ALCOHOL RESEARCH
Current Reviews

Published by the National Institute on Alcohol Abuse and Alcoholism

Instructions for Authors

Overview of Review and Editing Process

Alcohol Research: Current Reviews (*ARCR*) is an open-access, interdisciplinary journal with the mission of providing in-depth reviews spanning the field of alcohol research. Areas of interest include the effects of alcohol across the life span on health, function, and well-being in addition to basic science, genetics, epidemiology, prevention, diagnosis, and treatment of alcohol-related conditions. Topics are approached from basic, translational, and clinical perspectives.

Submitted manuscripts undergo review by three to four independent reviewers with expertise in the subject matter covered by the review. Based on their recommendations, the authors may be asked to revise the manuscript. The authors should revise the article in accordance with the editors' and reviewers' comments and returned within 2 weeks.

As much as possible, reviews should be written in a style that is accessible and understandable to a broad audience of scientists and clinicians, including trainees, with varying specialties and degrees of expertise in the field of alcohol research. *ARCR* editorial staff copyedit accepted manuscripts for clarity, grammar, punctuation, journal style, and format. The managing editor sends a copyedited Word document with tracked changes to the corresponding author to resolve any queries. The author is expected to answer all queries and return the corrected manuscript to the managing editor within 7 days.

A PDF of the final Word document, including tables and figures, will be sent to the corresponding author. Authors are urged to review this draft for any errors; however, only the most critical changes to the accuracy of the content may be made at this point in the process. Rewriting sections of text, revising tables and figures, adding or subtracting references, and stylistic changes are not permitted unless approved by the *ARCR* editor in chief. The corresponding author is expected to return any corrections to the PDF within 7 days.

Manuscript Preparation

Format

Double-space and number every page, including the title page. Arrange the manuscript in the following order: title page, abstract, key words, body of review, acknowledgments, disclosure of financial and nonfinancial conflicts of interest, and references.

Title page

The title page includes:

- An article title of no more than 15 words

- A byline listing all author names

- A separate affiliation section that lists department, university or organizational affiliation, and location (city and state) for each author

- The corresponding author's e-mail address or other contact information (for publication in the article)

Abstract (200 to 400 words recommended)

Each review must include a **structured** abstract with the following headings: Purpose; Search Methods; Search Results; and Discussion and Conclusions. Headings are bold and followed by a colon.

- **Purpose:** Clearly articulate the purpose of the review, and provide context or background information for understanding why the review is important. Describe the topics to be covered, and be specific about how the review will benefit science, prevention, treatment, and/or health outcomes.

- **Search Methods:** Describe the search strategy employed (e.g., search terms used, inclusion/exclusion criteria, databases searched).

- **Search Results:** Report the number of articles captured by the search, the number of articles included, and the number of articles excluded.

- **Discussion and Conclusions:** Emphasize the included studies' most salient results—especially new and important aspects that could move the field forward—and the review's principal conclusions. Note any major limitations pertaining to the review and the included studies, and avoid overinterpretation of findings.

Key words

Immediately after the abstract, provide a maximum of eight key words—with one being "alcohol"—to be used for indexing. Authors are encouraged to use the Medical Subject Headings (MeSH) search feature to identify key words that correspond with MeSH terminology when possible: https://www.ncbi.nlm.nih.gov/mesh.

Body of review (6,000 words or fewer recommended)

Articles begin with an introduction that describes the purpose (i.e., rationale, objectives) of the review. Subsequent sections describe the following:

- *Search methods employed.* Include a list of databases that were searched (a minimum of three), all search terms used, the dates of the searches, and all inclusion/exclusion criteria.

- *Results of the literature search.* Provide the number of articles captured by the search, number of articles excluded, number of articles included.

- *Results of the reviewed studies, especially new and salient findings.* Note any apparent limitations of the studies reviewed or gaps in the literature.

- *Summary of the conclusions of the review.*

Begin each major section with a first-level heading of up to 50 characters. Second- and third-level headings, which are also limited to 50 characters, can be used to divide main sections into subtopics.

Acknowledgments

The acknowledgments section includes funding sources, including relevant grant numbers. Do not include names of principal investigators. If there are no funding sources, this section will be deleted.

Disclosures

Each author must disclose any financial and nonfinancial interests that might appear to bias results presented in *ARCR*. Competing financial and nonfinancial interests may include, but are not limited to, grant support; employment (past, present, or future); payment for expert testimony, lectures, or presentations; and personal financial or nonfinancial interests by the authors, immediate family members, or other affiliations (institutional or otherwise) that may gain or lose financially or non-financially through publication of these results.

Interests that may conflict also may include compensation such as travel, consultancies, advisory board positions, patent and royalty arrangements, stock shares, personal or professional relationships, and so forth. When in doubt, we encourage authors to err on the side of caution and report all interests.

If none of the authors have competing financial or nonfinancial interests to disclose, use this statement: "The authors declare no competing financial or nonfinancial interests."

Style and Usage

ARCR style is based on the *Publication Manual of the American Psychological Association*, seventh edition (APA manual), and the American Medical Association's *AMA Manual of Style*, 10th edition (AMA manual). The reference style for *ARCR* is based on the AMA manual.

Voice, Tone, and Use of Tenses in Describing Research Findings

All articles, including abstracts, are written in third person. Articles aim to educate the scientific community about current knowledge and trends in alcohol research and are written at a reading level appropriate for graduate students. The language used is expected to be accessible to scientists who do not have a background in the topic being covered.

As a literature review journal, *ARCR* has a specific style for discussing research results, generally following APA guidelines.

- Use past tense (e.g., "Smith *showed*") or present perfect tense (e.g., "researchers *have shown*") for the literature review.

- Use past tense to discuss the results from a specific study:

    This study *found* that anxiety *decreased* significantly.

- Use present perfect tense when discussing collective past results:

    Binge drinking in adolescents *has been associated* with negative effects.

- Use present tense when discussing overall results, conclusions, and future research:

    Most of the research *shows* that the treatment effectively *reduces* symptoms.

Clarity and Understandability

ARCR asks authors to focus on the "bottom line" of research findings, providing perspective on the implications of the research rather than presenting extensive details about the methodology. Readers can be directed to original research articles for more information. Provide citations to support statements in the article.

Avoid using the words "important" and "importantly." Be specific about the research and how the review will benefit science, prevention, treatment, and/or health outcomes.

Our editorial staff will work with authors to identify areas of their manuscripts that need further explanation.

Abbreviations

- Use the full name for an abbreviation at first mention followed by the abbreviation in parentheses.

- Do not use abbreviations for terms that appear only once or twice. In general, if you abbreviate a term, use the abbreviation at least three times in a paper. Otherwise, spell it out each time. However, a standard abbreviation for a long, familiar term is clearer and more concise even if it is used fewer than three times.

- Only use abbreviations generally understood by the *ARCR* audience. Do not create abbreviations.

Alcohol Terminology

- Use non-stigmatizing, person-first language whenever possible. Avoid labeling persons as "drug abusers," "addicts," "alcoholics," "depressives," etc. Instead, use "person with substance use disorder," "person with alcohol use disorder," "person with depression," etc. Please use APA's "Bias-Free Language" guidelines for reference as well: https://apastyle.apa.org/style-grammar-guidelines/bias-free-language.

- Clearly define terms—for example, "heavy," "moderate," and "light drinking"; "binge drinking"; "alcohol misuse." In addition to defining how these terms are used in the article, whenever possible, indicate how their definitions might differ among studies cited in the article.

- "Alcohol use disorder" is preferred over "alcoholism" and "alcohol dependence." However, "alcohol dependence" can be used (1) in reference to previous studies based on the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) or the *International Classification of Diseases* (ICD) diagnostic criteria or (2) in reference to animal models.

- "Alcohol abuse" and "drug abuse" should be used only in reference to previous studies based on DSM-IV diagnostic criteria. "Alcohol misuse" and "substance misuse" are the preferred *ARCR* terms.

- Avoid language that suggests "safe" drinking levels recommended by NIAAA or *ARCR*.

- Do not use "patient" unless the context is clinical. Instead, use "participant," "person with an alcohol problem," or "individual who has alcohol use disorder."

- When referring to "drinks," "number of drinks," or "standard drinks," specify an alcohol quantity (e.g., "14 grams of alcohol").

Numbers

- In general, use numerals to express numbers 10 and above, and use words to express numbers zero through nine.

  The 10 site evaluators conducted five site visits.

  Students in the study were in the sixth, eighth, 10th, and 12th grades.

- Use numerals for percentages, proportions, ages, money, and other units of measure.

  2%; 1 in 4 college students; ages 6 to 9; $5, 3 cm; 6 mg

- Round percentages with decimals to nearest whole number (unless doing so would eliminate the difference between two numbers being compared).

  68%, not 67.8%

- For data other than percentages, round numbers to one decimal unless there is a reason to be more precise (e.g., *p* values, odds ratios, coefficients, BAC levels).

- Delete zero before a decimal if the number always will be less than one (e.g., *p* values).

- Use "to" to express ranges of numbers in text. En dashes are acceptable in tables, especially if space is a concern.

  from 1999 to 2013
  from 16% to 18%
  for 5 to 8 years
  weighs 0.23 kg to 0.35 kg

- Express ratios as numerals: (e.g., 4:1 ratio)

- Express percentiles and quartiles as numerals.

  the 5th percentile, the 95th percentile
  the 3rd quartile

- Express scores and points on a scale as numerals.

  scored 6 on a 7-point scale

Trade Names

- Generic names should be used. If necessary for clarity, trade names may be included, following the generic name (lowercase). Capitalize trademarked names, but do not use the ®, TM, or SM symbols.

  disulfiram (Antabuse), naltrexone (Vivitrol)

Figures, Tables, and Boxes

ARCR prefers original figures, artwork, and tables that synthesize or organize material in a way that enhances understanding of the text. Reprinting figures and tables from other articles and depictions of unpublished data are generally discouraged. Authors are responsible for obtaining permission to reproduce copyrighted material from each relevant publisher. More details about specifications for artwork, including photographs, are available in "*ARCR* Guidelines for Preparing Figures, Tables, and Artwork."

Display items should add significantly to *ARCR* readers' understanding of the information in the article. Please ensure that each table, figure, or box contains only the most salient information to be conveyed to readers. If it does not, do not include it.

Figures

A figure is any image, illustration, graphic, or chart that is **not** presented in a tabular format (i.e., columns of information or data that can be read from left to right).

- Graphics and images are provided as separate files. Do **not** insert or embed graphics or images into the text file. If the electronic artwork was created in a Microsoft Office application (Word, PowerPoint, or Excel), provide it as a separate file in that same application.

- Source or permission credit appears at the bottom of a figure if it has been published previously, even if it represents the author's original work. Please indicate if the copyright holder requires specific wording for the source line.

- Every figure has a number and a title. Figures and tables are numbered separately. Every figure is referenced in the text. Figure callouts occur in the text in order (e.g., Figure 1, Figure 2, Figure 3).

- Figure titles do **not** appear within the graphic area of the figure. All explanatory information for the figure goes in the figure title or caption.

- Both X and Y axes have labels.

- Any units of measure that apply to the figure are included in axis labels, in a caption, or somewhere within the graphic.

- Use 10 pt. Arial font.

- All graphics use the color palette provided below. Whenever possible, stick to black, white, and shades of grey.

    — Black R-0, G-0, B-0
    — Blue R-28, G-93, B-135
    — Gray R-109, G-110, B-113

- Guidelines for photographs

    — Resolution: 300 dpi
    — Colors: RGB or CMYK
    — Format: .PSD, .TIFF, or .JPG (submit original native files with layers, fonts, and links, if any)

- Do **not** supply files that are too low in resolution.

- **Do not** submit graphics that are disproportionately large for the content. All artwork (including words and numbers) must be clearly legible in a 6" × 10" format.

Tables

A table contains tabular information, i.e., columns of information or data that are read from left to right. Blocks of text separated from the main article are styled as boxes, not tables.

- Every table has a number and a title. Tables and figures are numbered separately.

- Tables should be self-explanatory and should not duplicate textual material.

- Tables need to be created using word processing software. Do **not** use Excel or comparable spreadsheet programs.

- Every table has a callout in the text, and callouts and tables appear in order (e.g., Table 1, Table 2, Table 3).

- All table columns and rows are labeled.

- All units of measure are included.

- For footnoted explanatory information within a table, use the superscript symbols *, †, and ‡, in that order. Do not use numbered notes for explanatory information.

- Source or permission credit appears at the bottom of a table if it has been published previously, even if it represents the author's original work. Please indicate if the copyright holder requires specific wording for the source line.

Boxes

- Boxes are for nontabular content that authors wish to separate from the main text.

- Boxes are **not** numbered.

- Each box has a title. The title is centered and has title case capitalization.

- Each box has a text callout in which the title of the box appears in bold.

  (See the box **Cognitive Behavioral Therapies**.)

- All the text for the box, including the box title, appears at the end of the file (after the references). Do not insert a box at the in-text callout.

References

- *ARCR* uses a numbered citation system based on the *AMA Manual of Style* and *Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers* (http://www.nlm.nih.gov/citingmedicine).

- Every reference cited in the text also must appear in the reference list—and vice versa. Unpublished results and personal communications are not to be included in the reference list; however, they may be mentioned in the text. References to websites that do not mention a specific document also may be mentioned in the text.

- References are listed in numerical order at the end of the document.

- Provide a DOI (Digital Object Identifier) for each reference, if at all possible. (This primarily applies to journal articles.)

- Each reference is a separate entry. Do not combine multiple references under one number. Do not repeat a reference using a different number.

- Citation of a reference as "in press" implies the item has been accepted for publication.

- Citation numbers are typically placed at the end of a sentence. If all information in a paragraph pertains to a single source, place the citation number at the end of the first sentence in the paragraph that contains the cited material.

- In the body of a document, **always** place citation numbers after punctuation.

  After review, they removed the term "addicts."[1]
  The findings are questionable;[3]

- When more than one reference is cited in one place, use commas without spaces to separate the citation numbers. If more than two numbers are sequential, use a hyphen between the first and last numbers in the sequence.

> Several mutations of the gene were identified.[4,5,7-9,11]

- Avoid placing a citation number immediately after a number or a unit of measure to avoid confusing the citation number with an exponent.

> **Don't:** The smallest tumor was 6 mm^2 and was later determined to be benign.[3]
> **Better:** The smallest tumor^2 was 6 mm and was later determined to be benign.[3]
> **Best:** The smallest tumor was 6 mm and was later determined to be benign.[2,3]

- For reference citations in text that include page numbers (e.g., for a direct quote), close up all space and do not use periods.

> "Everything you're sure is right can be wrong in another place."[3(p505)]

- References are listed in numerical order at the end of the document.

- Use hyphens, not en dashes, for page number ranges in the **References** list.

Reference examples

Journal article (*Note:* If the reference does not include a DOI, do not include a PMID):

> Seo D, Ahluwalia A, Potenza MN, et al. Gender differences in neural correlates of stress-induced anxiety. *J Neurosci Res*. 2017;95(1-2):115-125. https://doi.org/10.1002/jnr.23926.

> Jaffe SL. Treatment and relapse prevention for adolescent substance abuse. *Pediatr Clin North Am*. 2002;49(2):345-352, vi. https://doi.org/10.1016/s0031-3955(01)00008-6.

Journal article with four or more authors (use "et al.," with preceding comma, **after the third author**):

> Muggli E, Matthews H, Penington A, et al. Association between prenatal alcohol exposure and craniofacial shape of children at 12 months of age. *JAMA Pediatr*. 2017;171(8):771-780. http://doi.org/10.1001/jamapediatrics.2017.0778.

Journal article with organization as author (spell out name of organization; if organization is author of more than one reference, include abbreviation in parentheses at first mention, and use abbreviation for any references that follow):

> National Institute on Alcohol Abuse and Alcoholism (NIAAA). *Alcohol Use Disorder: A Comparison Between DSM-IV and DSM-5*. 2016. https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-use-disorder-comparison-between-dsm. Accessed June 18, 2020.

Journal article in press:

Dashwood E, Steele L. Self-deception and rationalization: A review of cognitive processes to avoid responsibility. *Psychol Bull*. In press.

Book:

Collins WL, Lucas CT, deBourgh LC. *Subjective Well-Being and Life Satisfaction.* New York, NY: Routledge; 2018.

Chapter in a book:

Collins WL, Lucas CT, deBourgh LC. Leave well enough alone? The costs and benefits of solitude. In: Smart UR, Tooey IM, eds. *Subjective Well-Being and Life Satisfaction.* 2nd ed. London, UK: Taylor and Francis; 2018:25-61.

Book with a volume number or an edition number:

Ferrars E, Ferrars R, Brandon C, eds. *The Power of Likability in a Status-Obsessed World.* Vol 2. 2nd ed. Oxford, UK: Oxford University Press; 2017.

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders.* 5th ed. Washington, DC: American Psychiatric Association; 2013.

Government or organization report:

Report or survey with URL: Include http://www or https://www, remove any end slashes, and end with period. Access date follows URL.

Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality. *Behavioral Health Trends in the United States: Results From the 2014 National Survey on Drug Use and Health.* 2015. https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf. Accessed June 18, 2020.

Report or survey with organization as author, no URL:

Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality. *Results From the 2017 National Survey on Drug Use and Health: Summary of National Findings.* Rockville, MD: U.S. Department of Health and Human Services; September 2018.

Document on a website (Note: Callouts to a website rather than a specific document can be included in the text of the article and should not be listed as a reference):

National Institute on Alcohol Abuse and Alcoholism (NIAAA). What are symptoms of alcohol use disorder? Rethinking Drinking website. No date. Accessed October 4, 2020. https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/Whats-the-harm/What-Are-Symptoms-Of-Alcohol-Use-Disorder.aspx.

Paper presented at a meeting or conference:

Buendía JA, Remedios TB, Ternera P. The effects of misperception and family relationships on alcohol consumption. Paper presented at: American Public Health Association 2019 Annual Meeting and Expo; November 4-8, 2019; Atlanta, GA.

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