



# **Evaluation of Medicine and Health (EVALMEDHELSE) 2023-2024**

## **Self-assessment for research groups**

Date of dispatch: **15. September 2023**  
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**Institution (name and short name): Stavanger University Hospital, SUH**

**Administrative unit (name and short name): Stavanger University Hospital, SUH**

**Research group (name and short name): Centre for Alcohol and Drug Research, KORFOR**

**Date: 31.01.24**

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# **1. Organisation and strategy**

## **1.1 Research group's organisation**

Describe the establishment and the development of the research group, including its leadership (e.g. centralised or distributed etc.), researcher roles (e.g. technical staff, PhD, post docs, junior positions, senior positions or other researcher positions), the group's role in researcher training, mobility and how research is organised (e.g. core funding organisation versus project based organisation etc.).

Centre for Alcohol and Drug Research (KORFOR) at Stavanger University Hospital (SUS) was established in 2007. KORFOR's mission is to promote and conduct research, dissemination of knowledge and contribute to professional and service development in the field pertaining to alcohol and substance use disorders (AUD/SUD). KORFOR's head office is in Stavanger, but we are a network organization that collaborates with research environments locally, regionally, nationally, and internationally. Our perspective is multidisciplinary, encompassing the large array of perspectives seen in the AUD/SUD patient cohort. KORFOR functions as a network organization that both initiates and participates in projects on a local, national and international scale.

KORFOR has a general manager, a register manager and two research leaders. The two research leaders each have responsibility for their own priority area but work closely together to ensure that KORFOR's entire research portfolio is looked after in a good way. By the end of 2022, KORFOR was involved in 15 research projects. Six PhD fellows and two post.doc candidates were associated with KORFOR. In addition, there were five senior researchers employed by KORFOR, as well as technical personnel and personnel employed to run our registries. Every month there is a separate joint research meeting for everyone connected to KORFOR and there is a separate joint support group for PhD scholars.

**Research:** Although KORFOR has a broad research focus, two areas of research has been prioritized. First, we have made a significant effort to improve our understanding of recovery trajectories of patients with SUD, and its clinical consequences (see table 4, project 1). Second, we have prioritized research on alcohol and health, focusing on early detection and intervention of harmful alcohol habits in diverse clinical settings (see Table 4, project 2, 3, 6). KORFOR also serves as a collaborator and site in a national trial and a regional cohort study (see table 4, project 4).

**Professional and service development:** KORFOR has over several years worked to develop national health registers for specialized clinical health services and community-based health services. Brukerplan and The Norwegian Substance Use Disorder Treatment Registry (NORSUD) collect data on a national scale. Both registries aim to be central tools for quality assurance and service development on a national, regional, and local scale.

**Dissemination of knowledge:** KORFOR conducts extensive dissemination on a local, regional, national, and international scale. The work is rooted in research activities and findings from our two national registries. We teach at universities and colleges, postgraduate training, and actively participate in the social debate on topics we are engaged in. In 2022, KORFOR had close to 150 different dissemination assignments not counting teaching at universities and colleges. KORFOR has a central role in arranging regional and national conferences and networks, such as The National conference for alcohol and drug research (since 2007), the Network for Social Science research on alcohol and drugs (since 2015).

**Funding:** The operation of KORFOR is financed through operating funds from the Western Norway Regional Health Authority, which is part of Helse Stavanger's budget. In addition, three post.doc candidates and five PhD scholars connected to KORFOR were financed with external funds. The work with our registries were financed by external funds from the Western Norway Regional Health Authority and The Norwegian Directorate of Health.

**Table 1. List of number of personnel by categories**

**Instructions:** Please provide number of your personnel by categories.

For institutions in the higher education sector, please use the categories used in DBH, <https://dbh.hkdir.no/datainnhold/kodeverk/stillingskoder>. Please add new lines or delete lines which are not in use.

	Position by category	No. of researcher per category	Share of women per category (%)	No. of researchers who are part of multiple (other) research groups at the admin unit	No. of temporary positions
<b>No. of Personnel by position</b>	Researchers and postdocs (number of physicians and psychologists)	8 (6)	12.5%	2	4
	PhD-students (number of physicians and psychologists)	6 (3)	33%	0	4
	Registries	5	80%	0	0
	Research support	5	80%	0	0
	(Professors)	1	0 %	0	0
	(Associate professors)	2	0 %	1	0

## 1.2 Research group's strategy

a) Describe the research group's main goals, objectives and strategies to obtain these (e.g. funding, plans for recruitment, internationalization etc.) within the period 2012-2022.

The main goal of KORFOR in the period 2012 – 2022 has been to develop initiate and promote new research efforts, maintain a high degree of dissemination in academic and public settings, and contribute to clinical and service development in both specialized and community clinical services. Specific objectives include:

**Securing a strong research group:** KORFOR has since its beginning aimed to be an interdisciplinary team, comprised of researchers with background in both clinical and social sciences. This aim has been extended throughout the evaluation period. Core funding secures the permanent senior positions, while project-based funding secure PhD and postdoc positions.

**Advancing treatment of AUD / SUD:** Contribute to evidence-based practices in clinical settings, by production of high-quality publications, initiation of new studies, and a strong commitment for research dissemination in academic and clinical settings, and directed dissemination towards policy makers, users and the public.

**Maintaining a strong connection to clinical practice:** We seek to strengthen the link between research and clinical practice, by focusing on practice-based research practices in our research group, and contributing to evidence based clinical practices on a regional and national scale.

**Strengthening collaborative research:** Foster collaboration with regional, national and international partners, aiming to facilitate new research projects that require multi-site designs, and data sharing.

**User involvement:** Identify and develop new avenues for user involvement in research.

b) Please describe the benchmark of the research group. The benchmark for the research group should be written by the administrative unit in collaboration with the research group. The benchmark can be a reference to an academic level of performance (national or international) or to the group's contributions to other institutional or sectoral purposes.

Example: A benchmark for a research group is related to the research groups' aim which again is included in the strategy for the administrative unit. A guidance for the administrative unit to set a benchmark for the research group(s) can e.g. be: What do the administrative unit expect from the research group(s)?

KORFOR had the following benchmarks for the period:

**Research group:**

1. Maintain a multidisciplinary research group, with special emphasis on researchers with clinical competence.
2. Maintain and enhance multi-method competencies, including mixed methods.
3. Increase the number of PhD and postdoc positions by 33 %.
4. Maintain international collaboration in at least 25 % of all publications.

**Scientific and research funding:**

5. Publish at least 15 papers annually.
6. Increase the number of research projects managed by the group.
7. Increase the number of participants from clinical settings.
8. Increase the number of externally funded research projects.

**Dissemination and education:**

9. Actively contribute to education at all levels, with a specific goal of participating in postgraduate training for physicians and psychologists.
10. Actively contribute to dissemination of research to clinical settings, users and the public.
11. Produce patient-oriented information and new avenues for dissemination towards the public.

**Collaboration:**

12. Develop a policy to ensure user involvement in all research activities.

c) Describe the research group's contribution to education (master's degree and/or PhD).

Group members are routinely engaged in organization and teaching activities in several fields, ranging from basic education in academic organizations, to specialized postgraduate clinical training of physicians, psychologists, nurses and social workers.

Scientific training and education are provided from Bsc to postdoc level in several fields and disciplines, including nursing, social work, health science, paramedicine and psychology. Several group members have adjunct positions within academic organizations, like University of Stavanger and University of Bergen, and have been involved in the development and teaching in graduate programs and courses. KORFOR has contributed with training and supervision to several Bsc (10), Msc (20), PhD (8) and postdoc (1) candidates between 2012 and 2022.

d) Describe the support the host institution provides to the research group (i.e., research infrastructure, access to databases, administrative support etc.).

KORFOR has utilized the following support services provided by the administrative unit:

1. **Biostatistical resources:** assistance in data management, statistical analysis, statistical guidance, and biostatistical education.
2. **Grant Application Support:** Support and guidance in gathering external funding.
3. **Training in Good clinical practice (GCP):** Access to mandatory training in GCP to ensure ethical and quality clinical research practices.
4. **Judicial guidance:** in planning of and negotiating of legal agreements for research collaborations and data sharing both internationally and nationally.
5. **Access to National Network:** Access to the Norwegian Clinical Research Infrastructure Network.

### 1.3 Relevance to the institutions

Describe the role of the research group within the administrative unit. Consider the research group's contribution towards the institutional strategies and objectives, and relate the research group's benchmark to these.

KORFORs objectives and benchmarks align with our mandate as a regional competence center, the Research and Innovation Strategy of Helse Vest, and the Research Strategy of Helse Stavanger. KORFORs research is directly relevant to the hospital's overarching goals, and the distinct needs of the clinical services. Our research strategy is guided by our commitment to contribute to the benchmarks set by the administrative unit in key areas:

#### **Contributing to excellence in clinical services:**

- Updated knowledge base provided by KORFOR in the development of specialized interdisciplinary substance abuse treatment. These knowledge bases have had significant impact on the development of regional and national plans for clinical practice.
- A practice-based research approach: clinicians at SUS has received assistance and guidance in conducting research on their own practices.
- Research in clinical settings: clinicians at SUS are exposed to research within their clinical setting, assisting in a continued learning approach to clinical work and evidence practices in clinical settings.
- Collaboration between the clinical fields: Initiated collaboration between drug treatment departments and medical and surgical wards, both in clinical practice, quality development and in research. Several of the research projects involve clinicians in e.g. A&E departments, orthopedic departments, department of mental health, respiratory medicine, and pain clinic.

#### **Scientific**

- Publications between 2018 and 2022: We have published 135 papers in international, peer reviewed journals, including four in level 2 (high impact) journals.
- Number of projects: By 2022, we have 15 active research projects at KORFOR.
- PhD-candidates: By 2022, we have five active PhD-candidates at KORFOR.

#### **Education**

- Contribution to teaching and supervision: teaching for basic education for students in relevant health and social sciences; continued education teaching for established clinicians in the field; teaching in postgraduate training courses for clinicians.
- Number of professors: One professor, two associate professors, one assistant professor.

#### **User involvement**

- Established and implemented a policy for user involvement in all research efforts at KORFOR.

## 1.4 Research group's resources

Describe the funding portfolio of the research group for the last five years (2018-2022).

The research group has three main sources of funding:

- Basic funding: When KORFOR was established, an allocated amount for operations (basic funding) was transferred from Helse Vest to Stavanger University Hospital. The basic funding was increased in 2020 in order to fund two doctoral candidates.
- Project-based external funding from the public sector.
- Other: funds for the development and operation of our registries, and other service development projects.

From 2018 to 2022, the total funding per year increased from 11.900.000 NOK, to 15.750.000 NOK, primarily attributed to a rise in external funding from the following sources:

- National, public sector: Western Norway Regional Health Authority, University of Stavanger, the Research Council of Norway

**Table 2.** Describe the sources of R&D funding for the research group in the period 2018-2022.

	2018 (NOK)	2019 (NOK)	2020 (NOK)	2021 (NOK)	2022 (NOK)
<b>Basic funding</b>	4 600 000	4 700 000	6 300 000	5 600 000	5 300 000
<b>Funding from industry and other private sector sources</b>					
<b>Commissioned research for public sector</b>					
<b>Research Council of Norway</b>				2 000 000	1 750 000
<b>Grant funding from other national sources</b>	1 500 000	1 500 000	2 000 000	1 500 000	1 500 000
<b>International funding e.g. NIH, NSF, EU framework programmes</b>					
<b>Other</b>	5 800 000	5 400 000	6 700 000	7 400 000	7 200 000



## 1.5 Research group's infrastructures

Research infrastructures are facilities that provide resources and services for the research communities to conduct research and foster innovation in their fields. These include major equipment or sets of instruments, knowledge-related facilities such as collections, archives or scientific data infrastructures, computing systems communication networks. Include both internal and external infrastructures.

a) Describe which national infrastructures the research group manages or co-manages

KORFOR manages two critical national research infrastructures:

**NORSUD** is a medical register that aims to provide systematic knowledge about substance use disorder treatment in Norway. Data from NORSUD is available for research and can be used in conjunction with project data. All patients with an ICD-10 diagnosis from F10 to F19 receiving specialized substance use disorder treatment are eligible for inclusion. Data is collected from patient and clinician at the start of treatment and during treatment, one year after treatment data is collected from the patient only.

**Brukerplan** is a medical register that provides detailed data on users of municipal services with substance use or mental health problems. Data from Brukerplan is available for use in research. To be eligible for inclusion users must have substance use or mental health problems that are serious enough to significantly impact their daily function or relation to other people. The data covers demographics, scored measure of quality of life, and which public services are used and recommended.

b) Describe the most important research infrastructures used by the research group.

The research group actively uses a range of research infrastructures, including national health registries:

**Platforms and networks for data processing:**

- Services for sensitive data (TSD), provided by the University of Oslo
- NorCRIN, a partnership between all six university hospitals in Norway
- REDCap, a web application for building and managing online databases.

**National health registries:** National patient registry, Municipal patient registry, Cause of death registry, Norwegian Prescription Database; Statistics Norway

## 1.6 Research group's cooperations

**Table 3.** Reflect on the current interactions of the research group with other disciplines, non-academic stakeholders and the potential importance of these for the research (e.g. informing research questions, access to competence, data and infrastructure, broadening the perspectives, short/long-term relations).

<b>Interdisciplinary (within and beyond the group)</b>	Interdisciplinary cooperation within our research group is essential in achieving our benchmark of establishing a robust and clinically relevant research environment. Our group's core strength lies in its interdisciplinary structure, spanning both clinical and social sciences as
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	<p>previously described, and collaboration with both other research groups and non-academic stakeholders, as detailed in the sections below. Collaborations extending beyond the group are equally important. We engage in research activities with several other fields within Helse Stavanger, including the orthopaedic clinic, A&amp;E department, respiratory medicine, pain clinic and the psychiatric department. Our roots in the specialized drug treatment clinic, coupled with ongoing collaborations, enhance our ability to establish and develop these interdisciplinary partnerships.</p> <p>Lastly, managing several rich data sources, collaboration with biostatisticians has become increasingly important. During the evaluation period, we have both secured a dedicated statistician within our registries and collaborated with biostatisticians from the administrative unit.</p>
<p><b>Collaboration with other research sectors e.g. higher education, research institutes, health trusts and industry.</b></p>	<p>We have extensive collaboration with University of Stavanger. These collaborations are project based, based on teaching activities and supervision of Msc and PhD-candidates, and also includes a network for addiction research based on the social sciences. In addition, we also partner with University of Bergen and the Western Norway University of Applied Sciences for MSc and PhD student research projects.</p> <p>Second, aiming to increase clinical research on AUD/SUD we have focused on collaboration with clinical research groups and clinics in several parts of Norway. This includes Haukeland University Hospital, Helse Fonna, Helse Førde, St. Olav Hospital, Oslo University Hospital; Sørlandet Hospital – Kristiansand, Bærum Hospital, Ålesund Hospital, Bergen Addiction Research, Oral Health Center of Expertise – Rogaland; Norwegian Institute of Public Health.</p> <p>Lastly, our international collaborations with universities and research institutes (University of Pennsylvania (US), University of Aarhus (DK), University of Linköping (S), Newcastle University (UK), Northumbria University (UK), Department of Public Health Sciences, Stockholm University (SWE), Finnish institute for health and welfare (FIN)) have significantly enriched our research, evidenced by 30% of papers featuring co-authors from other countries.</p>
<p><b><u>Transdisciplinary</u> (including non academic stakeholders)</b></p> <p><i>Transdisciplinary research involves the integration of knowledge from different science disciplines and (non-academic) stakeholder</i></p>	<p>Recognising the complexity of challenges in AUD/SUD, we have fostered collaboration with municipalities (City of Stavanger, City of Sandnes), and user organizations.</p> <p>User collaboration at KORFOR is based on our policy-document (Table 7, No. 7). We include patient, caregiver, and clinician perspectives in our efforts to ensure good user representation in all phases of our research. We have a long-standing collaboration with the patient organizations A-LARM and Association for Chronic Pain Patients, the caregiver organization IVARETA, the policy organization Norwegian Confederation of Addiction, and clinicians through the Norwegian Association for Addiction Psychology, and the Norwegian Association addiction</p>

<i>communities with the aim to help address complex societal challenges.</i>	medicine. These collaborations are essential for the research process at KORFOR, being involved in several capacities in our projects. These includes guiding research questions, method selection and design of projects, funding acquisition, marketing of projects and results.
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## 2. Research quality

### 2.1 Research group's scientific quality

Describe the research profile of the research group and the activities that contribute to the research group's scientific quality. Consider how the research group's work contributes to the wider research within the research group's field nationally and internationally.

Research profile: clinical and epidemiological research group focusing on disorders related to alcohol and drug use. Focus on both early intervention in general health care arenas, on health problems related to long-standing serious drug related problems, and on recovery processes following treatment.

Activities that contribute to the research group's scientific quality:

**1) Methodological competence:** We have experience in conducting a wide range of research. A primary strength is our experience conducting longitudinal research with a patient cohort often unavailable for long-term follow-up. In addition, we have experience as a research site in RCTs, pilot studies, registry-based research, and qualitative methods.

**2) Interdisciplinary composition:** The group is comprised of researchers with a large array of perspectives, ranging from clinical disciplines to various social sciences.

**3) Involvement of user representatives:** We have user representatives in our research group on a permanent basis, and a strong collaboration with several patient organizations, including organizations for patients, caregivers and health care professionals. User perspectives are implemented using three distinct strategies, highlighted in our policy document (see table 7, no. 7).

**4) Collaboration:** We have extensive collaboration with diverse clinical settings, including specialized treatment of addiction, mental health care, somatic health care and primary health care.

We consider the following as important contributions of our group to the wider research within the field:

**1) Advancing the knowledge about recovery from SUD:** Our research efforts and publications (see table 4, project 1; table 5, paper 1,4,5,9) have significantly contributed to increased knowledge about the recovery SUD.

**2) Methodological innovation for clinical SUD research:** Our work with longitudinal designs (see table 4, project 1) have resulted in several papers advancing methodological approaches for follow up of SUD patients in research (see table 5, paper 2, for an example).

**3) Advancing treatment and assessment strategies in clinical practice:** Several of our projects (table 4, project 1-4, 6; table 5, paper 3,6,8) have highlighted novel avenues and strategies for early identification of AUD/SUD and comorbid health related outcomes.

**4) Fostering collaboration:** To share data and research approaches, we have collaborated with international (see table 5, paper 2-8, 10) and national (see table 4, project 2-6) partners. In our publications from 2018-2022, we have international collaborators in 30% of our publications.

Please add a link to the research group's website:

[Centre for alcohol and drug research \(KORFOR\) \(helse-stavanger.no\)](https://helse-stavanger.no)

**Table 4. List of projects**

**Instructions:** Please select 5-10 projects you consider to be representative/the best of the work in the period 1 January 2012 – 31 December 2022. The list may include projects lead by other institutions nationally or internationally. Please delete tables that are not used.

<b>Project 1:</b> <i>The Stavanger project on trajectories of addiction (The Stayer study) 2012 –2026</i>	<b>Project owner(s)</b>	Stavanger University Hospital
	<b>Total budget and share allocated to research group</b>	Total budget 2012-2022 and share allocated to research group: NOK 34 800 000,-.
	<b>Objectives and outcomes (planned or actual) and link to website</b>	<p><u>Objective:</u> The Stayer-study is a 10-year prospective cohort study on cognitive, psychological and social recovery processes in substance use among people with Substance use disorders (SUD).</p> <p><u>Outcomes:</u> Increase the evidence base to advance clinical approaches to SUDs in both specialised and community based clinical services.</p> <p><u>Resources per 2022:</u> four PhD-students, one research assistant, one coordinator, one senior researcher.</p> <p><u>Past PhD-students:</u> Two</p> <p><u>Website:</u> <a href="https://helse-stavanger.no">The Stayer Study (helse-stavanger.no)</a></p>
<b>Project 2:</b> <i>Trajectories Related to Alcohol Interventions in Treatment Settings – Hospital (TRAITS Hospital) (2017 – 2029)</i>	<b>Project owner(s)</b>	Stavanger University Hospital
	<b>Total budget and share allocated to research group</b>	Total budget and share allocated to research group 2017-2022: NOK 3 600 000,-. Further funding acquisition 2024.
	<b>Objectives and outcomes (planned or actual) and link to website</b>	<p><u>Objectives:</u> To increase knowledge of different screening and brief intervention strategies for hazardous alcohol use or AUD in somatic hospitals, and to describe the health problems of patients receiving such strategies.</p> <p><u>Outcomes:</u> Improved identification of and interventions for hazardous or harmful alcohol use in somatic hospitals.</p> <p><u>Resources per 2022:</u> one post-doc, ongoing or completed recruitment of participants in 7 hospitals. Analyses will start in 2024.</p> <p><u>Website:</u> <a href="https://helse-stavanger.no">TRAITS Hospital (helse-stavanger.no)</a></p>
<b>Project 3:</b>	<b>Project owner(s)</b>	Stavanger University Hospital (2012-2016 University of Bergen)

<i>Alcohol Interventions in General Practice. (2012-2025)</i>	<b>Total budget and share allocated to research group</b>	Total budget and share allocated to research group 2012-2022: NOK 4 000 000,-.
	<b>Objectives and outcomes (planned or actual) and link to website</b>	<u>Objectives:</u> Developing and testing clinical strategies for identification of risky or harmful alcohol use among patients in general practice. Piloting the clinical strategies, planning for effect studies. <u>Outcomes:</u> Primary outcome was the development of <i>pragmatic case finding</i> , a strategy for identifying clinical situations where alcohol may be relevant for the patient's health problem. The concept was then operationalised and tested in a pilot intervention (completed 2021) and will be explored in future effect study. Website: <a href="https://helse-stavanger.no">Alcohol Interventions in General Practice (helse-stavanger.no)</a>
<b>Project 4:</b>  <i>Assessment and treatment of lung disease and symptoms for people receiving opioid agonist therapy. (ATLAS4LAR) (2019-2024)</i>	<b>Project owner(s)</b>	Bergen Addiction Research; KORFOR is a partner
	<b>Total budget and share allocated to research group</b>	Total budget 2019-2024: NOK 19 000 000,-. Share allocated to research group at KORFOR: NOK 2 700 000,-.
	<b>Objectives and outcomes (planned or actual) and link to website</b>	<u>Objectives:</u> To investigate incidence and prevalence of lung diseases among patients in opioid agonist therapy (OAT) in Bergen and Stavanger; to explore risk factors for lung disorders among patients receiving OAT; developing and testing a multimodal intervention addressing health habits among patients receiving OAT; scaling up the multimodal intervention and testing effect with factorial design. <u>Outcomes:</u> the multimodal intervention is piloted, and a randomised controlled trial was ongoing in 2022 (completed Q4 2023, N = 326 participants). Website: <a href="https://helse-bergen.no">ATLAS4LAR (helse-bergen.no)</a> [Norwegian webpage]
<b>Project 5:</b>  <i>Preventing an Opioid epidemic In Norway –</i>	<b>Project owner(s)</b>	University of Oslo; KORFOR is a partner
	<b>Total budget and share allocated to research group</b>	Total budget 2019-2025: NOK 16 000 000,-. Share allocated to research group at KORFOR (2019 – 2022): 2 000 000 NOK

<p><i>focusing on the Treatment of chronic pain (POINT) (2021 – 2025)</i></p>	<p><b>Objectives and outcomes</b> (planned or actual) <b>and link to website</b></p>	<p><u>Objectives:</u> To explore risk factors for and consequences of long-term opioid use for chronic non-malignant pain; to explore patients and health care personnel’s experiences with long-term opioid use for chronic non-malignant pain; to develop and test a non-pharmacological interdisciplinary intervention in primary care for patients with chronic non-malignant pain.</p> <p><u>Outcomes:</u> Multiple published articles on risk factors for and consequences of long-term opioid use. Ongoing exploration of patients’ and health care personnel’s experiences. Ongoing piloting (2022) of the non-pharmacological interdisciplinary intervention in primary care (completed Q4 2024).</p> <p>Website: <a href="http://uio.no">POINT (uio.no)</a></p>
<p><b>Project 6:</b></p> <p><i>Endre 2.0 – a digital alcohol intervention in primary care and somatic hospitals (2018-2025)</i></p>	<p><b>Project owner(s)</b></p>	<p>Helse Stavanger (University of Oslo 2012-2022)</p>
	<p><b>Total budget and share allocated to research group</b></p>	<p>Total: 1 300 000,- NOK Allocated to KORFOR: 300 000,- NOK</p>
	<p><b>Objectives and outcomes</b> (planned or actual) <b>and link to website</b></p>	<p><u>Objectives:</u> To develop and test a supplemental digital intervention supporting patients with hazardous or harmful alcohol use in general practice in reducing or stopping alcohol use; to adapt Endre as a support tool for patients with chronic non-malignant pain and problematic alcohol use (see POINT); to adapt Endre the digital intervention to other health habits (e.g. physical activity for healthy living centres and for patients in long-term treatment for substance use disorders).</p> <p><u>Outcomes:</u> A pilot version was tested (2020-2021) together with <i>pragmatic case finding</i>, and perceived effects and implementation factors were explored. A revised version based on the pilot study will be ready Q1 2024, and implementation in general practice, healthy living centres and somatic hospitals is under planning. Endre for patients with chronic non-malignant pain will be adapted and piloted in 2023-2025. Endre for physical activity will be adapted and piloted in 2023-2025.</p> <p>Website: <a href="http://helse-stavanger.no">ENDRE 2.0 (helse-stavanger.no)</a></p>

**Table 5. Research group's contribution to publications**

Instructions: Please select 5-15 publications from the last 5 years (2018-2022) with emphasis on recent publications where group members have a significant role. If the publication is not openly available, it should be submitted as a pdf file attached to the self-assessment. We invite you to refer to the Contributor Roles Taxonomy in your description: <https://credit.niso.org/>. Cf. Table 1. List of personell by categories: Research groups up to 15 group members: 5 publications. Research groups up to 30 group members: 10 publications. Research groups above 30 group members: 15 publications.

Please delete tables that are not used.

<p><b>Publication 1:</b></p> <p><i>Title:</i> Narratives of Change: Identity and Recognition Dynamics in the Process of Moving Away From a Life Dominated by Drug Use</p> <p><i>Journal:</i> Contemporary Drug Problems</p> <p><i>Year:</i> 2021</p> <p><i>DOI:</i>  <a href="https://doi.org/10.1177/00914509211027075">https://doi.org/10.1177/00914509211027075</a></p> <p><i>URL:</i>  <a href="https://journals.sagepub.com/doi/10.1177/00914509211027075">https://journals.sagepub.com/doi/10.1177/00914509211027075</a></p>	<b>Authors</b>	<b>Robertson, I.E.,</b> Sagvaag H., Selseng, L.B. & <b>Nesvåg, S.</b>
	<b>Short description</b>	<b>This PhD-led study</b> explores the connection between identity, recovery capital, and social structures in the context of overcoming drug use. Using a narrative approach and analyzing 48 interviews over 2.5 years, the research identifies four narratives reflecting individuals' presentation during the process of changing practices. The study suggests challenging prevailing discourses on addiction and normality to reduce stigma and enhance identity transformation in recovery. (open access, level 1)
	<b>Research group's contribution</b>	Conceptualization; Data curation; Formal Analysis; Funding acquisition; Investigation; Methodology; Project administration; Supervision; Visualization; Writing – original draft; Writing – review & editing;
<p><b>Publication 2:</b></p> <p><i>Title:</i> Securing Participant Engagement in Longitudinal Substance Use Disorder Recovery Research: A Qualitative Exploration of Key Retention Factors</p>	<b>Authors</b>	<b>Svensden, T. S.,</b> Veseth, M., McKay, J. R., Bjornestad, J., <b>Erga, A. H.,</b> Moltu, C., & <b>Nesvåg, S.</b>
	<b>Short description</b>	<b>PhD led study.</b> N=30 participants from the Stayer-cohort, were interviewed concerning their experiences of participation over several years to explore retention factors. Several factors were perceived as relevant to participation in a long-term follow-up study with diverse recovery routes, including working research relationships and explicit contracts allowing follow-up participation, even during periods of drug use.

<p><i>Journal:</i> Journal of Psychosocial Rehabilitation and Mental Health  <i>Year:</i> 2021  <i>DOI:</i> <a href="https://doi.org/10.1007/s40737-021-00222-y">https://doi.org/10.1007/s40737-021-00222-y</a>  <i>URL:</i> <a href="https://link.springer.com/article/10.1007/s40737-021-00222-y">https://link.springer.com/article/10.1007/s40737-021-00222-y</a></p>		Longitudinal studies and clinical services could benefit from including such factors in their follow-up procedures as long-term recovery processes often are non-linear, with heterogeneous trajectories, which calls for proactive approaches to motivate recovery. (open access, level 1)
	<b>Research group's contribution</b>	Conceptualization; Data curation; Formal Analysis; Funding acquisition; Investigation; Methodology; Project administration; Supervision; Visualization; Writing – original draft; Writing – review & editing
<p><b>Publication 3:</b>  <i>Title:</i> Measuring cognitive impairment in young adults with polysubstance use disorder with MoCA or BRIEF-A - The significance of psychiatric symptoms  <i>Journal:</i> J Subst Abuse Treat  <i>Year:</i> 2019  <i>DOI:</i> <a href="https://doi.org/10.1016/j.jsat.2018.11.010">https://doi.org/10.1016/j.jsat.2018.11.010</a>  <i>URL:</i> <a href="https://psycnet.apa.org/record/2018-65721-006">https://psycnet.apa.org/record/2018-65721-006</a></p>	<b>Authors</b>	<b>Hagen, E., Sømhovd, M., Hesse, M., Arnevik, E.J., Erga, A.H.</b>
	<b>Short description</b>	Using data from the Stayer-cohort, this study investigates the association between psychological distress and scores on two cognitive screening tools among patients with SUDs. We found that behavioural assessment of cognitive dysfunction is independent of psychological distress, while self-report is strongly associated with psychological distress. (open access, level 1)
	<b>Research group's contribution</b>	Conceptualization; Data curation; Formal Analysis; Funding acquisition; Investigation; Methodology; Project administration; Supervision; Visualization; Writing – original draft; Writing – review & editing
<p><b>Publication 4:</b>  <i>Title:</i> Persistent sleep problems among people in recovery from substance use disorders: a mixed methods study  <i>Journal:</i> Addiction Research &amp; Theory  <i>Year:</i> 2022  <i>DOI:</i> <a href="https://doi.org/10.1080/16066359.2022.2074406">https://doi.org/10.1080/16066359.2022.2074406</a></p>	<b>Authors</b>	<b>Erga, A.H., Nesvåg, S., Dahlberg, I.E. &amp; McKay, J.R</b>
	<b>Short description</b>	Using a sequential mixed methods approach, this study investigates the frequency and consequences of persistent sleep problems in SUD. Building on the Stayer-cohort, this study identifies a high frequency of persistent sleep problems after one year among patients, and highlights the major challenges these pose for affected patients. (open access, level 1)
	<b>Research group's contribution</b>	Conceptualization; Data curation; Formal Analysis; Funding acquisition; Investigation; Methodology; Project administration; Visualization; Writing – original draft; Writing – review & editing.



<p>URL:  <a href="https://www.tandfonline.com/doi/full/10.1080/16066359.2022.2074406">https://www.tandfonline.com/doi/full/10.1080/16066359.2022.2074406</a></p>		
<p><b>Publication 5:</b></p> <p><i>Title:</i> Prevalence and Characteristics of Borderline Intellectual Functioning in a Cohort of Patients With Polysubstance Use Disorder  <i>Journal:</i> Frontiers of Psychiatry  <i>Year:</i> 2021  <i>DOI:</i> <a href="https://doi.org/10.3389/fpsy.2021.651028">10.3389/fpsy.2021.651028</a>  <i>URL:</i>  <a href="https://www.frontiersin.org/articles/10.3389/fpsy.2021.651028/full">https://www.frontiersin.org/articles/10.3389/fpsy.2021.651028/full</a></p>	<p><b>Authors</b></p> <p><b>Short description</b></p> <p><b>Research group's contribution</b></p>	<p><b>Hetland, J.; Braatveit, K.J.; Hagen, E.; Lundervold, A.J.; Erga, A.H.</b></p> <p><b>PhD led project.</b> Using data from the Stayer-cohort, this study investigates the prevalence and related characteristics of borderline intellectual functioning (BIF) in individuals with polysubstance use disorder. The findings revealed a BIF prevalence of 18%, surpassing the expected rate in the general population. People with BIF had elevated scores on psychological distress measures. These results underscore the importance for substance use disorder services to recognize the high prevalence of BIF among patients and acknowledge this groups increased risk of mental health issues. (open access, level 1)</p> <p>Conceptualization; Data gathering; Data curation; Formal Analysis; Funding acquisition; Investigation; Methodology; Project administration; Supervision; Visualization; Writing – original draft; Writing – review &amp; editing.</p>
<p><b>Publication 6:</b></p> <p><i>Title:</i> Addressing Patients’ Alcohol Consumption—A Population-Based Survey of Patient Experiences  <i>Journal:</i> Int J Public Health  <i>Year:</i> 2021  <i>DOI:</i> <a href="https://doi.org/10.3389/ijph.2021.1604298">10.3389/ijph.2021.1604298</a>  <i>URL:</i>  <a href="https://www.ssph-journal.org/articles/10.3389/ijph.2021.1604298/full">https://www.ssph-journal.org/articles/10.3389/ijph.2021.1604298/full</a></p>	<p><b>Authors</b></p> <p><b>Short description</b></p> <p><b>Research group's contribution</b></p>	<p><b>Lid TG, Karlsson N, Thomas K, Skagerström J, O’Donnell A, Abidi L, Nilsen P</b></p> <p>A cross-sectional population-based survey exploring the proportion having experienced alcohol conversations in health care, and their experiences and perceived effects of alcohol conversations. (open access, level 1)</p> <p>Conceptualization; Data curation; Funding acquisition; Investigation; Methodology; Project administration; Resources; Validation; Visualization; Writing – original draft; Writing – review &amp; editing</p>

<p><b>Publication 7:</b></p> <p><i>Title:</i> Feasibility and Effects of Digital interventions to support people in recovery from substance use disorders: Systematic review  <i>Journal:</i> Journal of Medical Internet Research  <i>Year:</i> 2018  <i>DOI:</i> <a href="https://doi.org/10.2196/jmir.9873">10.2196/jmir.9873</a>  <i>URL:</i> <a href="https://www.jmir.org/2018/8/e255/">https://www.jmir.org/2018/8/e255/</a></p>	<b>Authors</b>	<b>Nesvåg, S. &amp; McKay, J</b>
	<b>Short description</b>	The objective of this systematic review was to investigate the feasibility and effects of digital interventions focused on supporting people in their recovery from substance use disorders. The review was based on 43 articles covering 18 simple and 10 complex, stand alone or integrated interventions. Most interventions were found to be easy to implement and use, given the relevant technical and organizational support. About half of the studies with control conditions found small to moderate effects and only a few found larger effects. The review asks for the development of more sequentially and individually tunneled interventions, better integrated into existing support systems. (open access, level 2)
	<b>Research group's contribution</b>	Design of the review, screening and assessing articles and writing the manuscript.
<p><b>Publication 8:</b></p> <p><i>Title:</i> Pragmatic approaches for addressing alcohol in general practice: Development of a tailored implementation intervention  <i>Journal:</i> Front.Health Serv. Sec Implementation Science  <i>Year:</i> 2022  <i>DOI:</i> <a href="https://doi.org/10.3389/frhs.2022.940383">10.3389/frhs.2022.940383</a>  <i>URL:</i> <a href="https://www.frontiersin.org/articles/10.3389/frhs.2022.940383/full">https://www.frontiersin.org/articles/10.3389/frhs.2022.940383/full</a></p>	<b>Authors</b>	<b>Potthoff S, O'Donnell AJ, Karlsen AT, Brendryen H, Lid TG</b>
	<b>Short description</b>	Screening and brief alcohol interventions are rarely performed. Pragmatic case finding is an alternative to screening and based on clinical relevance. This was an in-depth exploration of factors enabling an alcohol conversation based on this mind set, and how these findings could inform the development of a tailored, theory-based intervention to strengthen GPs' ability to address alcohol and manage alcohol-related problems. (open access, level 1)
	<b>Research group's contribution</b>	Conceptualization; Data gathering; Data curation; Formal Analysis; Funding acquisition; Investigation; Methodology; Project administration; Supervision; Visualization; Writing – original draft; Writing – review & editing.

<p><b>Publication 9:</b></p> <p><i>Title:</i> How enough becomes enough: Processes of change prior to treatment for substance use treatment.</p> <p><i>Journal:</i> Journal of Substance Use</p> <p><i>Year:</i> 2018</p> <p><i>DOI:</i>  <a href="https://doi.org/10.1080/14659891.2018.1436608">https://doi.org/10.1080/14659891.2018.1436608</a></p> <p><i>URL:</i>  <a href="https://www.tandfonline.com/doi/full/10.1080/14659891.2018.1436608">https://www.tandfonline.com/doi/full/10.1080/14659891.2018.1436608</a></p>	<b>Authors</b>	Årstad, J., Nesvåg, S.M., Njå, A.M., Biong, S.N.
	<b>Short description</b>	This qualitative study explores patient's perceptions of change processes occurring prior to in-patient treatment, associated factors, decision-making and implications for treatment-seeking. The study found treatment entry as a result of a more or less deliberate decision, based on complex individual processes of change involving various factors and the connection between these. (open access, level 1)
	<b>Research group's contribution</b>	Conceptualization; Data gathering; Data curation; Formal Analysis; Funding acquisition; Investigation; Methodology; Project administration; Writing – original draft; Writing – review & editing
<p><b>Publication 10:</b></p> <p><i>Title:</i> Restructured welfare service provision: For-profit and non-profit providers in residential substance use treatment in Denmark, Finland, Norway and Sweden</p> <p><i>Journal:</i> Nordic Welfare Research</p> <p><i>Year:</i> 2021</p> <p><i>DOI:</i> <a href="https://doi.org/10.18261/issn.2464-4161-2021-03-03">https://doi.org/10.18261/issn.2464-4161-2021-03-03</a></p> <p><i>URL:</i>  <a href="https://www.idunn.no/doi/10.18261/issn.2464-4161-2021-03-03">https://www.idunn.no/doi/10.18261/issn.2464-4161-2021-03-03</a></p>	<b>Authors</b>	Storbjörk, J., Steinius, K., Bjerger, B., Enoksen, E.A., Kuussaari, K., Pedersen, M.M.
	<b>Short description</b>	In this comparative paper, the current composition of welfare providers in residential SUD were analysed using official data registries from four Scandinavian countries. (Open access, level 1)
	<b>Research group's contribution</b>	Conceptualization; Data gathering; Data-analysis; Writing – original draft; Writing – review & editing

**Table 6. Please add a list with the research group's monographs/scientific books.**

1	Change processes in long-term recovery for individuals with present and former substance-use dependence - <b>Svendsen, T</b> (2022). In Long-Term Recovery from Substance use – European Perspectives, edited by Galvani, S; Roy, A., Clayson, A. <a href="https://bristoluniversitypress.co.uk/long-term-recovery-from-substance-use">https://bristoluniversitypress.co.uk/long-term-recovery-from-substance-use</a>
2	Alkoholkultur på to arbeidsplasser - <b>Nesvåg, S</b> (2018). In Alkohol + arbeidsliv = Sant?, edited by Sagvaag, H. & Sikveland, B. <a href="#">Alkohol + arbeidsliv = sant?   Gyldendal</a>

## 2.2 Research group's societal contribution

Describe the societal impact of the research group's research. Consider contribution to education, economic, societal and cultural development in Norway and internationally.

KORFOR has been and is an important contributor in the work to increase knowledge about addiction problems in the Norwegian society. We have done this by participating in the public debate with news reports based on our research, op-eds, podcasts, mass media and participation in non-academic teaching arenas with citizens as an audience (see table 7, No. 6 for an example). KORFOR has made significant impact in these arenas, with a total over 166 contributions from 2018 to 2022. In 2016 we also initiated a science dissemination platform "Kveldsskolen [The Evening School]" (table 7, No. 2), aimed at providing updates knowledge about addiction to the public. For us, continued effort to educate the public, has been important to reduce stigma, and to reduce the negative expectations often associated with alcohol and drug use disorders.

In addition, KORFOR has been integral in developing the clinical services by taking part in parliamentary reports (Table 7, No. 5 & 8), public inquiries, and several national treatment guidelines, as well as on a regional level. KORFOR's work on alcohol interventions in primary care and in somatic hospitals is referred to in the national alcohol strategy (Table 7, No. 8). Our commitment to provide continued education within clinical settings, and teaching at all levels, have ensured that new generations of clinical personnel have up-to-date knowledge about the treatment and trajectories of people suffering from AUD and SUD. Additionally, KORFOR has contributed to significant innovation by co-developing the app "Endre 2.0 [Change]" for risky and harmful alcohol use (Table 7, No. 1). Endre is a supplement to regular treatment and designed to support patients in changing health habits. Lastly, our effort to provide data-driven arguments for development for clinical services is highlighted by the development of NORSUD and Brukerplan (Table 7, No. 3 and 4).

KORFOR was early in finding avenues for user representation in both research and service development. These efforts have resulted in our policy for user involvement in research, which highlights three distinct avenues to ensure that user representatives are included in all our research efforts (see table 7, No. 7).

**Table 7. The research group's societal contribution, including user-oriented publications, products (including patents, software or process innovations**

**Instructions:** Please select 5–10 of your most important user-oriented publications or other products from the last 5–10 years with emphasis on recent publications/products. For each item, please use the following formatting. Please delete lines which are not used.

No.	Name of publication/product	Date of publication/product	Link to the document
1	<i>Endre 2.0</i> - an app supporting change of health habits, primarily reducing or stopping alcohol use, offered as a supplement in primary care and in somatic hospitals.	2020	<a href="https://helse-stavanger.no/ENDRE-2.0">ENDRE 2.0 (helse-stavanger.no)</a>
2	The “Evening school”, a public dissemination platform designed to educate patients, caregivers and the general public.	2018 - 2021	NA
3	NORSUD, the national medical quality registry was established to improve patient care and quality of health services.	2020	<a href="https://helse-stavanger.no/NORSUD">NORSUD (helse-stavanger.no)</a>
4	BrukerPLAN: a national medical registry	2013	<a href="https://helse-stavanger.no/BRUKERPLAN">BRUKERPLAN (helse-stavanger.no)</a>
5	[Official Norwegian Reports] NOU 2019:26. Drug Reform – From Punishment to Help [Rusreform – fra straff til hjelp].	19.12.2019	<a href="https://www.regjeringen.no/contentassets/dfae684e627f4df29c800352bfc4d768/nou-2019-26-rusreform---fra-straaff-til-hjelp.pdf">https://www.regjeringen.no/contentassets/dfae684e627f4df29c800352bfc4d768/nou-2019-26-rusreform---fra-straaff-til-hjelp.pdf</a> [Norwegian]
6	Blog: Rusfeltet og avhengighet [Addiction treatment], Target audience: Patients, clinicians, general public.	2012 - 2021	<a href="https://thomasvends.wordpress.com/">https://thomasvends.wordpress.com/</a> [Norwegian]
7	Policy for research collaboration and user involvement in research at KORFOR	2021	<a href="https://www.helse-stavanger.no/48e4c1/siteassets/seksjon/korfor/documents/kvarus/research-collaboration-at-korfor-policy-document.pdf">https://www.helse-stavanger.no/48e4c1/siteassets/seksjon/korfor/documents/kvarus/research-collaboration-at-korfor-policy-document.pdf</a>
8	National Alcohol Strategy – by the Norwegian government	2021	<a href="https://www.regjeringen.no/no/dokumenter/nasjonal-alkoholstrategi-20212025/id2838096/">https://www.regjeringen.no/no/dokumenter/nasjonal-alkoholstrategi-20212025/id2838096/</a> [Norwegian]

### 3. Challenges and opportunities

Information about the strengths and weaknesses of the research group is obtained through the questions above. In this chapter, please reflect on what might be the challenges and opportunities for developing and strengthening the research and the position of the research group.

#### Challenges:

- **Reliance on project-based funding:** High degree of competition for external funding may hinder initiation of new research projects, and the recruitment of phd-candidates, as well as the possibility to retain experienced researchers in KORFOR.
- **Research group:** To strengthen our research group, we are dependent on project-based funding. It is important to recruit PhD-candidates and researchers with various clinical experience, due to KORFOR's mandate. However, combining research and clinical work is often difficult for clinical researchers. Also, the research group has a general lack of senior researchers (full professors).
- **Research group composition:** Specialized drug treatment and hence KORFOR as a research group is based on the biopsychosocial model. To fulfill the mandate, KORFOR should recruit researchers both from medicine, psychology, and social work. However, sustaining a multidisciplinary research group is a challenge in several ways, e.g. due to differences in funding opportunities and due to differences in the focus on research in different disciplines.

#### Opportunities:

- **User involvement:** KORFOR has extensive experience in user involvement of different user groups, and given a continued focus on user involvement, KORFOR can further develop collaborative research with various user groups, from patients with very complex problems to clinical specialists.
- **Multidisciplinary focus:** This is important for the dissemination of research (evidence-based clinical work) as well as enabling clinically relevant research. The biopsychosocial model is thus an opportunity, as well as a challenge.
- **Developing a senior research group:** A strategically important focus for the research group is to increase the number of full professors, which will put KORFOR in a better competitive position in grant applications. KORFOR are systematically working to put academic personnel in a position to fulfill the criteria for full professorships.
- **Collaboration:** KORFOR has a strong record with clinical cooperation. This increases our opportunity for research in clinical settings, and recruitment of clinically relevant participants in our research projects. International collaboration is important for high quality research and increases our chances for international funding and large-scale research projects in the future. KORFOR's vast network in national research creates new avenues for research, participation in RCTs and alike. Regional collaboration is important for regional research projects.
- **Societal impact:** KORFOR has extensive experience in participating in national processes for clinical improvement, e.g., guidelines and governmental reports. This strengthens the dissemination of KORFOR's research results and provides opportunities to influence national strategies for future clinical improvements.
- **Teaching:** KORFOR have taught and supervised student in all levels of education. Our commitment to teaching is evident in KORFOR's day-to-day operations and includes regular meetings and lunches for PhD-candidates in our group. Together KORFOR is an attractive setting for young researchers