

# The new suit of the Centre for Social Research on Alcohol and Drugs (SoRAD): A well-tailored costume for tackling research and challenges ahead

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## Abstract

This overview reviews the establishment and evolution of the Centre for Social Research on Alcohol and Drugs (SoRAD). It outlines its current organisation and updated research direction, and discusses SoRAD's future challenges and opportunities. SoRAD was established at Stockholm University to strengthen and support Swedish social science research on alcohol and drugs. It became active in 1999, and quickly grew in research efforts and reputation, while experiencing setbacks around 2006 and 2017. In 2018 SoRAD merged with the Centre for Health Equity Studies (CHES), to form a new Department of Public Health Sciences. In its new suit, SoRAD acts as a research centre within the teaching department. The research activities on alcohol and other drugs and gambling behaviour and problems may be categorised into four main areas: social epidemiology; subcultures

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and social worlds of use and heavy use; policy formation, implementation and societal responses; and societal and other collective definitions of problems and solutions. The new arrangements, with an increased staff pool and close interplay with higher education, provide a more stable and long-term platform for achieving the main mission of promoting and developing social science research on addictive substances and behaviours and related problems.

## Keywords

alcohol, drugs, gambling, tobacco, public health, research centre, Sweden

The effort to promote Swedish social science research on alcohol – and also later on other drugs and addictive behaviours such as gambling – has a long history. It was settled, at least temporarily, with the inauguration of the Centre for Social Research on Alcohol and Drugs (SoRAD) in 1999. This overview briefly outlines the two-decade-long story of the rise, setbacks, and future of SoRAD (Cisneros Örnberg et al., 2014; Room, 2000; Stenius, Ramstedt, & Olsson, 2010). Two setbacks are identified that threatened the centre – one in 2006 and another around 2017. On January 1, 2018 SoRAD merged into a new structure, along with a similar research centre, the Centre for Health Equity Studies (CHESS) (Vågerö, 2014), also populated primarily by social scientists. A new teaching Department of Public Health Sciences within the Faculty of Social Sciences at Stockholm University (SU), incorporating the two research centres, was established.

This organisational fusion provides a stable base for social science research into addictive substances and behaviours to thrive. As a research centre within the overarching department all staff and financial resources are tied to the departmental level. Research activities in the department may thereby fit within one, both or neither of the research profile areas of the two centres. This institutional change provides a long-term financial platform for SoRAD: a teaching department is more stable in the university organisation than a research centre which primarily relies on short-term external funding; the core funding is significantly increased by

teaching obligations; and the influx of young talents increases when students enter a department with its own PhD programme. SoRAD is now better able to retain valuable staff, as senior lecturers are hired and researchers may combine or replace research with teaching if they temporarily fail to receive external grants.

The new arrangement helps keep social science research in the field of addictive substances and behaviours together. Research is also further disseminated when it is integrated into higher education. The placement within a university, as with the Danish Centre for Alcohol and Drug Research (Pedersen, 2005), promises a stable and independent future (Kolind et al., 2019), whereas the recent histories of the long-established Norwegian<sup>1</sup> and Finnish<sup>2</sup> research centres, now located within government public health agencies, have included repeated re-organisations.

SoRAD's re-organisation and increased staff pool called for this updated review of its research direction and a presentation of the current organisation. To prepare this, the authors reviewed ongoing research projects, grant applications submitted in the spring of 2019, and the abstracts of all registered publications by the department (January 2018 to September 2019). An iterative process was applied to formulate the lines of research presented below, combining SoRAD's mission and previous specialties, and its ongoing and planned studies. The goal was to portray social science and behavioural research activities and outputs related to alcohol, drugs, tobacco, gambling, and other addictive behaviours by the department, as well as future directions in the

research field.<sup>3</sup> Future challenges are also discussed.

## Half a century of promoting social alcohol research: The establishment of SoRAD

Nearly 50 years have passed since a government-commissioned inquiry (SOU, 1974) concluded that Swedish research policy primarily promoted medical and biological research in the alcohol field. It was stressed that the alcohol issue is interdisciplinary. And while international medical-biological research was presumably applicable also to Swedes, social structures usually vary by countries. It was thus suggested that the social and psychological alcohol research field should be strengthened in Sweden.

Two decades passed until, in the wake of Sweden entering the EU and with a stronger conviction that alcohol policy must be informed by science, the issue was addressed again. A new inquiry (SOU, 1994) concluded that Swedish alcohol research was scattered, with too few permanent research positions, and that most research funding was still directed towards medical research. Swedish alcohol research had to be strengthened, and this was particularly pressing for the behavioural and social sciences. The commission argued that core funding and stable research positions were crucial, and so were clear ties to university teaching, and a critical mass large enough to provide for a creative, high-quality research milieu. The subsequent investigation (Folkhälsoinstitutet, 1995) suggested that a centre similar to those in Norway and Finland be established, and in 1997 this was decided on. SoRAD was located within the Faculty of Social Sciences at SU and became active in the spring of 1999, with Robin Room appointed as the first director.

SoRAD quickly grew in national and international reputation and research efforts. doctoral students funded by and located at SoRAD were appointed, but were enrolled at other teaching departments, as a research centre

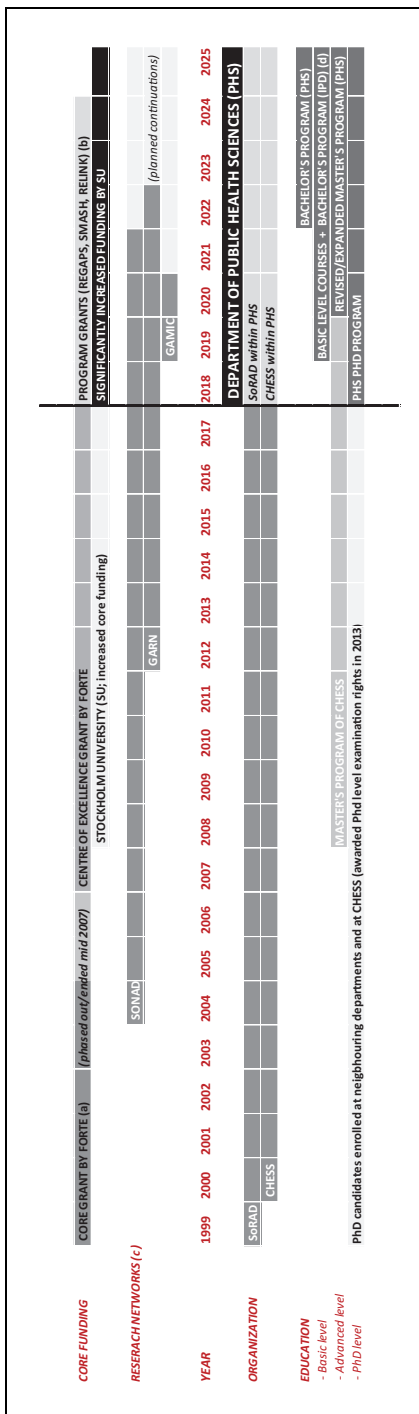
lacks examination rights (Cisneros Örnberg et al., 2014). Besides projects funded by research councils, during these initial years SoRAD's funding came primarily from two sources: core funding by the Swedish Council for Working Life and Social Research (FAS) that lasted for eight years, and several projects funded by the Ministry of Health and Social Affairs. SoRAD remained independent in its ideas: researchers initiated and tailored research, without interference from the two main funding bodies.

## Setbacks and solutions

As pointed out by Stenius, Ramstedt, & Olsson (2010) in their retrospective account of SoRAD, the centre was facing challenges around the year 2006 when the founding director headed for Melbourne<sup>4</sup> to avoid the forced retirement age in Sweden (Giesbrecht & Rosenqvist, 2014). The funding situation deteriorated when the FAS core grant – intended from the beginning as a start-up grant – expired, and government funding of university-based research from other ministries than Education was phased out (see Figure 1). A “vicious cycle” seemed to be at hand when Room's move coincided with the “shrinking core budget, the disappearance of some senior researchers... fresh PhD students having to look for other jobs, fewer senior researchers to apply for new funding, and thus less funding and fewer staff” (Stenius, Ramstedt, & Olsson, 2010, p. 403).

The downward spiral was reversed when SU decided to allocate an increased annual core grant to SoRAD (about 25% of the budget). The rest was applied for and granted in competition for external grants. A most important component of the upswing was that SoRAD in 2007 received a ten-year Centre of Excellence (CoE) grant as an internationally competitive research unit, which again offered the opportunity to hire PhD students and post docs, and to avoid losing good scientists due to project funding gaps.

A new setback, the termination of the CoE grant in 2017, coincided with a university



**Figure 1.** Timeline containing core funding, research networks, and organisation of SoRAD, and the development of teaching within the Department of Public Health Sciences, 1999–2025.

- (a) Swedish Research Council for Health, Working Life and Welfare (FORTE), previously Swedish Council for Working Life and Social Research (FAS), and Swedish Social Research Council (SFR).
- (b) Three, six-year research programmes awarded in 2017: Responding to and reducing gambling problems studies (REGAPS), Studies of migration and social determinants of health (SMASH), and Reproduction of inequality through linked lives (RELINK).
- (c) Swedish social science network for alcohol and drug research (Sonad), Gambling Research Network (GARN), Nordic Gambling Research Network – Gambling in Context (GAMIC).
- (d) Department of Education at Stockholm University.

debate that had been going on for years. Small units were considered to be vulnerable to financial fluctuations and thus to offer uncertainty and poorer work conditions for research staff. Internal university reports contemplated the fate of small units like SoRAD. With the end of the CoE grant, no more PhD students could be hired, and employment came to an end for several scientists. SU came to SoRAD's rescue again. The outcome of the discussions of various solutions was to establish a new teaching department based on SoRAD and CHESS.

The two centres share several features. CHESS was set up in 2000 as a national research centre following government-initiated discussions in 1997 on how to tackle the large health differences in the Swedish population. CHESS' main focus has been on health equity studies and the role of social, psychological, relational, structural, and biological circumstances in shaping health across social groups, and from a life-course perspective. CHESS, like SoRAD, was facing the threat of being closed down when the initial core funding ceased around 2005, but also received a ten-year CoE grant in 2007. Both centres have served as remedies to the previous improvised and scattered ad hoc solutions for work in important interdisciplinary research fields by bringing together qualified researchers with a large enough critical mass. CHESS was already from the beginning, and remains, a joint SU–Karolinska institutet (KI) commitment. It has operated an international master's programme in Population Health and Public Health since 2008, and was given the rights to award PhD degrees in public health sciences in 2013 (Vågerö, 2014).

### **SoRAD within the department of public health sciences**

The Department of Public Health Sciences has about 65 employees, is headed by a *prefekt* and governed by an internally elected Departmental Board. It has rapidly expanded its education in public health from a social science perspective by: revising and expanding the international

master's programme; admitting PhD students; establishing basic level courses, with special emphasis on CHESS and SoRAD's research expertise; establishing a bachelor's programme in collaboration with the Department of Education (IPD); and developing yet another bachelor's programme in public health sciences.

Most of the research activities of the department fit within the research centres. Some research activities focus solely on addictive substances/behaviours, whereas others may be devoted to topics in which alcohol use, for example, may serve as a crucial risk factor, health outcome, or otherwise be of interest. SoRAD's research field has received valued input from CHESS in the now-strengthened intersection between the centres' research areas. Similarities in research and joint backgrounds in social sciences have eased the organisational fusion, although some staff have seized opportunities to get positions at neighbouring departments they were affiliated with. While CHESS had a clear profile in quantitative research, SoRAD also brought qualitative research into the department and its education.

SoRAD operates as a research centre within the department. The by-laws, first established by the University Board in 1997, were most recently revised in 2018 (SoRAD, 2018), clarifying the objectives and activities of SoRAD in its new shape. SoRAD's primary mission continues to be to promote the development of social science research on addictive substances and behaviours, now within the department. A director and a board acting for periods of three years manage the centre. SoRAD strives to be nationally leading and internationally prominent in social science research and knowledge on alcohol, other drugs including tobacco, and gambling. SoRAD is expected to encourage national and international collaboration and information exchange across universities, research environments, networks and external organisations. The national aspect of this has been strongly developed through the establishment and co-ordination of national researchers' networks: Sonad (Alcohol and Drug Research

Network within Social Sciences) since 2004, GARN (Gambling Research Network, GARN) since 2012, and GAMIC (Gambling in Context) since 2019. Board duties are to: support and promote activities in accordance with the centre's goals; prepare research-related matters for the internal departmental board; and monitor the research field nationally and internationally. The centre's director leads the centre's activities as decided by the board, and acts as the link between the board and the department. The current board consists of Chairman Johan Edman (Dept. of Criminology), SoRAD Director Jessica Storbjörk and staff representative Jonas Landberg (Dept. of Public Health Sciences), Anna Bessö (The Public Health Agency of Sweden), and Robin Room (La Trobe University, Melbourne).

## Public health from a social science perspective

The work continues to focus on addictive substances and behaviours and problems, from a social science perspective on public health. The research acknowledges interesting and somewhat contradictory features of these substances and disorders. They are: commonly classified together under headings such as “behavioural addictions”; both used and overused; attractive commodities that can be sold for considerably more than the cost of production and provision; and use and associated behaviour are matters of both individual choice and culturally, politically and commercially decided. The potential profits and harms mean that both governments and private interests have regarded participation in the market, and where possible control of it, as extremely valuable (Babor et al., 2010; Freudenberg, 2014).

Addictive substances and behaviours are also causes of health and social problems. Even within a public health framing, these problems extend across common internal boundaries. Alcohol, for instance, is: substantially involved in injuries; one of the major risk factors for noncommunicable diseases; a substantial cause of mental disorders;

and contributes to infectious disease. The problems also extend beyond the conventional boundaries of public health, including social problems, such as destitution and crime, and harms to others whether it is family members, colleagues or the neighbourhood. Societal responses to problems involve not only the health system but also welfare and legal systems, and interest organisations such as associations fighting for the rights of users or for a drug-free society. These complexities may explain why a public health framing may have different meanings and implications for different substances and their stakeholders (MacGregor, 2016).

The research on addictive substances and behaviours within the department thus works within a public health perspective, but applies that perspective broadly from a social science perspective to matter beyond the usual scope of health. This approach has recently been described for gambling as a view

... from the perspective of what policies will best serve the public good, and minimize the individual and collective harms related to the activity. The approach is modelled on the public health approach, defined as what societies do collectively to advance the public good by assuring the conditions in which people can be healthy... While recognizing that gambling issues involve other dimensions along with health, we borrow from the public health paradigm the emphasis on the population as a whole rather than problem-behaving individuals... [with a] focus on inequalities within and between populations, accounting for structural and cultural dimensions in the occurrence of problems, as well as individual and interactional levels. Finally, in parallel with the public health approach, we do not take a stand on the moral worth of the activity itself... [but aim] to promote the health and well-being of the public in terms of the consequences of gambling activities, stressing the role of government in advancing this goal. (Sulkunen et al., 2018, p. 3)

Within this general frame, our research activities have pursued and will develop several areas of research, using diverse methods. The work is

broadly within the ambit of social and behavioural science research, using diverse analytical frames and research designs and methods, but with the orientation toward the pragmatism and policy relevance which are hallmarks of public health approaches. Four main areas of research, accompanied with a selection of previous and ongoing examples and publications, are outlined below. While some research activities fit into one area, it is obvious that many activities span across several themes, as these are intertwined and overlapping.

*Social epidemiology: Trends, patterns and circumstances of use and related problems, and their relation to social linkages, the life-course, generations, and social inequality*

Initially, SoRAD researchers contributed to the central Nordic tradition of alcohol research within the public health approach, including: comparative population level studies of the association between per capita consumption and rates of alcohol-related harm (Landberg, 2008; Landberg & Norström, 2011; Norström & Ramstedt, 2005; Ramstedt, 2001, 2002), studies of the prevention paradox (Danielsson et al., 2012; Rossow & Romelsjö, 2006) and assessments of the societal cost of alcohol (Jarl et al., 2008). More recent population level studies have focused on age, period and cohort effects on alcohol consumption (Kraus, Tinghög, et al., 2015) and related harm (Kraus, Østhus, et al., 2015), as well as the declining trend in adolescent alcohol use (Kraus et al., 2019; Kraus et al., 2018; Pennay et al., 2018; Room et al., 2019).

There has been an increased focus on individual-centred research approaches. These studies have drawn upon rich Swedish traditions of survey data, register studies, and longitudinal research, with datasets in which respondents are followed across their life-course. In studies covering the full range from general population-based research to clinical

populations, SoRAD has contributed to our knowledge of individual, social and intergenerational predictors and precipitators of behaviour concerning alcohol (Dietze et al., 2017; Hagström et al., 2019; Landberg et al., 2018; Löfving et al., 2018; Wennberg et al., 2016), tobacco (Östergren & Martikainen, 2019; Sohlberg, 2015; Sohlberg & Wennberg, 2014), drugs (Ledberg, 2017; Reitan, 2019) and gambling (Brolin Låftman et al., 2019; Sundqvist & Rosendahl, 2019; Svensson & Sundqvist, 2019) and related problems. The studies are often concerned with patterns and risks over time and test for social, psychological and interactional determinants of problems – e.g., within the school or family (Olsson et al., 2019; Thor et al., 2019). Other areas of research include methodological studies (Ledberg & Wennberg, 2014; Samuelsson et al., 2019) and intergenerational studies, focusing on how parental substance use problems translate into adverse consequences in offspring (Hemmingsson et al., 2017; Landberg et al., 2019). A recent addition is a PhD project which uses the Stockholm Birth Cohort Multigenerational Study to examine the long-term effect of social relationships on the association between childhood disadvantage and risk of substance-related disorders in adulthood. Another PhD project examines how socially differentiated alcohol use develops across the life-course (Wells & Östberg, 2018).

Following merging with CHES, SoRAD has seen a strengthening in research focusing on health inequalities in substance use and related harm, and of social determinants of health in this context – often based on population registers. Instances of this include studies of the association between childhood social inequality and alcohol-related disparities later in life (Gauffin, 2015), and recent assessments of the contribution of smoking and alcohol-related mortality to inequalities in life expectancy (Östergren et al., 2018, 2019). A new contribution comes from the SMASH programme (Studies of Migration and Social Determinants of Health), that will examine to

what extent health behaviours like substance use account for health inequalities between native and foreign-origin groups (Manhica et al., 2016).

### *Subcultures and social worlds of use and heavy use: Cultural influences on problems, and means of affecting them in the public interest*

Substance use and gambling are often social activities, with use and heavy use occurring in and supported by social norms that may vary by time and space, or by a subculture or social world of other heavy users (Room et al., 2016). Understandings of use and problems are important areas of study per se, and crucial in our efforts to counteract negative consequences of legal and illegal substances and gambling. Where social worlds are opposed to a public health-oriented intervention (Kataja et al., 2018; Månsson, 2017), the effects of the intervention can often be undercut by collective action. But understanding normative patterns of influence in such social worlds, through qualitative studies, can point to paths for action in the interest of public health. Social epidemiological studies are good at identifying the social location of use and problems, and often contribute to evaluations of the effects of policy changes (see below), but by design tend to yield individualistic data. Studying the social position of addictive substances/behaviours and the social worlds of such activities is often best accomplished with qualitative data (Törrönen, 2014). And mixed methods including such data are often required to evaluate the effectiveness of interventions in such social worlds in reducing problems.

Studies on subjective experiences and meaning of substance use, addictive lifestyles, and the cultural position of substances or behaviours have been integral to SoRAD's work (Bernhardsson, 2014; Kraus et al., 2019; Lalander, 2002; Lalander & Salasuo, 2005; Roumeliotis, 2010; Samuelsson et al., 2018; Törrönen &

Rolando, 2018). The centre has been strong on qualitative research; the most recent addition is a PhD project on "Addiction" as a changing pattern of relations, which compares autobiographical narratives about different dependencies and studies how people construct understandings of their behaviour and continue to act in line with cultural, historical and social perceptions.

### *Policy formation, implementation and societal responses in governing alcohol, drug and gambling*

SoRAD has studied the impact of European/international trade agreements on alcohol, pharmaceutical and gambling policies, and their effects on public health and other interests (Cisneros Örnberg, 2009; Cisneros Örnberg & Hettne, 2018). The rise in online alcohol and tobacco purchasing and gambling brings new urgency to questions regarding international agreements, in the tradition of the Framework Convention on Tobacco Control, to govern cross-border sale and delivery of such products.

The research has studied the effects of alcohol and gambling policy changes on consumption and problems (Coomber et al., 2018; Jiang & Room, 2018; Mäkelä et al., 2008), and included reviews of the literature on policy impacts in alcohol, tobacco, drugs and gambling (Babor et al., 2010, 2018; Sulkunen et al., 2018). Work will continue on studying policy impacts of controls on availability, taxation and pricing, and on marketing (Lindeman et al., 2019; Motka et al., 2018) – identified as "best buys" for public health in alcohol policy (WHO, 2017). A new PhD project on gambling covers several of these fields: marketing, companies' "duty of care", and self-exclusion. Research is needed on processes of policy formation and implementation, identifying the policy positions and effects of interests involved in the policy process, and studying what happens as policies are implemented (Forström & Cisneros Örnberg, 2019).



Another side of public policy is the organisation, funding and provision of treatment or other responses and support for those with alcohol, drug or gambling problems (Klingemann & Storbjörk, 2016). Alcohol prevention in workplaces is another important area and is in focus in a new PhD project. SoRAD's past work on the specific addiction treatment systems (Stenius, Witbrodt, et al., 2010; Storbjörk & Room, 2008) depended on large project grants from sources which are now ruled out. New resources would be needed for such resource-demanding work to be updated. Improving treatment system responses to achieve better outcomes and cost-effective services and systems is indeed difficult. Involved stakeholders continue to search for various ways of governing and steering the system by bureaucratic handling and evidence-based methods (Eriksson & Edman, 2018) – areas therefore of great importance for further studies. Marketisation of the treatment systems has also become evident, which imposes new logics, introduces new actors involved in policy making such as multinational investment companies, and may influence treatment access (Stenius & Storbjörk, 2020; Storbjörk & Stenius, 2019). Treatment systems and utilisation therefore remain important but understudied topics (Loy et al., 2018).

### *Definitions and solutions: Societal and other collective definitions of problems and responses*

Social science research is interested in how problems are defined by whom, and the implications thereof. This line of research includes analyses exploring definitions and the assemblages that surround them (Blomqvist, 2012; Storbjörk, 2018; Törrönen & Tigerstedt, 2018), popular images of addictive substances and behaviours (Blomqvist, 2009), and the usefulness of various concepts (Wallander & Blomqvist, 2019). Other examples have included drug prevention as a field of problematisation (Roumeliotis, 2016), and the co-

production of addiction expertise, i.e., how science and society produce knowledge together and how expert knowledge is communicated and received (Winter, 2019). Consequences of various ways of framing illicit drug problems are also evident in research (Eriksson & Edman, 2017) on the contested introduction of needle exchange programmes (NEP) in Sweden – while disease or unjust society perspectives called for NEP, ascription of drug use to misguided attitudes called for prohibition and correctional measures.

Areas that SoRAD is well-positioned to study, as a social science research centre located within public health, are the somewhat intertwined fields of medicalisation (Midanik & Room, 2005; Room et al., 2004) and the conceptual framing of addiction in terms of public health (Hellman, 2018a, 2018b; Room, 2018; Stenius, 2018). Claims-making is interpreted in terms of power and interested parties. If behaviours become defined as diseases or diagnoses, it implies they are to be treated medically (Conrad & Barker, 2010). Some argue that public health definitions and the governance ideas of New Public Health put too much responsibility upon individuals and lifestyle choices. Hellman (2018a) has argued that a conceptual epistemic mainstreaming has taken place in which the areas of alcohol, drugs and tobacco have been brought together into a public health frame and policy – a development underpinned by international treaties, the WHO, and diagnostic classification systems, and which is driven both by political motives and advances in neurosciences. It is therefore important to study contested and changing problem definitions and the consequences of choices among them (Edman & Berndt, 2018, 2019; Edman & Olsson, 2014; Forsström & Samuelsson, 2018; Storbjörk, 2018).

## **Discussion**

Research centres are periodically called for as remedies to various problems (SOU, 2011). However, Vågerö (2014) noted how CHES

was one of the first victims of the philosophy of giving large grants to universities without long-term commitment. SoRAD's history also illustrates the difficulties in surviving as a research centre without guaranteed funding. It may take decades to find solid ground. Still, it may be fair to claim that 20 years after its inauguration, SoRAD finally has reached the goals for a national centre laid out in SOU 1994:24. It now has a stable location and funding situation, clear involvement in higher education, and the capability of offering teaching positions (including also research). SoRAD's placement within a teaching department at a university, as opposed to a large government agency, also promises an independent future.

Evidently, the research interests of SoRAD already paralleled those of CHESS before the fusion. Valuable synergies have appeared, with the expertise of the two centres intersecting (e.g., Brolin Låftman et al., 2019; Kaltenecker et al., 2019), and SoRAD has received input in the fields of epidemiology, health inequalities, and social determinants of health (e.g., Östergren et al., 2018). However, the balancing act of hosting two research centres while building a teaching department will remain a delicate and important task for the department, as it seeks to promote research activities within both centres' areas of expertise, while at the same time acquiring other competences in public health vital to teaching activities. Within this wider frame, maintaining broad expertise across diverse types of research, qualitative and quantitative, is important for the continued promotion of social science research and for upholding a critical mass that will facilitate good research. The research at the department will also have to strive to remain vital when teaching obligations require a lot of time. This task is particularly challenging in the current initiation and expansion phase.

The research orientations and specialities of SoRAD regarding research topics and approaches have varied over the years due to changes in funding possibilities, staff composition, and the public interest. Gambling was, for

example, on the agenda when Sweden introduced state-owned casinos in the early 2000s (Lalander & Andreasson, 2003; Westfeldt, 2004). This research field thereafter diminished, but is now revived (Brolin Låftman et al., 2019; Cisneros Örnberg & Hettne, 2018; Forsström & Cisneros Örnberg, 2019; Samuelsson et al., 2018) and in focus in the research programme Responding to and Reducing Gambling Problems Studies (REGAPS). Tobacco has moved up and down as a research topic (Blomqvist, 2009; Edman & Berndt, 2019; Östergren et al., 2018; Sohlberg, 2014), but failed to establish itself as a core subject – primarily due to difficulties in receiving funding despite the crucial role of smoking in the global burden of disease. What is now described as *social epidemiology* was already previously strong at SoRAD and it may be fair to say that this line of research now dominates the research on addictive substances and behaviours at the department, as it constitutes a clear intersection between the two incorporated research centres. In the past at SoRAD, this line of research has been particularly oriented towards alcohol research. In its mission to promote social science research of different kinds, SoRAD will put extra effort into safeguarding the other lines of research as well as research on substances and behaviours other than alcohol. The areas of *subcultures*, *policy formation/societal responses*, and *collective definitions* are less pronounced in public health research in general, but highly important for understanding substance use, those adversely affected by use, and how to frame societal reactions and responses. SoRAD may serve as a useful bridge between such social science research and more medical epidemiological research by its placement on a public health platform hosting a range of research orientations and topics. The integration of social alcohol and drug research into public health frames, as well as the challenge of framing and conducting social science research under a public health umbrella, will therefore be important research topics and tasks.

As implied, in its 20 years of existence, SoRAD has become a well-regarded member of

the international archipelago of a dozen or so social research centres in alcohol, drugs and gambling. It has made strong contributions not only to Swedish knowledge and policy, but also to the international research literature. With the stable support provided by the new organisational arrangements, it is well positioned to surpass its past contributions to knowledge for the guidance of policy and practice. It may also continue to contribute to the tradition of international collaborative research, within the Nordic world, across Europe, and at a global level, in the areas of addictive substances and behaviours.

### Notes

1. Originally the National Institute for Alcohol and Drug Research (SIFA); in 2001 merged into SIRUS (Norwegian Institute for Alcohol and Drug Research), which was merged in 2016 into the Norwegian Institute of Public Health.
2. Alcohol, Drugs, and Addictions Unit. Founded in 1952 as the Social Research Institute of Alcohol Studies within the Finnish alcohol monopoly; in 1992 merged into STAKES (National Research and Development Centre for Welfare and Health), which in turn merged in 2009 into the National Institute for Health and Welfare (THL).
3. The manuscript was circulated and discussed with department staff and with the board of SoRAD in October 2019 to validate the conceptualisations and lines of research.
4. Room has maintained his affiliation with SoRAD as an employed guest professor. He is continuously involved in various research projects and has served as a member of the new SoRAD board since 2018.


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