In 2016, the state-funded Norwegian Institute for Alcohol and Drug Research (SIRUS) was merged into the Norwegian Institute of Public Health (NIPH). It was feared this reorganisation would narrow down the scope of Norwegian alcohol and drug research, since the scope of SIRUS research was beyond merely public health and typically covered a broad area of investigations, drawing on such disciplines as political science, classic social epidemiology, sociology, and social work. As such, the institute provided a supportive knowledge platform for developments of policy and praxis. Now that the funding structures have changed, social scientific alcohol and drug research has come to rely heavily on a single research council programme, namely the Programme on Better Health and Quality of Life (Bedre helse og livskvalitet BEDREHELSE) of the Research Council of Norway (Forskningsrådet).

Qualitative research has been viewed as losing out through the reorganisation – a concern that seems justified based on the BEDREHELSE programme statement. For example, what is the likelihood that the ethnographies on marginalised substance users or local policy interventions will acquire funding from a programme that in its 20-page declaration refers to “biobanks” on 14 occasions and mentions “innovation” 40 times? No doubt one can do policy analysis and drug users’ ethnography innovatively with the help of biobanks, but it is nonetheless hard to directly imagine certain kinds of critically reflective and inductive investigations within the worldview embraced by the programme.

In order to look into this question, the Norwegian journal *Rus og Samfunn [Substances and Society]* (Meisingset, 2016) interviewed the chair of the BEDREHELSE board, psychologist and former SIRUS director Pål Kraft. In
the interview Kraft draws attention to the generally low quality of qualitative research submissions; from the reviewers’ point of view, these submissions seem unable to keep up to date with the latest technological developments and investigation techniques.

Kraft’s views are bound to unsettle the minds of readers who have the slightest bit of acquaintance with the advantages of epistemological heterogeneity. As a group of researchers argued in a letter to the editor in the *Morgenbladet*, it is troubling that Kraft displays at the same time great lack of insight into qualitative research but still a solid conviction of its inadequate quality (Buvik et al., 2017). Kraft replied by referring to the insignificant importance of qualitative research in light of its meagre appearance in the most high-ranked high-impact journals in psychology (Kraft, 2017).

The debate following the *Rus og Samfunn* interview is in itself a welcome contribution to a much-needed and long-overdue discussion on the hierarchies of epistemologies and, more specifically, the lack of a necessary scaffolding of qualitative initiatives in lifestyles and public health research. Both Kraft’s original interview and his response piece in the *Morgenbladet* are intriguingly marked by an obvious lack of awareness of the ongoing reflective academic debate on the epistemic worldviews and bibliometric measurements that he so blithely represents. It is not only the alarming feeling of coming across a scholar sans awareness of the connotations of their own modus operandi that calls for commentaries by Nordic scholars in the alcohol and drug field, but also the fact that some of Kraft’s statements are downright inaccurate and need to be corrected.

**Systemic connection**

In the Nordic countries, the question of how social scientific alcohol and drug research should be funded and organised pertains to matters of a state’s mandate and accountability towards its citizens. Who do we want to be as societies or human beings dealing with substance-use problems? In most Nordic countries these questions have been socially framed as a natural part of the welfare state’s mandate of guaranteeing wellbeing, good health, and equal opportunities for its citizens. The production of different kinds of awareness, adjustments, and treatment of substance use and adherent knowledge production have been viewed as being within the scope of welfare societies that build on universalism and inclusion. Phenomena have been described, measured, explained, and understood from many different perspectives.

A common misconception about the contribution of qualitative research is that it can only describe understandings and perceptions and therefore cannot produce insight into reasons for ill health and provide new explanations. This does not hold true in the field of addiction research. In fact, qualitative cultural inquiries have thus far shown that they are often superior instruments for relating the logics and meaning-making of behaviour to a systemic level or tying them together with a cultural context for explaining phenomena in governance over time. In alcohol and drug research, both qualitative and quantitative inquiries have been able to point out that the ways in which citizens, societies, cultures, professionals, and the media understand and experience health-related behaviours and their regulation are actually part of what these problems are all about. These understandings thus have consequences for how the problems appear in individuals and groups of people, and for how severe they are experienced to be by those affected. Furthermore, these views are embedded in all kinds of systems developed for dealing with the problems: in AA groups, treatment provision, prevention, and policy. Progression of knowledge about the societal mechanisms underpinning trends in prevalence, governance, and variations in different countries offers concrete clues for societies to find solutions. The question is: do we still need people who have this training in our field and in our societies? If not, then why is this the case?
Science-fictional appeal

Science is a powerful story-telling device; it makes use of old stories and provides fragments of larger stories to be told in the future. Within medicine, psychology, and public health, science mythologies nurture certain mental pictures of change, promising new horizons to improving life standards and well-being. According to Kraft, qualitative inquiries have become out-dated and cannot compete with and add to the technology that can now measure so precisely the human as a physical and mental subject.

A good example of an area increasingly nurturing narratives of future change in the field of addiction research is neuroscience. Embedded in neuroscientific promises is new knowledge on, for example, circumstances on the shift from risky behaviour to addiction. Impaired cognitive control, high impulsivity, some specific genetic dispositions, and brain dopamine levels have been shown to be factors in this transition. In the science narration, we are made to believe that if we study these in detail and examine how they relate to each other precisely, we can in the future screen vulnerable groups and target them with tailor-made prevention efforts or manipulations of the reward systems. Although this sounds like a clean-cut solution, in real life all these scenarios involve a series of complicating circumstances, not to mention a whole lot of moral, ethical, and political concerns. But the idea of diminishing suffering and changing the premises of life through the discovery of a gene or a brain area manipulation is effective at an imaginative level: the notion of diminishing human suffering through technological interventions has intuitive science-fictional appeal.

The most alarming scenario is when scholars become unaware of the story-telling device of which they are part. To demonstrate the sovereignty of new research technology over qualitative endeavours, Kraft takes the example of functional Magnetic Resonance Imaging (fMRI) and eye-tracking. I would like to know how these methods connect to governance of societies and deeper meanings of human cultures and the end goals of public health policies that are envisioned in a long view. If a society is to take the road of measuring eye movements to explain and adjust human behaviour, then is such a decision situated in the field of science policy, policy-making, or in the fields of ethics, humanities, or moral philosophy? Training in critical qualitative approaches makes scholars who are themselves part of and stakeholders in the great science-fiction myth aware of these sorts of questions. Those involved in the governance and evaluation of national research programmes have a responsibility to be aware of the complex picture behind different epistemic views. It is of immense importance that they are open minded and well acquainted with different scientific paradigms as part of a larger ideology of progress development.

Innovative research

So why, then, is it that qualitative initiatives so often seem scientifically weak in proposals to large research councils such as BEDREHELSE? The answer may not be that qualitative research lacks innovation, but rather, that its path is intertwined with views on humanity that we are drifting away from in our science-fictional eagerness. It is no longer viewed as innovative in the light of our progress fantasies.

Although elements of innovation and creativity are actively sought for in qualitative research, they might be less “pasted on” in every initiative, as they are already inherent in the difficult craftsmanship. The researcher needs not only insight into the theoretical discussion, analytical skills, logical argumentation, and systematics, but also high levels of creativity, fantasy, curiosity, and great competence in narrative textual expression. In order to produce qualitative pieces of knowledge, the researcher needs to be a skilful theorist, philosopher, author, and empirical scientist – all at once. At their best, the projects and articles resemble nothing that has been conducted.
before. This is the complete opposite to the tradition represented in Kraft’s utterances, in which empirical and theoretical contributions are reproduced, added, and copied, building on existing knowledge aiming to construct stronger and stronger platforms of evidence.

Even if all the skills that I have enumerated above are also important for any given quantitative researchers, these scholars will be more likely to internalise their professional expertise through a rather technical training. And: there are better funding opportunities to do so.

Few people possess simultaneously the systematic and organic abilities to the degree demanded for an outstanding standard of qualitative inquiries and reporting – and few institutions have the resources available to develop them to the degree that they serve important, topical, and relevant purposes, adjusted to the governing definitions of societal progress. In view of its complexity and weak support framework thus far, the North European lifestyle- and addiction-related qualitative research is, in fact, more than excellent.

It would be interesting to hear how the Research Council of Norway and other national funding institutions in the Nordic countries view the political mandate for dealing with alcohol- and drug-related societal challenges. How can we utilise all the valuable biobanks and innovations if there is no surrounding knowledge of the cultural and value-based contexts that they have been developed to operate in? It remains to be seen what will now happen to the research field of social scientific substance and addiction research in Norway. Does Norway need scholars – both quantitative and qualitatively oriented – with critical social scientific training for comprehending and dealing with these issues? If the answer is yes, then the next question will inevitably be how we support this kind of research.

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