena	No response				
Ekberg Jansson	Ann	No response	Yes	No		
Ekblad	Solvig	No response				
Ekblom	Björn	Complete	Yes	Yes	Yes	
Ekendahl	Mats	Complete				
Ekström	Marcus	Old address				
Ekström	Tomas	Complete	Yes	Refusal		
Elam	Mark	Complete				
Elgán	Tobias	Complete				
Eliasson	Björn	No response				
Enefalk	Hanna	Complete				
Engblom	David	Complete	Yes	Yes	Yes	
Engel	Jörgen	Complete	Yes	Yes	Yes	Yes
Engström	Christer	No response				
Engström	Ingemar	Complete	Yes	Yes	Yes	
Ericson	Mia	Complete				
Eriksson	Charli	Complete	Yes	Yes	Yes	Yes
Eriksson	Ulf	No response				
Fagerström	Karl-Olov	Complete	Yes	Yes		Yes
Fahlke	Claudia	Complete	Yes	Yes	Yes	Apology
Forsberg	Lars	Complete	Yes	Yes	Yes	
Franck	Johan	Complete	Yes	Yes	Yes	Apology
Fridell	Mats	Complete	Yes	Yes	Yes	
Frånberg	Per	Not invited	Yes	No		
Fröjmark	Ann-Sophie	No response				
Fugelstad	Anna	No response				
Fuxe	Kjell	No response				
Galanti	Maria Rosaria	Complete				
Gerdner	Arne	Old address	Yes	Yes		
Gerdtham	Ulf G	Complete	Yes	Yes	Yes	Apology
Gerhardsson	Lars	Not in ANDT				
Gilljam	Hans	No response				
Goldberg	Ted	Complete	Yes	Yes		
Granath	Fredrik	Not invited	Yes	Not appl		
Granath	Sven	Not invited	Yes	No		

*One main reason for empty boxes below includes membership in a group for which leader was asked to respond

Appendix C: Survey responses, submission of publications and interview participation

Last name	First name	Response to survey 1	Invited to survey 2*	Response to survey 2*	Submitted publica-tions*	Inter-viewed
Granhag	Pär Anders	No response				
Grann	Martin	Not invited	Yes	No		
Grann	Ulrika	No response				
Grimby	Agneta	Complete				
Grönbladh	Leif	Complete	Yes	Incomplete		
Gunnarsson	Evy	Complete	Yes	Yes		
Gustafson	Roland	No response	Yes	Not appl		
Gustafsson	Nina-Katri	Complete				
Haglind	Per	No response				
Haglund	Bo J A	Not in ANDT				
Hagquist	Curt	No response				
Hallberg	Mathias	No response				
Hansagi	Helen	No response				
Hansson	Helena	Complete				
Heilig	Markus	No response	Yes	No		
Helander	Anders	Not invited	Yes	Yes	Yes	
Helgason	Asgeir	No response	Yes	Yes	Yes	
Hellum	Merete	No response				
Hemmingsson	Tomas	Complete				Yes
Hensing	Gunnel	Complete				
Hergens	Maria-Pia	Complete				
Hermansson	Ulric	No response	Yes	Yes	Yes	
Hibell	Björn	Not invited	Yes	Yes		Apology
Hilte	Mats	No response	Yes	No		
Hirsch	Jan Michael	Complete	Yes	Yes	Yes	
Hjalmarson	Agneta	No response				
Hjern	Anders	Complete				
Hodgins	Sheilagh	No response				
Hoff	David	No response				
Hoffman	Orsolya	Incomplete				
Holmberg	Robert	No response				
Hubicka	Beata	No response	Yes	No		
Hultcrantz	Rolf	No response				
Hurd	Yasmin	No response				
Hübner	Lena	Complete				
Håkansson	Anders	Complete				
Höjer	Ingrid	No response				
Isaksson	Anders	Complete	Yes	Yes		
Jakobsson	Annika	Complete				
Jalouli	Jamshid	No response				
Jalouli	Miranda	No response				
Janlert	Urban	No response				
Jansson	Lennart	No response				
Jansson	Oscar	Complete				
Janszky	Imre	Complete	Yes	Not appl		
Janzon	Ellis	Complete	Yes	Refusal		
Jayaram	Nitya	No response				
Jenner	Håkan	No response	Yes	No		
Jerlhag	Elisabet	Complete				
Johansson	AnnaKarin	Complete	Yes	Yes		
Johansson	Björn	No response				
Johansson	Kerstin	No response				
Johansson	Lennart	Complete	Yes	No		

*One main reason for empty boxes below includes membership in a group for which leader was asked to respond

Appendix C: Survey responses, submission of publications and interview participation

Last name	First name	Response to survey 1	Invited to survey 2*	Response to survey 2*	Submitted publica-tions*	Inter-viewed
Johansson Dahre	Ulf	No response				
Johnson	Björn	Complete				
Johnsson	Kent	Complete	Yes	Yes	Yes	Yes
Jones	Wayne	Not invited	Yes	Not appl		
Järvholm	Bengt	Complete				
Jönson	Håkan	No response				
Karlsson	Patrik	Complete				
Kerekes	Nora	No response				
Kindblad	Christopher	Old address				
Kivipelto	Miia	No response				
Kjellin	Lars	No response				
Korsell	Lars	Complete				
Koustuv	Dalal	No response				
Kuzmin	Alexander	No response				
Kåreholt	Ingemar	No response				
Käll	Kerstin	Complete	Yes	No	Yes	
Källmén	Håkan	Complete				
Laanemets	Leili	Complete	Yes	No		
Lalander	Philip	No response	Yes	No		
Lambe	Mats	No response	Yes	Yes	Yes	Yes
Landgren	Sara	Complete				
Larm	Peter	Complete				
Larsson	Henrik	No response				
Larsson	Matz	No response				
Larsson	Per-Anders	No response				
Larsson	Stig	No response				
Larsson-Lindahl	Marianne	Complete				
Leifman	Håkan	Complete	Yes	Yes	Yes	Yes
Leissner	Tom	No response				
Lidman	Knut	Old address				
Lilja	My	Complete	Yes	No		
Liljeberg	Paula	Old address				
Liljequist	Sture	Old address				
Liljeström	Anita	Complete				
Lindén Boström	Margareta	Complete				
Lindquist	Matthew	Old address				
Lindqvist	Per	No response				
Lindstein	Thomas	No response	Yes	No		
Lindström	David	Complete	Yes	Not appl		
Lindström	Martin	Complete	Yes	Yes	Yes	Yes
Lundborg	Lena K	No response				
Lundborg	Petter	No response				
Lundh	Lena	Complete				
Lundqvist	Gunnar	No response				
Lundqvist	Thomas	Complete	Yes	No		
Långström	Niklas	Complete	Yes	Incomplete	Yes	
Löf	Elin	Complete				
Mackenzie	Åsa	No response				
Magnusson	Cecilia	Complete	Yes	Yes	Yes	
Meletis	Dinos	Complete				
Ming	Yu	Complete				
Montgomery	Scott	No response	Yes	Incomplete		
Mulinari	Diana	No response				

*One main reason for empty boxes below includes membership in a group for which leader was asked to respond

Appendix C: Survey responses, submission of publications and interview participation

Last name	First name	Response to survey 1	Invited to survey 2*	Response to survey 2*	Submitted publica-tions*	Inter-viewed
Månsson	Sven-Axel	Not in ANDT				
Mörth	Ulrika	No response				
Nagy	Eszter	Old address				
Nehls	Eddy	Complete	Yes	Yes		
Nilsen	Per	Complete				
Nilsson	Ida	Not in ANDT				
Nilsson	Kent W	Complete	Yes	Yes	Yes	
Nilsson	Maria	Complete				
Nilsson	Thomas	No response				
Norberg	Margareta	No response				
Norbäck	Dan	Not in ANDT				
Nordström	Göran	Incomplete				
Norström	Thor	Complete	Yes	Yes	Yes	
Nyberg	Fred	Complete	Yes	Yes	Yes	Yes
Nygren	Lennart	Complete	Yes	Yes	Yes	
Nylander	Karin	Complete	Yes	No		
Nylander	Ingrid	Complete	Yes	Yes	Yes	Apology
Nyrén	Olof	No response	Yes	Yes		
Nåsell	Hans	No response				
Ohlsson	Kjell	No response				
Ojesjö	Leif	Complete				
Olsen	Lena	Complete				
Olsson	Börje	Complete	Yes	Not appl		Apology
Oreland	Lars	Complete	Yes	Yes		Yes
Palm	Jessica	Old address				
Palmblad	Jan	No response				
Palmstierna	Tom	Complete				
Pershagen	Göran	Complete	Yes	Yes		
Persson	Lars-Göran	No response				
Philips	Björn	Complete				
Pickering	Christopher	No response				
Prestjan	Anna	Old address				
Priebe	Gisela	Complete				
Priks	Mikael	No response				
Ramstedt	Mats	Complete	Yes	Yes	Yes	Yes
Rasmussen	Finn	Complete	Yes	Yes	Yes	
Rasmusson	Birgitta	No response				
Renberg	Ellinor	Complete				
Rolandsson	Margot	No response				
Roman	Erika	Complete				
Romelsjö	Anders	Complete				
Room	Robin	No response	Yes	Yes	Yes	
Rosén	Thord	Did not get it	Yes	No		
Rosvall	Maria	No response				
Rundberg	Jenny	Complete				
Runquist	Weddig	No response				
Rydberg	Ulf	Complete	Yes	Yes		
Rydberg	Per	Complete				
Salander Renberg	Ellinor	Complete	Yes	No		
Sand	Lars	No response				
Sandler	Håkan	No response				
Sarnecki	Jerzy	No response	Yes	No		
Schiöth	Helgi	Complete	Yes	Incomplete		

*One main reason for empty boxes below includes membership in a group for which leader was asked to respond

Appendix C: Survey responses, submission of publications and interview participation

Last name	First name	Response to survey 1	Invited to survey 2*	Response to survey 2*	Submitted publica-tions*	Inter-viewed
Sellström	Eva	Complete	Yes	No		
Sharp	Lena	No response				
Sivik	Björn	No response				
Skarner	Annette	No response				
Skogens	Lisa	Complete				
Skoog	Ingmar	No response				
Skårberg	Kurt	Complete				
Skärstrand	Eva	Complete				
Spak	Fredrik	No response	Yes	Yes	Yes	Yes
Spak	Lena	No response				
Stafström	Martin	Complete				
Stattin	Håkan	Not invited	Yes	Yes	Yes	Yes
Steensland	Pia	Complete				
Stenbacka	Marlene	Complete				
Stenbeck	Magnus	No response				
Stenius	Kerstin	Complete				
Stenström	Nils	Not invited	Yes	No		
Stokkeland	Knut	Complete				
Storbjörk	Jessica	Complete				
Strand	Susanne	No response				
Strandberg	Joakim	No response				
Ståhlbrandt	Henriettae	No response				
Sundelin Wahlster	Viveka	Complete	Yes	No		
Sundell	Knut	Incomplete				
Sundquist	Jan	Not invited	Yes	Yes		
Sundström Porom	Inger	Complete	Yes	No		
Svedbom	Jörgen	No response				
Svensson	Anders	Complete				
Svensson	Bengt	Complete	Yes	Yes	Yes	
Svensson	Gustav	No response				
Svensson	Idor	No response				
Svensson	Kerstin	Complete	Yes	Incomplete	-	
Svensson	Torgny	No response				
Söderlind	Ulrica	No response				
Söderpalm	Anna	No response				
Söderpalm	Bo	No response	Yes	Incomplete		Yes
Taube	Fabian	Not in ANDT				
Tengström	Anders	Complete	Yes	Incomplete	Yes	Yes
Terenius	Lars	Complete	Yes	Yes	Yes	Yes
Tham	Henrik	Complete	Yes	No		
Thiblin	Ingemar	Complete	Yes	Yes	Yes	Yes
Thorell	Lisa	Not in ANDT				
Thorpenberg	Stefan	Complete				
Thundal	Kajsa-Lena	No response				
Tillgren	Per	Complete	Yes	No		
Tinnfält	Agneta	Complete				
Tops	Adolphus	Complete				
Torén	Kjell	Complete	Yes	Not appl		
Torstensson Levai	Marie	No response				
Trolldal	Björn	Complete				
Tryggvesson	Kalle	No response				
Tysklind	Mats	No response				
Tönnesen	Hanne	Complete	Yes	Yes	Yes	Yes

*One main reason for empty boxes below includes membership in a group for which leader was asked to respond

Appendix C: Survey responses, submission of publications and interview participation

Last name	First name	Response to survey 1	Invited to survey 2*	Response to survey 2*	Submitted publica-tions*	Inter-viewed
Törnqvist	Claes	No response				
Törrönen	Jukka	Complete	Yes	Yes	Yes	
Upmark	Marianne	No response				
Vaez	Marjan	No response				
Wallström	Mats	No response				
Varga	Arthur	No response				
Weibull	Lennart	Complete	Yes	Yes	Yes	
Weinehall	Lars	Complete	Yes	Yes	Yes	
Wennberg	Peter	Complete	Yes	Incomplete		
Wentzel	Parri	No response				
Westerling	Ragnar	No response				
Westerståhl	Anna	No response				
Wickman	Magnus	Complete				
Wickström	Ronny	No response	Yes	Yes	Yes	
Wilhelmson	Katarina	No response				
Willers	Stefan	No response	Yes	Refusal		
Wolk	Alicja	Not invited	Yes	No		
von Bothmer	Margareta	No response				
von Greiff	Ninive	Complete				
Vukojevic	Vladana	Complete				
Vågerö	Denny	No response				
Xu	Cang -Bao	Not invited	Yes	No		
Ye	Weimin	Complete	Yes	Yes		
Ögren	Sven Ove	No response				
Öhlin	Leif	Incomplete				
Öjehagen	Agneta	Complete	Yes	Yes	Yes	
Örtendahl	Monica	Not invited	Yes	Incomplete		
Östenson	Claes-Göran	Complete	Yes	Yes		
Östergren	Per-Olof	No response	Yes	Yes	Yes	
Österling	Agneta	No response				

*One main reason for empty boxes below includes membership in a group for which leader was asked to respond

APPENDIX D

Appendix D: Swedish ANDT researchers and research groups 2005-2010

Respondent name:	1) Name of researcher, 2) research group(s) and members (name, position/title, PhD discipline, Year of PhD, % time in ANDTG research), 3) postdocs in group(s), 4) PhD degrees received and 5) research program of group(s)
Gothenburg University	
DEPT OF PHARMACOLOGY	
Jörgen Engel	**Research group 1: Behavioural pharmacology unit** **Members:** Elisabet Jerlhag, associate professor Petra Suchankova Karlsson, post-doc Gun Andersson, technician Kenn Johannessen, technician **Postdoc:** Petra Suchankova Karlsson works with the genetic part of our project, and also performs the DNA methylation and cell cluture experiments. **PhD degrees in the area 2005-10:** Elisabet Jerlhag, The cholinergic-dopaminergic reward link-special emphasis on ethanol and ghrelin, 2007, Medicine, University of Gothenburg. Sara Landgren, 2010, Reward related genes and alcohol dependence, Medicine, University of Gothenburg. **Research program:** The aim of this translational project is, by using a combination of behavioural, pharmacological, biochemical, cellular, epigenetic and genetic methods, to gain insight into the neuronal mechanisms underlying the dependence producing properties of drugs of abuse, eg alcohol. Recently, we obtained data implying that ghrelin and its receptor (GHS-R1A) may be such candidates. Initially the roles of ghrelin in different aspects of addiction, e.g. reward, craving and relapse, will be studied. We will also investigate the mechanisms through which the GHS-R1A regulating the ability of addictive drugs to activate the reward system. Epigenetics, e.g. DNA methylation, may explain the complexity of psychiatric genetic disorders such as alcohol dependence. So far, DNA methylation in brain has been identified and the effects of alcohol consumption on central DNA methylation of the GHS-R1A gene are currently explored. We have previously shown that ghrelin activates the reward systems, specifically the cholinergic-dopaminergic reward link. We are now investigating mechanisms involved in this activation with emphasis on acetylcholine. In our clinical studies, we have shown that genetic variants in the pro-ghrelin and GHS-R1A genes increase the risk for high alcohol consumption in humans. The role of these genetic variants in other addictive behaviours will now be studied. With this knowledge novel treatment strategies for addictive behaviours, targeting the ghrelin system, might be developed.
DEPT OF PUBLIC HEALTH AND COMMUNITY MEDICINE	
Fredrik Spak	**Research group 1: Research group on aging and alcohol (RADA)** **Members:** Christina Andersson, Project evaluator, occ. therapy, 2011, 50% Annika Andersson, teacher, public health, -, 50% Per Blanck, researcher, social work, -, 40% Annika Jakobsson, Director of studies (Studierektor), Nursing, 2007, 10% Magnus Geirsson, PhD student, general practitioner, Medicine, (Oct 2011), 50% Hanna Reinholdz, research student, medicine, -, 25% Agneta Ronstad, project leader, occ. therapy, -, 50% Lena Spak, Director of studies and child psychiatrist, Medicine, 2001, 5% Katarina Wilhemson, Researcher and physician, medicine, 2000, 50%, but 10% ANDT research. **PhD degrees in the area 2005-10:** Anette Utterbäck, psychologist, previously Östlund, dissertation 060113 Personality and alcohol related problems. Epidemiological findings including gender identity, anxiety and depression in women. Annika Jakobsson, nurse, dissertation 070112. Characteristics and processes of treatment seeking for Alcohol problems - findings from epidemiological and qualitative studies. Presently: Director of studies, dept of social medicine, University of Gothenburg. Christina Andersson, occup therap, dissertation 201104, Women's alcohol and drug use. Risk indicators from everyday life. **Research program:** • Women and alcohol in Gothenburg Epidemiology of women's substance use, both

	alcohol and other drugs. • Have led a longitudinal general population study of women. From 2011, the project leader is Prof Gunnel Hensing but I continue in the study. Primary personal interests: questions on epidemiological methods in this field, including diagnostical principles. • Questionnaire data is available for over 7000 women from 1986, 1995 and 2000. Interview data av. for >1100 women and reint for >1000. Extensive registry data.
Fredrik Spak	**Research group 2** **Research program:** Implementation of secondary prevention of alcohol, mainly in primary health care. Now leading two RCT studies on implementation enhancing methods, one national SPIRA and one international (ODHIN, where Preben Bendtsen and I lead a RCT study in 5 EU-countries). Overall project leader Peter Anderson, Barcelona. SPIRA: 16 PHC, test different ways of enhancing screening and brief intervention. 2009-2012 OHDIN. Similar, larger RCT of 80 PHC, also test implementation strategies 2011-14. Also, tests staff attitudes towards working with alcohol issues. This is also tested in a regional vignette study in PHC, as well as two Swedish national surveys 200, 2009. The latter in collaboration with Linköping U. IN both GPs and nurses are studied.
Fredrik Spak	**Research group 3** Evaluation of prevention in the alcohol and drugs fields, both primary and secondary prevention. This concerns mainly studies in western Sweden, both with quantitative and qualitative methods. We have evaluated A. The alcohol prevention strategy of the former Swedish govenement for the Västra Götaland region B. The Swedisk risk drinking project for Western Sweden (206-2010). C. Collaboration on tyretament of rearly alcohol problems in Borås Municipality , between the social sector, psyciatry and primary helath care. D. Alcohol prevention in occupational health care in Västra Götaland. E. Effect on helath of opening hours of restarants and bars in Gothenburg. F. RCT on early alcohol intervention in dental care Västra Götaland. ˜
Fredrik Spak	**Additional research group/progr** • Epidemiological studies on Khat-use in Sweden. • Epidemiological studies on alcohol drinking (including risk drinking) in Gothenburg and a US regional sample.
DEPT OF PSYCHOLOGY	
Claudia Fahlke	**Research group 1: Göteborg Alcohol Research Group (GARP)** **Members:** Claudia Fahlke, Professor, Psychology, 1994, 20% Jan Balldin, Associate professor, Psychiatry, 1981, 20% Ulf Berggren, Associate professor, Psychiatry, 1986, 20% Kristina Berglund, PhD, Psychology, 2009, 50% Mattias Gunnarsson, PhD-student, Psychology, 100% Elisabeth Punzi, PhD-student, Psychology, 50% Jonas Stålheim, PhD-student, Psychology, 50% **PhD degrees in the area 2005-10:** Ann-Sophie Lindqvist, Nandrolone decanoate, behaviour and brain: animal experimental studies, 2004 (December), Psychology, Forensic psychiatry at Sahlgrenska University Hospital Maarit Marmendal, Maternal Separation in the rat: long-term effects of early life events on emotionality, drug response and neurobiology, 2005, Psychology, Kristina Berglund, Socially stable alcoholics: what characterises them?, 2009, Psychology Göteborg University Hanna-Linn Wargelius, The relation between serotonergic biomarkers and behaviour, 2011, Pharmacology, Uppsala University **Research program:** The broad long-term objective of our research programme (Gothenburg Alcohol Research Project; GARP) is, by using an interdisciplinary approach, to investigate psychological/-psychiatric and neurobiological/genetic characteristics in alcohol-dependent individuals. Our aim is to evaluate the influences of these variables on treatment outcome in a longitudinal perspective, and thereby develop new treatment strategies for alcohol-dependence. The strength of our research is that we are addressing the complex health problem – alcoholism – in a multidisciplinary way and that the core of our research group has collaborated consistently for more than 15 years, as evident from our publication lists.
Claudia Fahlke	**Research group 2: Alcohol and episodic memory project** **Members:** Claudia Fahlke, Professor, Psychology, 1994, 5% Pär Ander Granhag, Professor, Psychology, 1996, 5%

	Anna Söderpalm, PhD, Psychology, 2000, 10% Emma Roos, PhD, Psychology, 2010, 75% Angelica Dahlgren, PhD-student, Psychology, 100% **Research program:** Despite the prevalent role of alcohol in Swedish society and its particular association to violent crimes, few empirical studies have examined how alcohol affects eyewitness memory. Besides, although we know that alcohol affects men and women differently, little attention has been paid to gender differences in this context. This highlights the need for investigating both what kind of effects alcohol produces for intoxicated male and female witnesses, and how interviewing techniques can be improved to optimize memory retrieval for these individuals. The results may have important practical implications not only for limiting some of the negative effects of alcohol abuse and for the social institutions dealing with victims and perpetrators of crime (e.g. police investigators and therapists), but also for our theoretical understanding of how alcohol affects episodic memory performance and how it may moderate the link between memory and emotion. The proposed project addresses all of the mentioned aspects, anchored in the theoretical frameworks of the alcohol-induced myopia model (which predicts that alcohol intoxication results in fewer details being remembered from an event) and the Cognitive Interview (which is a well-tested technique for re-establishing mental states and context when recalling information about a specific event).
Claudia Fahlke	**Research group 3: Fetal alcohol syndrome project** **Members:** Claudia Fahlke, Professor, Psychology, 1994, 5% Annika Dahlgren Sandberg, Professor, Psychology, 1996, 5% Kerstin Strömland, PhD, Psychology, 1985, 5% Marita Aronson, PhD, Psychology, 1984, 5% Jenny Rangmar, research assistant, Psychology, 40% **Research program:** The main aim of this project is to study the effects of fetal alcohol syndrome (FAS – a specific pattern of malformations in children born to alcoholic mothers) on the psychosocial, cognitive and neuropsychological functioning of affected adolescents and young adults in a longitudinal perspective - a hitherto unstudied area in Sweden. A second aim is to study the role of different social risk- and protective factors for these individuals. In our project, there are unique opportunities to follow up individuals with a diagnosis of FAS from early childhood to adulthood based on different aspects of psychological functioning. The long-term purpose is to create a basis for preventive work with problems associated with FAS – a diagnosis of which the extent and severity has become increasingly evident worldwide.
DEPT OF JOURNALISM, MEDIA AND COMMUNICATION	
Lennart Weibull	**Research group 1: Swedish alcohol opinion** **Members:** Lennart Weibull, Professor, Mass Media Research, 1983, 5% Sören Holmberg, Professor Political science, 1974, 3% PhD **Research program:** The main research question is what respect alcohol issues are present in the public opinion. Examples are attitudes to tax on alcohol, perceptions on alcohol and drugs as a social problem and attitudes to the monopoly of Systembolaget. The attitudes are analysed in relation to alcohol drinking habits under control for demographic and political background factors. Our analyses are based on annual studies of the opinion among Swedes since 2005. They are carried out within the framework of the national surveys of the SOM-institute, University of Gothenburg. Further, within the studies we try to develop and refine indicators of alcohol habit.
Gävle University College	
DEPT OF SOCIAL WORK AND PSYCHOLOGY	
Ted Goldberg	**Research program:** Working alone on a project placing Swedish narcotics policy in an international perspective.
My Lilja	**Research program:** • Theoretical interests: Discourse analysis/constructivism/social problems theories and drugs. • Methodological interests: Narrative methods, discourse analysis related to drugs. • International (non-European) drug policies: my dissertation was about the drug problem in Russia. • Civil society and the drug problem, e.g. how NGOs work with drug related issues. • Comparisons between alcohol and drug discourses and policies, future interests.

Jönköping University School of Health Sciences	
DEPT OF BEHAVIOURAL SCIENCE AND SOCIAL WORK	
Arne Gerdner	**Research group 1: Measuring personal networks of addicts - development of an assessment tool based on the social network map** **Members:** Arne Gerdner, professor Anette Skårner, assistant professor, PhD, Department of Social Work, University of Gothenburg Stig C Holmberg, professor, PhD and Anita Håkansson, associate professor, PhD, both at Department of Information, Technology and Media, Mid-Sweden University, Östersund **Research program:** The group has developed a computerized program for assessment and analysis of personal networks, MAP-NET (Measure and Analysis of Personal NETworks), which is a clinical tool as well as a research instrument.MAP-NET is based on the traditional qualitative tools like the Network Map, the Family Tree and the Relational circle, conducted to give precise definitions to data as well as measurements on structure and aggregated levels. MAP-NET is validated in a study on 113 persons, who are patients in outpatient care, day-care, residential treatment and compulsorily committed. Manual of MAP-NET as well as the computerized tool is now prepared for external use.
Arne Gerdner	**Research group 2: ANDT Research at School of Health Sciences 2010** **Members:** Arne Gerdner, professor Birgitta Ander, doctoral candidate, School of Health Sciences, Jönköping University Bodil Monwell, councillor, BSW, Jönköping County Council Marianne Fasth, lecturer, School of Health Sciences, Jönköping University **PhD degrees in the area 2005-10:** See research group 2 above. **Research program:** • Reliable diagnostic assessment of alcohol- and drug dependence. Validity of ADDIS and SCID, and effects on motivation (Gerdner & Fasth). About 200 persons are interviewed with both instruments. Agreements between these are studied. Based on LEAD-methodology, sensitivity and specificity of each of the two instruments will be calculated. Cases with non-agreement will be analyzed in relation to age, gender, severity of the addiction, social functioning (GAF) or to setting (i.e. psychiatry, treatment centre, prison). How is motivation to treatment and change (RTCQ) affected by taking part in diagnostic assessment? • Contextual factors of adolescent substance misuse and dependence (Ander, Gerdner & Abrahamsson). Study from ethnographic approach on how adolescents engage in binge drinking and misuse of illicit drugs. Focus on the importance of locations and networks. • Opioid and Opiate Addicts in Maintenance Treatment – a prospective longitudinal study (Monwell, Gerdner & Bülow). Are opioid addicts different from opiate addicts? About 170 participants of LARO programme in Jönköping County - enlisted due to opioid or opiate addiction - are to be followed longitudinally, retrospectively as well as prospectively. At present – baseline, background and retrospective data are collected. Will be followed with prospective data on treatment events, retention, drug misuse, social adjustment.
Karolinska institutet	
DEPT OF CLINICAL NEUROSCIENCES	
Anne H. Berman	**Research group 1: Innovative Treatment Technologies in Assessment and Treatment of Alcohol and Drug Problems** **Members:** Anne H. Berman, assoc professor Claes Andersson, PhD, postdoc, Psychiatry, 2009, 10% Kristina Sinadinovic, BSc, PhD candidate, Psychiatry, 2012, 100% Mikael Gajecki, MSc, PhD candidate, Psychiatry, 2014, 30% (100% now) **Postdoc:** Claes Andersson, Alcohol Drinking and Stress in University Freshmen. A Comparative Intervention Study of Two Universities, 2009, Psychiatry, Lund University **PhD degree in the area 2005-10:** Claes Andersson, Alcohol Drinking and Stress in University Freshmen. A Comparative Intervention Study of Two Universities, 2009, Psychiatry, Lund University. **Research program:** Anne H. Berman's research group at the Centre for Psychiatric Research at Karolinska Institutet centres their research on the development of e-health interventions via internet and automated telephony for reducing alcohol and drug problems for young people and

	adults at risk . She is also Country leader in a current FP7 project studying children of prisoners in Europe. We have been documenting use of the internet self-help website eScreen since it was launched in February 2007. An article on a naturalistic study of user results was published in 2010. A population study with 5000 randomly chosen participants was published in 2011. Two randomized, controlled studies focus on alcohol and drugs respectively, with follow-ups 3, 6 and 12 months after recruitment. A fourth study will test eScreen effects among psychiatric outpatients. The project is financed by the National Board of Health and Welfare, the Swedish Drug Policy Coordinator (MOB) and the Stockholm Centre for Dependency Disorders. A doctoral dissertation is planned for 2012. In the TeleCoach project, we developed two IVR systems for identification of risky alcohol use and automated brief intervention: a counselling system called TeleCoach" (with sessions of 5-20 minutes) and a simpler self-monitoring support (session of under 2 minutes). Participants in three research projects among help-seekers calling a national alcohol hotline, psychiatric outpatients and addiction treatment outpatients are randomized to one of three groups: call-up by TeleCoach" or simpler IVR 4 times during one month, or only follow-up. Outcomes are measured after 6 months. A doctoral dissertation is planned for 2014.
Anne H. Berman	**Research Group 2: Social and forensic psychiatry** **Members:** Tom Palmstierna, MD, PhD, Associate Professor, Psychiatry, 1990, 60% Marianne Kristiansson, MD, PhD, Assoc prof, Psychiatry, 1998, 60% Clara Gumpert, MD, PhD, Assoc prof, Psychiatry, 2000, 40% Per Lindqvist, MD, PhD, Assoc prof, psychiatry, 1990, 40%. **PhD degree in the area 2005-10:** My doctoral students have not yet finished their PhDs. The social- and forensic psychiatry group has had several PhD students who have finished their dissertations, see Marianne Kristiansson for Katarina Howland and Joakim Sturup, and Anders Tengström for Åsa Eriksson. **Research program:** See the MSAC project under Clara Gumpert's research description and/or Tom Palmstierna. See also the description of Natalie Durbeej's PhD project.
Lars Forsberg	**Research group 1: Quality assurance of psychotherapy - Motivational Interviewing Coding laboratory (MIC lab)** **Members:** Henrik Josephson, PH D student, psychology, 2015, 50% Helena Lindqvist, PhD student, political science, 2016, 40% Lisa Forsberg, research assistance at MIC lab and collaboration with MIC lab as a PH D student at Kings college, Philosophy and medical ethics, 2014, 20% **Research program:** • Learning Motivational Interviewing (MI) in a real-life setting. A randomised controlled trial in the Swedish Prison Service. To examine whether MI in prisons reduces drug and alcohol use more effectively than interviews conducted according to the usual planning interview routine. Furthermore to examine the questions below for the prison population but regarding their drug use. The questions below are also examined for a study sample with gambling dependence regarding their gambling disorder.
Johan Franck	**Research group 1: Treatment of addictive disorders** **Members:** Johan Franck, professor/Senior Consultant MD, psychiatry, 1992, 40% Pia Steensland, Junior Researcher (assoc prof), neuropsychopharmacology, 2002, 100% Nitya Jayaram-Lindström, Junior Researcher (assoc prof), behavioural sciences, 2007, 100% Anders Hammarberg, postdoc, behavioural sciences, 2009, 100% Björn Philips, postdoc, psychology, 2007, 50% Jenny Häggkvist, postdoc, neuropsychopharmacology, 2005, 100% Sara Lindholm, Research Associate, neuropsychopharmacology, 2001, 10% Maija Konstenius, doctoral student, clinical pharmacological treatment research, planned 2012, 100% Joar Guterstam, MD/doctoral student, brain imaging, planned 2013, 40% **PhD degrees in the area 2005-10:** Björn Philips, Ideas of cure related to psychotherapy outcome : Young adults in psychoanalytic psychotherapy, 2005, psychology, Karolinska Institutet Nitya Jayaram-Lindström, Evaluation of naltrexone as a treatment for amphetamine dependence, 2007, psychology, Karolinska Institutet Anders Hammarberg, Studies of acamprosate for the treatment of alcohol dependence, 2009, behavioural sciences, Karolinska Institutet Jenny Häggkvist, Opioid mechanisms in amphetamine induced behaviours, 2009,

	behavioural pharmacology, Karolinska Institutet **Research program:** Over the last 25 years, there has been a very gradual increase in the list of medications for addictive disorders. The target has been the reduction of craving and prevention of compulsive drug use. Although a few treatments are available for alcohol and opiate dependence, more research is needed for e g amphetamine dependence. Our focus is on testing medications in animal and experimental human models for both alcohol and amphetamine dependence, and bring candidate drugs from the bench to the clinic in placebo-controlled trials, based on current knowledge about relevant transmitter systems underlying drug craving and relapse. Specifically, we will investigate: • Effects of opioid antagonist treatment for amphetamine dependence in animal and human models. Changes in opioid binding in brain will be measured using PET in amphetamine addicts vs. controls to understand interactions between amphetamine and the opioid system, with the aim of evaluating opioid antagonists as a treatment for amphetamine dependence. • Effect of methylphenidate treatment for ADHD in patients with amphetamine dependence in human laboratory studies, a clinical efficacy trial in a prison population and a cue-craving study to identify subpopulations of patients. The aim is to evaluate methylphenidate as a treatment for ADHD and amphetamine dependence. • Effect of novel compounds for treatment of alcohol dependence, using animal drinking models (free choice and operant), laboratory cue-induced craving in humans, clinical efficacy trials and imaging study to investigate interactions between the glutamatergic system and clinical effects of acamprosate. The aim is to evaluate drug effects on cue and alcohol induced alcohol craving
Ulric Hermansson	**Research group 1: Centre for Psychiatric Research and Education** **Research program:** Overall focus: Developing methods (secondary and tertiary) to prevent drug problems at workplaces. Specific areas: • Alcohol screening and brief intervention as a part of routine health examinations. • Implementation and evaluation. • Compare performance of self-report instruments and laboratory tests. • Comparing web- and paper-based self-reports.
Håkan Leifman	**Research group 1: STAD research group - alcohol and drug prevention** **Members:** Håkan Leifman, Head of STAD, PhD, Sociology, 1998, 50% Håkan Källmén, Associate professor, 1995, 100% Maria Bodin, PhD, Public health/Social medicine, 2006, 30% Tobias Elgán, PhD, Bio chemistry, 2009, 100% Björn Trolldal, PhD, Sociology, 2006, 100% Eva Skärstrand, PhD, postdoc, Public health, 2010, 100% **Postdoc:** Eva Skärstrand, Prevention of Alcohol and Drug Problems among Swedish adolescents: evaluating a Swedish version of the strengthening families program, 2010, Social medicine, Public health, Karolinska Institutet **PhD degrees in the area 2005-10:** Maria Bodin, PhD, Public health/Social medicine, 2006, Karolinska institutet; Tobias Elgán, PhD, Bio chemistry, 2009, Karolinska institutet; Björn Trolldal, PhD, Sociology, 2006, Stockholm University; Eva Skärstrand, PhD, Public health, Karolinska institutet; **Research program:** STAD conducts alcohol and drug prevention research in different areas with a major focus on community based intervention research, mainly at establishments licensed to sell alcohol. STAD also engage in youth alcohol and other drug prevention, through for instance, parental education programs. Furthermore, ongoing research is conducted within health care services to prevent alcohol misuse, gyms/fitness centres to reduce anabolic steroid use among guests, and online where internet delivered interventions are evaluated. Another research area focuses on the effectiveness of prevention work extending beyond the initial program-testing phase. Here, implementation research has grown in importance, investigating both to what extent a program has been adopted and the reasons for successful implementation. Finally, STAD conducts epidemiological studies in order to understand patterns of alcohol and drug use among both adults and young people and aims to identify high-risk groups. The present STAD research group has built up rapidly since 2007/08, with several new projects underway or almost completed. Due to the recent commencement of these projects, many publications are anticipated over the next 1-2 years.
Anders Tengström	**Research group 1** **Members:**

	Anders Tengström, Assoc prof/head of unit*, psychlogy, 2000, 80% Anna-Karin Neubeck, PhD, behavioural science, 2008, 100% Ingvar Rosendahl, PhD, statistics, 2006, 100% Maria Scheffer Lindgren, PhD, sociology, 2009, 100%. Yasmina Molero Samuelsson, PhD student,2011 Malin Hemphälä, PhD student, 2011 Frida Fröberg, PhD student, 2012 Therese Åström, PhD student, 2013 Camilla Jalling, PhD student, 2013 Jessika Bergkvist, PhD student, 2013 Mariana Dufort, PhD student, 2013 Fredrik Livheim, PhD student, 2014 **Research program:** • Substance abuse and mental health among young people. General interest, development, risk and protective factors etc. • Antisocial behaviour and substance abuse among young people. General interest, development, risk and protective factors etc. • Interventions at secondary and tertiary level for these groups. Development and testing of interventions in out- and inpatient settings. • Gambling addiction among young people and adults. From epidemiological to clinical issues. Risk- and protective factors for gambling problems in the population and interventions for gamblers and family members. • Develop and test instruments for measuring different aspects of the above.
Lars Terenius	**Research group 1: Experimental alcohol- and drug research** **Members:** Vladana Vukojevic, Ass. Professor Yu Ming, Postdoc Agneta Gunnar, Lab. Technician Björn Johansson, Ass. Professor **Postdoc:** You Ming, dissertation 2003 **PhD degree in the area 2005-10:** Åsa Rosin, Effects of joint cocaine and ethanol on the brain opioid systems, 2005, Medicine. Tiego Moreira, 2006, Medicine. **Research program:** Molecular basis for alcohol action with regard to dynamics of membrane lipids. G-protein coupled receptors using new technology, fluorescence correlation spectroscopy (FCS) with less than 1 msec temporal resolution, less than 50 nm spatial resolution and single-molecule sensitivity. Defining the role of naltrexone as a panacea for addictive disorders. Studies on the Kappa opioid receptor/dynorphin system in addictions.
INSTITUTE OF ENVIRONMENTAL MEDICINE	
Lars Alfredsson	***Research group 1: Inflammatory Disease Epidemiology*** **Members:** Lars Alfredsson, Professor, Epidemiology, 1983, 25% Lars Klareskog, Professor, Rheumatology, 1978, 10% Leonid Padyukov, Senior researcher, 1994, 10% Bo Ding, Senior researcher, 1998, 10% (also listed as postdoc) Camilla Bengtsson, Post Doc, 2008, 40% (also listed as postdoc) Henrik Källberg, Post Doc, 2009, 40% Sara Wedrén, Post Doc, 2005, 10% Saedis Saevarsdottir, Post Doc, 2005, 10% Ann Marie Wesley, PhD student, 2013, 30% Aboqariyah Yahya, PhD student, 2013, 60% Tomas Olsson, Professor, 10% Jan Hillert, Professor, 5% Ingrid Kockum, Senior researcher, 10% Maria Bäärnhielm, PhD student, 2015 Anna Karin Hedström, PhD student, 2013 **PhD degrees in the area 2005-10:** Patrik Stolt,Cigarette smoking and silica exposure as determinants for the development of rheumatoid arthritis, 2004, Medicine; Camilla Bengtsson, The risk of developing rheumatoid arthritis - epidemiological studies on associations with socioeconomic status, psychosocial work stress and smoking, 2008, Epidemiology; Henrik Källberg, Role of Genes and Environment for the Development of Rheumatoid

	Arthritis - results from the Swedish EIRA study, 2009, Epidemiology; **Research program:** Overall, we aim to study the significance of lifestyle on the onset and course of inflammatory diseases like Rheumatoid Arthritis (RA) and Multiple Sclerosis (MS). We have done extensive research on smoking, some on snuff, alcohol and diet. We are especially interested in gene-environment interactions where we have made substantial contributions to the field. Thus, smoking interacts with the most important genetic risk factor for RA and MS respectively. Such information contributes to both mechanistic understanding as well as a possibility to develop personalised prevention.
Sofia Carlsson	**Research program:** The main focus of our small group is epidemiological studies of type 2 diabetes and autoimmune diabetes (including etiology, occurrence and complications. We have worked with the influence of alcohol consumption on the risk of type 2 diabetes. Currently we are working on the association between alcohol consumption and risk drinking and autoimmune diabetes
Göran Pershagen	**Research program:** Health effects of passive smoking in children, both with regard to exposure in utero and after birth.
DEPT OF LABORATORY MEDICINE	
Anders Helander	**Research group 1: Development and application of new alcohol biomarkers** **Members:** Anders Helander, adj professor, clinical chemistry and pharmacology, 1988, 50% Helen Dahl, PhD, clinical chemistry, 2011, 50% Yufang Zheng, PhD student, clinical chemistry and pharmacology, planned in 2011, 100% Naama Kenan, PhD student, clinical chemistry, planned in 2012, 100% **Research program:** Developent, evaluation and clinical application of new improved biomarkers for alcohol use, riskful use and abuse. The work includes identification of new potential biomarkers, development of bioanalytical methods that are suitable for routine use, and evaluating the pros and cons of the new biomarkers compared with the traditional ones in clinical and pre-clinical studies. **PhD degrees in the area 2005-10:** Nikolai Stephanson, Liquid chromatography-mass spectrometry study of two biochemical alcohol markers, 2007, Clinical pharmacology, Karolinska University Laboratory Jonas Bergström, Human serum transferrin glycosylation pattern : Population differences, analytical methodology and application as a biomarker for testing of alcohol abuse and CDG, 2007 Kristian Björnstad, Mass spectrometric investigation of intoxications with plant-derived psychoactive substances, 2009 Helen Dahl, Evaluation and clinical application of ethyl glucuronide and ethyl sulfate as biomarkers for recent alcohol consumption, 2011
Anders Helander	**Research group 2: Studies of internet drugs** **Members:** Anders Helander, adj professor, clinical chemistry and pharmacology, 1988, 50% Olof Beck, adj professor, clinical pharmacology, 1982, 50% Peter Hultén, PhD student, toxicology, 20% Robert Hägerkvist, PhD, toxicology, 2006, 20% **Research program:** Identification of which internet drugs are available based on information collected from internet sales, drug treatment units, and confiscations by the customs and police. Development of bioanalytical methods that allow for detection of new unclassified internet drugs and metabolites; identification of most of these substances is presently impossible. Identification of potential health hazards of new internet drugs by collaboration with intensive care units all over the country.
DEPT OF MEDICAL EPIDEMIOLOGY AND BIOSTATISTICS	
Mats Lambe	**Research program** Health consequences of use of smokeless tobacco, esp cardiovascular disease (hypeertension, stroke and myocardial infarction).˜
Niklas Långström	**Research program:** • Potential causal effects of AND misuse on violent and sexual criminality. • Maternal smoking during pregnancy as a possible causal risk factor for adverse offspring outcomes. • AND misuse as risk factor for suicide and a co-occurring condition in major mental disorder, paraphilic interests, hypersexuality and non-heterosexual sexual preferences. • AND misuse as a consequence for offspring exposed to parental death.

	• Evaluation of abuse-reducing interventions on relapse in misuse and (violent) crime for psychological treatments against AND misuse, particularly among criminal offenders.
Olof Nyrén	**Research program:** ANDT is not a major research interest of mine. I do not have a research group devoted to this area. From my and my research group's perspective, with focus on the etiology of cancer, more specifically upper gastrointestinal cancer, we have addressed the importance of tobacco use as one of many risk factors for these cancers. We have proceeded from our own population-based case-control studies, but also from a large historic cohort of Swedish construction workers, with detailed information about tobacco use. More recently, we have addressed the possible role of nicotine exposure in the prognosis of cancer. Of particular interest snus, the use of which is associated with considerable nicotine exposure, without "contamination" of all combustion products that are formed when tobacco is smoked. We have also looked at oral lesions linked to snus use and long-term consequences. The different projects have been carried out in loosely formed collaborative groups that cannot be characterized as "research groups".
Weimin Ye	***Research group 1*** **Members:** Weimin Ye, professor, epidemiology, 2003, 20% Maria-Pia Hergens, Postdoc, Epidemiology, 2007, 50% Juhua Luo, doctoral student, Epidemiology, 2008, 30% Kazem Zendehdel, doctoral student, Epidemiology, 2007, 30% **Postdoc:** Amelie Plymoth, postdoc, 2006, medicine, Lund University **PhD degree in the area 2005-10:** Juhua Luo, epidemiological studies of the etiology of pancreatic cancer, 2008, epidemiology: Kazem Zendehdel, risk indicators for esophageal cancer, some medical conditions and tobacco-related factors, 2007, epidemiology; **Research program:** • Snus use and health: mainly focus on cancer risk. • Alcohol use and health: mainly focus on cancer risk.
DEPT OF MEDICINE	
Sven Cnattingius	**Research program** Tobacco use during pregnancy, pregnancy and offspring risks
DEPT OF MOLECULAR MEDICINE AND SURGERY	
Claes-Göran Östenson	**Research program:** My research group is not specifically interested in ANDT issues, but rather has been engaged in assessing the possible role of tobacco products and alcoholic beverages in the development of type 2 diabetes.
DEPT OF ONCOLOGY AND PATHOLOGY	
Richard Bränström	**Research program:** My main research focus aims to better understand how knowledge about information regarding health risks can influence our behaviour. In this research, we study both healthy individuals from the general population and people with chronic diseases. Research questions within these studies are: How do people interpret information about health risks? How do people react to this information and how do these reactions translate into action to reduce risk? How are decisions regarding health related behaviours influenced by psychosocial factors? Can health behaviour changes be encouraged by individualized information and training in cognitive techniques? The research is, thus, not limited to alcohol and drug prevention but includes other health detrimental behaviours as well, such as smoking, exercise, and sun exposure. In our research we use randomized controlled studies to investigate the possibility to encourage health related behaviour changes though internet-based individualized interventions.
DEPT OF PUBLIC HEALTH SCIENCES	
Peter Allebeck	**Research group 1: Social Epidemiology** **Members:** Anders Romelsjö, professor, medicine, 1987, 40% Anna Sidorchuk, Senior researcher, medicine, 2007, 60% (also listed as postdoc) Emilie Agardh, postdoc, medicine, 2005, 0% Karin Guldbrandsson, investigator, medicine 2005, 40% Peter Allebeck, professor, medicine, 1984, 40% Sven Andreasson, professor, medicine, 1990, 40% Tanja Tomson, investigator, medicine, 2005, 20% Peter Wennberg, Ass Professor, psychology, 2000, 30% Tomas Hemmingsson, Ass Professor, Medicine, 1999, 20%

	Marlene Stenbacka, investigator, medicine, 1992, 20% Diddy Antai, postdoc, medicine, 2010, 70% Sofia Löfving, statistician, 50% Edison Garcia Marquez, PhD student ANDT, 2013 Sara Sjölund, PhD student ANDT, 2013 Lovisa Sydén, PhD student ANDT, 2014 Mats Hallgren, PhD student ANDT, 2012 Johanna Gripenberg, PhD student, 2011 Jane Witbrodt, PhD student ANDT, 2011 Alma Sörberg, PhD student (not ANDT), 2014 Göran Henriksson, PhD student (not ANDT), 2012 Anton Lager, PhD student (not ANDT), 2012 Patric Lundberg, PhD student (not ANDT), 2013 Le Ti Hoan, PhD student (not ANDT), 2011 Andreas Lundin, PhD student (not ANDT), 2011 **PhD degrees in the area 2005-10:** Kim Bao Giang. Assessing health problems: Self-reported illness, mental distress and alcohol problems in a rural district in Vietnam, 2006,Medicine; Maria Bodin. The Minnesota model treatment for substance dependence, 2006, Psychology, Stockholm County Council,Psychology; Ulla Beijer, Homelessness and health: Analysis of mortality and morbidity from a gender perspective, 2009, Social Work; Ingrid Davstad, Drug use, mortaltiy and outcomes among drug users in the general population and in methadone maintenance treatment, 2010, Social Work; Eva Skärstrand, Prevention of alcohol and drug problems among adelescents: evaluating a Swedish version of the Strenthening Families program, 2010, Social Work; Anna-Karin Danielsson, Adolescent alcohol use: Implications for prevention, 2010, Psychology; Diddy Antai, Social context, social position and child survival : Social determinants of child health inequities in Nigeria, 2010, Medicine, KI **Research program:** • Longitudinal studies on alcohol and drugs. The group has a tradition of longitudinal studies using defined cohorts linked to national population based registers. Main areas covered are long-term consequences of alcohol and drug use, risk factors for alcohol related problems, stability and variation in drinking patterns. Of particular interest are alcohol, mortality, and morbidity at different ages (assessing the u-shaped curve), cannabis and risk psychosis, and social determinants for alcohol related problems in relation to IQ and school performance. • Studies on treatment programs. Here we focus on treatment seeking in the general population, the role of self-treatment, and treatment options for at risk drinkers. • Studies on prevention and policy. Evaluations are made of different prevention programs such as server training, family education and community based prevention.
Asgeir Helgason	**Research group 1: Health Promotion & Behaviour Research** **Members:** Ásgeir R. Helgason, Psychology, PhD 1997, Associate Professor (group leader), 100% Ann Post, Nursing, PhD 2010, 100% Cecilia Boldemann, Social & Political Sciences, PhD 2001, Associate Professor, 100% Hans Gilljam, MD, PhD 1987, Professor, 100% Kozma Ahacic, Sociology, PhD--, 100% Álfgeir L. Kristjánsson, Sociology, PhD 2010, (presently postdoc at Columbia University, USA), 100% Stephen Lawoko, Statistics and Social Sciences, PhD 2005, Associate Professor, 100% Eva Nohlert, Dentist, expected year of PhD 2013. Henrik Josephson, Psychologist, expected year of PhD 2014. Bragi Skulason, Hospital Chaplin, expected year of PhD 2013. Helena Lindqvist, Sociologist, expected year of PhD 2015. Uthman Olalekan, Sociology, expected year of PhD 2011. Milton Mutto, Sociology, expected year of PhD 2011. **PhD degrees in the area 2005-10:** Alfgeir L. Kristjansson, Tobacco and alcohol, 2010, Karolinska Institutet. Ann Post, Tobacco, 2010, Karolinska Institutet**.** **Research program:** • Micro-level: Developing systems and methods for promoting life stile change at the individual (micro) level. These include the development of individually tailored support systems e.g. telephone quitlines/helplines and communication methods like Motivational Interviewing. • The group also works on developing methods to screen for health risk behaviours e.g.

	tobacco use in clinical settings. Further, methods for intervention based on Motivational Interviewing and other evidence-based methods are developed and tested. These include methods for tobacco cessation and other health risk behaviours. • Macro-level: Developing and applying of micro level methods like Motivational Interviewing in macro-level communication e.g. information campaigns and communication with policy makers.
Cecilia Magnusson	**Research program:** We are studying health effects of smokeless tobacco, foremost via a national collaborative pooling project involving nine prospective cohort studies set in Sweden, where information on tobacco use had been collected. I am the PI for this pooling project.
Finn Rasmussen	**Research program:** I have received a grant from FAS and published papers on IQ and smoking based on that grant. However, I do not consider myself as an ANDT researcher. My team is focusing on obesity research and related health behaviours.
DEPT OF WOMEN'S AND CHILDREN'S HEALTH	
Ronny Wickström	**Research group 1: Perinatal nicotine exposure group** **Members:** Ronny Wickström, PhD, Medicine, 2002, 50% Jonas Berner, PhD, Medicine, 2008, 20% (also listed as postdoc) Anna Gunnerbeck, PhD student, Medicine, 50% Felicia Nordenstam, PhD student, Medicine, 50% Emilija Wilson, RN, Medicine, 25% **PhD degree in the area 2005-10:** Jonas Berner, "Substance P in respiratory control...", 2008, Medicine, Karolinska Institutet **Research program:** The research concerns perinatal exposure to nicotine, in particular smoke-free tobacco. We are conducting research spanning from epidemiological studies, via physiological and cohort studies, to molecular analyses to describe underlying mechanisms.
Linnaeus University	
DEPT OF PEDAGOGICS, PSYCHOLOGY AND SPORTS SCIENCE	
Mats Fridell	**Research group 1: Prognosis of drug addiction** **Members:** Mats Fridell, Ph.D. Clin Psychology, 20% research, Växjö/Lund, 30% Anna Nyhlén, M.D., Ph.D. Psychiatry, 20% Research, Lund, 25% Iréne Jansson, Ph.D. Lic Psychologist, Dept of Psychology, Lund University, 25% Peter Krantz, M.D., Ph.D., Dept of Forensic Medicine, Lund University, 10% Morten Hesse, Ph.D., Center for Addiction Research, Aarhus/Copenhagen, eif Öhlin, M.A., Psychiatry, 50% research assistant, Lund, 50% Per Tätting, M.D. Psychiatry, 15% research, Lund, 10% Johan Billsten, M.A., Research assistant 10%, Lund Martin Bäckström, Prof. Ph.D., Dept of Psychology, Lund University, 10% **Postdocs:** Anna Nyhlén, M.D., Ph.D., 2003, infectious Diseases, Lund University Peter Krantz, M.D., Ph.D., 1999, Forensic Medicine, Lund University Iréne Jansson, Ph.D., 2010, Five year follow-up of women in compulsive treatment, Lund University Morten Hesse, Ph.D., 2007, Psychology, Copenhagen University Bäckström, Martin, PhD, 2002 in Psychology, Lund University **Research program:** • Integration of cohort studies reflecting the prevalence of psychiatric disorders in different groups of substance abusers. • Psychiatric treatment of drug abuse in detoxification, Buprenorphine and methadone treatment. • Prognosis of personality disorders over a long time perspective (from 5 to 35 years) Causes of death and prediction of risk of premature death in a 37 year follow-up of a cohort of drug abusers. • Prognosis of treatment consumption over 37 years (36.800 admissions). • The course of patients with psychiatric disorders in criminal records.
Mats Fridell	**Research group 2: Implementation research** **Members:** Mats Fridell, Ph.D., Psychology, 20% Research, Lund/Växjö, 30% Robert Holmberg, Ph.D., 2002, Psychology, 25% research, 25% (also listed as postdoc) Ylva Benderix, Ph.D., 2007, Pedagogics, 25% Research, Växjö, 25% (also as postdoc) Johan Billsten, M.A., 70% Research, Lund/Växjö, 80% **PhD degrees in the area 2005-10:**

	Iréne Jansson: Five-year follow-up of women treated in compulsive care (Swedish title), 2010, Dept of Psychology, Lund University (retired since 2011) Christian Aleman: Psychoanalytic concepts of the Mind in Drug Abusers: Methods exploring personality disorders, Traits, and defence mechanisms. Dept of Psychology, Lund University One dissertation will be presented by Roland Johnsson this autumn (2011).¨What is Transactional Analysis - Validation of basic concepts and methods trough three different methods. Dept of Psychology, Lund University, autumn 2011 **Research program:** A national follow-up of a project intended to implement the national guidelines of evaluation and treatment of substance abuse (2009-2011). Continues as a doctoral thesis project by Johan Billström.
Mats Fridell	**Research group 3: Clinical psychology** **Members:** Bette Brenestig, Psychologist, MA., Dept of Clin Psychology, Lund, doctorate Roland Johnsson, Dept of Clinical Psychology, Psychologist. M.A., Lund, 20% Karin Pernebo, Psychologist, M.A., PPI, Växjö, 50% **PhD degrees in the area 2005-10:** See research group 2 above. **Research program:** • Johnson (2011) What is transactional analysis (TA) - Three different methodological approaches to validate TA. • Brenestig (2012) Neuropsychological disorders in clients treated in prisons in Sweden. • Pernebo (the focus of her dissertation is not yet decided upon).
Mats Fridell	**Research group 4 - research program:** Scandinavian research group completing the a-file above with Morten Hesse, Ph.D. in Copenhagen, the Center of Drug and Alcohol Research, Copenhagen. Morten Hesse is Ph.D. in psychology. Copenhagen University, Thesis 2007
Linköping University	
DEPT OF CLINICAL EXPERIMENTAL MEDICINE	
David Engblom	**Research group 1** **Members:** Michael Fritz, postdoc, behaviour, 100% Laszlo Horvath, postdoc, molecular biology, 100% Anna Nilsson, PhD student, neurobiology, 50% Daniel Björk, PhD student, neurobiology, 25% Maarit Jaarola, Research engineer, 100% **Postdocs:** Michael Fritz, 2010, psychology: Laszlo Horvath, 2004, pharmacology **Research program:** We do basic research on the role of molecular adaptation in reward and aversion circuits in drug addiction. Using sophisticated transgenic mouse models, we investigate the role of synaptic plasticity of excitatory synapses in the mesolimbic dopamine system for addictive behaviours, focusing on relapse. In particular we focus on synaptic strengthening of synapses on the dopaminergic cells and on the role of metabotropic glutamate receptor in the striatum. In addition we study circuits and molecular mechanisms driving the aversive state induced by inflammatory disease and test if these interceptive circuits are important for relapse in drug seeking. Collectively, we hope that our work will generate information about how molecular events in reward and aversion circuits interact in the context of drug addiction. This may identify novel avenues for therapies aimed at preventing relapse.
DEPT OF MEDICAL AND HEALTH SCIENCES	
Preben Bendtsen	**Research group 1: Lifestyle Intervention Implementation research group** **Members:** Per Nilsen, docent, medicine, 3 years PhD., 50% Agneta Andersson, PhD. 6 years, 40% Kjell Johansson , PhD. 3 years, 50% Marika Holmqvist, PhD. 2 years, 100% Cecilia Nordquist, PhD. 4 years, 50% Karin Borg, ph d 8 years, 25% Siw Carlfjord, ph d student disp spring 2012 Anna Trinks, ph d stundet disp dec 2012. **Research program:** • Epidemiologic research Research which aims at measuring prevalence of risk-related lifestyless and analysing

	relationships between lifestyle and health. • Intervention research Patient-level evaulation of health-related efftects of different types of lifestyle interventions. Relevant arenas are primary care, maternity health care, student health care and emergency departments. • Also implementation of lifestyle interventions within routine health care activities.
AnnaKarin Johansson	**Research program:** Tobacco preventive work in child health care. From the basis of earlier studies and studies on child health care nurses and parents experiences from tobacco prevention in child health care an intervention is being performed. The evaluation is now going on. Focus is on parent's ability to protect children from ETS exposure. Both quantitative and qualitative studies are included. The doctoral student will defend her thesis in may 2012 if everything goes as planned.
Kerstin Käll	**Research program:** • Injecting drug use and the spread of HIV and hepatitis; epidemiology of the infections and risk behaviour. • Initiation of illicit drug use among youth. • Treatment of opioid addiction with antagonist drugs.
Lund University	
DEPT OF CLINICAL SCIENCES	
Louise Brådvik	**Research group 1:** Louise Brådvik, MD, assoc professor, PhD, 2000, 20% **Research program:** • Studies of toxicological findings regarding antidepressants in probands with a previous alcohol dependence. • Long-term follow-up alcohol use disorders and psychiatric co-morbidity in the general population (the Lundby study) • Participates in evaluation of ASI in cooperation with Anders Håkansson. The aim is to aquire knowledge on risk factors for suicide and heroin overdoses, which appear to be interrelated. • As a follow-up to previous heroin-overdose projects a moitvational programme will be performed for probands on the syringe exchange programme in order to convince the clients to participate in treatment in order to reduce fatal and non-fatal overdoses. Amphetamine users will be included, a less investigated tgroup. In cooperation with Anders Håkansson.
Martin Lindström	**Research group 1: Social medicine and health policy** **Members:** Martin Lindström, Professor, Social medicine, PhD 2000, 25% Maria Rosvall, Assoc prof, Social medicine, PhD 2003, 10% Sadiq M Ali, postdoc, Socialmedicin (medicine), PhD 2006, 10% Giuseppe Giordano, PhD student, Social medicine, PhD planned 2012 Jakob H Axelsson, PhD student, Social medicine, PhD planned 2015 **PhD degrees in area 2005-10:** Sadiq M Ali. Social determinants of leisure time physical activity, body mass index, and acute myocardial infarction. An epidemiological study in southern Sweden (2006). Mohabbat Mohseni. Social capital, trust in institutions, discrimination and self-rated health: An epidemiological study (2008). **Research program:** Social capital and health (including lifestyle), social inequality and health Multilevel and individual leve analyses
Jan Sundquist	**Research group 1: Genetics, family environment, and neighbourhood: Impact on mental disorders and substance use** **Members:** Kenneth Kendler, Virginia Commonwealth University Kristina Sundquist Lund University **Research program:** • Estimate the risk of substance use n first-degree relatives (who share both genetics and family environment) compared with second-degree relatives (who share genetics but not family environment) of at least one affected proband, further modelled in dizygotic and monozygotic twins. • Compare the risk of substance use disorders and crime in non-genetically related individuals (adoptees) who share adult and childhood family environments with risk in genetically-related people. • Examine whether neighbourhood-level factors exert a differential effect on risk of substance use and psychiatric disorders in genetically susceptible individuals, defined as

	first-degree or second-degree relatives of an affected proband.
Per-Olof Östergren	**Research group 1: Social medicine and global health** **Members:** P-O Östergren, professor Martin Stafström, postdoc Kontie Moussa, postdoc Anette Agardh, postdoc Mahnaz Moghaddassi, statistician **PhD degrees in the area 2005-10:** Martin Stafström, Community intervention, 2006, sociology, Lund university Kontie Moussa, Tobacco use and health equity, 2009, public health science, Lund university Anette Agardh, Adolescence health, 2010, public health science, Lund university **Research program:** • Alcohol, tobacco and drug use among young people, esp in relation to educational institutions, e.g., high school, college, university. Alcohol anddrug use in relation to sexual risk behaviour, injuries and mental health. • Changes in alcojol and tobacco use in the adult Swedish population, comparative studies between Euroepan countries; consumption patterns of alcohol tobacco and drugs among young people in low income countries • Tobacco use among pregnant women.
Agneta Öjehagen	**Research gtroup 1: Unit of Psychosocial Research** **Members:** Göran Nordström, MD, PhD medicine, 1987 Mats Berglund, Professor emeritus, Medicine, 1977, 20% Jenny Rundberg, PhD, medicine (social worker), 2007, 10% Claes Andersson, PhD, medicine (social worker), 2009, 15% (from 2011-09 belonging to University of Malmö, but co-operating) Helena Hansson, PhD, medicine (social worker) (partly associated Clinical Alcohol Research, Malmö) Martin Olsson, doctoral student - dr, medicine, 15%, expected PhD 2014 Catharina Strid, doctoral student-psycholog (Dept. of Psychology),psychology, 20%, expected PhD 2014 Sophia Eberhard, doctoral student- dr, medicine, 10%, licentiate thesis June 2011 Co-supervisor for Marianne Lindahl-Larsson, doctoral student-social worker, medicine, expected PhD 2012 (associated Alcohol Research Malmö). Another person has applied to join the group and move his research activities to Öjehagens group: Anders Håkansson, MD, PhD medicine, 2009, 50%; Louise Brådvik, MD, PhD, 20%; Gunilla Cruce, PhD, medicine (social worker), 2008, 25% **Postdocs:** Claes Andersson, Alcohol Use and stress in University freshman. A comparative study of Two Universities, 2009, social worker, Lund University. Jenny Rundberg, Alcohol Use and mental Health in Middle Aged Women, 2007, social worker, Lund University. Helena Hansson, Interventions in adult children and spouses of alcoholics. Randomized controlled trials of mental health and drinking patterns, 2007, social worker, Lund University Anders Håkansson, "Overdoses, suicidal behaviour, and clinical characteristics in heavy drug users - studies in the criminal justice system", 2009, medicine, Lund University Gunilla Cruce, Hazardous use and dependence on alcohol, illegal drugs and tobacco in persons with severe mental illness, 2008, social work, Lund University **PhD degrees in the area 2005-10:** Claes Andersson, Alcohol Use and Stress in University freshman. A comparative study of Two Universities, 2009 –Dissertation at former Clinical Alcohol Research - Öjehagen main supervisor, Jenny Rundberg, Alcohol Use and Mental Health in Middle-aged Women, 2007, social worker, Dissertation at Department of Clinical Science, Lund, Division Psychiatry Gunilla Cruce, Risk use and dependence on alcohol, narcotics and tobacco among individuals with severe mental disorders, 2008, Dissertation at Department of Clinical Science, Lund, Division Psychiatry. **Research program:** • Hazardous alcohol use in psychiatric care -use of telecoach (Interactive Voice response, IVR) both as intervention and data collection. • Psychic health problems presenting at GP, following patients with IVR during treatment and follow-up. • Hazardous alcohol use in women (general population) long-term follow-up.

	• Alcohol and drug use after prison. • ASI-follow up data after prison. • Young persons in treatment for alcohol, drug problems (followed by IVR). • Mortality and clinical course in illicit substance addiction, including criminal justice clients and clinical populations including adolescents. • Characteristics of groups of substance users in the general population (including cannabis users, ecstasy users, and users of anabolic-androgenic steroids). • New models for the treatment of heroin addiction. Transfer och heroin and amphetamine addicts from harm reduction into evidence-based treatment. • Treatment and course in heroin detoxification. • Psychiatric co-morbidity in substance users in the criminal justice system. • Psychiatric co-morbidity in persons with severe mental illness.
DEPT OF HEALTH SCIENCES	
Hanne Tönnesen	**Research group 1: Clinical alcohol research - renamed 2011 to Clinical health promotion centre** **Members 2011:**: Claes Andersson, lecturer, science of social work, PhD medicine, 2009, Jan Arlebrink, assoc professor, theology, 2004, 20% John Ektor-Andersen, MD, medicine, 2002, 10% Mats Berglund, professor, medicine 1977, professor ermeritus Anders Håkansson, MD, medicine, 2009, 40% Helena Hansson, assoc professor, science of social work, 2007, PhD medicine, 30% Björn Axel Johansson, senior physician, medicine, 2006, 15% Marianne Larsson Lindahl, science of social work, PhD medicine 2011, 25% Tim Neuman, researcher, medicine, 1997, 100% Patricia Olaya-Contreras, PhD medicine 2011, 100% Jenny Rundberg, project manager, science of social work, PhD medicine 2007, 30% Henriettae Ståhlbrandt, MD, medicine, 2008, 15% Ulla Zetterlind, assoc professor, science of social work, PhD medicine, 1999, 30%. Martin Bråbäck, MD, PhD student, medicine, planned PhD 2014 Karen Hovhannisyan, MD, PhD student, medicine, planned PhD 2014, 50% Martin O Ohlsson, senior physician, PhD student, medicine, planned PhD 2014, Bolette Pedersen, PhD student, medicine, planned PhD 2012, 100%. Lisa Egund, MD, research assisant **Postdocs:** Claes Andersson, Alcohol drinking and stress in University freshmen. A comparative intervention study of two universities, 2009, science of social work, Lund University Jan Arlebrink, Det moraliska ifrågasättandet och det existentiella lidandet. Alkoholmissbrukares upplevelser av tvångsvård [The moral questioning. Alcohol addict's perceptions of and reactions to coercion], 2004, theology, Lund University John Ektor-Andersen, Chronic Musculoskeletal Pain. Population studies of pain-experience with special focus on the Total Body Pain and aspects of adaptation in a cognitive-behaviour psychological frame of reference, 2002, medicine, Lund University Helena Hansson, Interventions in adult children and spouses of alcoholics. Randomized controlled trials of mental health and drinking pattern, 2007, science of social work, Lund University Björn Axel Johansson, Benzodiazepine and opioid dependence, Clinical and meta-analytical studies, 2006, medicine, Lund University Marianne Larsson Lindahl, Patients in court-ordered substance abuse treatment. 2011, medicine, Lund University Tim Neuman, [The impact of repetitive circulalatory arrests on the electrical brain activity during implantation of an automatic internal cardioverter-defibrillator], 1997, medicine, Charité – Universitätsmedizin Berlin, Campus Benjamin Franklin Patricia-Olaya Contreras, Biopsychosocial analyses of acute and chronic pain, especially in spine, 2011, medicine, Göteborg university Henriettae Ståhlbrandt, Alcohol use in Swedish halls of residence. Cluster randomised interventions, drinking trajectories, social climate and cross-cultural influence, 2008, medicine, Lund University Ulla Zetterlind, Relatives of alcoholics. Studies of hardship, behaviour, symptomatology and methods of intervention, 1999, science of social work, Lund University. **PhD degrees in the area 2005-11:** Björn Axel Johansson, Benzodiazepine and opioid dependence, Clinical and meta-analytical studies, 2006, medicine, Psychiatry Skane; Helena Hansson, Interventions in adult children and spouses of alcoholics. Randomized controlled trials of mental health and drinking pattern, 2007, science of social work, Psychiatry Skane& Lund University;

	Henriettae Ståhlbrandt, Alcohol use in Swedish halls of residence. Cluster randomised interventions, drinking trajectories, social climate and cross-cultural influence, 2008, medicine, Post doc at the Center for the Study of Health and Risk Behavior, University of Washington, Seattle, USA&Höglands Hospital, Eksjö; Claes Andersson, Alcohol drinking and stress in university freshmen. A comparative intervention study of two universities, 2009, science of social work, Malmö University; Anders Håkansson, Overdoses, Suicidal behaviour and clinical characteristics in heavy drug users. Studies in the criminal justice system, 2009, medicine, Psychiatry Skane; Marianne Larsson Lindahl, Patients in court-ordered substance abuse treatment.Studies in the involuntary process by interview, assessment and randomised trial, 2011, medicine, Psychiatry Skane. **Research program:** For most of the period of 2005 – 2010 the LU research projects have been performed mainly regionally and locally, and to a lesser degree nationally and internationally. This changed in 2010, when a close collaboration was established between the two complementary research groups: Lund University/Clinical Alcohol Research (LU), Sweden and WHO-CC, Copenhagen, Denmark. The LU research group has increased, and at the end of the period it has become very interdisciplinary and competent within all methods related to clinical research. Important and high quality research has been performed in LU over time: Alcohol drinking and stress in University freshmen. A comparative intervention study of two universities; Overdoses, suicidal behaviour and clinical characteristics in heavy drug users. Studies in the criminal justice system; Interventions in adult children and spouses of alcoholics. RCT of mental health and drinking pattern; Benzodiazepine and opioid dependence, Clinical and meta-analytical studies; Alcohol use in Swedish halls of residence. Cluster randomised interventions, drinking trajectories, social climate and cross-cultural influence. In 2010 an international research program involving both LU and WHO-CC (see below) was described focusing on clinical research, and target patients, staff and community; including children and adolescents. Its overall objective is a better health gain. The program comprehends research within intervention, health promotion, prevention, implementation, and new technology in relation to alcohol, drug and nicotine dependence, overuse, and use.
Hanne Tönnesen	**Research group 2: WHO-CC*:* Clinical Health Promotion Centre** **Members 2011:** Thordis Thomsen, MD, medicine, 2009 Susan Warming, medicine, 2007 Anne M Möller, MD, medicine, 2006 Mette Flamand, MD, PhD student, planned PhD 2013 Kristian Oppedal, MD, PhD student, medicine, planned PhD 2012 Per Rotböll Nielsen, MD, PhD student, medicine, planned PhD 2012 Anne Birgitte Hjuler Ammari, RN, MSc, medicine **Postdocs:** Anne M Möller, Smoking and surgery 2006, medicine, Copenhagen university Thordis Thomsen, Preoperative smoking cessation intervention: Effect on postoperative complications and smoking cessation, 2009, medicine, Aarhus University Susan Warming, Musculoskeletal aspects in patient handling, 2007, medicine, Copenhagen University **PhD degrees in the area 2005-10:** Anne M Möller, Smoking and surgery, 2006, medicine, Copenhagen university Susan Warming, Musculoskeletal aspects in patient handling, 2007, medicine, Bispebjerg University Hospital. Thordis Thomsen, Preoperative smoking cessation intervention: Effect on postoperative complications and smoking cessation, 2009, medicine, Herlev Hospital **Research program:** The 2010 mission is common for the two research groups: We work towards better health gain for patients, staff and community via clinical Health Promotion • through research, education, networks, communication and programs for clinical pathways. • including alcohol, drug, tobacco, physical activity, diet and nutrition as well as co-morbidity and other health determinants. Thereby, we bridge psychiatric and somatic research. Our activities establish and support implementation of best evidence-based clinical practice (Evidence, patient preferences and staff competences). The research program in WHO-CC has since its establishment in 2005 been closely related to the terms of reference and work plans developed together with World Health Organization. These terms of reference include development of new research within the

	field of clinical health promotion, evaluation as well as teaching and training in evidence-based health promotion. In addition, the WHO-CC is responsible for the International Network of Health Promoting Hospitals and Health Promotion, which includes over 840 member hospitals to day. WHO-CC is leading within research on clinical health promotion. This research program includes ANT as well as other risk factors. It is characterized by prevention, intervention and rehabilitation aiming at patients, staff and community, and it is closely related to the patient chain. It also includes both cost-effectiveness analyses and epidemiology.
DEPT OF LABORATORY MEDICINE	
Anders Isaksson	**Research group 1: Phosphatidylethanol in blood (B-PEth) as a marker of alcohol use and abuse** **Members:** Anders Andersson, PhD, 1993, 10% Therese Hansson, PhD, 2002, 10% Lisa Walther, MD, 2001, 20% Christer Alling, Professor em **Postdocs:** Anders Andersson, Studies on the determination and the metabolism of homocysteine in man 1993, Lund University Therese Hansson, Beta-Glycosidases from hyperthermophiles as biocatalysts 2002, Lund University **Research program:** Abuse and dependence are seldom the primary reasons for patients contacting health care system. Alcohol markers therefore increase the possibility for early diagnosis of alcohol abuse, but alcohol markers with both high clinical specificity and high sensitivity are needed. Phosphatidylethanol in blood (B-PEth) constitutes such a marker. The short-comings of B-PEth as clinical alcohol marker is above all the poor knowledge of the relation between B-PEth-level and consumption, which needs to be determined. The measurement method needs to be standardized and futher technical development in order to be widely distributed and used. The aim is to develop and standardize mea-surement of B-Peth; to determine the dose-response relationship beteen consumption level and B-Peth; to study and describe sources of variation for build-up and elimination (half-life) of B-PEth and to develop correct instructions for taking and handling samples of B-PEth. In comparison to commonly used alcohol markers B-PEth is an alcohol marker with high sensitivity as well as specificity (100%).
DEPT OF ECONOMICS	
Ulf Gerdtham	**Research program:** I am not a research leader of an ANDT research program but of a health economics program where life style issues are of great importance. Among the ANDT areas, we focus mainly on alcohol, for example, cost of alcohol and to what degree they are avoidable, economic evaluations of alcohol reducing interventions.
DEPT OF SOCIAL WORK	
Leili Laanemets (see also Malmö below)	**Research program:** Qualitative research about issues concerning drug treatment, gender, treatment system and user involvement.
Kerstin Svensson	**Research program:** • Criminal justice system. • Programs for treatment and for motivation. • Assessment. • Prevention. • Coercive care.
Malmö University college	
FACULTY OF HEALTH AND SOCIETY	
DEPT OF SOCIAL WORK	
Kent Johnsson	**Research group 1: ATLAS** **Members:** Mats Berglund, Professor, Medicine, 1977, 50% Claes Andersson, Ass. Professor, Medicine, 2009, 100% **Postdoc:** Henrietta Ståhlbrandt, medicine, Alcohol use in Swedish halls of residence. Cluster randomised interventions, drinking trajectories, social climate and cross-cultural influence. Lund University, 2008 **Research program:**

	The aim for the ATLAS research project is to evaluate intrapersonal, social and cultural predictors of alcohol use trajectories from age 17 through 21 in US and Swedish populations. Students from the Skåne region of Sweden (n = 1200) and Seattle/King County, Washington (n = 1200) will be assessed during their senior year in high school, and followed longitudinally twice a year for the next 4 years. Participants will complete an assessment of constructs hypothesized to influence trajectories of alcohol use and shifts in these trajectories at different points in time. A second aim is to evaluate efficacy of a web-based feedback and skills intervention in reducing alcohol use and negative consequences over a four-year follow-up period. A random subsample (N=400) of the cohort will be assigned to receive the intervention during high school, within 2 weeks after baseline and will be compared to the assessment-only/normative developmental cohort. The research project is an international collaboration between the University of Washington in the US and Malmo University in Sweden and allows a comparison of trajectories of alcohol use and prevention outcomes across two countries which, despite many similarities, also differ in important respects directly relevant to research on alcohol use in emerging adulthood.
Leili Laanemets (see also Lund above)	**Research group 1:** **Members:** Bengt Svensson, professor social work Torkel Richert, doctoral student, social work, 2013 (co-supervisor) Björn Johnson, docent, social work Eva-Malin Antoniuson, lecturer in social work, 10%. **Research program:** • Organization, drug treatment (voluntary and involuntary), opioid maintenance treatment, gender, prostitution. • Qualitative studies of how treatment program are organized and how staff and clients interact.
Bengt Svensson	**Research group 1: Intravenous drug use** **Members:** Bengt Svensson, professor, social work, 1996, 70% Torkel Richert, doctoral student, social work, expected year 2012, 80% Weddig Runquist, doctoral student, social work, 2012, 60% **Research program:** • Lifestyles and income patterns of drug users. • Overdoses of heroin users. • Coercive treatment and its outcome for the patients. • Methadone and buprenorphine treatment.
Mid-Sweden University	
DEPT OF HEALTH SCIENCES	
Eva Sellström	**Research group 1** **Members:** Sven Bremberg, associate professor Anders Hjern, professor Göran Arnoldsson, lecturer, statistics, **Research program:** • Neighbourhood impact on youth health(smoking, drug abuse) (issues of segregation). • Youth labour attachment (effects on drug abuse).
DEPT OF SOCIAL WORK	
Arne Gerdner	**Research group 1 : ANDT Research at Mid-Sweden University 2005-2010** **Members:** Arne Gerdner, professor Magnus Israelsson, doctoral candidate, Mid-Sweden University, Östersund Nils Stenström, PhD, Mid-Sweden University, Östersund Mats Blid, PhD, Mid-Sweden University, Östersund **PhD degrees in the area 2005-10:** Nils Stenström, Sprutbyte vid Intravenöst Narkotikamissbruk – En longitudinell studie av deltagarna i Sprutbytesprogrammet i Malmö (Syringe exchange for injecting drug users – A longitudinal study of participants in a Syringe exchange programme in Malmö, Sweden.), 2008, Social Work Mats Blid, Ett folkhem för alla? Kommunala insatser mot hemlöshet. (A people's home for all? Municipal interventions against homelessness), 2008, Social Work **Research program:** - Comparative analyses on worldwide legislations on compulsory care for substance use disorders (Israelsson, Gerdner)

	- Studies on effects of psychological assessment in compulsory care of addicts (Gerdner together with Mats Fridell, Lund University) - Reviews on effect and quality of compulsory care (Gerdner, partly together with MatsBerglund, Lund University) - Validation of ADDIS – structured instrument for alcohol and drug use diagnostics (Gerdner) - Validation of CTQ – screening instrument for adverse childhood experiences in assessment (Gerdner, together with ChristerAlgulander, Karolinska) - Studies on homelessness and housing provisions (Mats Blid together with Gerdner and Åke Bergmark) - Longitudinal studies on syringe exchange (Nils Stenström, together with Gerdner and Åke Bergmark).
Mälardalen University college	
SCHOOL OF HEALTH, CARE AND SOCIAL WELFARE	
Elinor Brunnberg	**Research group 1: ICU Child – Alcohol, tobacco and drug use in young people** **Members:** Mats Berglund, Professor, addiction psychiatry Elinor Brunnberg, Professor, social work Margareta Lindén Boström, PhD, public health Carina Persson Statistics Marlene Ekholm PhD stud, social work Agneta Tinnfält PhD, senior lecturer, public health **Postdocs:** Agneta Tinnfält. Adolescents' perspectives - on mental health, being at risk, and promoting initiatives 2008 Örebro University **Research program:** The aim of the present program is to develop more effective strategies for preventing risky use of tobacco, alcohol and drugs amongst adolescents with hearing loss or other disabilities in a gender perspective. We will also study neglect in childhood related to alcohol or drugs. The program is from children's rights and sociological base and with an intersectional perspective and is based on: • Three school surveys, with identical questions, from 2005, 2007, and 2009, with 13/14 year olds, 15/16 year olds, and 17/18 year olds as participants. The students in each study represent all the mainstream schools and special schools for deaf and hard-of-hearing students in the county of Örebro in Sweden Life and Health – Young People (analyses finished, ongoing and planned in different studies and with a comparative focus). • Personalised feedback in Web-based surveys about alcohol and drugs (planned intervention and evaluation). • Longitudinal studies of deaf/hard-of-hearing (HH) students (on going study). • Examination of students with tinnitus or cochlea implants (two studies finished and one planned). • Retrospective study of deaf/HH adults with addictive disorder (ongoing). • Qualitative action research with students in special secondary school (two studies finished). • Review of research about interventions for Children of alcoholics. • Review of research about disability and substance use disorder.
Per Tillgren	**Research group 1:** **Members:** Related research groups concering the arena perspective and dental care: Asgier Helgason, assoc professor, psychologist Åke Tegeleberg, professor, dentist Policy and implementation: Elisabeth Fosse, assoc professor, University of Bergen. At the Mälardalens university college: Context of local public health promotion **Research program:** Three different public health research areas: - The arena perspective and tobacco prevention. Two arenas: public dental care and schools. Implementation and effects on indivdual- and program level. - Policy research focuses mainly on the municipalities' demands on non-profit child and youth organisations to conduct drug prevention in order to receive support. - Within the area of civilian society the research mainly focuses on drug preventive work within the Swedish sports and athletics movement.

Royal Institute of Technology	
DEPT OF TRANSPORT SCIENCE	
Monica Örtendahl	**Research program:** Smoking and pregnancy
Stockholm University	
CENTRE FOR HEALTH EQUITY STUDIES (CHESS)	
Britt af Klinteberg	**Research group 1** **Members:** Britt af Klinteberg, Professor, Psychology, 1988, 40% Per-Anders Rydelius, Professor, Medicine (Psychiatry), 1981, 10% Christina Scheffel Birath, Post-doc researcher, Medicine, 2010, 50% Ulla Beijer, Post-doc researcher, 2009, Medicine, 50% Marlene Stenbacka, Associate professor, Medicine, 1992, 50% Jenny Eklund, Researcher, Psychology, 2005, 50% Jenny Freidenfelt Liljeberg, Researcher, Medicine, 2009, 20% Marie Väfors Fritz, Researcher, Psychology, 2008, 20% Vladislav Ruchkin, Researcher, Medicine (Psychiatry), 1998, 20% Gunnar Wiklund, Licentiate, Medicine, 2010, 20% Ylva Almquist, Doctoral student, Sociology, 2011, 5% **Postdoc:** Ulla Beijer, 2010-, Medicine/CHESS, KBH,KI **PhD degree in the area 2005-10:** • Jenny Eklund, Adolescents at risk of persistent antisocial behaviour and alcohol problems, 2006, Psychology/CHESS, SU • Marie Väfors Fritz, Psychosocial adjustment problems: Individual and cultural differences, 2008, Psychology/CHESS, SU • Birgitta Rydén Lodi, Lyckas mot alla odds: Protektiva faktoreri upphörandeprocessen vid brottslig verksamhet, 2008, Psychology/CHESS, SU • Jenny Freidenfelt Liljeberg, Riskingantisociality: Individual& social-interaction factors, 2009, Medicine/CHESS, KI • Jennie Ahrén-Moonga, An eating disorder is more than just disordered eating: Bio-psycho-social perspectives, 2009, Medicine/CHESS, KI • Christina ScheffelBirath, Women with alcohol problems seeking treatment, 2010, Medicine/CHESS, KI • Gunnar Wiklund, Antisociality in a developmental perspective, 2010, Medicine/CHESS, KI (Lic degree) **Research program:** • Alcohol (Risk drinking adolescents and personality; neurobiological markers for the development of alcohol/drug abuse; alcohol problems and health among females in treatment; cross-cultural comparisons of alcohol drinking and health; alcohol/drug abuse and violence). • Personality disturbances and vulnerability to develop antisocial behavior/criminality • Male violence against women with drug abuse problems • Tobacco smoking and vulnerability to develop alcohol/drug abuse.
DEPT OF CRIMINOLOGY	
Henrik Tham	**Research program:** During the period I have mainly not been doing research in the area but have used Swedish drug policy as examples in my more general research on Swedish crime policy and its determinants.
DEPT OF SOCIAL WORK	
Anders Bergmark	**Research group 1: Addiction Research Group** **Members:** Anders Bergmark, professor, Social work, 1988, 50% Karin Helmersson Bergmark, professor, Sociology, 1995, 30% Kajsa Billinger, lecturer, social work, 2000, 30% Mats Ekendahl, associate professor, social work, 2002, 50% Lena Hubner, lecturer, social work, 2001, 30% Patrik Karlsson, researcher, social work, 2007, 50% Lisa Skogens, researcher, social work, 2008, 50% Ninive von Greiff, researcher, social work, 2008, 50% Alexander Björk, doctoral student, social work, expected to graduate during 2014 **PhD degrees in the area 2005-10:** Patrik Karlsson, Margins of prevention - On older adolescents' positive and negative

	beliefs about illicit drug use, 2007, Social Work, Stockholm University Lisa Skogens, Clients with social assistance and alcohol problems – what does welfare officers do?, 2008, Social work, Stockholm University Ninive von Greiff, Prevention work with adolescents with abuse problems – preconditions, evidence base and legitimacy, 2008, Social work, Stockholm University **Research program:** The overall objective of the ARG research programme is to establish a theoretical and empirical platform for an analysis of the efforts to transform Swedish AOD treatment and prevention within the social services through the implementation of Evidence-based practice (EBP), and through this to provide a foundation for a critical discussion of the problems and the prospects connected to the ambition of providing a more standardised and scientifically secured practice. By and large, the research programme can be described as built on two pillars, where the first one consists of empirical studies of different aspects of EBP implementation within AOD treatment and prevention, and the second one is focused on exploring alternative strategies (to different versions on EBP) for establishing a scientifically secured knowledge base for AOD interventions. The methodological approach of the research programme should be understood against the background that the current knowledge concerning the concrete staging of EBP in connection with AOD interventions indicates that it is necessary to examine actual practice in detail. Although the main focus has been directed towards different attempts to establish treatment and prevention that are based on scientific evidence, this has not excluded research activities with other objectives, as e.g. gender perspectives on alcohol consumption and the expansion of the notion of behavioural addictions (specifically video game/internet addiction)
Evy Gunnarsson	**Research program:** The research is on elder care and older persons with alcohol problems. Focus groups and individual interviews will take place in several municipalities. I am not a leader of a research group but will cooperate with other researchers interested in the area.
SWEDISH INSTITUTE FOR SOCIAL RESEARCH (SOFI)	
Thor Norström	**Research program** The relationship between alcohol and various forms of harm, including mortality and violence.
CENTRE FOR SOCIAL ALCOHOL AND DRUG RESEARCH (SORAD)	
Mats Ramstedt	**Research group 1: Consumption, problems and norms (SoRAD theme 1)** **Members:** Mats Ramstedt, Associate professor, Sociology, 2004, 100% Peter Wennberg, Associate professor, Psychology, 2000, 40% (since 2007) Nina-Katri Gustafsson, PhD, Sociology, 2010, 100% (also listed as postdoc) Jonas Landberg, PhD, Sociology, 2010, 100% (also listed as postdoc) Kalle Tryggvesson, Criminology, 2005, 100% (also listed as postdoc) Tove Sohlberg, PhD student, 2013, 100% Barbro Engdahl, PhD student, 2013, 100% Johan Svensson, PhD student, 2013, 100% **PhD degrees in the area 2005-10:** Jonas Landberg, Alcohol-Related Problems in Eastern Europe. A Comparative Perspective, 2010, sociology Nina-Katri Gustafsson, Comparative studies on alcohol-related problems in postwar Western Europe, 2010, sociology Kalle Tryggvesson, Freedom in a bottle. Young Swedes on rationales and norms for drunken behaviour, 2005, criminology **Research program:** Studies of levels and patterns of alcohol use and to what extent different dimensions of drinking are associated with various related problems overall and in different groups constitute a main topic in this research group. A key question is to what extent the overall level of drinking is associated with levels of alcohol-related harm, which is the basic idea behind the so called "total consumption model". Another related question is whether this association is valid in various sub-groups of the population, i.e., whether the impact of population drinking differs in different demographic and socio-economic groups, but also if the association differs across countries and drinking cultures. These questions are important not the least as some recent national experiences have casted doubt on the validity of this idea. Also the issue of collectivity in drinking in different population subgroups is a fundamental research question, i.e. if factors like social interaction and general policy changes produce similar drinking trends in various groups, including heavy drinkers. Another line of research has aimed at evaluating the effects of the various policy changes that have taken place in Sweden in recent years, for instance the implications of increasing the

	travellers' allowances. Some members of the research group also carry out methodological work with focus on alcohol surveys, starting out from the Swedish alcohol-monitoring project, which has been located at SoRAD since the year 2000. The monitoring project is telephone survey with 1500 Swedes every month with the main purpose of monitoring the development in alcohol consumption including from unrecorded sources.
Alexandra Bogren	**Research group 1: Alcohol and drug policy and its implications (SoRAD theme 2)** **Members:** Alexandra Bogren, associate professor, sociology, 2006, 80% time in ANDT research since 2005, 100% time in ANDT research since I started at SORAD in 2009 Börje Olsson, professor, sociology, 1994, 100% Jukka Törrönen, professor, sociology, 2000, 100% Maria Abrahamson, associate professor, social work, 1999, 70% Kalle Tryggvesson, PhD, post-doc, criminology, 2006, 100% (in Theme 1 since 2010) Jenny Cisneros Örnberg, PhD, post-doc, political science, 2009, 100% Nina-Katri Gustafsson, PhD, post-doc, sociology, 2010, 100% (also in Theme 1) Mimmi Eriksson Tinghög, PhD-student, criminology, 100% (expected yr of PhD ca 2012) Josefin Bernhardsson, PhD-student, sociology, 100% (expected year of PhD ca 2013) Degla Salim, PhD-student, social anthropology, 100% (expected year of PhD ca 2013) Filip Roumeliotis, PhD-student, sociology, 100% (expected year of PhD ca 2015) Josefin Månsson, doctoral student, social work, 100% (expected year of PhD ca 2015) Antonina Eriksson, research assistant, 100% (worked at SoRAD until 2010) Elinor Månsson, research assistant, 100% (started 2008) Katarina Winter, research assistant, 100% (started 2011) **Postdocs:** Alexandra Bogren, Female licentiousness versus male escape? Essays on intoxicating substance use, sexuality and gender, 2006, Sociology, Stockholm University. Kalle Tryggvesson, Freedom in a bottle Young Swedes on rationales and norms for drunken behaviour, 2006, Criminology, Stockholm University (in Theme 2 until 2010). Jenny Cisneros Örnberg, The Europeanization of Swedish Alcohol Policy, 2009, Political science, Stockholm University. Nina-Katri Gustafsson, Bridging the world: Alcohol Policy in Transition and Diverging Alcohol Patterns in Sweden, 2010, Sociology, Stockholm University. **PhD degrees in the area 2005-10:** Kalle Tryggvesson, Freedom in a bottle. Young Swedes on rationales and norms for drunken behaviour, 2005, criminology, SoRAD(kopierat fr Ramstedt) Alexandra Bogren, Female Licentiousness versus Male Escape. Essays on Intoxicating Substance Use, Sexuality and Gender, 2006, sociology, SoRAD (flytt fr Ramstedt) Jenny Cisneros Örnberg, The Europeanization of Swedish Alcohol Policy, 2009, Political Science, Stockholm University Nina-Katri Gustafsson, Bridging the world: Alcohol Policy in Transition and Diverging Alcohol Patterns in Sweden, 2010, Sociology, Stockholm University **Research program:** The general focus for the researchers in Theme 2 is alcohol and drug policy and its implications, broadly defined. This includes research on how and why alcohol-related problems are constructed, issues that are increasingly important as alcohol policy becomes less general and more focused on particular segments of the population, who are chosen as objects of increased control. We also have some research on gambling and pharmaceuticals policies. Our research is structured according to (a) studies of the discursive level, and (b), studies of specific alcohol and drug (gambling, pharmaceuticals) policies and measures. Researchers in Theme 2 conduct research on alcohol, drug and gambling policies in a national and international context; research on how different generations define and understand normal and problematic drinking; research on gender, alcohol and the definition of normal and problematic drinking in the Swedish media, in Swedish alcohol policy action plans, and in group interviews with young adults and women and men of different generations; research on the Swedish press debate on illegal alcohol, illicit drugs and psychotropics; research on alcohol prevention in Swedish working life; and evaluations of alcohol and drug prevention programs. In addition, projects further developing these ideas have been and will be started in 2011, including two doctoral student projects on drugs, normalization and marginalization.
Jan Blomqvist	**Research group 1: Addiction and dependence – societal reactions, treatment and recovery processes (SoRAD theme 3)** **Members:** Jan Blomqvist, Professor, Sociology, 1998, 100% (since 2006) Kerstin Stenius, Guest professor, Social work, 1999, 50% Jessica Storbjörk, Ph D, 2008, Sociology, 100%

	Johan Edman, Ph D, 2004, History 100% (since 2006) Hanna Enefalk, Ph D, 2008, History, 50% (since 2009) Tove Sohlberg, Ph D student, Sociology, 100% Eva Samuelsson, Ph D student, Social work, 100% (since 2008) Irja Christophs, Research assistant, Psychology, 100% (since 2007) **Postdocs:** Jessica Storbjörk, The social ecology of alcohol and drug treatment, 2008, Sociology, Stockholm University Hanna Enefalk En patriotisk drömvärld, 2008, History, Uppsala University **PhD degrees in the area 2005-10:** Johan Edman, Torken. Tvångsvården av alkoholmissbrukare i Sverige 1940–1981, 2004, history, Jessica Storbjörk, PhD, 2008, Sociology, 100%. **Research program:** Main lines of research are: • The historical development of the Swedish drug treatment system as a political activity (JE). • Drinking practices of the upper classes in Sweden in the 18th and 19th centuries (HE). • Changing views of addiction problems in Sweden and Finland from a conceptual history perspective (KS, JE, JB). • Comparisons of addiction treatment in Sweden and the USA (KS, J). • The implementation of the new National guidelines' for addiction treatment, and its effects' on core actors' views and practices (JB, IC). • Rights and obligations, expressed in the social legislations, as part of society's construction of "normality" (JS). • A study – based on the finding that "self-change" from addiction problems is common – of the popular images of various such problems that influence addicts' options for recovery (JB). • Professionals' judgements of the severity and proper handling of addiction problems, as a function of type of substance used, consequences, age, sex, family situation, nationality, and social status. a factorial survey and focus group study (ES). • Patterns of smoking cessation among women and men, a study using a large representative sample of non-smokers, ex-smokers, and current smokers to identify – by help of person oriented statistics and narrative interviews – various trajectories of smoking cessation, assess differences by gender, age and social position, and explore identity processes in smoking cessation (TS).
Jan Blomqvist	**Research group 2: Addiction and dependence. Putting the client in the driver's seat. A controlled study of a procedure for enhancing the outcome of common treatment methods for alcohol problems.** **Members:** Jan Blomqvist, Professor, Sociology, 1998, 20% Lars Oscarsson, Professor, Social work, 1988, 10% Arne Kristiansen, Ph D, Social work, 1999, 10% Peter Wennberg, Ass. Professor, Psychology, 5% Lisa Wallander, Ph D, Sociology. 5% Irja Christophs, Research assistant, Psychology, 50% Katarina Hjortgren, Research assistant, Social work, 50% Anna Espmarker, Research assistant, Social work, 50% Eva Samuelsson, Ph D student, Social work, 5% Gunnar Lindfeldt, consultant, Social work, 10% **Postdocs:** Lisa Wallander, 2008, Measuring Professional Judgements: An Application of the Factorial Survey Approach to the Field of Social Work. Sociology, Stockholm University. **PhD degrees in the area 2005-10:** Jessica Storbjörk, Ph D, 2008, Sociology, 100%. Lisa Wallander, PH D, 2008, Sociology, 10% (in research group 2, from 2010) **Research program:** This research project is based on previous research results, indicating that clients' individual needs, prerequisites, and wishes are to a large part neglected in treatment practice. More concretely, the project is a nationwide randomized controlled study of the effects on client outcome of using a systematic routine for client feedback– the so-called Client-Directed Outcome-Informed approach (CDOI), created by Scott Miller and Barry Duncan – in various forms of treatment of alcohol problems. In this study, about 90 practitioners from about 20 different treatments will be taught to use two brief question-naires, by which each client continuously monitors her/his own change process and evaluates the treatment s/he receives. The primary research question is if and how this

	type of systematic feedback will help the therapists adapt to individual clients' needs and circumstances, thereby strengthening the "therapeutic alliance" and thus improving the outcome of various treatment models. In the study, the outcome of each treatment in three different conditions, with 200 clients in each condition, is compared: (a) "treatment as usual", (b) therapists trained in systematic client feedback but not using the concrete questionnaires, and (c) therapists also using the questionnaires. Results will be due during 2013.
Jukka Törrönen	***Research group 1: Changing alcohol culture*** **Members:** Jukka Törrönen, professor Maria Abrahamson, associ prof/docent, (2007-2008) Alexandra Bogren, postdoc (2007-2008) Josefin Bernhardsson, PhD student Antonina Eriksson, research assistant (2009-2010) Eva Gunnarsson, research assistant (2008-2010) Jonas Landberg, postdoc (2011) Elinor Månsson, research assistant (2010-2011) Börje Olsson, professor Filip Roumeliotis, research assistant (2011) Annelie Vernersson, research assistant (2008-2010) In Finland: Petri Huhtanen, research assistant Janne Härkönen, PhD student Inka Juslin, postdoc (2008-2009) Jenni Simonen, PhD student Heli Mustonen, senior researcher Pia Mäkelä, assoc prof (docent) Christoffer Tigerstedt, assoc prof (docent) Elina Vismanen, research assistant (2009-2010) **Postdocs:** In Sweden: Alexandra Bogren, Female Licentiousness versus Male Escape. Essays on Intoxicating Substance Use, Sexuality and Gender, 2006, sociology, Stockholm University Jonas Landberg, Alcohol-Related Problems in Eastern Europe. A Comparative Perspective, 2010, sociology, Stockholm University. **Research program:** It is difficult to locate Swedish drinking habits on the European map. Sweden was a distinct spirits culture, but is at present unsatisfactorily labelled a "former spirits culture". Male-centred heavy drinking is still one of the dominant drinking patterns, but it has spread also among women, boys and girls. This difficulty to locate national drinking habits on the European map also appears in that how young people's drinking habits are understood. Some research results show that young people's drinking habits are more and more influenced by globalisation, while others point out that young people still continue to carry national and traditional drinking habits. For resolving this predicament our study sets out to analyse how the cultural position of drinking has changed during the last four decades. We use quantitative and qualitative data sets in a historical and comparative perspective, compare young people's drinking habits and generations in different time periods, and compare Sweden to Finland and Italy. In Sweden, there is a rich research tradition of both qualitative and quantitative studies around the theme of drinking patterns. However, no systematic endeavours have been made to combine the mutually enriching and contradictory findings. The quantitative analyses concentrate on the changing drinking patterns among the young people and generations by using drinking habits surveys from 1970s and on. The qualitative analyses focus on the formative years of the generations with regard to drinking habits by using textual material and interviews. The long time-span will make it possible to identify long-term modifications in drinking among young people, in different population groups and at the population level. Knowledge about changes in the cultural position of drinking aids the understanding of informal norms that regulate social drinking and helps in grasping those factors that prevent harmful drinking or contribute to its development.
Jukka Törrönen	**Research group 2: Women, health and substance use** **Members:** Jan Blomqvist, professor Alexandra Bogren, assoc prof(docent (2009-2010) Johan Edman, postdoc Barbro Engdahl, PhD student Mats Ramstedt, assoc prof/docent Filip Roumeliotis, research assistant

	Tove Sohlberg, PhD student Jessica Storbjörk, postdoc Kalle Tryggvesson, postdoc **Postdocs:** Alexandra Bogren, Female Licentiousness versus Male Escape. Essays on Intoxicating Substance Use, Sexuality and Gender, 2006, sociology, Stockholm University Jessica Storbjörk, The social ecology of alcohol and drug treatment: Client experiences in context, 2006, sociology, Stockholm University Kalle Tryggvesson, Freedom in a bottle. Young Swedes on rationales and norms for drunken behaviour, 2005, criminology, Stockholm University. **PhD degrees in the area 2005-10:** Alexandra Bogren, Female licentiousness versus male escape. Essays on intoxicating substance use, sexuality and gender, 2006, sociology Jonas Landberg, Alcohol-related problems in Eastern Europe. A comparative perspective, 2010, sociology Jessica Storbjörk, The social ecology of alcohol and drug treatment: Client experiences in context, 2006, sociology Kalle Tryggvesson, Freedom in a bottle. Young Swedes on rationales and norms for drunken behaviour, 2005, criminology **Research program:** It is indisputable that alcohol and other substances cause a substantial amount of ill-health among Swedish women. In addition to addiction and severe somatic harms for the user, substance use accounts for a lot of social and psychological harm among users as well as those close to them. Moreover, profound societal changes have meant that traditional gender difference in the use of various substances have levelled out, making substance use an increasingly important health issue among women. A first aim of the proposed program is to give a comprehensive overview of recent and on-going changes in women's (and men's) consumption and consumption patterns of various psychoactive substances in Sweden, and of if and to what extent these changes are mirrored by changes in substance use related harm. A second aim is to examine how women's healthy and unhealthy substance use has been defined, regulated and treated by various authorities, by the media and by the public. A third aim is to investigate changes pertaining to addiction to various psychoactive substances, how addicted women have been and are handled by the health care and social services systems, and how recent societal changes have influenced women's options for recovery. Starting from a traditional epidemiological perspective, the program thus strives to transcend the limitations of such a perspective, by also examining whether factual changes in substance consumption and health consequences are interpreted, defined and acted out in a gender-equal way by various parties. To understand the broader societal reactions to substance use, and its consequences among women, a multidisciplinary approach and gendered analyses, utilizing different perspectives, theories and methodologies, are needed. The results of the research program are expected to give a solid knowledge base for informed gender-equal policy and care interventions aimed at preventing unhealthy substance use within different populations.
Peter Wennberg	**Research program:** Alcohol treatment studies and epidemiologic studies of alcohol and drugs.
Robin Room	**Research program:** I was director of SoRAD until the end of 2005, and after that a Professor with a small part-time appointment. I continued to direct the Nordic Tax study of the effects of reductions in alcohol taxes in Finland & Denmark on alcohol consumption & problems in FI, DK and southern Sweden, with northern SE as control, until it recently finished. Now I do work on the ALICE RAP project (funded by EU) on behalf of SoRAD.
Swedish School of Sport and Health Sciences	
ÅSTRAND LABORATORY OF WORK PHYSIOLOGY	
Björn Ekblom	**Research group 1: Swedish snuff and physical performance** **Members:** Two members with PhD and 2 PhD students **Postdocs:** Mikael Mattsson, ´Physiology of Adventure Racing with special emphasis ob circulatory response and cardiac fatigue, 2011, Karolinska Institutet Filip Larsen, Dietary Inorganic nitrate: Role in Exercise, Cardiovascular and Metabolic Regulation, 2011, Karolinska Institutet. **Research program:** We have studied the effects of prolonged use of snuff on physical performance and circulatory response to submaximal and maximal exercise. Body balance control and some cardiovascular risk factors in men and women.

Umeå University	
DEPT OF CLINICAL SCIENCES	
Ellinor Salander Renberg	**Research program:** Alcohol problems among the Swedish reindeer herding Sami population
DEPT OF MEDICAL BIOSCIENCES	
Karin Nylander	**Research program:** • Squamous cell carcinoma of the head and neck, SCCHN. The increasing incidence of this disease particularly on the lateral border of the tongue in young persons under the age of 40. Try to figure out the reason for this increase in people who have not for a long time been exposed to the classical risk factors for this disease, smoking and alcohol.
DEPT OF PUBLIC HEALTH AND CLINICAL MEDICINE	
Lars Weinehall	**Research group 1 – tobacco issues:** **Members:** Lars Weinehall, Professor in Family Medicine and Epidemiology Margareta Norberg, adjunct associate professor, Family Medicine Maria Nilsson, postdoc, Epidemiology and global health Gunnar Lundqvist, PhD, Family Medicine Zaino Petersen, PhD, Epidemiology and global health Nawi Ng, associate professor, Epidemiology and global health **PhD degrees in the area 2005-10:** Margareta Norberg, Identifying risk of type 2 diabetes. Epidemiologic perspectives from biomarkers to lifestyle, 2007, Epidemiology and Family Medicine, Umeå university Maria Nilsson, Promoting health in adolescents - preventing the use of tobacco, 2009, Epidemiology and public health, Umeå University Gunnar Lundqvist, Tobaksvanor i medelåldern: riskfaktormönster, rökstoppsattityder och erfarenheter av att sluta röka (Tobacco habits among middle age people: Risk factor patterns, smoking cessation attitudes and experiences of quitting smoking), 2011, Epidemiology and Family Medicine, Umeå University Zaino Petersen, Smoking cessation during pregnancy: a person-centred approach among disadvantaged women in South Africa, 2011, Epidemiology and Public health, Umeå University Nawi Ng, Chronic disease risk factors in a transitional country. The case of rural Indonesia, 2006, Epidemiology, Umeå University **Research program:** • On the basis of the prevention programs implemented in Västerbotten both identify patterns over time based on epidemiological methods and deepen the understanding of attitudes and approaches to tobacco through qualitative methods. • Present this analysis for policy makers within local government employees and the public to provide input and strengthen tobacco prevention. • Based on the unique opportunities that the Västerbotten Intervention Program's large longitudinal database provides, both illuminate snus's potential role and effects in the quit smoking process and scrutinize possible links between snus use and other lifestyle habits in general and more specifically analyze possible correlation between snus use and cardiovascular disease as well as the metabolic syndrome. • In the context of global research collaborations study attitudes towards smoking among adolescents in Indonesia and ways to intervene in order to get pregnant smokers in poor areas in South Africa to become tobacco-free.
DEPT OF PSYCHOLOGY	
Per Carlbring	**Research group 1: Pathological gambling** **Members:** Per Carlbring, professor Jakob Jonsson, PhD student Sten Rönnberg Filip Smit Sherry Stewart
Erik Domellöf	**Research group 1: Alcohol consumption and stress during pregnancy and effects on sensory-motor functioning in offspring** **Members:** Erik Domellöf, Associate professor, Psychology, 2006, 10% Sara Holmgren, Investigator with the Swedish National Institute of Public Health, Psychology, 2007, 10% Louise Rönnqvist, Professor, 1995, 5% **Research program:** • Children with Fetal Alcohol Syndrome (FAS)/Fetal Alcohol Spectrum Disorders (FASD):

	Sensory-motor functioning and laterality. • Alcohol consumption in pregnant Swedish women: Before pregnancy, at time of detecting pregnancy, and during trimesters 1 to 3. Also in relation to stress (and, in a long-term perspective, sensory-motor functioning in offspring)
DEPT OF SOCIAL WORK	
Lennart Nygren	**Research group 1: Norm compliance, living habits and health** **Members:** Lennart Nygren, professor, social work, 20% Karina Nygren, PhD. cand., social work, 65% Urban Janlert, professor, epidemiology, 10% Erik Bergström, professor, pediatrics, 10% **Research program:** The project analyzed data from the Leva Surveys (young people's living habits) that were conducted among students in grades 7, 8 and 9 of the City of Umeå and its surrounding municipalities (2005, 2007 and 2009). About 5000 students participated in the survey each year (85% responded in 2005). The questionnaire consists of 124 questions on social background, friends and family, health, school life, tobacco, alcohol and drugs, crime/safety, recreation and future. The project studies the differences between those who report good health and those who do not. Do relationships with parents, sex, age and the school you go to matter? We also study how the survey results are used in local schools.
University College West	
DEPT OF CULTURAL STUDIES	
Eddy Nehls	**Research program:** I work with cultural aspects of alcohol (och drugs). I am interested in the concept of drugs. What can it be said to be, and how can it be understood? This kind of knowledge is needed to understand the use of drugs and how to deal with the issue, but it is sadly neglected. And for me as a researcher in Cultural Studies it is hard to get my research funded.
Uppsala University	
DEPT OF NEUROSCIENCE	
Leif Grönbladh	**Research group 1: Risk drinking and short intervention** **Members:** Risk drinking and short intervention: Anders Fredriksson, assoc prof/docent Lennart Jansson, PhD Christina Nehlin, PhD student **Swedish Dependence registry (Svenskt Beroenderegister):** Sven-Erik Ahlborn, VC Per Söderberg, VC Åsa Magnusson bitr VC Peter Varverius, docent/assoc prof Peter Wennberg, docent/assoc prof Hans Adler, physician **LAROS quality register (rehabil fr opioid dependence):** Registerkeeper/co-workers: steering group for LAROS, Örebro. **Research program:** Outcome research in heroin dependence, opioid dependence in patients with severe pain, methadone and buprenorphine treatment
Lars Oreland	**Research group 1: Neuropsychopharmacology** **Members:** Erika Comasco, post doc. 1 year, neuroscience 100% Hanna Wargelius, PhD student, PhD 2011, neuroscience, 50% Jarmila Hallman, Prof Psychiatry, 20% Viveka Sundelin-Wahlström, assoc prof/doc, psychology, Child-Youth Psychiatry **Postdoc:** Erika Comasco, Alcohol consumption among adolescents, 2010, pharmacy, Uppsala University **PhD degrees in the area 2005-10:** Erika Comasco, Alcohol consumption among adolescents, 2010, pharmacy, Uppsala University Hanna-Linn Wargelius, The relation between serotonergic biomarkers and behaviour, 2011, Medicine,Uppsala University. **Research program:**

	• Gene-environment interactions for development of alcoholism. • Female alcoholism. • Candidate genes for vulnerability. • Epigenetics. • Effects of modest prenatal alcohol exposure on child's neuropsychological development in relation to mother's and child's genotype.
Helgi Schiöth	**Research group 1: Functional pharmacology** **Members:** I lead the unit of functional pharmacology at the department, we are about 25-30 people. **Research program:** • Molecular mechanisms of the reward pathways. • Identification of new molecular targets within the reward pathways. • Pharmacology of drugs and substances of abuse
Viveka Sundelin Wahlsten	***Research group 1: Alcohol among pregnant women and the effect on their children*** **Members:** Viveka Sundelin, docent, psychologist, child- and adolescent psychiatry, 25% Lars Oreland, professor MD, medicine, Gunilla Hallberg, MD chief physician, PhD student, medicine, 15% Anders Helander, Adj. Professor, laboratory medicine Erika Comasco, researcher, medicine **Research program:** • My interests have been and still are focused on the effects of the children's development and behaviour when they have been exposed to different risk factors as for example: • Psychological trauma. • Alcohol and/or drugs as foetus.
Viveka Sundelin Wahlsten	**Research group 2: Children exposed to buprenorphine as foetus** **Members:** Viveka Sundelin Wahlsten, 50% Ihsan Sarman, MD, Section chief, Neonatal clinic, Sachska Children's hospital, 5 – 10%
DEPT OF PHARMACEUTICAL BIOSCIENCES	
Georgy Bakalkin	**Research group 1: Molecular Neuropsychopharmacology** **Members:** Georgy Bakalkin, Professor, Molecular biology, 1977, 100% Tatjana Yakovleva, PhD, Biochemistry, 1989, 100% Rinat Gizattulin, PhD, Biochemistry, 1995, 100% Igor Bazov, PhD, Biochemistry, 2000, 100% Hiroyuki Watanabe, PhD, 2007, 50% Richard Henriksson, PhD student, Medicine, 100% Mumtaz Tagi, PhD student, Medicine, 100% Zubair Hussein, PhD student, Medicine, 100% Olga Kononenko, PhD student, Medicine, 100% **Postdocs:** Tatjana Yakovleva, PhD, Opioids, 1989, Biochemistry, Moscow University; Rinat Gizattulin, 1995, Bacteriology, Institute of Mol. Biol., Moscow; Igor Bazov, Genetics of phage, 2000, Biochemistry, Institute of microorganisms, Moscow; Hiroyuki Watanabe, Neuropeptides in pain, 2007, Pharmacology, Tohoku Pharmaceutical University, Senday. **PhD degrees in the area 2005-10:** Zoya Marinova, Dynorphine mechanisms,2005, medicine, Karolinska Institutet. **Research program:** Delayed impairment of cognitive capabilities and executive functions are the most deteriorating consequence of heavy alcohol drinking. We examine the novel pathophysiological mechanism of this impairment, develop clinically manageable strategies to identify subpopulations at risk, and develop effective pharmacotherapy to treat alcohol-produced cognitive impairment. Our hypothesis is that cycles of alcohol intoxication and withdrawal impair cognition through dysregulations in neurotransmission that is controlled by the endogenous opioid systems (EOS) including kappa-opioid receptor (KOPr) and its ligands dynorphins, prodynorphin (PDYN) products. We examine whether genetic variants of the KOPr/OPRK1 and PDYN genes contribute to alcohol use, abuse and dependence, and to alcohol-induced cognitive impairments. By conducting human post-mortem studies, we characterize dysregulations in the opioid and glutamate neurotransmitter systems, potential targets for pharmacological interference, in human heavy alcohol drinkers; and analyze underlying epigenetic mechanism. Epigenetic modifications may be the cause of long-lasting behavioural alterations. We also use animals models to mimic binge alcohol - induced impairment of cognitive functions and

	evaluate if these detrimental effects are reversed by available and novel pharmacological means.
Fred Nyberg	**Research group 1: Biological Research on Drug Dependence** **Members:** Mathias Hallberg, PhD Associate Professor (80%) Kristina Magnusson, PhD student and Researcher (80%) Qin Zhou, PhD, Researcher (100%) Madeleine Le Grevés, PhD, Researcher (20%) Milad Botros, PhD student an, Researcher (80%) Nasim Ghasemzadeh, PhD (50%) Uwe Rossbach, PhD student (80%) Dan Henrohn, PhD Student (10%) Jenny Johansson, PhD Student (80%) Alfhild Grönbladh, PhD, Student (80%) Anna Carlsson PhD student (50%) Erika Enhamre, PhD student (80%) Britt-Marie Johansson, Technician (80%) **PhD degrees in the area 2005-10:** Mathias Hallberg, Biological Research on Drug Dependence (Anabolic androgenic steroids), 2005, Pharmaceutical Sciences, Uppsala University Madeleine Le Grevés, Biological Research on Drug Dependence (Growth hormone & brain), 2005, Pharmaceutical Sciences, Uppsala University Tobias Johansson, Biological Research on Drug Dependence (Anabolic androgen steroids/Neuro-steroids) 2008, Pharmaceutical Sciences, Uppsala University Milad Botros, Biological Research on Drug Dependence (Substance P/opioid addiction), 2008, Pharmaceutical Sciences, Uppsala University Kristina Magnusson, Biological Research on Drug Dependence (Anabolic androgenic steroids), 2009, Pharmaceutical Sciences, Uppsala University Uwe Rossbach, Biological Research on Drug Dependence (Opioids/Anabolic androgenic steroids), 2010, Pharmaceutical Sciences, Uppsala University Nasim Ghasemzadeh, Biological Research on Drug Dependence (Growth hormone/artificial gel antibodies), 2010, Pharmaceutical Sciences, Uppsala University **Research program:** Addiction to drugs (including alcohol, opioids, central stimulants and doping agents) remains as a state of difficulty that needs to be resolved in the Swedish Society. During recent years, the availability of new drugs that can replace or be combined with the classical drugs of abuse has made the situation even worse. Today, the total number of heavy drug users in Sweden count in approximately 30.000 individuals and this means a considerable economical burden to lie on the taxpayers. There is an obvious need of new strategies for control, prevention, and for the treatment of addictive diseases. For this purpose there is a real need of new knowledge in this area and according to the new campaign of the Swedish government in the area of alcohol, narcotics, doping and tobacco (ANDT-area) economical resources should be given to research directed to the ANDT-area. The present project aims to (1) explore the mechanism underlying the contribution of anabolic androgenic steroids (AAS) to increase the sensitivity to other drugs of abuse (alcohol, heroin, cannabinoids and central stimulants). Also (2) based on knowledge retrieved from the substance P system develop new types of drugs for the treatment of addiction to opioids and alcohol. Finally (3), within the project we aim to explore the possibility to repair drug-induced apoptosis and inhibition of neurogenesis by stimulation of the somatotrophic axis (GH/IGF-1 axis), with a particular focus on the brain memory "relay", the hippocampus.
Ingrid Nylander	**Research group 1: Neuropharmacology, Addiction & Behaviour** **Members:** Ingrid Nylander, Professor in Pharmacology, Neurobiol and Pharmacology, 1986, 50% Erika Roman, Assist Professor in Behavioural Neurobiology/Associate professor Uppsala University and International Adjunct Associate Indiana University Purdue, University at Indianapolis (IUPUI) USA, Neurobiology and Behavioural Neuroscience, 80% Lisa Gustafsson-Ericson, PhD student/MSci, Pharmacology, 80% Carolina Birgner, PhD student/Msci, Pharmacology, 2008, 80% Sadia Rahman-Oreland, PhD student/MSci, Pharmacology, 2009, 80% Loudin Daoura, PhD student/MSci, Pharmacology, expected PhD 2012, 80% Sara Palm, PhD student/MSci, Pharmacology, expected PhD 2014, 80% Chris Pickering, post doc, Neuroscience, 2006, 100% Stefan Schlussmann, visiting scientist/PhD, 1993, 3 months 100% Anne-Lie Svensson, Senior lecturer, Pharmacology, 1997, 40% Lena Bergström, Associate professor, Pharmacology, 1984, 40% **PhD degrees in the area 2005-10**:

	Lisa Gustafsson-Ericson, Endogenous Opioids and Voluntary Ethanol Drinking A comprehensive evaluation of the impact of the early-life environment in rats, 2007, Pharmacology, Nordic Health Economic Research AB Sahlgrenska Science Park Carolina Birgner, Anabolic androgenic steroids and central monoaminergic systems: Supratherapeutic doses of nandrolone decanoate affect dopamine and serotonin, 2008, Dept Neuroscience Uppsala University; Sadia Rahman-Oreland, Maternal Separation in the Rat The Short- and Long-term effects of Early-life Experience on Neuropeptides Monoamines and Voluntary Ethanol Consumption, 2009, Pharmacology; **Research program:** Research projects comprise basic neurobiology, neuropharmacology and behavioural neuroscience of relevance for drug addiction, in particular alcohol use disorders, but also neurodegenerative diseases and mood disorders. The overall goal is to increase our understanding of drug-induced cellular actions within the brain and the basis for vulnerability to addiction, to achieve knowledge about factors influencing the transition from voluntary drug consumption to compulsive use. Of particular interest is alcohol; mechanism of action in the brain and interactions with endogenous opioids and also the role of environmental factors in the neurobiological and behavioural basis for individual differences in consumption patterns, in response to alcohol and effects of drugs used in treatment. We examine the impact of early-life rearing conditions and the effects of adolescent alcohol consumption on the brain, behaviour and the propensity to escalate alcohol intake. Animal experimental models with emphasis of ethoexperimental models and multivariate analysis are central for behavioural assessment and profiling. The projects include behavioural profiling of rodents to examine behavioural traits of relevance for voluntary alcohol intake and behavioural phenotyping. Behavioural analysis is combined with a variety of neurochemical, cellular and molecular techniques for neurobiological tissue analysis and in vivo microdialysis and Fast Analytical Sensing Technology (FAST).
DEPT OF SURGICAL SCIENCES	
Jan Michael Hirsch	**Research program:** • Our intention is to improve the health in the population in a number of ways: Working with tobacco prevention and intervention. • We introduce telemedicine as an educational mean to increase knowledge among GP and GDP focusing on potentially malignant and malignant lesions in the head and neck regions including the oral cavity. • We organize telemedicine consulting rounds to make specialist more easily available to prevent doctors' delay and promote early detection of tumours. • We study retro- and prospectively in a multicentre set up immunological, genetic, virological and clinical factors of importance for malignant cell transformation. • More specifically our group focus is to evaluate virus as an etiological factor in tumour development. • Early detection
Ingemar Thiblin	**Research group 1: Anabolic Androgenic Steroids (AAS) group** **Members:** Greta Ågren, PhD, ethologist, year of PhD 30, 50% Hamid Mobini-Far, PhD stud, pathologist, expected year of PhD 2014, 30% Lena Lundholm, PhD stud, psychologist, expected year of PhD 2013, 100% **PhD degrees in the area 2005-10:** Fia Klötz, Anabolic androgenic steroids, 2008, Medicine, Uppsala University Anna Petersson, Anabolic androgenic steroids, 2008, Medicine, Uppsala University **Research program:** The relationship between the use of AAS, premature death, and violent crime has been investigated for many years in our group. In 2008, two dissertations were presented: one concerned the link between the use of AAS and the abuse of illegal drugs and the other concerned the link between the use of AAS and criminality. Currently, there are three on-going projects. One is a larger PhD project aiming to identify cardiovascular lesions and testicular lesions in deceased AAS users. Another is a wide epidemiological study on the morbidity and mortality among users of AAS. The third aims to examine the significance of various abusive substances as triggers of violent crime and suicide. The heart and testes were chosen because clinical experience suggests that the heart and reproductive organs are strongly affected by AAS. There have been no previous large-scale surveys of organ pathology of the kind we currently conduct. A second PhD project, conducted in cooperation with the Swedish Prison and Probation Service's R&D unit, aims, as mentioned above, to examine the significance of various abusive substances as triggers of violent crime and suicide. The project, which takes into account all psychoactive drugs, including AAS, is divided into three remand prison studies

	and one study in forensic medicine study. One of the studies use case crossover design, a method specifically designed to investigate proximal triggers of events that allows conclusions about causality.
DEPT OF WOMEN'S AND CHILDREN'S HEALTH	
Inger Sundström Poromaa	**Research program:** • Alcohol use during pregnancy. • Alcohol markers in pregnant women.
VÄSTMANLAND COUNTY COUNCIL	
Kent W Nilsson	**Research group 1: SALVe Survey of adolescent life in Vestmanland** **Members:** Kent W Nilsson, professor Cecilia Åslund, post doc, social psychiatry, 2009 100% Erika Comasco, post doc, neuropharmacology, 2010, 100% Karin Sonnby, MD, PhD-student, 50% Susanne Olofsdotter, psychologist, PhD-student, 50% Sara Björstad, psychologist, PhD-student, 50% Charlotta Hellström, PhD-student, 50% Emelie Conden, PhD-student, 50% Sofia Vadlin, Ph-D student Senior members Sheliagh Hodgins, professor, 10% Lars Oreland, professor, 10% Jerzy Leppert, professor, 10% Bengt Starrin, professor, 5% **PhD degree in the area 2005-10:** Myself and Erika Comasco, gene-environment interaction - alcohol, 2010, medicine, Uppsala University. **Research program:** We have several tracks; G*E interaction in relation to alcohol consumption; G*E interaction in relation to drug abuse; alcohol and drug abuse comorbidity; alcohol and drug abuse trajectory; psychosocial and health consequences of excessive computer and video gaming; psychosocial and health consequences of pathological gambling; abuse and other mental disorder comorbidity.
Örebro University	
SCHOOL OF HEALTH AND MEDICAL SCIENCES	
Ingemar Engström	**Research group 1: AND research group Örebro** **Members:** Ingemar Engström, professor, MD, PhD (1991), medicine, 10% Kurt Skårberg, PhD (2009), social work, 60% (postdoc) Rickard Ahlberg, PhD student, psychology, started 2011 Fides Schückher, PhD student, medicine, started 2011 **PhD degrees in the area 2005-10:** Kurt Skårberg, Treatment of abusers of anabolic androgenic steroids, 2009, medicine, Örebro University **Research program:** • RCT study of treatment of withdrawal symptoms by acupuncture. • Prevalence of executive dysfunctions in patients at an addiction centre in Sweden. • Treatment of women with late debut of alcohol dependence.
Charli Eriksson	**Research group 1: Research for ANDT prevention by NGOs** **Members:** Charli Eriksson, professor, public health, 1977, 20% Camilla Pettersson, postdoc (forskarassistent), public health, 2010, 80% (except periods with parental leave) Susanna Geidne, research assistant, public health, 2012, 80% (except 2 long periods of parental leave) Josefine Börjesson, research assistant, psychology, 2011, 100% (was employed in November 2010) Margareta Lindén-Boström, epidemiologist, public health (Assistant counsellor for doctoral students) Mikael Quennerstedt, assistant lecturer, educational science, 2007, 80% **Postdocs:** Camilla Pettersson, Parents' Possibility to Prevent Underage Drinking - Studies of Parents, a Parental Support Program, and Adolescents in the Context of a National Program to Support NGOs, 2010, public health, Örebro University

	PhD degrees in the area 2005-10: Camilla Pettersson, Parents' Possibility to Prevent Underage Drinking - Studies of Parents, a Parental Support Program, and Adolescents in the Context of a National Program to Support NGOs, 2010, public health Agneta Tinnfält, Adolescents´ perspectives –on mental health, being at risk, and promoting initiatives, 2008, caring science with focus on public health. **Research program:** The research program has a focus on developing knowledge about ANDT prevention by NGOs in Sweden. Each year the HBHW grants a number of projects. Our research group developes process and effect studies related to different approaches used. The program includes effect studies including RCTs and process studies, which are reported to the organisations and their partners, national agencies and scientific community.
Charli Eriksson	**Research group 2: Mental health among adolescents** **Members:** Charli Eriksson, professor, public health, 1977, 20% Elinor Brunnberg, professor, social work (now at Mälardalens högskola) Agneta Tinnfält, senior lecturer, caring sciences with focus on public health, 2008, 80% before dissertation 20% after The research group has been merged into other constellations. **Postdocs:** Agneta Tinnfält, Adolescents´ perspectives – on mental health, being at risk, and promoting initiatives, 2008, Caring science with focus on public health, Örebro University **PhD degrees in the area 2005-10:** Agneta Tinnfält, Adolescents´ perspectives –on mental health, being at risk, and promoting initiatives, 2008, caring science with focus on public health, senior lecturer **Research program:** This research program was targeted at adolescents and their perspectives on mental health promotion, being at risk and interventions in the municipalities. The UN Convention of Children's Rights was important in the design of the studies. In one study children of alcoholics were interview about the process of disclosure and support.
Charli Eriksson	**Research group 3: Public health monitoring in Mid-Sweden (collaboration)** **Members:** Anu Molarius, public health (Västerås) Margareta Lindén-Boström, public health (Örebro County Council) Staffan Jansson and Bengt Starrin (Karlstad University) **Research program:** Through collaboration between Community Health och Public Health Units in five counties in Sweden an important sets of data were collected in 2000, 2004 and 2008 from about 46 000 inhabitants between 18 and 85 years old. The analysis of the development of health status in different groups included alcohol consumption.
Charli Eriksson	**Research group 4: MAIA projects - Collaboration between agencies against illicit alcohol to young people** **Members:** Sofia Green, research assistant **Research program:** This program analysed the collaboration between the police, social services and families with regard to alcohol consumption among young people. The reduction of access to alcohol was a main target.
Håkan Stattin	**Research group 1: Center for Developmental Research (CDR)** **Members:** Lauree Tilton-Weaver, associate prof, psychology, 2004, 25% Maarten van Zalk, associate prof, associate prof, psychology, 25% Margaret Kerr, prof, psychology, 1993, 25% Håkan Stattin, prof, psychology, 1986, 25% Metin Özdemir, assistant prof, 2009, psychology, 25% Nejra van Zalk, assistant prof, 2009, psychology, 25% Therese Skoog, assistant prof, 2008, psychology, 25% Ylva Svensson, doctoral student, psychology, 25% Selma Salihovic, doctoral student, psychology, 25% Terese Glatz, doctoral student, psychology, 25% Tatiana Trifan, doctoral student, psychology, 25% Nikolaus Koutakis, doctoral student, psychology, 100% Viveca Olofsson, doctoral student, psychology, 10% **Postdocs:** Fabrizia Gianotta (Italy); graduated from University of Torino 2009; developmental psychology

	PhD degrees in the area 2005-10: Therese Skoog, 2008 On the developmental significance of female pubertal, timing Vilmante Pakalniskiene*, 2008 Harsh or inept parenting, youth characteristics and later adjustment Birgitta Rydén-Lodi*, 2008 Lyckas mot alla odds: Protektiva faktorer i upphörande-processen vid brottslig verksamhet. Nejra Besic *, 2009 At first blush: The impact of shyness on early adolescents' social worlds. **Research program:** In our research group (about ten persons) we measure adolescents' adjustment/-maladjustment broadly, and alcohol and drug issues are always part of this picture. We are NOT researchers who identify ourselves as ANDT researchers.
Other Institutions and Researchers	
SWEDISH COUNCIL FOR INFORMATION ON ALCOHOL AND OTHER DRUGS (CAN)	
Björn Hibell	**Research group 1*: European School Survey Project on Alcohol and Other Drugs (ESPAD)*** **Members:** Björn Hibell, Assistant Professor and about 40 researchers in about as many European countries. **Research program:** The European School Survey Project on Alcohol and Other Drugs (ESPAD) was initiated in 1993 and I have been the coordinator since then. The fifth data collection was done in the spring of 2011 with 37 participating countries. The overall aim of the project is to repeatedly collect comparable data on adolescent substance use in European countries ESPAD data have been used in a large number of reports, articles and books and at least a couple of PhD theses.
SWEDISH NATIONAL BOARD OF FORENSIC MEDICINE **DEPT. OF FORENSIC GENETICS AND FORENSIC TOXICOLOGY**	
Alan Wayne Jones	**Research program:** Forensic pharmacology and toxicology of alcohol and other drugs, both licit and illicit.
SWEDISH NATIONAL LABORATORY OF FORENSIC SCIENCES	
Johan Dahlén	**Research group 1*:*** **Members:** Kjell Andersson (PhD), RND+casework Johan Dahlén (PhD, Extern Docent vid Linköpings Universitet), RND+project Manager Per Lundquist, PhD, RND, Team Leader (not team RND) Jenny Rosengren Holmberg, PhD, RND Andreas Carlsson, Chemist, Coordinator of RND at Drugs Unit **Research program:** • Development of analytical methods for drug analysis (GC-MS, LC-MS). • Profiling of illicit drugs, mainly amphetamine.
DRUG ADDICTION TREATMENT CENTRE, LUND UNIVERSITY HOSPITAL	
Thomas Lundqvist	**Research program:** Cannabis influence on human cognitive function and the maturity process.
OTHER/INDEPENDENT	
Karl Olov Fagerström	**Research program:** Tobacco dependence, assessment and treatment Does not belong or lead any set or fixed group any longer. Publishes with various researchers from other countries on different topics.

APPENDIX E

Appendix E: Publications submitted by Swedish ANDT researchers and research groups 2005-2010

Göteborg University, Neuroscience and Physiology
Research group leader: **Jörgen Engel**

Research group: Behavioural pharmacology unit

Larsson A, Edström L, Svensson L, Söderpalm B, Engel JA. Voluntary ethanol intake increases extra-cellular acetylcholine levels in the ventral tegmental area in the rat. Alcohol Alcohol 2005; 40(5):349-58

Jerlhag E, Egecioglu E, Dickson SL, Andersson M, Svensson L, Engel JA. Ghrelin stimulates locomotor activity and accumbal dopamine overflow via central cholinergic mechanisms: implications for its involvement in brain reward. Addiction biology 2006; 11:45-54

Landgren S, Jerlhag E , Zetterberg H, Gonzàlez-Quintela A, Olofsson U, Nilsson S, Blennow K, Engel JA. Association of pro-ghrelin and GHS-R1A polymorphisms and haplotypes with heavy alcohol-use and body-mass. Alcoholism: Clinical and Experimental Research 2008; 32:2054-61

Jerlhag E, Egecioglu E, Landgren S, Salomé N, Heilig M, Moechars D, Perissoud D, Dickson SL, Engel JA. Requirement of central ghrelin signaling for alcohol reward. PNAS 2009; 106:11318-23

Landgren S, Simms JA, Thelle DS, Strandhagen E, Bartlett SE, Engel JA, Jerlhag E. The ghrelin signalling system is involved in the consumption of sweets. PLoS ONE 2011; 6(3):e18170.

Göteborg University, Public Health and Community Medicine
Research group leader: **Fredrik Spak**

Group 1. Women and Alcohol in Gothenburg (WAG)- alcohol epidemiology

Andersson C, Eklund M, Sundh V, Thundahl KL, Spak F. Women's patterns of everyday occupations and alcohol consumption. Scand J Occup Therap 2010; Early Online, 1-4.

Geirsson M, Hensing G, Spak F. Psycho-social aspects supplement. Does gender matter? A vignette study og general practitioners' management skills in handling patients with alcohol-related problems. Alcohol & Alcoholism 2009; 44:620-625.

Giang K, Allebeck A, Spak F, Minh, H, Dzung T. Alcohol use and alcohol consumption related problems in rural Vietnam, an epidemiological survey using AUDIT. J Subst Use Misuse. 2008;43(3):481-95.

Hensing G**,** Spak F, Lack of leadership Confidence relates to problem drinking in women: gender identity, Heavy Episodic Drinking and Alcohol use disorders in Swedish women. Alc and Alc 2009;44: 626-633, 2009. Psycho-social supplement

Group 2. Treatment RCT studies

Holmqvist M, Bendtsen P, Spak F, Romelsjö A, Geirsson M, Nilsen P. Asking patients about their drinking. A national survey among primary health care physicians and nurses in Sweden. Addictive Behaviors 2008; 33:301-314.

Spak F, Andersson A. Large scale implementation od early identification and brief intervention in Swedish primary health care – will it be successful? Nordic Studies on Alcohol and Drugs 2008; 25:477-488.

Geirsson M, Bendtsen P**,** Spak F. Attitudes of Swedish general practitioners and nurses to patients with alcohol problems, also related to their own alcohol consumption. Alcohol and Alcoholism 2005;40:388-93.

Group 3. Prevention and treatment evaluation
Blanck P, Hensing G, Spak F "We do what we think is the best" – a content analysis of experiences of alcohol problem prevention in Sweden. A short report. Subst Use Misuse. 2007;42(12):2073-83.

Spak F**,** Blanck P Implementing a national alcohol prevention program at the local level: What does early evaluation tell us? Subst Use Misuse. 2007;42(12):2063-72.

Göteborg University, Psychology
Research group leader: **Claudia Fahlke**

Research group: Göteborg Alcohol Research Group (GARP)
Fahlke C, Berggren U, Berglund KJ, Zetterberg H, Blennow K, Engel AJ, Balldin J. Neuroendocrine assessment of serotonergic, dopaminergic and noradrenergic functions in alcohol-dependent individuals. Alcoholism: Clinical and Experimental Research 2011, in press

Dahlgren A, Wargelius H-L, Berglund KJ, Fahlke C, Blennow K, Zetterberg H, Oreland L, Berggren U, Balldin J. Do alcohol-dependent individuals with DRD2 A1 allele have an increased risk of relapse? A pilot study. Alcohol and Alcoholism 2011, in press

Berggren U, Fahlke C, Berglund KJ, Wadell K, Zetterberg H, Blennow K, Thelle D, Balldin J. Dopamine D2 receptor genotype is associated with increased mortality at a 10-year follow-up of alcohol-dependent individuals. Alcohol and Alcoholism 2010; 45:1-5

Berggren U, Fahlke C, Aronsson E, Karanti A, Eriksson M, Blennow K, Thelle D, Zetterberg H, Balldin J. The Taq1 DRD2 A1 allele is associated with alcohol-dependence although its effect size is small. Alcohol and Alcoholism 2006; 41:479-85

Berglund K, Fahlke C, Berggren U, Eriksson M, Balldin J. Personality profile in type 1 alcoholism: Long duration of alcohol intake and low serotonergic activity are predictive factors of anxiety proneness. Journal of Neural Transmission 2006; 113:1287-98

Göteborg University, Journalism, Media and Communication
Research group leader: **Lennart Weibull**

Research group 1: Swedish alcohol opinion
Holmberg S, Weibull L. Den förändrade alkoholopinionen (In Swedish. Changes in alcohol opinion). In: Holmberg, S, Weibull, L (red) Det nya Sverige. Göteborg 2007: SOM-institutet vid Göteborgs universitet (med Sören Holmberg)

Holberg S. Weibull L. Alkoholvanor och alkoholpolitik (In Swedish. Alcohol habits and alcohol policy). In: Holmberg, S, Weibull, L (red) Skilda världar. Göteborg 2008: SOM-Institutet vid Göteborgs Universitet (med Sören Holmberg)

Holmberg S, Weibull L. Det är skillnad på vin, sprit och starköl (In Swedish. There is a differences between wine, spirits and strong beer). 2009 I Holmberg, S, Weibull, L (red) Svensk höst. Göteborg: SOM-institutet vid Göteborgs universitet (med Sören Holmberg).

Karolinska Institute, Clinical Neurosciences
Research group leader: **Anne Berman**

Research group 1: Innovative treatment technologies in assessment and treatment of alcohol and drug problems
Berman AH, Bergman H, Palmstierna, T, Schlyter F. Evaluation of the Drug Use Disorders Identification Test (DUDIT) in Criminal Justice and Detoxification Settings and in a Swedish Population Sample. European Addiction Research 2005; 11:22-31

Berman AH, Palmstierna T, Källmén H, Bergman H. The self-report Drug Use Disorders Identification Test-Extended (DUDIT-E): Reliability, validity, and motivational Index. Journal of Substance Abuse Treatment 2007; 32:357-69

Sinadinovic K, Berman AH, Hasson D, Wennberg P. Web-based Assessment and Self-Monitoring of Problematic Alcohol and Drug Use. Addictive Behaviors 2010; 35:464-70

Källmén H, Wennberg P, Leifman H, Bergman H, Berman AH. Changes in Swedish drinking habits after 1997 with particular focus on 2005 and 2009. European Addiction Research 2010; 17:90-96 DOI: 10.1159/000322068

Sinadinovic K, Wennberg P, Berman AH. Population screening of risky alcohol and drug use via Internet and Interactive Voice Response (IVR): A feasibility and psychometric study in a random sample. Drug and Alcohol Dependence 2011; 114:55-60

Research group 2: Social and forensic psychiatry

Berman AH, Källmén H, Barredal E, Lindqvist P. Hope-less patients? A study of illicit opiate users who drop out from inpatient detoxification. Journal of Substance Use 2008; 13:121-30

Berman AH, Farzanfar R, Kristiansson M, Carlbring P, Friedman RH. Design and Development of a Telephone-Linked Care (TLC) System to Reduce Impulsivity among Violent Forensic Outpatients and Probationers. Journal of Medical Systems 2010. http://dx.doi.org/10.1007/s10916-010-9565-1.

Gumpert CH, Winerdal U, Grundtman M, Berman AH, Kristiansson M, Palmstierna T. The relationship between substance abuse treatment and crime relapse among individuals with suspected mental disorder, substance abuse and antisocial behaviour: Findings from the MSAC study. International Journal of Forensic Mental Health 2010; 9(2):82-92

Berman AH, Forsberg L, Durbeej N, Källmén H, Hermansson U. Single-session Motivational Interviewing for drug detoxification inpatients: Effects on self-efficacy, stages of change and substance use. Substance Use and Misuse 2010; 45:384-402

Durbeej N, Berman AH, Gumpert CH, Palmstierna T, Kristiansson M, Alm C. Validation of the AUDIT and the DUDIT in a Swedish sample of suspected offenders with signs of a mental disorder: Results from the MSAC-study. Journal of Substance Abuse Treatment 2010; 39(4):364-77

Karolinska Institute, Clinical Neurosciences

Research group leader: **Lars Forsberg**

Research group: Quality assurance of psychotherapy - Motivational Interviewing Coding laboratory (MIC lab)

Forsberg L, Ernst D, Sundqvist K, Farbring CÅ. Motivational Interviewing delivered by existing prison staff: A randomized controlled study of effectiveness on substance use after release. Substance Use and Misuse (In press)

Forsberg L, Ernst D, Farbring CÅ. Learning motivational interviewing in a real-life setting: A randomised controlled trial in the Swedish Prison Service. Criminal Behaviour and Mental Health 2010: Online Library (wileyonlinelibrary.com) DOI: 10.1002/cbm.792

Forsberg L, Forsberg LG, Lindqvist H, Helgason AR. Clinician acquisition and retention of Motivational Interviewing skills: a two-and-a-half-year exploratory study. Subst Abuse Treat Prev Policy 2010; 5:8. DOI: 1747-597X-5-8 [pii]; 10.1186/1747-597X-5-8

Carlbring P, Jonsson J, Josephson H, Forsberg L. Motivational interviewing versus cognitive behavioral group therapy in the treatment of pathological gambling: a randomized controlled trial. Cognitive Behaviour Therapy 2010; 39:92-103

Berman A, Forsberg L, Durbeej N, Källmén H, Hermansson U. Single-session motivational intervieweing for drug detoxification inpatients: Effects on self-efficacy, stages of change and substance use. Substance Use & Misuse 2010; 45:384-402.

Karolinska Institute, Clinical Neurosciences

Research group leader: **Johan Franck**

Research group: Treatment of addictive disorders

Beck O, Leine K, Palmskog G, Franck J. Amphetamines detected in exhaled breath from drug addicts: A new possible method for drugs-of-abuse testing. Journal of Analytical Toxicology 2010; 34(5):233-37 PMID: 2052945

Hammarberg A, Jayaram-Lindstrom N, Beck O, Franck J, Reid MS. The effects of acamprosate on alcohol-cue reactivity and alcohol priming in dependent patients: a randomized controlled trial. Psychopharmacology 2009; 205:53-62

Haver B, Gjestad R, Lindberg S, Franck J. Mortality risk up to 25 years after initiation of treatment among 420 Swedish women with alcohol addiction. Addiction 2009; 104:413-19

Jayaram-Lindstrom N, Hammarberg A, Beck O, Franck J. Naltrexone for the treatment of amphetamine dependence: a randomized, placebo-controlled trial. American Journal of Psychiatry 2008; 165:1442-48

Steensland P, Simms JA, Holgate J, Richards JK, Bartlett SE. Varenicline, an alpha4beta2 nicotinic acetylcholine receptor partial agonist, selectively decreases ethanol consumption and seeking. Proceedings of the National Academy of Sciences of the USA 2007; 104:12518-23

Karolinska Institute, Clinical Neurosciences

Research group leader: **Ulric Hermansson**

Research group 1:

Hermansson U, Helander A, Brandt L, Huss A, Ronnberg S. Screening and brief intervention for risky alcohol consumption in the workplace: results of a 1-year randomized controlled study. Alcohol Alcohol 2010; 45(3):252-57

Holmqvist M, Hermansson U, Nilsen P. Towards increased alcohol intervention activity in Swedish occupational health services. International Journal of Occupational Medicine and Environmental Health 2008; 21(2):179-87

Bergstrom G, Bjorklund C, Fried I, Lisspers J, Nathell L, Hermansson U, Helander A, Bodin L, Jensen IB. A comprehensive workplace intervention and its outcome with regard to lifestyle, health and sick leave: the AHA study. Work 2008; 31(2):167-80

Forsberg L, Berman AH, Kallmen H, Hermansson U, Helgason AR. A test of the validity of the motivational interviewing treatment integrity code. Cognitive Behaviour Therapy 2008; 37(3):183-91

Hermansson U, Beck O, Westregård A-M, Brunes M. Drogtest viktig del av arbetslivets preventiva insatser mot narkotika. (In Swedish. Drug tests important part of prevention against drugs in the work place). Läkartidningen 2010; 107:2878-80

Karolinska Institute, Clinical Neurosciences

Research group leader: **Håkan Leifman**

Research group: STAD research group - alcohol and drug prevention

Bodin M, Strandberg AK. The Örebro prevention program revisited: A cluster-randomized effectiveness trial of program effects on youth drinking, Addiction 2011 (accepted)

Gripenberg Abdon J, Wallin E, Andreasson S. The "Clubs against Drugs" program in Stockholm, Sweden: two cross-sectional surveys examining drug use among staff at licensed premises. Substance Abuse Treatment, Prevention, and Policy 2011; 6:2

Elgán TH, Leifman H. Children of substance abusing parents: A national survey on policy and practice in Swedish schools. Health Policy 2011; 101:29-36

Källmen H, Wennberg P, Leifman H, Bergman H, Berman AH. Alcohol habits in Sweden during 1997-2009 with particular focus on 2005 – 2009, assessed with the AUDIT: a repeated cross sectional study. European Addiction Research 2011; 17:90-96

Trolldal B. An investigation of the effect of privatization of retail sales of alcohol on consumption and traffic accidents in Alberta, Canada. Addiction 2005; 100:662-71.

Karolinska Institute, Clinical Neurosciences

Research group leader: **Anders Tengström**

Research group 1:

Larm P, Hodgins S, Tengström A, Larsson A. Trajectories of resilience over 25 years of individuals who as adolescents consulted for substance misuse and a matched comparison group. Addiction 2010; 105:1216-26

Hodgins S, Larm P, Molero-Samuelsson Y, Tengström A, Larsson. Multiple adverse outcomes over 30 years following adolescent substance misuse treatment. Acta Psychiatrica Scandinavica 2009; 119:484-93

Larm P, Hodgins S, Molero-Samuelsson Y, Larsson A, Tengström A. Long-term outcomes of adolescents treated for substance misuse. Drug and Alcohol Dependence 2008; 96(1-2):79-89

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Karolinska Institute, Clinical Neurosciences

Research group leader: **Lars Terenius**

Research group: Experimental alcohol and drug research

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Karolinska Institute, Environmental Medicine

Research group leader: **Lars Alfredsson**

Research group: Inflammatory Disease Epidemiology

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Karolinska Institute, Environmental Medicine

Research group leader: **Sofia Carlsson**

Research group 1:

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Karolinska Institute, Laboratory Medicine
Research group leader: **Anders Helander**

Research group 1: Development and application of new alcohol biomarkers
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Karolinska Institute, Medical Epidemiology and Biostatistics
Research group leader: **Mats Lambe**

Research group 1:
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Karolinska Institute, Medical Epidemiology and Biostatistics
Research group leader: **Niklas Långström**

Research group 1:
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Karolinska Institute, Medicine

Research group leader: **Sven Cnattingius**

Research group 1:

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Karolinska Institutet, Oncology and Pathology

Research group leader: **Richard Bränström**

Research group 1:

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Research group leader: **Peter Allebeck**

Research group: Social Epidemiology

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Karolinska Institutet, Public Health Sciences
Research group leader: **Asgeir Helgason**

Research group: Health Promotion & Behavior Research

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Karolinska Institutet, Public Health Sciences
Research group leader: **Cecilia Magnusson**

Research group 1:

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Karolinska Institutet, Public Health Sciences
Research group leader: **Finn Rasmussen**

Research group 1:
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Karolinska Institutet, Women and children' s health
Research group leader: **Ronny Wickström**

Research group: Perinatal nicotine exposure group
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Linköping University, Clinical Experimental Medicine
Research group leader: **David Engblom**

Research group 1:
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Linköping University, Medical and Health Sciences

Research group leader: **Preben Bendtsen**

Research group: Lifestyle Intervention Implementation research group

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Linköping University Hospital, Dependence Clinic

Research group leader: **Kerstin Käll**

Research group 1:

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Linnaeus University, Pedagogics, Psychology and Sports Science

Research group leader: **Mats Fridell**

Research group 1: Prognosis of drug addiction

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Lund University, Clinical Sciences

Research group leader: **Louise Brådvik**

Research group 1:

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Lund University, Clinical Sciences

Research group leader: **Martin Lindström**

Research group 1: Social medicine and health policy

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Lund University, Clinical Sciences

Research group leader: **Per-Olof Östergren**

Research group: Social medicine and global health

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Lund University, Clinical Sciences

Research group leader: **Agneta Öjehagen**

Research group: Unit of Psychosocial Research

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Lund University, Health Sciences

Research group leader: **Hanne Tönnesen**

Research group: Clinical alcohol research (to be renamed summer 2011)

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Research group: WHO-Collaborating Center (WHO-CC)

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Lund University, Economics

Research group leader: **Ulf Gerdtham**

Research group 1:

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Malmö University college, Faculty of Health and Society

Research group leader: **Kent Johnsson**

Research group: ATLAS

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Malmö University College, Faculty of Health and Society
Research group leader: **Bengt Svensson**

Research group: Intravenous drug use

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Stockholm University, Centre for Social Alcohol and Drug Research
Research group leader: **Mats Ramstedt**

Research group: Theme1: Consumption, problems and norms

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Stockholm University, Centre for Social Alcohol and Drug Research
Research group leader: **Alexandra Bogren**

Research group: Theme 2: Alcohol and drug policy and its implications

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Stockholm University, Centre for Social Alcohol and Drug Research

Research group leader: **Jan Blomqvist**

Research group: Theme 3: Addiction and dependence – societal reactions, treatment and recovery processes.

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Stockholm University, Centre for Social Alcohol and Drug Research

Research group leader: **Jukka Törrönen**

Research group: Changes alcohol culture

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Stockholm University, Centre for Social Alcohol and Drug Research
Research group leader: **Robin Room**

Research group 1:
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Research group leader: **Anders Bergmark**

Research group: Addiction Research Group
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Stockholm University, Swedish Institute for Social Research
Research group leader: **Thor Norström**

Research group 1:
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Swedish School of Sport and Health Sciences
Research leader: **Björn Ekblom**

Research group 1: Swedish snuff and physical performance
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Research group leader: **Lars Weinehall**

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Research group leader: **Per Carlbring**

Research group: Pathological gambling
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Umeå University, Psychology
Research group leader: **Erik Domellöf**

Research group: Alcohol consumption and stress during pregnancy and effects on sensory-motor functioning in offspring
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Umeå University, Social Work
Research group leader: **Lennart Nygren**

Research group 1: Norm compliance, living habits and health
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Uppsala University, Pharmaceutical Biosciences
Research group leader: **Georgy Bakalkin**

Research group: Group of Molecular Neuropsychopharmacology
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Uppsala University, Pharmaceutical Biosciences

Research group leader: **Fred Nyberg**

Research group: Biological Research on Drug Dependence

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Uppsala University, Pharmaceutical Biosciences
Research group leader: **Ingrid Nylander**

Research group: Neuropharmacology, Addiction & Behaviour
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Uppsala University, Surgical Sciences
Research group leader: **Jan Michael Hirsch**

Research group 1:
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Uppsala University, Surgical Sciences
Research group leader: **Ingemar Thiblin**

Research group: AAS group
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Uppsala University, Västmanland County Council
Research group leader: **Kent W Nilsson**

Research group: SALVe Survey of adolescent life in Vestmanland
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Örebro University, School of Health and Medical Sciences
Research group leader: **Ingemar Engström**

Research group: AND research group Orebro
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Skarberg K, Nyberg F, Engstrom I. Multisubstance use as a feature of addiction to anabolic-androgenic steroids. *European Addiction Research* 2009; 15:99-106

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Örebro University, School of Health and Medical Sciences
Research group leader: **Charli Eriksson**

Research group: Public health monitoring in MidSweden
Lindén-Boström M, Persson C, Eriksson C. Neighbourhood Characteristics: social capital and self-rated health – A population-based survey in Sweden. *BMC Public Health* 2010; 10:628 doi:10.1186/1471-2458-10-628

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Research group: Research for ANDT Prevention by NGOs
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Research group: Mental health among adolescents
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Research group: MAIA Projects - Collaboration between agencies against illict alcohol to young people
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Örebro University, School of Law, Psychology and Social Work

Research group leader**: Håkan Stattin**

Research group: Center for Developmental Research (CDR)
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William J. Burk, Haske Van der Vorst, Margaret Kerr & Håkan Stattin (Running ahead) Alcohol intoxication frequency and friendship dynamics: Selection and socialization in early, mid- and late adolescent peer networks

APPENDIX F

Appendix F: Participants in interviews with stakeholders and researchers

Interviews with stakeholders – Participants

Evaluation of Swedish ANDTG research
Date: Monday, September 26, 2011
Place: FAS, Wallingatan 2, 5th floor, Room: Holländaren

Group 1, 09.00 – 10.20
Barbro Westerholm, Parliamentary Committee on Health and Welfare
Sara Heine, IOGT-NTO Sweden
Björn Fries, former coordinator, Mobilization against Narcotics
Hans Wiklund, Secretary General, Commission on Substance Abuse*
Birgitta Rydberg, Commissioner, Stockholm County Council
Hans Gilljam, Doctors against Tobacco

Group 2, 10.40 – 12.00
Maria Renström, ANDT secretariat, Ministry of Health and Social Affairs
Karin Hjelmér, ANDT secretariat, Ministry of Health and Social Affairs
Matthew Richardson, National Institute of Public Health
Siv Nyström, National Board of Health and Welfare
Björn Hibell, Director, Swedish Council for Information on Alcohol and other Drugs (CAN)
Per Leimar, Swedish State Alcohol Monopoly
Gabriel Romanus, former Minister of Health and Social Affairs

*Interviewed via telephone 17.00-17.30

Interviews with researchers in Group 1 – Participants

Evaluation of Swedish ANDTG research
Date: Monday, September 26, 2011
Place: FAS, Wallingatan 2, 5th floor, Room: Holländaren
Evaluators: Harold Holder, Marja Holmila, Ann McNeill

13.00 – 14.00 Alcohol and drugs – Epidemiology and cultural factors
Mats Ramstedt, Stockholm university, SoRAD
Alexandra Bogren, Stockholm university, SoRAD
Peter Allebeck, Karolinska institutet, Public health
Tomas Hemmingson, Karolinska institutet, Public health
Anders Tengström, Karolinska institutet, FORUM

14.00 - 15.00 Alcohol and Drugs – Prevention and policy
Håkan Leifman, Karolinska institutet, STAD
Anders Bergmark, Stockholm university
Charli Eriksson, Örebro university
Håkan Stattin, Örebro university
Kent Johnsson, Malmö university college, ATLAS

15.30 – 16.30 Tobacco policy and prevention
Karl Olov Fagerström
Sven Cnattingius, Karolinska institutet, Medicine
Martin Lindström, Lund university, Clinical sciences
Mats Lambe, Karolinska institutet, Medical epidemiology

Interviewed September 27 in Göteborg by Harold Holder
Fredrik Spak, Göteborg university

Interviews with researchers in Group 2 – Participants

Evaluation of Swedish ANDTG research
Date: Monday, September 26, 2011
Place: FAS, Wallingatan 2, 5th floor, Room: Kammakaren
Evaluators: Jørgen Bramness, Karl Mann, David Nutt

13.00 – 14.00 Alcohol research (neurobiology and genetics)
Jörgen Engel, Göteborg university, Pharmacology
Bo Söderpalm, Göteborg university, Neuroscience and physiology
Georgy Bakalkin, Uppsala university, Pharmaceutical biosciences

14:00 – 15.00 Drugs of abuse and neurobiology
Fred Nyberg, Uppsala university, Pharmaceutical biosciences
Lars Oreland, Uppsala university, Neuroscience
Lars Terenius, Karolinska institutet, Clinical neurosciences

15:30 – 16.30 Drug epidemiology and clinical
Ingemar Thiblin, Uppsala university, Surgical sciences
Hanne Tönnesen, Lund university, Health sciences
Jakob Jonsson, Umeå university, Psychology
Ulf Berggren, Göteborg university, Psychology

16:30 – 17.30
Mats Berglund, Lund university, Health sciences

APPENDIX G

Appendix G: Bibliometric tables

Table 1. Topic search used to find ANDT-articles in Web of Science. Search was made in April 2011

TS=(("drug abuse*" OR "drug use*" OR "substance abuse*" OR "substance use*" OR abstinen* OR addict* OR alcohol* OR amphetamine* OR barbiturates* OR beer* OR benzodiazepines* OR buprenorphine* OR cannabinol* OR cannabis* OR cocaine* OR codeine* OR drink* OR ecstasy* OR ethanol* OR heroin* OR liquor* OR LSD* OR MDA* OR MDMA* OR mescaline* OR methadone* OR methamphetamine* OR morphine* OR narco* OR nicotine* OR opiate* OR opioid* OR PCP* OR prescription drugs* OR smok* OR snuff* OR THC* OR tobac* OR tramadol* OR wine* OR steroid*))
Refined by: Document Type=(ARTICLE) AND [excluding] Subject Areas=(ACOUSTICS OR AGRICULTURAL ENGINEERING OR AGRICULTURE, DAIRY & ANIMAL SCIENCE OR AGRICULTURE, MULTIDISCIPLINARY OR ASTRONOMY & ASTROPHYSICS OR AUTOMATION & CONTROL SYSTEMS OR BIOCHEMICAL RESEARCH METHODS OR BIOCHEMISTRY & MOLECULAR BIOLOGY OR BIODIVERSITY CONSERVATION OR BIOLOGY OR BIOPHYSICS OR BIOTECHNOLOGY & APPLIED MICROBIOLOGY OR CHEMISTRY, ANALYTICAL OR CHEMISTRY, APPLIED OR CHEMISTRY, INORGANIC & NUCLEAR OR CHEMISTRY, MEDICINAL OR CHEMISTRY, MULTIDISCIPLINARY OR CHEMISTRY, ORGANIC OR CHEMISTRY, PHYSICAL OR COMPUTER SCIENCE, ARTIFICIAL INTELLIGENCE OR COMPUTER SCIENCE, HARDWARE & ARCHITECTURE OR COMPUTER SCIENCE, INFORMATION SYSTEMS OR COMPUTER SCIENCE, INTERDISCIPLINARY APPLICATIONS OR COMPUTER SCIENCE, SOFTWARE ENGINEERING OR COMPUTER SCIENCE, THEORY & METHODS OR CONSTRUCTION & BUILDING TECHNOLOGY OR ENERGY & FUELS OR ENGINEERING, AEROSPACE OR ENGINEERING, BIOMEDICAL OR ENGINEERING, CHEMICAL OR ENGINEERING, CIVIL OR ENGINEERING, ELECTRICAL & ELECTRONIC OR ENGINEERING, ENVIRONMENTAL OR ENGINEERING, INDUSTRIAL OR ENGINEERING, MANUFACTURING OR ENGINEERING, MECHANICAL OR ENGINEERING, MULTIDISCIPLINARY OR ENTOMOLOGY OR FORESTRY OR GEOGRAPHY, PHYSICAL OR GEOLOGY OR GEOSCIENCES, MULTIDISCIPLINARY OR MARINE & FRESHWATER BIOLOGY OR MATERIALS SCIENCE, BIOMATERIALS OR MATERIALS SCIENCE, CERAMICS OR MATERIALS SCIENCE, CHARACTERIZATION & TESTING OR MATERIALS SCIENCE, COATINGS & FILMS OR MATERIALS SCIENCE, COMPOSITES OR MATERIALS SCIENCE, MULTIDISCIPLINARY OR MATERIALS SCIENCE, PAPER & WOOD OR MATERIALS SCIENCE, TEXTILES OR MATHEMATICAL & COMPUTATIONAL BIOLOGY OR MATHEMATICS OR MATHEMATICS, APPLIED OR MATHEMATICS, INTERDISCIPLINARY APPLICATIONS OR MECHANICS OR METALLURGY & METALLURGICAL ENGINEERING OR METEOROLOGY & ATMOSPHERIC SCIENCES OR NANOSCIENCE & NANOTECHNOLOGY OR NUCLEAR SCIENCE & TECHNOLOGY OR OPERATIONS RESEARCH & MANAGEMENT SCIENCE OR OPTICS OR PHYSICS, APPLIED OR PHYSICS, ATOMIC, MOLECULAR & CHEMICAL OR PHYSICS, CONDENSED MATTER OR PHYSICS, FLUIDS & PLASMAS OR PHYSICS, MATHEMATICAL OR PHYSICS, MULTIDISCIPLINARY OR PHYSICS, NUCLEAR OR PHYSICS, PARTICLES & FIELDS OR POLYMER SCIENCE OR REMOTE SENSING OR ROBOTICS OR SOIL SCIENCE OR THERMODYNAMICS OR WATER RESOURCES)
Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=2005-2011

Table 2. Keywords grouped into areas of ANDT research

Alcohol	Illicit drugs	Medicinal drugs	Steroids	Tobacco
alcohol, beer, drink, ethanol, liquor, wine	benzodiazepines, codeine, buprenorphine, amphetamine, cannabinol, cannabis, cocaine, codeine, heroin, LSD, mescaline, methadone, methamphetamine, morphine, narco, opiate, opioid, PCP, THC, tramadol	amphetamine, barbiturates, benzodiazepines, buprenorphine, codeine, methadone, morphine, opiate, opioid, prescri, tramadol	steroid	nicotine, smok, snuff, tobac

Table 3. Number of articles by country 2005-2010

Country	All articles in Web of Science	ANDT-articles	Percent-ANDT-articles	Articles per million inhabitants
Netherlands	139458	1415	1.01	86
Sweden	97930	1247	1.27	133
Finland	48977	726	1.48	137
Denmark	53981	634	1.17	117
Norway	42979	502	1.17	107

Table 4. Number of articles by field, country and year

All fields	Country					
Year	Norway	Sweden	Netherlands	Finland	Denmark	Total
2005	73	217	216	121	87	714
2006	73	170	214	107	89	653
2007	77	214	241	122	108	762
2008	79	225	229	133	120	786
2009	96	205	259	124	117	801
2010	104	216	256	119	113	808
Total	502	1247	1415	726	634	4524

Alcohol	Country					
Year	Norway	Sweden	Netherlands	Finland	Denmark	Total
2005	25	79	61	69	28	262
2006	18	59	57	43	30	207
2007	25	79	72	62	36	274
2008	22	82	68	55	49	276
2009	25	91	74	64	50	304
2010	34	77	100	49	35	295
Total	149	467	432	342	228	1618

Illicit drugs	Country					
Year	Norway	Sweden	Netherlands	Finland	Denmark	Total
2005	4	29	70	11	20	134
2006	13	37	60	18	22	150
2007	13	48	50	22	25	158
2008	17	55	53	19	30	174
2009	33	33	64	19	17	166
2010	28	34	66	10	34	172
Total	108	236	363	99	148	954

Medicinal drugs	Country					
Year	Norway	Sweden	Netherlands	Finland	Denmark	Total
2005	10	30	50	12	24	126
2006	14	33	43	15	25	130
2007	17	42	47	23	24	153
2008	18	48	31	19	23	139
2009	27	28	35	17	12	119
2010	26	37	38	9	22	132
Total	112	218	244	95	130	799

Steroids	Country					
Year	Norway	Sweden	Netherlands	Finland	Denmark	Total
2005	1	5	6	2		14
2006	2	11	3	1	7	24
2007	3	5	4	1		13
2008		5	2		2	9
2009	1	4	2		5	12
2010	2	8	3	2	2	17
Total	9	38	20	6	16	89

Tobacco	Country					
Year	Norway	Sweden	Netherlands	Finland	Denmark	Total
2005	37	103	80	40	31	291
2006	40	64	89	46	27	266
2007	35	81	103	37	41	297
2008	36	86	93	62	42	319
2009	34	79	111	42	47	313
2010	40	91	84	57	43	315
Total	222	504	560	284	231	1801

Table 5. Mean number of citations per articles by field, country and year

All fields	Country					
Year	Norway	Sweden	Netherlands	Finland	Denmark	Total
2005	16.52	17.42	21.24	16.20	18.16	18.37
2006	16.10	12.07	14.49	11.74	17.53	14.00
2007	9.62	10.56	11.71	9.07	9.69	10.47
2008	7.16	7.93	8.52	5.79	6.66	7.47
2009	3.79	4.04	3.56	3.06	4.04	3.70
2010	1.35	0.95	1.20	1.42	1.04	1.16
Total	8.35	8.75	9.67	7.77	8.80	8.84

Alcohol	Country					
Year	Norway	Sweden	Netherlands	Finland	Denmark	Totalt
2005	11.28	16.91	16.70	12.91	15.21	15.09
2006	11.17	9.80	13.26	9.79	14.83	11.60
2007	8.92	9.61	10.68	7.47	8.08	9.14
2008	5.45	6.30	6.84	6.05	5.51	6.18
2009	4.20	4.22	3.89	3.09	3.02	3.70
2010	0.88	0.71	1.04	0.90	0.89	0.89
Total	6.45	7.77	7.87	6.87	7.08	7.39

Illicit drugs	Country					
Year	Norway	Sweden	Netherlands	Finland	Denmark	Totalt
2005	38.00	14.86	20.79	9.36	17.70	18.62
2006	12.69	9.59	14.80	11.94	18.41	13.52
2007	11.31	9.60	10.36	11.27	9.68	10.23
2008	7.12	6.87	8.04	7.42	9.50	7.76
2009	5.06	3.36	3.91	3.42	4.76	4.06
2010	0.89	1.26	1.21	1.20	1.18	1.16
Total	7.19	7.54	9.96	7.92	9.51	8.77

Medicinal drugs	Country					
Year	Norway	Sweden	Netherlands	Finland	Denmark	Total
2005	21.80	14.77	15.14	8.50	15.58	15.03
2006	11.07	8.52	10.77	9.33	15.20	10.92
2007	10.76	10.45	8.79	9.30	7.38	9.32
2008	8.94	6.77	5.42	6.26	6.26	6.60
2009	3.37	2.96	3.66	3.82	3.33	3.42
2010	0.65	1.08	0.92	0.89	0.73	0.88
Total	7.37	7.39	8.05	6.82	8.70	7.73

Steroids	Country					
Year	Norway	Sweden	Netherlands	Finland	Denmark	Total
2005	34.00	32.60	38.50	23.00		33.86
2006	7.50	10.82	30.00	2.00	23.43	16.25
2007	15.67	15.20	27.75	0.00		18.00
2008		5.00	2.00		17.00	7.00
2009	0.00	2.25	3.00		7.00	4.17
2010	0.00	0.75	0.67	0.00	2.00	0.71
Total	10.67	10.47	22.20	8.00	14.81	13.74

Tobacco	Country					
Year	Norway	Sweden	Netherlands	Finland	Denmark	Total
2005	18.19	19.99	23.50	23.70	24.87	21.76
2006	20.23	15.88	15.44	12.89	20.41	16.33
2007	8.97	11.54	13.10	10.49	11.73	11.67
2008	7.69	10.48	11.44	5.16	5.76	8.79
2009	2.88	4.37	3.28	2.74	5.02	3.70
2010	2.15	1.11	1.67	2.05	1.14	1.57
Total	10.17	10.63	11.02	8.74	10.09	10.33

Table 6. Number of articles in ANDT-journals by country

All ANDT-journals	Country				
Year	Denmark	Finland	Netherlands	Norway	Sweden
2005	8	31	46	12	49
2006	13	29	78	18	39
2007	20	27	56	17	45
2008	23	34	46	26	50
2009	18	27	60	19	38
2010	17	27	70	38	50
Total	99 (16 %)	175 (24 %)	356 (25 %)	130 (26 %)	271 (22 %)

Table 7. Mean citations per articles in ANDT-journals by country

All ANDT-journals	Country				
Year	Denmark	Finland	Netherlands	Norway	Sweden
2005	13.0	8.3	17.3	15.1	13.8
2006	6.2	6.9	11.6	11.1	13.2
2007	5.4	7.9	9.9	7.0	7.4
2008	3.9	6.1	6.1	6.1	6.9
2009	1.9	3.1	3.3	4.1	3.5
2010	0.5	0.6	1.0	0.9	1.2
Total	4.3	5.6	7.9	5.9	7.6

Table 8. Number of articles by ANDT-journals and country

Journal	Country					
	Denmark	Finland	Nether-lands	Nor-way	Swe-den	Tot.
Addiction	13	26	61	28	40	168
Addiction biology	0	0	10	1	9	20
Addiction research & theory	5	12	8	9	13	47
Addictive behaviors	9	9	55	8	13	94
Alcohol	1	8	1	0	6	16
Alcohol and alcoholism	14	32	25	6	37	114
Alcoholism-clinical and experimental research	12	27	22	5	28	94
American journal of drug and alcohol abuse	0	0	0	0	1	1
American journal on addictions	9	2	5	0	4	20
Drug and alcohol dependence	2	11	35	11	16	75
Drug and alcohol review	1	3	3	5	12	24
Drugs-education prevention and policy	4	5	7	4	4	24
European addiction research	7	4	26	12	15	64
Harm reduction journal	0	0	1	0	0	1
International journal of drug policy	4	1	9	2	3	19
Journal of addiction medicine	0	0	1	0	0	1
Journal of addictions nursing	1	1	1	2	1	6
Journal of addictive diseases	0	1	2	0	3	6
Journal of child & adolescent substance abuse	0	0	0	1	2	3
Journal of drug education	0	1	2	1	1	5
Journal of drug issues	1	0	3	1	1	6
Journal of gambling studies	1	0	0	6	2	9
Journal of psychoactive drugs	0	4	6	2	4	16
Journal of studies on alcohol and drugs	3	1	7	1	7	19
Journal of substance abuse treatment	2	0	3	1	3	9
Journal of substance use	0	3	1	1	4	9
Nicotine & tobacco research	3	10	14	3	13	43
Psychology of addictive behaviors	2	0	7	0	0	9
Substance abuse treatment prevention and policy	0	4	0	2	6	12
Substance use & misuse	4	7	26	9	14	60
Tobacco control	1	3	15	9	9	37
Total	99	175	356	130	271	1031

Table 9. Mean of citations by ANDT-journals and country

	Country					
Journal	Denmark	Finland	Nether-lands	Nor-way	Swe-den	Tot.
Addiction	7.4	9.8	14.0	7.9	7.6	10.3
Addiction biology	0.0	0.0	7.3	6.0	23.8	14.7
Addiction research & theory	1.8	2.8	1.4	2.2	3.7	2.6
Addictive behaviors	5.2	5.7	7.9	4.9	3.5	6.6
Alcohol	0.0	3.3	6.0	0.0	3.3	3.3
Alcohol and alcoholism	4.4	6.8	7.9	7.0	8.4	7.3
Alcoholism-clinical and experimental research	4.6	6.7	11.1	11.0	11.9	9.2
American journal of drug and alcohol abuse	0.0	0.0	0.0	0.0	1.0	1.0
American journal on addictions	2.7	1.5	3.0	0.0	3.5	2.8
Drug and alcohol dependence	5.5	9.2	8.9	7.2	6.8	8.1
Drug and alcohol review	0.0	4.0	1.0	4.0	12.3	7.6
Drugs-education prevention and policy	1.5	2.6	0.9	0.3	1.8	1.4
European addiction research	3.0	1.0	4.7	6.9	4.6	4.7
Harm reduction journal	0.0	0.0	0.0	0.0	0.0	0.0
International journal of drug policy	4.5	2.0	2.6	2.5	6.3	3.5
Journal of addiction medicine	0.0	0.0	1.0	0.0	0.0	1.0
Journal of addictions nursing	0.0	1.0	0.0	1.0	2.0	0.8
Journal of addictive diseases	0.0	0.0	0.5	0.0	2.0	1.2
Journal of child & adolescent substance abuse	0.0	0.0	0.0	0.0	0.0	0.0
Journal of drug education	0.0	0.0	5.5	0.0	0.0	2.2
Journal of drug issues	0.0	0.0	1.7	0.0	2.0	1.2
Journal of gambling studies	0.0	0.0	0.0	1.7	8.0	2.9
Journal of psychoactive drugs	0.0	6.3	1.5	1.5	0.3	2.4
Journal of studies on alcohol and drugs	4.0	0.0	5.3	2.0	3.3	3.9
Journal of substance abuse treatment	5.5	0.0	0.7	0.0	6.7	3.7
Journal of substance use	0.0	0.3	1.0	0.0	0.5	0.4
Nicotine & tobacco research	11.0	2.7	5.6	6.0	6.3	5.5
Psychology of addictive behaviors	5.5	0.0	8.4	0.0	0.0	7.8
Substance abuse treatment prevention and policy	0.0	3.8	0.0	0.0	1.7	2.1
Substance use & misuse	1.3	0.9	3.3	2.4	2.3	2.5
Tobacco control	4.0	2.3	14.1	15.9	25.4	16.1
Total	4.3	5.6	7.9	5.9	7.6	6.8

Table 10. Number of Swedish papers in the ANDT field 2005-2010 after automated research of all abstracts (ISI web of knowledge) and manual review of all titles (JG), by substance

	Year						
Drug	2005	2006	2007	2008	2009	2010	Total
Alcohol	70	44	64	65	68	60	371
Several drugs	12	10	16	16	15	15	84
Amphetamines	6	8	10	12	8	8	52
Cannabis		1	4	4	3		12
Hallucinogens	1		1				2
Cocaine	1	3	3	4	1	3	15
Nicotine (including snuff)	90	54	65	68	65	76	410
Opioids	8	8	20	19	9	7	71
Prescription drugs	1	2	3		1		7
Anabolic steroids	2	4	2	2	2	7	19
Total	189	132	187	190	171	176	1045

Table 11. Number of Swedish papers in the ANDT field 2005-2010 after automated research of all abstracts (WoS) and manual review of all titles (JG), by method

	Year						
Method	2005	2006	2007	2008	2009	2010	Total
Epidemiology and health economics	54	42	59	71	53	54	333
Clinical including genetics	82	56	86	75	76	86	461
Pre clinical including neurobiology	36	30	35	36	28	24	189
Theory/commentary including meta-analysis	19	6	8	8	15	12	68
Total	191	134	188	190	172	176	1051

Table 12. Number of Swedish papers in the ANDT field 2005-2010 after automated research of all abstracts (WoS) and manual review of all titles (JG), by method and drug

	Method				
Drug	Epidemiology and health economics	Clinical including genetics	Pre clinical including neurobiology	Theory/commentary including meta-analysis	Total
Alcohol	116	151	73	31	371
Several drugs	34	38	1	11	84
Amphetamines	1	19	32		52
Cannabis	5	2	5		12
Hallucinogens			2		2
Cocaine		4	10	1	15
Nicotine (incl snuff)	167	200	29	22	418
Opioids	6	31	34		71
Prescription drugs	2	4		1	7
Anabolic steroids	2	12	3	2	19
Total	333	461	189	68	1051

APPENDIX H

Appendix H: Development of research in the area of alcohol, narcotics, doping, tobacco and gambling (ANDTG) in Sweden

by Ola Arvidsson and other members of the Swedish reference group

At the first meeting of the reference group is was decided to endeavour to make a comprehensive overview of developments in the area of ANDTG research up until 2005. The objective of the overview was to provide the international evaluation group with an idea of how research in the area had devleoped in Sweden as well as an orientation to the most important research departments and researchers in the area. The current situation was to be described by FAS through an inventory and a survey.

The description was to be carried out quickly in order to be available for the evaluators at the start of their work. This report consists of two parts: first a decription of the academic theses published and secondly a description of the research departments and researchers which have been active in the area.

The thesis search[1] should give a good picture of the academic theses published in the area even if the categorization into subareas has been made on the basis of the thesis titles which may sometimes be a bit misleading.

The second part is based on publications and the experience and knowledge of research in the area contained in the reference group. This may have resulted in a somewhat uneven description, certain departments may be rudimentarily described whereas others have received more space. We regret this but still feel that it is important to include this description with the evaluation to supplement the picture of the background material made available to the evaluators.

Academic theses

Smoking, moist snuff (*snus*) and tobacco

The earliest thesis recorded in Libris on smoking was written as early as the 18th century by Carl Linnaeus. After that there is a hiatus of over 200 years until two theses were published in the 1970s. Until today just over 70 theses, most of them doctoral ones, have been published. Table 1 below shows the distribution of those theses across periods and themes, and Table 2 shows their distribution across individual universities/university colleges and faculties/-departments.

[1] The thesis search was carried out using two databases: Libris (the Swedish national union library catalogue in which librarians do the indexing) and SwePub (Swedish universities own research publications database in which the researchers themselves do the indexing). Four searches were made with the single search terms: 'alkohol', 'narkotika', 'rökning' and 'dopning'. For gambling addiction two search terms were used: 'gambling addiction' and just 'gambling'. These were then supplemented by three index searches in Libris: 1) Ohi; which includes addiction research from a social science perspective, and comprises 75 subindexes, from 'anabola steroider' to 'tobaksrökning-medicinska aspekter'; 2) Vln; which includes medical addiction research except smoking,, and comprises 34 indexes from 'avgiftning' to 'opium abuse', 3) Vebg; which includes medical aspects of smoking and the use of snus, and comprises 7 indexes.

Table 1. Distribution of 'tobacco theses' across periods and themes

Themes	**1960's**	**1970's**	**1980's**	**1990's**	**2000-2004**	**2005-2010**	**Sum**
Prevention and smoking cessation	0	0	1	4	4	8	**17**
Smoking and pregnancy	0	0	0	5	2	1	**8**
Smoking and cancer	0	0	0	2	1	0	**3**
Smoking and lung-cancer	0	0	2	1	0	0	**3**
Heart and lung diseases	0	0	3	2	3	4	**12**
Other diseases and effects	0	1	0	6	1	4	**12**
Smoking as enhancer of other effects	0	0	3	1	0	0	**4**
Smoking and occupational exposure, epidemiology	0	0	3	0	1	0	**4**
Oral problems	0	0	0	1	1	0	**2**
Humanities subjects	0	0	0	1	1	0	**2**
Effect of smoking on treatment results	0	0	0	0	0	2	**2**
Passive smoking	0	0	0	1	1	1	**3**
Other	0	1	0	0	0	0	**1**
Sum	**0**	**2**	**12**	**24**	**15**	**20**	**73**

Börje Ejrup's work on anti-smoking clinics in Stockholm in 1956–1961 made Sweden the first country in the world to carry out research into treatment. Like in many other countries in Western Europe and North America, the proportion of daily smokers in the adult male population had risen to high levels in Sweden. The only survey carried out at the time found 75% daily smokers among men and 35% among women (Gallup 1955). There are no recorded academic theses before 1970 and only two during the 1970's. In 1970, about 1,600 cigarettes were sold each year per inhabitant aged over 15. This number remained fairly stable during the 1980's but began to fall strongly in the 1990's; at the end of that decade it was down to just under 1,000 cigarettes. Surveys of smoking habits from 1979 to about 2005 have shown a steadily falling trend in the proportion of adult daily smokers, with an annual reduction of 0.5–1 percentage points (Statistics Sweden, ULF-studies[2]). In the past few years, though, this trend seems to have levelled out at 13% female and 12% male smokers (public health survey of the National Institute of Public Health), which is the lowest level in Europe. However, the total level of nicotine consumption in Sweden does not differ from that seen in the rest of Europe. This is because 19% of men and 4% percent of women in Sweden are daily users of moist snuff (*snus*). Indeed, 2% of Swedish men both smoke and use *snus* on a daily basis.

There are five theses dealing with *snus* and/or chewing-tobacco. Two of them address cardiological problems and three concern oral problems. Further, many of the theses cover several fields. A few of those dealing with smoking and pregnancy have a clear epidemiological orientation. Of the theses in the humanities, two are historical and one is anthropological, with

[2] A national survey about living conditions in Sweden

its focus outside Europe. Only one thesis seems to touch upon another area within the addiction field, namely alcohol. It should be noted that while a very large number of the theses found through a search for 'illegal drugs' also appear among the hits from a search for 'alcohol', only one single thesis in the tobacco field thus appears in another search as well.

We can also note a certain shift in the focus of research. In the 2000's, exactly one-third of all theses were in the field of prevention, as against about 22% in the 1990's. At the same time, the number of theses dealing with smoking and cancer (all types) has fallen; only a single such thesis has been found for the first decade of the 21st century.

Table 2. Distribution of 'tobacco theses' across locations and faculties/departments

Location	**Medical faculty**	**Psychol. dept**	**Social science**	**Humanities (arts)**	**Public health science**	**Sum**
Umeå university	7	0	0	0	0	**7**
Uppsala university	6	0	2	0	0	**8**
Stockholm university	0	2	1*	0	0	**3**
Karolinska institute (Stockholm)	18	0	0	0	0	**18**
Linköping university	3	0	0	1	2 (tema)	**6**
Örebro university	1	0	0	0	0	**1**
Göteborg university	5	2	2	0	0	**9**
Skövde/Skaraborgs-institute	0	0	0	0	1	**1**
Karlstad university	0	0	0	0	1	**1**
Lund university (also in Malmö)	17	0	2	0	0	**19**
Sum	57	4	7	1	4	**73**

* School of Economics

These theses have been produced at a fairly large number of different departments and it has not proved possible to identify any specific department with a clear focus on tobacco research.

However, it does appear to be the case that the research has been concentrated at two locations: the Karolinska Institute and the Faculty of Medicine in Lund/Malmö. Almost half of all ?theses come from those two institutions. Further, faculties of medicine account for about 75% of all theses in this field.

Of the 73 theses identified, four (5%) are written in Swedish and the rest in English.

Doping/anabolic steroids

Swedish research into doping/anabolic steroids seems to have begun even later than tobacco research. One academic thesis was in fact published as far back as the 1960's, but it came from the Veterinary College and dealt with the doping of horses. It was only in 2002 that the first theses dealing with doping in humans were published. In all, eleven theses have been published so far during the 2000's. Table 3 shows their distribution across years and universities.

Table 3. Distribution of 'doping theses' across years and locations

University/faculty	2002	2003	2004	2005	2006	2007	2008	2009	Sum
Psychology dept. Uppsala university	1	0	0	0	0	0	0	0	**1**
Pharmacology/medical faculty, Uppsala univ.	2	0	0	0	0	0	2	0	**4**
Medical faculty Örebro university	0	0	0	0	0	0	0	1	**1**
Social science faculty Göteborg university	1	1	0	0	0	0	0	0	**2**
Medical faculty Göteborg university	0	0	0	0	0	1	0	0	**1**
Medical faculty Umeå university	0	0	0	0	1	0	0	0	**1**
Karolinska Institutet Stockholm	0	0	0	0	0	1	0	0	**1**
Sum	**4**	**1**	**0**	**0**	**1**	**2**	**2**	**1**	**11**

Of those eleven theses, four concern the medical effects of doping, three concern detection and prevention, two concern doping and crime, one concerns muscular build-up and growth hormones, and one concerns the media attention devoted to doping. Seven of them are clearly medical in content.

In 1993, the Medical Research Council (MFR) established a professorship at Uppsala University in biological research on drug dependence. One research focus of its holder (Fred Nyberg) has been anabolic steroids, as evidenced by the number of theses: no fewer than four of the eleven 'doping theses' come from the Faculty of Medicine/Pharmacology of Uppsala University.

Gambling addiction

Only three theses that (may) deal with gambling addiction have been identified. The first of them, published in 2004 at the Department of Psychology at the University of Gothenburg, was entitled *Everyday notion of good decision making: theoretical and practical implications*. The second, published in 2005 at the Department of Sociology at Lund University, was entitled *Ungdomars spel om pengar. Spelmarknaden, situationen och karriären* ['Young people's gambling for money: The gambling market, the situation and the career']. The third, published in 2007 at the Stockholm University School of Business, was entitled *Spelfrossa: Spelets makt och maktens spel* ['Gambling Fever: The Power of Games and the Games of Power'].

There are, however, a number of doctoral students; see further under 'Positions and Research Institutions' below.

Abuse of alcohol and illegal/medical drugs – 'dual addiction'

Since 1970, 36 academic theses dealing with both alcohol and illegal drugs have been published. In fact, more such theses are to be found in the lists, but many have a title showing a clear 'leaning' either way and have therefore been categorised under either alcohol or illegal drugs. Table 4 shows the distribution of these theses across periods and themes, and Table 5 shows at what departments and universities research of this type is carried out.

Table 4. Distribution of theses dealing with 'dual alcohol/illegal-drug problems' across themes and periods

Theme	**1970's***	**1980's**	**1990's**	**2000-2004**	**2005-2010**	**Sum**
Treatment	3	1	2	5	7	**18**
Prevention	0	1	0	0	1	**2**
Epidemiology	1	0	1	1	1	**4**
Descriptions of situation	4	0	2	2	0	**8**
Concept of dependence Attitudes	0	0	0	1	1	**2**
Biomedicine	0	0	0	0	2	**2**
Sum	**8**	**2**	**5**	**9**	**12**	**36**

** One thesis was published in 1969.*

Half of the theses dealing with both alcohol and illegal drugs address various aspects of treatment: assessment templates to match clients with appropriate treatment; evaluation of treatment outcomes; treatment in compulsory institutional services; etc. Eight theses focus on describing the situation of users. Some deal with homeless people, others with users' risk behaviours, one from a faculty of engineering describes users' housing situation, etc. Part of the explanation why treatment research in particular often deals with alcohol and illegal drugs together is probably that many treatment institutions admit both alcohol and illegal-drug addicts, and that the methods and philosophies of treatment are often similar for alcohol and illegal drugs.

While it is difficult to draw any certain conclusions about trends, there seems to have been an increase in the number of theses dealing with both alcohol and illegal-drug problems at the same time. In the last three decades of the 20th century the average number of theses per decade was five, but in the first decade of the 21st century as many as twenty theses with such 'dual coverage' were published – in other words, the number quadrupled.

Table 5. Distribution of theses dealing with 'dual alcohol/illegal drug problems' across locations and faculties/departments

University/ College	**Social work**	**Psychology/ education**	**Crimino-logy**	**Other social science depts**	**Medical faculty**	**Sum**
Stockholm university	3	1	1	2*	0	**7**
Uppsala university	0	3	0	2	1	**6**
Karolinska institutet	0	0	0	0	4	**4**
Lund university	3	1	0	4	2	**10**
Göteborg university	2	2	0	0	2	**6**
Växjö university	1	0	0	0	0	**1**
Umeå university	0	1	0	0	0	**1**
Örebro university	0	0	0	1	0	**1**
Sum	**9**	**8**	**1**	**9**	**9**	**36**

*Royal Institute of Technology (building funct)

Three-fourths of all theses dealing with dual alcohol/illegal-drug problems were produced at faculties of social sciences, nine of them at departments of social work and eight at departments of psychology/education. That three theses dealing with both alcohol and illegal-drug problems were published by the Department of Social Work at Stockholm University is not surprising, given that the professorship in addiction treatment established following the Alcohol Policy Inquiry (APU) in the 1970's is at present held by a professor at that department (Anders Bergmark).

The theses emanating from faculties of medicine often have an orientation towards psychiatry or social medicine.

Five of the theses have a gender/female perspective.

It is noteworthy that of 36 theses, about 26 are written in Swedish and the rest in English.

Alcohol

This is the field with the clearly largest number of academic theses. If the 36 theses dealing with dual alcohol/illegal-drug problems are included, there are more than 175 theses recorded in LIBRIS that have alcohol as a main theme. To this could be added a number of theses where alcohol is not the main variable but still a fairly important factor, such as in research on various diseases of the liver and pancreas; those theses have not been included here, however.

In this field, too, the earliest works are by Linnaeus, who wrote two theses on alcohol. However, the number of theses was small until the final quarter of the 20th century. In the 1980's there were 25 theses, in the 1990's there were 39 and in the first decade of the 21st century there have so far been 68.

This research enjoys strong political support and has done so throughout the latter part of the 20th century. Two major parliamentary inquiries during the last quarter of the 20th century (the Alcohol Policy Inquiry (APU) in 1977 and the Alcohol Policy Commission in 1993) both resulted in increased support for alcohol research. We will revisit this issue later.

The material will be presented in two ways: not only at an overall level, as in the previous sections, but also in relation to various subsets so that it will be possible to account in a somewhat more nuanced and detailed manner for the content of the theses.

Table 6. Distribution of 'alcohol theses' across periods and themes

Themes	**Before 1960**	**1960's**	**1970's**	**1980's**	**1990's**	**2000-2004**	**2005-2010**	**Sum**
Biomedicine	1	0	0	1	4	5	4	**14**
Social medicine/ psychiatry	0	1	1	3	3	0	5	**13**
Clinical studies	2	1	2	4	3	2	5	**19**
Prevention and alcohol policy	0	0	1	0	4	0	10	**15**
History	4	0	1	1	3	4	1	**14**
Ethnology/anthropolgy	0	0	0	0	0	0	2	**2**
Population descriptions/ quantitative, epidemiology	0	1	4	6	3	4	2	**20**
Population descriptions/ qualitative	0	0	0	0	3	0	2	**5**
Treatment	0	0	3	4	4	1	3	**15**
Medical consequences	0	0	0	3	2	2	1	**8**

Themes	Before 1960	1960's	1970's	1980's	1990's	2000-2004	2005-2010	Sum
Social and psychologial consequences	0	0	1	1	3	2	2	**9**
Organisational studies	0	0	0	0	3	0	2	**5**
Psych. & social etiology	0	0	2	1	3	2	3	**11**
Detection methods	0	0	0	1	1	3	1	**6**
Sum	**7**	**3**	**15**	**25**	**39**	**25**	**43**	**157**

Biomedical projects are mainly carried out at faculties of medicine and pharmacology, but a few have also been carried out at the Department of Psychology at the University of Gothenburg.

Treatment studies include not only treatment evaluation but also attitudes towards treatment and ethical aspects of treatment. The category of psychological and social causes of abuse also includes a couple of studies on the impact of occupations and workplaces. The boundaries between clinical studies and treatment studies are sometimes slightly fluid.

One noteworthy finding is the lack of theses on alcohol and pregnancy. Only a single such thesis has been identified, as against eight in the tobacco field.

The ethnological thesis concerns studies of strategies to decline offers of coffee and alcohol, respectively, while the anthropological thesis is a study of the mobilisation of women against men's alcohol use in Andhra Pradesh, India.

A large number of the historical theses deal with prevention, in particular controls and the National Alcohol Retailing Monopoly (*Systembolaget*).

It has often been claimed that biomedical projects predominate, but that does not appear to be the case in terms of the number of academic theses published over the years.

Including the theses dealing with dual addiction, about forty (20%) are written in Swedish and the rest in English. Of the thirteen historical theses, eleven are written in Swedish. Just over twenty of the Swedish-language theses are from faculties of social sciences while four of them are from faculties of medicine (of which three deal with aspects of social medicine).

The ethnological thesis can hardly be translated, given that language is an important part of the strategy to decline offers of coffee and alcohol.

At a later point in this document we will discuss the organisation of addiction research, including of course the issue of department and faculty affiliation. While we will return to this discussion later, it may be relevant to provide basic data on the distribution of theses across departments.

'Faculty of medicine' here includes 'faculty of pharmacology'; a couple of theses from Gothenburg and Uppsala come from these faculties.

Three of the theses published at the Karolinska Institute in the 1970s were sociological. In the 1970's and 1980's, the social science community and the related research councils were not particularly interested in supporting social science with a medical link (such as epidemiology, medical sociology, etc.). As a result, that type of research was largely carried out at medical departments, such as departments of social medicine or, as in this case, the Department of Theoretical Alcohol Research.

Table 7 below shows the distribution of the theses across departments and periods.

Table 7. Distribution of 'alcohol theses' across periods and departments/faculties

University/ Faculty/ Dept	**Before 1960**	**1960's**	**1970's**	**1980's**	**1990's**	**2000-2004**	**2005-2010**	**Sum**
Karolinska institutet	2	1	6	6	7	4	9	**35**
Stockholm Social work	0	0	0	0	3	0	2	**5**
Stockholm Psychol/educ	0	0	2	2	3	1	0	**8**
Stockholm social sci	0	0	1	2	4	0	2	**9**
Stockholm[3] SoRAD	0	0	0	0	0	2	6	**8**
Stockholm CHESS*	0	0	0	0	0	1	0	**1**
Göteborg med faculty	0	0	0	1	1	2	4	**8**
Göteborg psychology	0	1	0	1	4	2	4	**12**
Göteborg soc sci	2	0	2	1	1	0	2	**8**
Uppsala med faculty	1	0	0	1	0	1	3	**6**
Uppsala soc sci	0	0	2	2	3	1	0	**8**
Uppsala arts faculty	1	0	0	0	1	3	0	**5**
Linköping med faculty	0	0	0	2	0	1	2	**5**
Linköping soc sci	0	0	0	0	1	1	0	**2**
Lund/Malmö med faculty	0	1	2	5	4	4	7	**22**
Lund/Malmö arts & soc sci	1	0	0	0	5	1	0	**7**
Umeå med faculty	0	0	0	0	1	0	0	**1**
Umeå History	0	0	0	1	1	0	0	**2**
Nordic Public Health College	0	0	0	1	0	0	1	**2**
Örebro univ	0	0	0	0	0	1	1	**2**
Sum	**7**	**3**	**15**	**25**	**39**	**25**	**43**	**157**

* Centre for Health Equity Studies at Stockholm university

The row for Örebro University includes one historical and one preventive study.

SoRAD began its operations only in 1999.

The same trends can be seen here as for tobacco research. There is an upsurge in alcohol research in the 1980s, with 25 theses published. This trend is reinforced in the subsequent decade, when 39 theses are produced. So far since the start of the 21st century, 68 theses have been produced.

The Karolinska Institute and the Faculty of Medicine in Lund/Malmö account for the largest numbers of theses, namely 35 and 22, respectively. Of these, 13 and 11, respectively, were published in the 2000s. When comparing different environments, we should keep in mind that the Karolinska Institute and the Faculty of Medicine in Lund/Malmö each includes several

[3] SoRAD = Centre for Social Research on Alcohol and Drugs at Stockholm University.

departments. The individual department having produced the largest number of theses is the Department of Psychology at the University of Gothenburg, with twelve theses of which six in the 2000s. This department has long had a research profile with a biological orientation.

We will come back to these tables later when discussing strong environments.

For the sake of clarity, these tables are also presented with certain themes merged and across whole decades.

Table 8. Distribution of the themes of 'alcohol theses' across periods (Summary of Table 6)

Themes	**Before 1980**	**1980's**	**1990's**	**2000-2010**	**Sum**
Biomedicine	1	1	4	9	**15**
Social medicine, psychiatric and clinical studies	7	7	6	12	**32**
Prevention and alcohol policy, organisational studies	1	0	7	12	**20**
Humanities (ethnology, anthropology and history)	5	1	3	7	**16**
Population descriptions	5	6	6	8	**25**
Treatment and methods for detection of hazardous alcohol consumption	3	5	5	8	**21**
Effects of hazardous alcohol consumption	1	4	5	7	**17**
Reasons for hazardous alcohol consumption	2	1	3	5	**11**
Sum	**25**	**25**	**39**	**68**	**157**

Just over 43% of all theses were published in the 2000's. The largest percentage increases are found for biomedical and prevention studies, where 57% and 60%, respectively, of the theses were produced in the 2000's.

Of the theses published before 1979, 20% are historical. So far in the 2000's, the corresponding proportion is just over 10% (7 out of 67).

It may also be interesting to investigate whether, and if so how, the distribution of theses across medical versus non-medical departments has changed over time.

Table 9. Distribution of 'alcohol theses' across faculties and periods (Summary of Table 7)

Faculty/Year	**Before 1980**	**1980's**	**1990's**	**2000's**	**Sum**
Medical faculty	13	15	13	37	**78**
Other faculties (mainly social science)	12	10	26	31	**79**
Sum	**25**	**25**	**39**	**68**	**157**

Until the 1980s, the number of academic theses dealing with issues of addiction was somewhat larger at faculties of medicine (56%) than outside them. In the 1990s the situation was the opposite, with only 12 out of 38 theses (32%) emanating from faculties of medicine. This has changed again in the 2000's, with almost half of the theses so far coming from faculties of medicine.

To sum up, it can be said that in terms of academic theses, alcohol research has been in a strong position so far in the 2000's compared with earlier decades. Whether this is also true in relation to other scientific fields is more difficult to say. Compared with the 1970's, the number of theses increased 67% in the 1980's. The 1990's saw a further 52% increase. So far in the 2000's, the number of theses published is 76% larger than in the 1990's (however, we have included the year 2010 as well, which means that the real increase is slightly smaller.)

Abuse of illegal/medical drugs

Swedish research on illegal drugs was virtually inexistent before the 1970's. Here, too, we can see how the intensity of research as measured in the number of academic theses is influenced by the drug-policy climate.

It was only at the end of the 1960's that illegal drugs began to be defined as a social problem.

Table 10 below shows the distribution of 'illegal-drug theses' across themes and periods while Table 11 shows their distribution across locations and periods. The term 'drug' is sometimes used alone in the tables and the text. This does not include alcohol – only illegal drugs (narcotics) and occasionally the associated use of other, legal drugs. Some theses deal exclusively with legal drugs, which is then explicitly indicated.

Table 10. Distribution of 'illegal-drug theses' across themes and periods

Themes	**Before 1960**	**1960's**	**1970's**	**1980's**	**1990's**	**2000-2004**	**2005-2010**	**Sum**
Biomedicine	1	0	1	0	0	1	0	**3**
Social medicine/ psychiatry	0	0	2	0	1	2	1	**5**
Prevention and measures	0	0	0	0	2	0	1	**3**
Drug debate, policy	0	0	0	0	2	3	1	**6**
History Anthropology	0	0	0	0	0	1	0	**1**
Population descriptions/ quantitative	0	0	1	2	1	1	1	**6**
Population descriptions/ qualitative	0	0	0	0	3	2	2	**7**
Development of drug use	0	0	1	1	1	0	2	**5**
Legal "drugs"	0	0	1	1	1	0	3	**7**
Treatment and care	0	0	1	3	4	3	3	**14**
Consequences of drug abuse	0	0	0	2	3	1	4	**10**
Etiology	0	0	0	0	3	0	1	**4**
Sum	**1**	**0**	**7**	**9**	**21**	**7**	**19**	**71**

Of all theses, 33 (46%) were produced in the 2000's and 21 (30%) in the 1990s. That is, about two-thirds of all theses were written in the past twenty years.

This research has a fairly clear orientation towards the social sciences. The treatment aspect is dealt with in 14 out of 69 theses – but it should be noted in this context that half (18 out of 36) of the theses that addressed dual alcohol/illegal-drug problems were also oriented towards treatment. As previously mentioned, several treatment methods are applicable to both alcohol and drug problems, and treatment institutions deal with both alcohol and drugs; this is also reflected in the research. At the same time it should also be noted that several persons often mentioned in the public discussion, for example the National Drug Policy Coordinator and

people associated with his committee, that the addiction services in Sweden should be reinforced.

Table 11. Distribution of 'illegal-drug theses' across departments/faculties and periods

Dept/faculty	**Before 1960**	**1960's**	**1970's**	**1980's**	**1990's**	**2000-2004**	**2005-2010**	**Sum**
Karolinska institute	0	0	4	0	7	0	5	**16**
Stockholm, social work	0	0	0	1	1	0	1	**3**
Stockholm, psychol/educ	0	0	0	0	2	0	0	**2**
Stockholm other soc sci	0	0	0	1	2	2	1	**6**
Stockholm, CHESS	0	0	0	0	0	1	0	**1**
Göteborg, med faculty	0	0	0	1	0	0	0	**1**
Göteborg, psychology	0	0	0	0	0	1	3	**4**
Götborg, soc sci	0	0	0	1	2	1	0	**4**
Uppsala, med faculty	1	0	2	2	0	2	1	**8**
Uppsala, soc sci	0	0	1	2	1	0	0	**4**
Lund/Malmö med faculty	0	0	0	1	0	0	2	**3**
Lund, social work	0	0	0	0	2	1	0	**3**
Lund, other soc sci	0	0	0	0	3	6	2	**11**
Umeå, soc sci	0	0	0	0	1	0	1	**2**
Linköping, med faculty	0	0	0	0	0	0	1	**1**
Nordic Public Health College	0	0	0	0	0	0	1	**1**
Mid-Sweden university	0	0	0	0	0	0	1	**1**
Sum	**1**	**0**	**7**	**9**	**21**	**14**	**19**	**71**

Table 12. Distribution of 'illegal-drug theses' across faculties/departments and periods

Faculty/department	**Before 1980**	**1980's**	**1990's**	**2000's**	**Sum**
Medical faculty	7	4	7	11	**29**
Social science faculty	1	4	11	20	**36**
Social work	0	1	3	2	**6**
Sum	**8**	**9**	**21**	**33**	**71**

The 'compressed' Table 12 above shows even more clearly how illegal-drug research has been strengthened over the past few decades.

We have noted that of 'pure' alcohol theses, about 50% have emanated from faculties of medicine. When it comes to illegal-drug research, however, a larger proportion – 60% – comes from departments in the fields of social and behavioural sciences, meaning that 40% come from faculties of medicine.

It can be noted that SoRAD, which according to the proposal made by the Alcohol Research Inquiry was supposed to be a research institute focusing exclusively on alcohol, ended up being established as a joint alcohol- and drug-research institution. While it is true that no

SoRAD theses in the drug field are included in the table, one thesis dealing with treatment aspects of dual addiction was published in 2006.

Of the theses in this field, just over 40% (30) were written in Swedish and the rest in English.

Positions and research institutions

Tobacco research

History

Tobacco use in Sweden has been documented since the 17th century when it was introduced more widely by soldiers returning from the Thirty Year´s War. Tobacco (Nicotiana Rustica) was grown in the south for both pipe and oral/nasal tobacco users. Snus manufacturing started around 1820 and became a popular product. Machine manufactured cigarettes were introduced towards the end of the 19th century and tobacco consumption increased by 50% from 1890 to 1920. Tentative health risks were debated in parliament in the early 1900´s but discussions abated as the revenues began pouring in after the state monopoly on tobacco manufacturing and sales had been established in 1915.

Early and significant addiction and cessation research in Sweden

Dr Börje Ejrup, an internist, observed that patients being treated with lobeline, a relative to nicotine, complained about less craving for cigarettes. From 1956 to 1961 10 000 men and women had attended courses and been injected with lobeline in their wish to stop smoking. Several scientific papers were published in the 1950´s and mark a world´s first in clinical smoking cessation. Public awareness of the danger of smoking grew after the first Surgeon General´s Report in 1964 but was not taken seriously by a majority of the medical profession for another decade or two.

In 1967, two Swedish doctors suggested to the head of research of the Leo Pharmaceutical Company, Ove Fernö, that a nicotine chewing gum would be helpful for smokers wanting to quit. This marked the start of the nicotine replacement treatment (NRT) era.

A psychologist in Uppsala, Karl-Olof Fagerström, became intrigued by nicotine dependence and published papers on cessation and addiction in the 1970´s. The Fagerström Test for Nicotine Dependence (FTND) has since become a standard research tool in smoking cessation.

Up until the beginning of 2000's tobacco research has mainly been supported by the Council for Tobacco Research financed by Swedish Match. In 1992 this council funded a professorship in tobacco research located at Karolinska institutet which currently has been reoriented towards research on dementia (Agneta Nordberg). There are currenlty two Researcher positions at 30% time at Karolinska institute with focus on prevention

Apart from a small research group at the Karolinska Institutet, active between 2002 and 2007 there has never existed an institution devoted to tobacco prevention in Sweden.

Doping research

There is no specific professorship in doping research, but – as previously mentioned – the present holder of the professorship in biological research on drug dependence established at Uppsala University by the then Medical Research Council (Fred Nyberg) has a strong focus on research into doping.

Research into anabolic steroids is also carried out at the Department of Psychology at the University of Gothenburg as well as at the Department of Clinical Pharmacology at the Karolinska Institute and at the Department of Forensic Medicine at Uppsala University.

Gambling research

There are no positions for research into *gambling addiction.* We have identified three departments where such research is carried out. At the 'Centre for Psychiatric Research', a joint creation of the Stockholm County Council and the Karolinska Institute, research is being carried out into gambling addiction (Anders Tengström). Lars Forsberg of the Karolinska Institute (who may also be affiliated with that Centre) conducts research into the treatment of gambling addiction. There are also two doctoral students who are carrying out research into that subject. The second institution is CEFUS (the Centre for Research on the Public Sector). Its research into gambling addiction mainly uses a social-anthropological approach (Associate Professor Per Binde). Finally, research into gambling addiction is being carried out at the Department of Psychology at Umeå University (Professor Per Carlbring, formerly of Linköping University), where there are also plans for a future doctoral thesis on this subject. There is also a doctoral student at Mälardalen University (Charlotta Hellström) who is writing a thesis on gaming and gambling addiction.

At the end of the 1990's, SoRAD was instructed by the National Institute of Public Health to evaluate the effects of the new government casinos that were being established at the time. At present, no research into gambling addiction is conducted at SoRAD.

Research on alcohol and illegal drugs

The final report of the Alcohol Policy Inquiry (APU), published in 1974 (SOU 1974:91), stated the following: '*As is clear from Chapter 7, alcohol research in Sweden today is fragmented. Large part of alcohol research is funded using the basic resources of universities, university colleges and health-care institutions.*' [quotation translated from Swedish]. At that time, there were only two well-defined units for alcohol research with professorships, both at the Karolinska Institute. The first was established in 1959 as a department for theoretical alcohol research (Leonard Goldberg, succeeded by Erik Änggård and then Lars Terenius) and the second three years later, with a focus on clinical alcohol research (Gunnar Lundquist, succeeded by Karl-Magnus Ideström and then Ulf Rydberg).

As a result of the APU's report, three professorships in alcohol research were established. Two of them were in social science alcohol research at Stockholm University: one in social work, especially the care and treatment of alcohol abusers (Eckart Kühlhorn, succeeded by Sten Rönnberg and then Anders Bergmark) and the other in sociological alcohol research (Kettil Bruun, succeeded by Eckart Kühlhorn, who was later transferred to SoRAD and then succeeded by Jan Blomqvist). The third professorship was in psychological alcohol research and was established at the Karolinska Institute (Hans Bergman; it is uncertain who succeeded him).

In 1988 a professorship was established at Lund University, specifically at Malmö General Hospital (today's Skåne University Hospital) in clinical alcohol research, part-funded by the National Alcohol Retailing Monopoly (Mats Berglund, succeeded by Hanne Tönnesen).

The Medical Research Council (MFR) (today's Swedish Research Council) has been funding a professorship in biological research on drug dependence at Uppsala University since 1993 (Fred Nyberg).

When the Alcohol Policy Commission presented its main report in 1994, there were thus seven professorships focusing on alcohol and illegal drugs. To this should be added that the holders of the professorships in medical neurochemistry at Lund University (Christer Alling) and in pharmacology at the University of Gothenburg (Jörgen Engel) were conducting the principal part of their research within behavioural science.

In 1990, a professorship in sociology had been established at the Swedish Institute for Social Research (SOFI) at Stockholm University. The holder of that professorship (Thor Norström) is an alcohol researcher.

In practice, there were thus ten alcohol professorships in 1994.

In addition, the professor of pharmacology at Uppsala University was conducting extensive alcohol research at the Department of Neuroscience.

Is it possible to see any results of these efforts? One clear effect of these positions can be seen in alcohol research within the subject of social work at Stockholm University, where all theses in the alcohol field produced at the relevant department have come after 1995.

The establishment of the professorship in sociological alcohol research has probably also had an impact in that all published theses in addiction research at the Faculty of Social Science at Stockholm University (not including pedagogy and psychology) came in the 1970's (one thesis) or later (eight theses). In more recent times there has been a certain decline as a result of the establishment of SoRAD and the transfer to it of the alcohol-research professorship. The Alcohol Policy Commission also concluded in its 1994 report that there were too few intermediate level positions in the field. The same conclusion is drawn in the report of the Alcohol Research Inquiry mentioned below (Folkhälsoinstitutet [National Institute of Public Health] 1995:49).

One result of the Alcohol Policy Commission's report was that the Government instructed the National Institute of Public Health to '*take charge of and lead the efforts decided by the Riksdag [parliament] to prevent alcohol and illegal-drug use*' [quotation translated from Swedish]. In its terms of reference, the Government stressed that '*the National Institute of Public Health should also take the initiative in ensuring that the government agencies concerned jointly prepare an overall programme of alcohol research*' [quotation translated from Swedish].

By reference to its instructions from the Government, the Institute decided to appoint a working group which was to present proposals on how to strengthen Swedish alcohol research. The working group's conclusions included three concrete proposals:

1. The establishment of a number of intermediate level positions; the working party suggested that ten would be an appropriate number;
2. Programme support for prevention and treatment research;

3. The establishment of a national centre for alcohol research in the field of the behavioural and social sciences.

The first proposal has not, on the whole, been implemented.

As regards the second point, the National Institute of Public Health and the Swedish Council for Social Research (SFR) jointly advertised the availability of 6-year programme support for prevention research, and four programmes were initiated.

Instead of programme support for treatment research, the SFR and the National Board of Institutional Care jointly funded a treatment professorship at the national centre (SoRAD) that was established, above all through organisational and financial support from the SFR. And as regards the third point, a new research centre was established – as mentioned above – largely in line with the proposal of the Alcohol Research Inquiry even though there were minor deviations. The proposal of the commission of inquiry did not include research on illegal drugs, but this was added. Further, the commission had proposed that the centre should be linked only organisationally to Stockholm University, with no specific faculty affiliation and with direct funding on the model of the Swedish Collegium for Advanced Study (SCASS) in Uppsala. However, SoRAD was placed under the aegis of the Faculty of Social Sciences at Stockholm University, but was given its own board of trustees.

In the section about academic theses on alcohol research, we pointed out that social medicine research in the 1960's and 1970's was largely carried out at faculties of medicine even though the researchers had in fact received their basic training at faculties of social sciences. Some people are of the opinion that this may jeopardise the social-science quality of such research. The same problem can of course be claimed to arise whenever new research institutions are established outside the regular academic basic disciplines.

An evaluation of Swedish sociology carried out by a group of Scandinavian researchers (Erik Allardt, Sverre Lysgaard and Aage Böttger Sörensen) at the request of the Swedish Council for Research in the Humanities and Social Sciences (HSFR) and the National Swedish Board of Universities and Colleges (UHÄ) concluded, among other things (in chapter 4 of the report, which contains the authors' summary and recommendations): '*There is reason to caution explicitly against any efforts to create new academic subjects or study programmes that lack a clear theoretical core, a subject identity and consistency over time. Given that sociology is such a broad subject, such new constructions may easily arise. However, in such newly constructed areas that have come too hastily into being, the students trained and the researchers will immediately encounter difficulties on the disappearance of the first generation of teachers, who had received their basic training within a specific academic discipline.*' (Allardt, E., Lysgaard, S., and Böttger Sörensen, A., *Sociologin i Sverige, Utvärdering av svensk sociologi* ['Sociology in Sweden. An Evaluation of Swedish Sociology'], HSFR and UHÄ, Uppsala, 1988) [quotation translated from Swedish].

When it comes to *research on illegal drugs*, there is no specially designed professorship even though many alcohol researchers have also involved themselves in research on illegal drugs. What does the situation look like at present, then? In terms of positions, it can be noted that of the nine professorships described above, two – those in medical neurobiology and pharmacology, respectively – were filled, after the retirement of their previous holders, with professors whose research orientation is different and does not concern addiction issues. The pro-

fessorship in psychological alcohol research was not re-established after the retirement of its holder. Of the other two professorships in alcohol research at the Karolinska Institute whose holders have retired, one has been refilled (Johan Franck) while the other is uncertain. Taken together, this amounts to a clear reduction of the resources available for addiction research, particularly in the medical field.

Centres of research and research groups

Tobacco research

Research – General

Several groups have over the years been committed to explore tobacco use with different outcomes of ill health and disease. There has also been much interest in the changing patterns of tobacco use. However, there are few groups if any, that have named tobacco their main field of research. Rather, tobacco has been one of many risk factors or lifestyles investigated, and less and less so. The Swedish Twin Registry targeted tobacco in 21% of studies 1966-1985, compared to 1% in 1986-2005.

Addiction research has been more focused. Some groups have specialised in tobacco epidemiology, and a few longitudinal, intervention studies have been performed. Pharmacological treatment research has been industry-sponsored.

Research groups

Research – health risks

Cardio-cerebro-vascular effects of tobacco smoking and snus use have been investigated by many groups over the decades. Groups led by Prof.s Gösta Tibblin, Lars Wilhelmsen, (both at Götevborg University) Lars Janzon (Lund Universitey), Ulf de Faire (Karolinska Institutet), and Kjell Asplund (Umeå University) among others could be mentioned. Tobacco and cancer risk has been studied by Prof. Olof Nyrén (Karolinska Institutet) and others. Effects on mother and child from tobacco and nicotine exposure during pregnancy has been explored by the group around Prof. Sven Cnattingius (Karolinska Institutet).

Health effects of environmental tobacco smoke (passive smoking) has been explored by a group lead by Prof. Göran Pershagen (Karolinska Institutet), and the relationship between tobacco use and diabetes by Prof. Claes-Göran Östenson´s group (Karolinska Institutet) . The relation between smoking, genotype and rheumatoid arthritis was described by the group led by Prof. Lars Klareskog (Karolinska Institutet) . Oral effects of tobacco has been studied by Prof.s Jan Bergström and Björn Klinge (Karolinska Institutet).

Research – tobacco use epidemiology

Sweden provides an environment well suited for epidemiological studies. Significant contributions have recently been presented by groups led by Prof. Martin Lindström (Lund University), Prof. Lars Weinehall (Umeå University) and Assoc.prof. Rosaria Galanti (Karolinska Institutet).

Research – addiction

Sensitization and interaction between alcohol and nicotine has been studied by Prof. Jörgen Engel et al. (Gothenburg University). The group lead by Prof. Torgny Svensson (Karolinska Insitutet) has studied tobacco dependence and novel pharmacological treatment.

Research – treatment
Treatment research has mostly been sponsored by the pharmaceutical industry at multiple sites. Ass.prof Karl-Olof Fagerström (Uppsala University) has been most prominent. He has not had a research group of his own but has collaborated with established research groups all over the world sine 1975 on addiction and pharmacological treatment. Perioperative smoking cessation is a recent research focus led by Assoc. prof. Johanna Adami (Karolinska Institutet). A research group led by Assoc.prof. Asgeir Helgason (Karolinska Institutet) has presented Swedish data on efficacy and cost-effectiveness of tobacco telephone helplines.

Conclusion - tobacco research
Tobacco research in Sweden has been a top priority for the very few and a side track for many. Most of the work referred to above was presented before 2000 and many researchers have retired. Only a handful research groups qualify as being active and productive but .in essence there is not a single strong group dedicated to tobacco research in Sweden.

Furthermore there are only 3 academic positions in Sweden for tobacco or nicotine research. Some research is found at the Karolinska Institutet and Lund-Malmö University. Individual researchers working in other institutions contribute from time to time. Funding is inconsistent, limited and decreasing.

Alcohol and drug research

SoRAD
The decision to establish SoRAD (the Centre for Social Research on Alcohol and Drugs at Stockholm University) was made in 1997 and the Centre became operational in practice in 1999 when SFR (the Council for Social Research) decided to fund a professorship (Robin Room, succeeded by Jukka Törrönen), the existing professorship in sociological alcohol research was transferred from the Department of Sociology at Stockholm University to SoRAD, and an administrative position was created. The programme for the first few years was as follows:

The Board of the Centre adopted the following description of the Centre's *aims and lines of research* on 4 May 1999, and amended them on 1 February 2002. At its meeting of February 1, 2000, the Board accepted the addition of studies relating to gambling problems to the research programme.

Aims:
- to stimulate and conduct social-science research on alcohol and drugs, including improving methods, increasing theoretical understanding, and enhancing links to policy;
- to provide a nexus for interdisciplinary research training, research networks and collaborative studies in Sweden;
- to serve as an interdisciplinary focal point in Sweden for collaboration on comparative and international projects.

Lines of research:
1. Trends and patterns in alcohol and drug use and problems;
2. The social response to alcohol and drug problems;
3. Alcohol and drug problems in a comparative and international perspective.

The number of themes remains three today. The first theme is consumption, problems and norms; the second is alcohol and drug policy and its implications; and the third is addiction and dependence.

Theme 1 is linked to the Government's instructions to SoRAD to monitor alcohol consumption trends in Sweden.

In 2000 a new professorship was established in alcohol and drug research with a special focus on treatment, funded 50% by the SFR (subsequently the Council for Working Life and Social Research (FAS)) and 50% by the National Board of Institutional Care (SiS)). The SiS ended its contribution in 2007, and the holder of the position (Anders Romelsjö) then reduced his hours to half-time. Towards the end of his period of service his place of work was formally transferred to the Karolinska Institute, to which he was already affiliated. He is now retired but still active.

In 2001 an additional professorship was established in alcohol and drug research with a special focus on alcohol and drug policy (Börje Olsson).

In other words, today there are three professorships at SoRAD: one in sociological alcohol research (Jan Blomqvist), one in alcohol and drug research with a special focus on alcohol and drug policy (Börje Olsson) and one with a focus on social drug and alcohol research (Jukka Törrönen). A professorship in social and epidemiological alcohol and drug research was advertised in 2010 but has not yet been filled.

Besides these professorships, the FAS's spending to help build centres of excellence also covers one administrative position, two postdoctoral positions and two doctoral studentships.

Until the spring of 2010, nine theses had been produced. A tenth will have been publicly defended in the autumn of 2010.

Stockholm university besides SoRAD

As a result of the establishment of SoRAD, large part of the University's social science addiction research is carried out there, but a fair amount of research is also conducted at other departments. At the Department of Social Work, to which the professorship in treatment research in the alcohol and drug field is linked, alcohol and illegal drug research has had a strong position – as evidenced by the number of published theses. The abovementioned professorship in sociology at the Institute for Social Research is held by an alcohol researcher, meaning that extensive alcohol research is being carried out both there and at the Department of Sociology. Further, this research orientation has also been represented at the Department of Criminology by a previous professor (Leif Lenke).

Karolinska Institute

At the Karolinska Institute, a division for theoretical alcohol research was established in 1959 with Leonard Goldberg as professor. In 1962 this was supplemented by a division for clinical alcohol research. Following the Alcohol Policy Inquiry, a third professorship in psychological alcohol research was established. In 1993, these two divisions were affiliated organisationally to the Department of Neuroscience, where they were merged to form the Section of Psychiatry. So far, these various units have produced 35 theses.

At the Department of Public Health Sciences at the Karolinska Institute, there is a large number of addiction researchers (such as Peter Allebeck, Kerstin Damström-Thakker, Sven Andreassson and Anders Romelsjö).

At the 'Centre for Psychiatric Research', which has been established jointly with the Stockholm County Council (see also the section on gambling addiction), extensive addiction research is conducted in relation to both alcohol and illegal drugs.

Göteborg/Western Sweden

In conjunction with the establishment in January 2004 of the Addiction Clinic at the Sahlgrenska University Hospital, a 'research council' for abuse and addiction issues was created (and subsequently given the name Research Council for Abuse and Addiction Issues (FMB)). The reason for the creation of the FMB was a wish to ensure that the Addiction Clinic, in its capacity as a university clinic, would be able to build a network for interdisciplinary collaboration with the University of Gothenburg, especially its Faculty of Social Sciences, and the Sahlgrenska Academy, which trains health-care staff. Hence, the aim of the creation of a research council was to strengthen and develop research conducted in close proximity to patients/clients and to integrate academic knowledge with clinical experience at the Addiction Clinic/Sahlgrenska University Hospital.

One professorship in psychology is held by a researcher in the addiction field (Claudia Fahlke) who carries out research within that field in its entirety. At the Department of Psychology, the areas of research include the psychology of addiction. This department co-operates with a very large number of research groups at the University of Gothenburg and elsewhere. For example, there is one project studying how psychological factors (environment during childhood and adolescence, personality, mental health, etc.) and biological factors (neurotransmitter functioning and genetics) interact in the case of alcohol addiction, focusing on the impact on the treatment process and treatment outcomes. The project participants include medical researchers with both theoretical and clinical experience of the addiction field (Jan Balldin and Ulf Berggren). Research into anabolic steroids is also conducted at this department.

Two senior lectureships in social medicine are held by addiction researchers (Fredrik Spak and Bo Söderpalm).

At the Department of Pharmacology, there is a long tradition of research on alcohol and the signal system of the brain.

Uppsala university

At the Department of Neuroscience, research is conducted into the interaction between inheritance and environment (Lars Oreland, emeritus professor in pharmacology, and others at this department) and into how those mechanisms affect the risk of developing alcohol problems. Lars Gunne at the Department of Psychiatry, Ulleråker Hospital, Uppsala University, built a research unit centring in part on the methadone programme. A few theses have emanated from this environment.

Lund university, Faculty of Medicine, Department of Health Sciences; Division of Clinical Alcohol Research at Malmö General Hospital
This research group was established in 1987, along with a professorship in clinical alcohol research which was part-funded by the National Alcohol Retailing Monopoly. Other permanent positions. Below is an outline description of some of the research orientations represented at the Department of Health Sciences at Lund University and the Division of Clinical Alcohol Research at the Skåne Region Psychiatry Services.

Clinical research on major **negative health factors in alcohol and drug addicts**, such as smoking, being overweight, malnutrition, a lack of physical activity and chronic medical conditions, which are very important in relation to poor health, increased morbidity and early mortality.

Clinical research through intervention in relation to **alcohol abuse and other health determinants**, such as a complete **VIP** (Very Important Patient) **programme** in the regular treatment of **somatic patients** at hospitals and in primary health-care services.

What is more, extensive prevention research has been or is being conducted at this department, including in several community projects, for example in the town of Trelleborg.

- A great deal of the research on alcohol problems and alcohol addiction is conducted by researchers whose job descriptions do not include the terms 'addiction research' or 'alcohol research'. One such researcher is a professor of social work at Örebro University (Lars Oscarsson). At the Linnaeus University in Växjö there is a professorship in pedagogy (Håkan Jenner) with a special focus on youth welfare and addiction services as well as a professorship in social psychology whose holder has a strong focus on addiction research (Philip Lalander); he is also linked to Malmö University, where there are a number of researchers with the same focus. The Department of Behavioural Science and Social Work at the Nordic School of Public Health in Jönköping shares a professorship with the Department of Social Work at the Mid-Sweden University in Östersund. The holder of this professorship (Anders Gerdner) has a strong research focus on the treatment of alcohol and illegal-drug addiction.

Alcohol and illegal-drug research at the Faculty of Social Sciences at Lund University
Important resarch on illegal drugs has been performed by, among others, Björn Jonsson , Bengt Svensson, Mats Hilte and Mats Fridell who also has been engaged in alcohol research. Agneta Öjehagen att the department of psychology has been engaged in alcohol research and partly together with the Division of Clinical Alcohol Research at Malmö General Hospital.

Linköping
Work at the Addiction Clinic and the Department of Health and Society has included prevention research in the addiction field. The newly filled professorship in social medicine and public-health science is held by the person who has been leading that research (Preben Bendtsen).

Financing

Tobacco research

In 1957 the Swedish Tobacco Monopoly established a Medical Research Council of Experts which later became the major source of tobacco research funding. Applications sent to other funding bodies such as the Cancer Society or Heart-Lung Fund were often referred to the Monopoly fund. In 2002 universities decided not to accept research funded by the tobacco industry. Since then the major funder of tobacco research has been the Swedish Council for Working Life and Social Research (FAS). Smaller contributions have come from the Swedish Cancer Fund, the Swedish Inheritance Fund, the Heart-Lung Fund, County Councils and Swedish Research Council.

Identified by a search of available databases of major funders:
Swedish Research Council (2000-2010): 2.47 MSEK (2 projects)
Swedish Cancer Society (2006-2010): 0 projects
Swedish Heart-Lung Foundation (2006-2010): 0 projects
Swedish Inheritance Foundation (2000-2010): 0.53 MSEK (1 project)

FAS has been the only significant funding source for tobacco research 2009-2012. A call for proposals for alcohol, narcotics and tobacco research was issued in January 2009 with a sum total of 15 MSEK annually for 4 years. FAS has since approved funding for tobacco research for 2009-2013 with 11.5 MSEK.

Table 13. Funding 2009-2013 for tobacco research from FAS

Category	No of projects	Amount (MSEK)	Category specified
A	1	2.6	Biomedical studies
B	3	5.6	Disease or treatment studies
C	1	2	Psychologicl studies
D	1	1.3	Social/societal studies
Total	**6**	**11.5**	

Gambling research

Svenska spel (a state game operator) has given the the Swedish Brain Foundation 25 MSEK for research on addiction for five year, i.e., 5 MSEK per year. The Brain Foundation has sofar distributed 8.430.000 SEK of these funds (5 030 000 SEK during 2009, 2 840 000 SEK during 2010 and 560 000 SEK sofal during 2011).

None of the grants concern pure gambling addiction. All of them have a medical focus, and, the majority of then, a biomedical focus.

Drug research

Mobilisation against narcotics (MOB) was established in 2002 by the government and worked during the period 2002-2007 with coordination of drug policy measures at the national level. This work has now been transferred to the Swedish National Institute of Public Health and the Swedish National Board of Health and Welfare.

During the years 2003-2007 MOB supported Swedish addiction research with substantial amounts of funding. In the table below projects which together received 46 MSEK are shown (during the years 2003-2005). According to the coordinator of MOB, Björn Fries, the total amount of fundings was around 94 MSEK.

The description of the financing of research by MOB is based on two sources. First a list of projects supported 2003-2005 from the scientific expert in MOB professor Fred Nyberg and secondly the final report of the activities in MOB during 2002-2007 to the Swedish government by the drug coordinator Björn Fries. In the final report 13 more projects for the years 2003-2005 are noted and for the years 2005-2006 26 projects are registered as well as one for 2007.

MOB presented their budget every year and proposed the level of research funding, which was approved by the governments each time until the the project was terminated in connection with the establihsment of a new government. The total budget approved was approximately 450 MSEK.

Grants shown below do not include the years 2006 or 2007.

Area	**No of projects**	**Amount in SEK**
1. Demand/prevention	14	7 640 000
2. Control och criminality	8	3 700 000
3. Treatment and care	23	16 980 000
4. Special projects	24	17 976 305
Total	**69**	**46 296 305**

Thirteen extra projects should be added to this referring to the final report, so the number of supported projects during this time should be **82 projects.**

The projects within all four areas (except area 2) often focused not only on narcotics, but also in several instances on alcohol and sometimes on prescription drugs, such as bensodiazepines. In area 2, Control and criminality, most of the projects (6 st.) dealt only with narcotics, one with anabolic steroids and one with narcotics and alcohol.

Many of the grant recipients had their main research focus in the alcohol area and have received several grants from other funding organisations. Several researchers received grants for 2 projects or more and some also got grants for the same project during more than one year.

In the year 2006 26 projects got grants and one project was granted in 2007. Among these numbers two substantial grants to the Swedish National Institute of Public Health (2006 and 2007) are included. These grants were directed to estimations of the dimension of drug use in Sweden 2007 and 2008. This means that for the whole period 2003-2007 (only one project in 2007) 109 projects were granted a total amount of around 94 mill SEK.

Alcohol research

As noted in the main report of the Alcohol Policy Inquiry, large part of addiction research is funded from the basic resources of universities, university colleges and health care institutions. This is particularly true when it comes to permanent positions.

In the 1960's and 1970's, virtually the only funder of Swedish alcohol research was the Medical Research Council (now a division of the Swedish Research Council). Table 14 below shows its support for alcohol research in absolute numbers and as a percentage of the total funding granted.

Table 14. Support from the Medical Research Council for alcohol research in the budget years 1966/67–1973/74 (SEK thousand)

Budget year	Total amount awarded	Of which to alcohol research	Percentage to alcohol research
1966/67	20 100	879	4,4 %
1967/68	22 273	1 064	4,7 %
1968/69	27 100	922	3,7 %
1969/70	35 300	1 360	3,8 %
1970/71	40 100	1 132	2,8 %
1971/72	42 960	1 314	3,1 %
1972/73	47 030	1 587	3,4 %
1973/74	51 530	1 392	2,7 %
Totalt	**286 393**	**9 650**	**3,4 %**

The table is taken from the report of the Alcohol Policy Inquiry (SOU 1974:91), page 109.

A large number of other research funders have since appeared, and the total amount distributed each year is now almost ten times higher than in the 1960s and 1970s.

Following the work of the Research Councils Inquiry, which reported in 1977, the organisation of research councils in Sweden was altered. The main changes were the merger of the Council for Research in the Humanities (HFR) and the Council for Research in the Social Sciences (SFR) into the Council for Research in the Humanities and Social Sciences (HSFR) and the establishment of the Council for Planning and Co-ordination of Research (FRN). The principal duty of the FRN was to manage interdisciplinary research of particular relevance to society, but it was also given main responsibility for research information. Several areas assigned priority by the FRN were in the domain of social medicine, including handicap research, food research, epidemiology and alcohol research. As part of the spending on alcohol research, 'environmental support' was given to four regions: Malmö/Lund, Linköping/Stockholm/Uppsala, Gothenburg and Umeå. This support was intended for conferences, knowledge exchange and projects. It began as early as the late 1970s.

In the early 1980s, the Bank of Sweden Tercentenary Foundation also initiated a special alcohol-research programme, and the Medical Research Council also had such a programme. The responsibility for alcohol research in the field of social sciences that, in the 1980s and 1990s, rested upon the Delegation for Social Research (DSF, an entity reporting to the Ministry of Health and Social Affairs) and subsequently upon an independent research council, the Swedish Council for Social Research (SFR), has now been taken over by the Swedish Council for Working Life and Social Research (FAS).

Table 15. Financial support for Swedish alcohol research, 1987/88–1993/94 (SEK thousand)

Funding agency	87/88	88/89	89/90	90/91	91/92	92/93	93/94	Sum
DSF/SFR	1 293	3 311	4 334	4 458	4 036	3 750	3 673	**24 855**
MFR	4 283	4 134	4 685	5 000	5 068	4 970	5 150	**33 290**
HSFR		120	--	--	--	--	--	**120**
FRN	2 250	2 650	3 000	3 200	2 700	1 550	---	**15 350**
RJ	1 062	1 656	2 148	2 399	1 070	946	--	**9 283**
SFA	1 835	2 007	2 000	2 000	2 000	2 000	2 000	**13 842**
Sum	**10 723**	**13 878**	**16 167**	**17 057**	**14 874**	**13 216**	**10 823**	**96 740**

Note: DSF = Delegation for Social Research; SFR = Swedish Council for Social Research; MFR = Medical Research Council; HSFR = Council for Research in the Humanities and Social Sciences; FRN = Council for Planning and Co-ordination of Research; RJ = Bank of Sweden Tercentenary Foundation; SFA = Alcohol Research Fund of the National Alcohol Retailing Monopoly (later called Alcohol Research Council of the National Alcohol Retailing Monopoly)). The table is taken from the main report of the Alcohol Policy Commission (Svensk Alkoholpolitik: Huvudbetänkande, SOU 1994:24, Stockholm 1994, page 108).

One point that has been stressed earlier in the section on academic theses on alcohol, namely the weak support for social medicine research from the research council with principal responsibility, is clear from the table. On an annual basis, the amount concerned is SEK 13.8 million.

Research areas

In the Alcohol Research Inquiry, projects are divided into four areas:

A Biological and medical studies;
B Studies of disease, prognosis, treatment and progression;
C Psychological and pedagogical studies;
D Social studies/social science studies.

Table 18. Distribution of research grants to research areas in 1992/93–1994/95 (SEK thousand)

Research area	No of projects/ studies	Approved grants	Amount approved per project
A	102	15 958	**157**
B	39	9 861	**253**
C	16	2 688	**168**
D	22	4 058	**184**
Summa	**179**	**32 565**	**182**

The table is taken from Alkoholforskningsutredningen ['Report of the Alcohol Research Inquiry'], Folkhälsoinstitutet [National Institute of Public Health] 1995:49, pages 97–98.

Of the funds granted, 79% went to medical studies (categories A and B). Since several projects received grants several years in a row ('continuation grants'), the total number of projects that were awarded grants during this period was 121. Of those, 73% were medical (category A or B). It is obvious that mainly medical projects were given grants at this time. In

the 1990s, academic theses from faculties of medicine accounted for 32% of all theses. In other words, the percentage of medical projects awarded grants far exceeds the percentage of medical alcohol-research theses.

At the end of the 1990s, a parliamentary research inquiry was conducted. It published its final document in 2000. On the basis of the proposals in that document, the Government presented a Research Bill to the Riksdag (parliament) that resulted in a new organisation for the research councils. In fact, the commission of inquiry had published an interim report as early as 1998 in which it had proposed that sectoral research should in principle cease to exist. Before that, several government agencies had provided direct support by, for example, inviting applications for grants for research, above all of an applied nature. This practice was thus abolished. Examples of agencies that had supported addiction research in this way are the National Institute of Public Health and the National Board of Health and Welfare.

The support now provided by various sectoral organs is probably more in the nature of commissioned research.

Ancillary Activities in Support of Research

Swedish Association for Alcohol and Drug Research (SAD)
The Swedish Association for Alcohol and Drug Research (SAD) was founded in 1981 and is a successor to the Interdisciplinary Seminar on the Alcohol Issue (TSA). Today, SAD is an a association of 340 active researchers in the field of alcohol and other drugs.

The association's activities aim to promote research on alcohol and other addictive substances in Sweden by:

- favouring a scientific view on the ramifications of alcohol and illegal-drug use for individuals and society;
- working as an intermediary between researchers when it comes to contacts and information, both within and between disciplines and both nationally and internationally;
- promoting co-ordination and continuity in research, and defending and watching the interests of research;
- stimulating interdisciplinary research;
- stimulating the new recruitment of researchers to the field;
- striving to ensure that research findings will become known and be used in a responsible way as a basis for discussions and decisions relating to research, information and preventive and therapeutic actions;
- promoting the conduct of local operations.

The annual meeting of the SAD is organised as a two-day conference in the second half of each year, where the programme is designed to shed light on a topical research theme of relevance to society. The SAD is above all an organisation for alcohol and drug researchers. However, membership is also open to people who work actively as information officers or similar in relation to alcohol and drug issues or who for some other specific reason have a professional interest in keeping abreast of current trends in alcohol and drug research. Membership – both of the national association and of one of the six local chapters – is granted by the Board of the SAD. An application for membership must be sponsored by two existing members.

Nordic Centre for Welfare and Social Issues
The Nordic Committee on Alcohol and Drug Research (NAD) was established in 1978 but ceased to exist in 2011 and is now part of the Nordic Centre for Welfare and Social Issues, which reports to the Nordic Council of Ministers. Each member country has one full Board member and one substitute, who are chosen by the respective national government. The alcohol research unit constitutes the Nordic Centre for Welfare and Social Issues – Finland, located in Helsinki. Its aims are to:

- Promote and develop interdisciplinary contacts in alcohol and drug research and research on other addictive substances in the Nordic countries;
- Initiate and plan pan-Nordic research projects intended to shed light on important issues of alcohol and drug policy;
- Promote Nordic information and documentation efforts;
- Organise Nordic conferences for researchers and stimulate doctoral training and the exchange of researchers;
- Create a link between researchers and various user groups in order to disseminate research findings and stimulate a two-way dialogue.

Nordic Studies on Alcohol and Drugs (NAD)/Nordisk alkohol- & narkotikatidskrift (NAT)
This is a journal for alcohol and drug research in the fields of social science and social medicine as well as alcohol and drug policy. Each Nordic country has one representative on the Editorial Board. From 2011, the NAT is also part of the Nordic Centre for Welfare and Social Issues – Finland. Two or three of the six annual issues are published in English as *Nordic Studies on Alcohol and Drugs* (NAD)

FAS initiates and supports research in the areas of working life, public health and welfare

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