

# Narrative and Scoping Reviews Instructions for Authors

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## About ARCR

*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. ARCR's **Journal Impact Factor™ is 6.8**,<sup>1</sup> which ranks it **#1 of 55 journals** in the "substance abuse" category of the Social Sciences Citation Index.

ARCR articles describe 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 viewpoints. Reviews are 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 alcohol research.

## Narrative and Scoping Reviews

Narrative and scoping reviews are by invitation only and are peer reviewed. Authors invited to write a narrative or scoping review can choose to submit either review type based on their judgment about what would be most appropriate for the topic. These instructions focus on the narrative review, ARCR's standard article type. Scoping reviews should follow both ARCR guidelines and guidelines outlined by [Preferred Reporting Items for Systematic reviews and Meta-Analyses \(PRISMA\) Extension for Scoping Reviews](#). If you plan to submit a scoping review, please first contact ARCR staff (see contact information at the end of this document).

### Narrative Reviews

Narrative reviews provide a nonexhaustive synthesis of primary research done in a field, identify gaps, and suggest areas of future research. ARCR narrative reviews use a systematic approach to searching the literature but are not systematic reviews, as narrative reviews provide an unbiased overview of a topic instead of answering a specific clinical question. **Authors should review all instructions prior to beginning their literature searches to ensure they follow ARCR search strategy guidelines. Literature searches for narrative reviews must be transparent and reproducible.**

Authors are required to submit a completed [ARCR checklist for narrative reviews](#) when submitting their manuscripts. All items are mandatory unless otherwise indicated in the checklist. Authors are encouraged to download the [ARCR Word template for narrative reviews](#) to assist with manuscript preparation.

The standard deadline for initial submission of a narrative review article is 5 months.

### Scoping Reviews

Scoping reviews are exhaustive reviews that map evidence to identify main concepts, theories, sources, and knowledge gaps in a field. Scoping reviews often set the stage for systematic reviews by confirming the relevance of potential questions and criteria for inclusion or exclusion.

For this article type, authors must follow the guidelines outlined by [PRISMA](#). Authors are encouraged to download the [ARCR Word template for scoping reviews](#) to assist with manuscript preparation.

The standard deadline for initial submission of a scoping review is 9 months.

### Other Types of Articles

ARCR publishes another article type: Perspective. Invitation emails received will note whether authors should submit a review or a Perspective article. Authors do not have the option to submit an article type other than what they have been invited to submit. If you have been invited to submit a Perspective article, please use the [Perspectives Instructions for Authors](#).

ARCR does not accept original research articles or other types of reviews, such as systematic reviews or meta-analyses.

If you have any questions regarding which type of article you have been invited to submit, please contact ARCR staff (see contact information at the end of this document).

<sup>1</sup> 2023 Journal Impact Factor™, *Journal Citation Reports™* 2024 (Clarivate™)

# Manuscript Preparation

## Word Template

Word templates are available at:

- Narrative reviews: <https://arcr.niaaa.nih.gov/sites/default/files/2024-02/ARCR-manuscript-template-narrative-reviews.docx>.
- Scoping reviews: <https://arcr.niaaa.nih.gov/sites/default/files/2024-02/ARCR-Manuscript-Template-Scoping-Reviews.docx>.

## Format (All Review Types)

Double-space and number every page, including the title page. Use Aptos 11 pt. font throughout the manuscript, and number the lines in the left margin. [See instructions for adding numbers to lines within Word](#). Arrange the manuscript in the following order: title page, abstract, and body of review. References and graphics are discussed later in this document. More information for each section follows.

## Title Page (All Review Types)

Narrative and scoping review title pages should include:

- An article title of no more than 15 words; scoping reviews must include the term “Scoping Review” in the title
- A byline listing all author names and their Open Researcher and Contributor ID ([ORCID](#)), if available
- An institutional affiliation section that lists department, university or organizational affiliation, and location (city and state/country) for each author at the time of the study

## Correspondence

Provide the full name, complete mailing address, and email address for the corresponding author. Use the following format:

Address correspondence concerning this article to [corresponding author’s name, complete mailing address]. Email: [author@institution.edu]

## Acknowledgments

This section includes funding sources, including relevant grant numbers, and other acknowledgments. When reporting [NIH grants](#), please include the activity code, institute/center code, and serial number with no spaces

in between. Do not include names of investigators who have not contributed substantially to the conception of the work, interpretation of findings, or drafting of the manuscript. If there are no funding sources or other acknowledgments, this section will not be included.

## Disclosures

Each author must separately disclose any financial and nonfinancial interests that might appear to bias results presented in ARCR using the Disclosure of Interest form (February 2021 version) of the International Committee of Medical Journal Editors. The form can be downloaded from the manuscript submission page in Editorial Manager or at <https://www.icmje.org/disclosure-of-interest>. When in doubt whether any interest might present a potential conflict, authors are encouraged to err on the side of caution and report all interests.

It is the responsibility of the corresponding author to obtain the Disclosure of Interest forms from all coauthors and to upload them when submitting the manuscript.

## Structured Abstract

*(200 to 400 words are recommended for narrative reviews; word limits for abstracts do not apply to scoping reviews.)*

**ARCR narrative reviews** must include a structured abstract with the following headings: Purpose; Search Methods; Search Results; and Discussion and Conclusions. Headings are bold, all caps, 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, search dates, inclusion/exclusion criteria, databases searched). Mainly use recent, primary sources when selecting articles. Literature searches must be transparent and reproducible.
- **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.

**ARCR scoping reviews** must include a structured abstract that should follow PRISMA guidelines in structure and content: <http://www.prisma-statement.org/Extensions/ScopingReviews>.

## Keywords

Provide a maximum of eight keywords—with one being “alcohol”—to be used for indexing. For the seven remaining keywords, authors are encouraged to use the Medical Subject Headings (MeSH) search feature to identify keywords that correspond with MeSH terminology when possible: <https://www.ncbi.nlm.nih.gov/mesh>.

## Key Takeaways (All Review Types)

Provide three to six bulleted statements covering key aspects of the manuscript that underscore its importance to the field.

## Body of Review

(6,000 words or fewer recommended for narrative reviews; word limits do not apply to scoping reviews.)

**ARCR narrative reviews** 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 searched (a minimum of three), all search terms used, the dates of the searches, and all inclusion/exclusion criteria. ARCR articles cannot include unpublished results or data. Authors should mainly use recent, primary sources when selecting articles. Literature searches must be transparent and reproducible.
- *Results of the literature search.* Provide the number of articles captured by the search, the number of articles excluded, and the 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 and potential future directions.

**For ARCR scoping reviews**, structure and content should follow PRISMA guidelines: <http://www.prisma-statement.org/Extensions/ScopingReviews>.

For both narrative reviews and scoping reviews, begin each major section with a first-level heading of up to 50 characters. Second- and third-level headings, also limited to 50 characters, can be used to divide main sections into subtopics.

# Overview of Review and Editing Process

## Review Process

Submitted manuscripts first undergo a technical check by ARCR editorial staff to ensure they meet guidelines outlined in these instructions. Manuscripts that do not meet ARCR guidelines are returned to the author for correction.

After passing the technical check, articles are sent to independent reviewers with expertise in the subject matter covered in the article. Peer review is single blind (i.e., reviewers know the identities of the authors, but authors do not know the identities of the reviewers). Reviewers are asked to disclose any actual or potential conflicts of interest prior to submitting any feedback.

The time frame to complete peer review is typically 3 months. However, this often varies based on peer reviewer availability.

## Submitting Revised Manuscripts

The ARCR editorial office will review the feedback from peer reviewers and send a decision on the manuscript to the corresponding author via Editorial Manager. Authors are commonly asked to revise their manuscripts in accordance with the editors' and reviewers' comments.

Authors should return revised manuscripts with edits highlighted in yellow and a response letter that lists the

editors' and reviewers' comments and how each issue was addressed in the revision (i.e., what was changed and where, or why the authors elected not to make the change). When drafting the replies, authors should bear in mind that the reviewers may read the response letter. Revised manuscripts that do not follow these instructions will be returned to the author for correction.

The time frame for authors to return revised manuscripts is determined by the editors based on extensiveness of the edits for that specific article. The average time frame is up to 1 month.

ARCR editorial staff will verify that the revisions adequately address all editors' and reviewers' comments and will notify the author if the manuscript has been accepted or requires additional revision.

### Copyediting

After article acceptance, ARCR editorial staff copyedit 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. This typically

occurs within 1 month following article acceptance, although this time frame may be longer if there are other manuscripts undergoing copyediting.

The author should verify all copyedits and address all queries (if applicable, in coordination with the coauthors) and email the corrected manuscript to the ARCR managing editor within 10 days.

### Final Proofreading

After reviewing the authors' corrections, the managing editor emails a PDF of the manuscript, including laid-out tables and figures, 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 production process. Rewriting sections of text, revising tables and figures, adding or subtracting references, and making stylistic changes are not permitted unless approved by the ARCR editors.

The corresponding author should email any corrections to the PDF to the ARCR managing editor within 7 days.

## Authorship (All Review Types)

### Coauthors

The invited author may ask others to collaborate on the manuscript if their expertise will yield better breadth and balance to the article, or the collaboration provides coauthor opportunities for early career investigators.

The invited author is ultimately responsible for the quality of the manuscript.

Authors are encouraged to review the International Committee of Medical Journal Editors' [Defining the Role of Authors and Contributors](#) for more information on authorship criteria.

### Authorship Changes

After article submission, any changes in authorship—such as adding, removing, or reordering authors—must be agreed upon by all authors. It is the responsibility of the corresponding author to obtain confirmation from all coauthors and to provide a completed [Authorship Change Request form](#) to the ARCR editorial office.

### Generative Artificial Intelligence in Scientific Writing

Artificial intelligence (AI) tools such as ChatGPT or large language models cannot be listed as authors in research publications, in accordance with [Committee on Publication Ethics \(COPE\) guidelines](#).

These AI tools do not meet the criteria for authorship, as they cannot initiate original writing without direction by human authors, cannot be accountable for a published work, and do not have legal standing or the ability to hold or assign copyright.

For transparency, any use of AI tools in writing a manuscript, in producing images or graphical elements, or in collecting or analyzing data must be disclosed in the Search Methods of the paper (i.e., how and which AI tool was used).

Authors are fully responsible for the content of their manuscript, even those parts produced by an AI tool. The final decision about whether use of an AI tool is appropriate or permissible in a submitted manuscript lies with the ARCR editors.



## Style and Usage (All Review Types)

ARCR editorial style is based on the *Publication Manual of the American Psychological Association*, seventh edition (APA manual). The reference style for ARCR is based on the American Medical Association's *AMA Manual of Style*, 11th edition (AMA manual).

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

All ARCR articles, including abstracts, are written in third person. Articles 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 should be understandable to scientists who do not have a background in the specific 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 insight into the implications of the research rather than presenting extensive details about individual studies. 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.

ARCR 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 nonstigmatizing, 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 also use APA's [Bias-Free Language](#) guidelines and the Centers for Disease Control and Prevention's [Preferred Terms for Select Population Groups & Communities](#) for reference.
- Clearly define terms related to alcohol consumption levels—for example, “heavy,” “moderate,” and “light drinking;” “binge drinking;” and “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 animal models or (2) 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: Ninth Revision (ICD-9)* diagnostic criteria.
- Use “alcohol abuse” and “drug abuse” 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 who misuses alcohol,” or “individual with 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 over, 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, blood alcohol concentration).

- Delete zero before a decimal if the number always will be less than one (e.g.,  $p < .05$ ).
- 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, quartiles, and centiles as numerals.

the 95th percentile

the 3rd quartile

the 10th centile

- 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)



## References

- **Narrative Reviews have a recommended limit of 200 citations. Scoping reviews have no citation limits.**
- 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>).
- Superscript all citation numbers in the text.
- ARCR encourages the use of a reference manager software that includes the AMA style within its repository, such as Endnote or Zotero. When using reference manager software, authors should:
  - Select the “American Medical Association 11th edition” style.
  - When possible, upload references using the Digital Object Identifier (DOI) or other unique identifier, thereby ensuring fields are correctly formatted.
  - Ensure citations within the body of the text match the reference list by “refreshing” all citations and references prior to manuscript submission.
- Authors are responsible for ensuring that every reference cited in the text also appears in the reference list—and vice versa. Manuscripts that do not meet these criteria will be returned to the author for correction.
- Personal communications and references to websites that do not mention a specific document are not to be included in the reference list; however, they may be mentioned in the text.
- Unpublished results and data are not to be included in the text or references of ARCR review articles.
- Use hyphens, not en dashes, for page number ranges in citations in text and in the reference list.
- 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.<sup>4,5,7-9,11</sup>
- 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<sup>2</sup> and was later determined to be benign.<sup>3</sup>
  - Better:** The smallest tumor<sup>2</sup> was 6 mm and was later determined to be benign.<sup>3</sup>
  - Best:** The smallest tumor was 6 mm and was later determined to be benign.<sup>2,3</sup>
- 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.”<sup>3(p505)</sup>
- In the body of the manuscript, omit publication year in parentheses if an article is cited at the end of a sentence.
  - Squegilia et al. reported that adolescents who drank heavily showed attenuated white matter growth of the corpus callosum and pons relative to adolescents who did not drink.<sup>39</sup>
- In the body of the manuscript, citations that include “see” or “see also” should list the author's name and not just the citation.
  - Alcohol-associated liver disease is a leading cause of morbidity and mortality in people with alcohol use disorder<sup>1</sup> (for review see Shapiro et al.<sup>2</sup>).
- Please ensure that citations in text match citations in the reference list in terms of citation number and source.

### Citations in Text

- 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.”<sup>1</sup>  
The findings are questionable;<sup>3</sup>

### Citations in Reference List

- References are listed in numerical order at the end of the document.
- Provide a DOI for each reference, if possible. (This primarily applies to journal articles.) Do not include a PubMed ID (PMID).

- Present both DOIs and other URLs as hyperlinks (i.e., beginning with “http://” or “https://”). Because hyperlinks lead readers directly to the content, do not include “Retrieved from,” “Accessed from,” or an accessed date with DOIs and other URLs.
- Each reference is a separate entry. Do not combine multiple references under one number. Do not repeat a reference using a different number.
- Indicate that a reference is “in press” only if the item has been accepted for publication.

## Reference Examples

Journal article with up to six authors (include all authors):

Weitzman ER, Magane KM, Wisk LE, Allario J, Harstad E, Levy S. Alcohol use and alcohol-interactive medications among medically vulnerable youth. *Pediatrics*. 2018;142(4):e217426. <https://doi.org/10.1542/peds.2017-4026>.

Journal article with seven 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>.

Journal article in press:

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

Journal article published in another language (if original title is not available, include English title only in square brackets):

Chaves-Morillo v, Gómez Calero c, Fernández-Muñoz JJ, et al. La anosmia neurosensorial: Relación entre subtipo, tiempo de reconocimiento y edad [Sensorineural anosmia: Relationship between subtype, recognition time, and age]. *Clínica y Salud*. 2018;28(3):155-161. <https://doi.org/10.1016/j.clysa.2017.04.002>.

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, Tooley IM, eds. *Subjective Well-Being and Life Satisfaction*. 2nd ed. London, UK: Taylor and Francis; 2018:25-61.

Book with a volume number and/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. Arlington, VA: American Psychiatric Association; 2013.

Government or organization report or survey with URL (include http://www or https://www, remove any end slashes, and end with period):

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>.

Government or organization report or survey with no URL:

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. <https://rethinkingdrinking.niaaa.nih.gov/how-much-too-much/what-are-symptoms-alcohol-use-disorder-aud>.

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.

## Journal Contact Information

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ARCR Editorial Staff  
Email: [arcric@iqsolutions.com](mailto:arcric@iqsolutions.com)

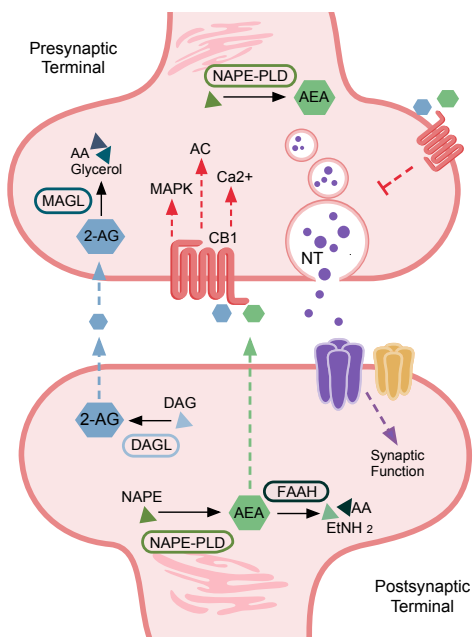
## Appendix: Figures, Tables, and Boxes (All Review Types)

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.

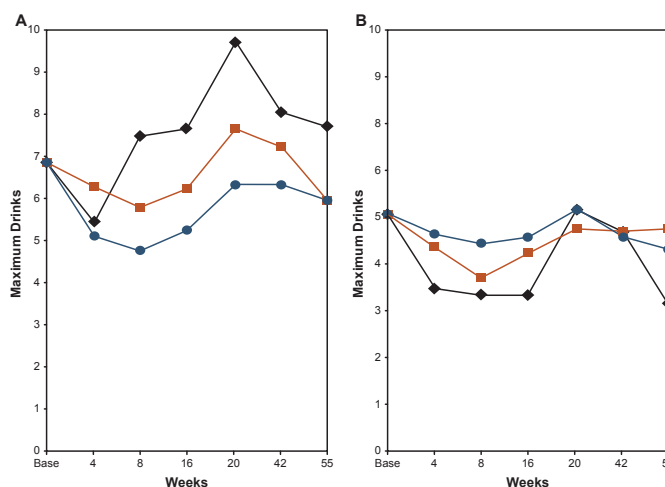
ARCR prefers original figures, artwork, and tables that synthesize or organize material in a way that enhances understanding of the text. Reprinting figures and tables from other articles without permission and depictions of unpublished data are not permitted. Authors are responsible for obtaining permission to reproduce copyrighted material from each relevant publisher.

### 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).
- Provide graphics and images 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. If a chart/graphic is created with an Adobe application, provide the files in vector format (Adobe Illustrator).
- Do not include figure titles in the graphic area of the figure. All explanatory information for the figure goes in the title and/or caption.
- Include source or permission in the caption 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.
- Ensure that every figure has a number and a title; figures and tables are numbered separately; every figure is referenced in the text; and callouts appear in the text in order (e.g., Figure 1, Figure 2, Figure 3).
- Label X and Y axes.
- Indicate units of measure that apply to the figure in axis labels, in a caption, or somewhere within the graphic.



**Figure 1. Summary schematic of endocannabinoid signaling in the synapse.** A simplified description of the subcellular distribution of components of the endocannabinoid pathway is shown. Note: AA, arachidonic acid; AEA, anandamide; FAAH, fatty acid amide hydrolase, . . .



**Figure 2. Maximum number of drinks consumed per occasion by students with low (panel A) or high (panel B) level of response (LR) to alcohol over 55 weeks in the San Diego Prevention Study.** Blue lines and circle symbols represent students who had watched four videos with LR-based information, orange lines and square symbols represent students who had watched four videos with general alcohol education, and black lines and diamond symbols represent control students who had watched no videos.

Source: Adapted with permission from Schuckit et al.<sup>43</sup>

## ARCR Color Palette

- Use the color palette provided below for graphics. Whenever possible, stick to ARCR’s primary colors as identified in the color guidelines. ARCR’s color scheme has been created to have a sound visual foundation for the brand, help maintain consistency, and make the interface aesthetically pleasing and in compliance with Section 508 of the Rehabilitation Act.
- If graphics require additional colors, the secondary colors can be used to populate these graphics. (These colors will be used in graphics only.)
- Grays and neutral colors can be used if a monotone palette is needed.

### ARCR Primary Colors: (Masthead, Text, Graphics)

<p><b>ARCR Blue</b></p> <p>CMYK 88.64.35.17 RGB 55.84.113 HEX #375471</p>	<p><b>ARCR Orange</b></p> <p>CMYK 20.78.100.8 RGB 175.89.51 HEX #AF5933</p>	<p><b>Black</b></p> <p>CMYK 66.64.67.67 RGB 46.41.37 HEX #2E2925</p>	<p><b>Dark Gray</b></p> <p>CMYK 61.53.52.24 RGB 96.96.96 HEX #606060</p>
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### ARCR Secondary Colors (Graphics only)

<p>CMYK 8.88.73.1 RGB 204.81.78 HEX #CC514E</p>	<p>CMYK 25.99.92.23 RGB 141.42.42 HEX #8D2A2A</p>	<p>CMYK 12.64.100.1 RGB 203.121.49 HEX #CB7931</p>	<p>CMYK 70.96.29.16 RGB 91.47.101 HEX #5B2F65</p>	<p>CMYK 82.50.12.1 RGB 69.116.167 HEX #4574A7</p>
<p>CMYK 99.81.44.45 RGB 21.42.69 HEX #152A45</p>	<p>CMYK 65.27.97.9 RGB 109.139.74 HEX #6D8B4A</p>	<p>CMYK 81.45.55.24 RGB 62.97.97 HEX #3E6161</p>	<p>CMYK 2.7.99.0 RGB 255.224.0 HEX #FFE000</p>	<p>CMYK 99.20.87.6 RGB 0.134.89 HEX #008659</p>

### Grays (Graphics and monotone palettes)

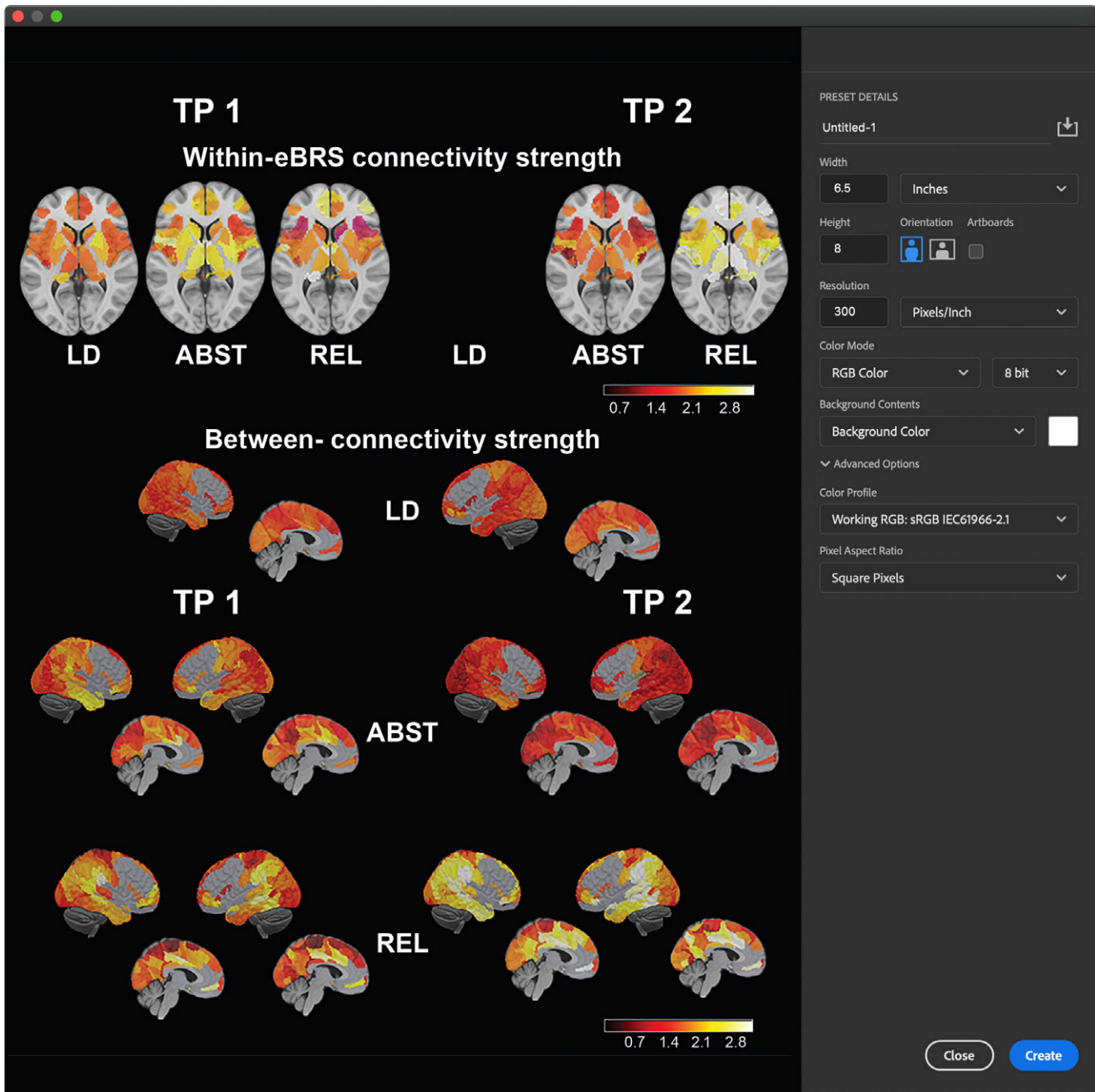
<p>CMYK 71.65.64.69 RGB 38.38.38 HEX #262626</p>	<p>CMYK 60.51.51.20 RGB 102.102.102 HEX #666666</p>	<p>CMYK 30.24.24.0 RGB 181.181.181 HEX #B5B5B5</p>	<p>CMYK 9.6.7.0 RGB 229.229.229 HEX #E5E5E5</p>	<p>CMYK 3.3.3.0 RGB 243.242.241 HEX #F3F2F1</p>
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### Neutrals (Graphics and monotone palettes)

<p>CMYK 42.42.51.7 RGB 147.135.121 HEX #938779</p>	<p>CMYK 14.14.19.0 RGB 215.209.200 HEX #D7D1C8</p>	<p>CMYK 2.3.4.0 RGB 246.242.238 HEX #F6F2EE</p>
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### 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—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.
- Tables are included in the Word manuscript, after the References section.
- Every table has a callout in the text, and callouts and tables appear in order (e.g., Table 1, Table 2, Table 3).
- Label all table columns and rows.
- Indicate all units of measure.
- 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.

**Table 1. Diagnostic Criteria for Four Conditions Within the FASD Spectrum According to CoFASP<sup>5</sup>**

Diagnostic Criteria	FAS		Partial FAS		ARND	ARBD
	Yes	No	Yes	No	Yes	Yes
Confirmed Prenatal Alcohol Exposure <sup>a</sup>	Yes	No	Yes	No	Yes	Yes
Facial Dysmorphology <sup>b</sup>	Required	Required	Required	Required	Not required	N/A
Growth Deficiency <sup>c</sup>	Required	Required	Not required	Required if brain abnormality is not present	Not required	N/A
Brain Abnormality <sup>d</sup>	Required	Required	Not required	Required if growth deficiency is not present	Not required	N/A
Cognitive or Behavioral Impairment <sup>e</sup>	Required	Required	Required	Required	Required*	N/A
Other Systemic Malformation	Not required	Not required	Not required	Not required	Not required	Required

<sup>a</sup> Defined as ≥ 6 drinks/week for 2 weeks or ≥ 3 drinks on ≥ 2 occasions; documentation of maternal intoxication in records; positive biomarker for alcohol; or evidence of risky maternal drinking on a validated screening tool.

<sup>b</sup> Defined as ≥ 2 of the following: short palpebral fissures, thin vermilion border, and smooth philtrum.

<sup>c</sup> Defined as height and/or weight ≤ 10th centile based on racially/ethnically normed charts.

<sup>d</sup> Defined as head circumference ≤ 10th centile, structural brain anomaly, or recurrent nonfebrile seizures.

<sup>e</sup> Cognitive impairment is defined as global cognitive impairment, verbal or spatial IQ, or individual neurocognitive domain ≥ 1.5 SD below mean. Behavioral impairment is defined as impairment of self-regulation ≥ 1.5 SD below mean. For children under age 3, developmental delay is required.

\* ARND requires two behavioral or cognitive deficits if IQ is not ≥ 1.5 SD below the mean.

Note: ARBD, alcohol-related birth defects; ARND, alcohol-related neurodevelopmental disorder; CoFASP, Collaboration on FASD Prevalence; FAS, fetal alcohol syndrome; FASD, fetal alcohol syndrome disorder; N/A, not applicable; SD, standard deviation.

Source: Adapted with permission from Wozniak et al.<sup>5</sup>

## 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.
- 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.

### Summary Statistics on Female and Male Alcohol Use and Outcomes in the United States

#### Drinking patterns

- Female drinkers consume about one-third as much total pure alcohol per year as male drinkers (6.7 liters for females, 19.0 liters for males).<sup>1</sup>
- Alcohol use among people age 12 and older: *Lifetime*—82% male, 78% female; *Past year*—68% male, 62% female; *Past month*—55% male, 46% female; *Binge (4+/5+)\* past month*—29% male, 20% female<sup>28</sup>

#### DSM-IV AUD† (alcohol abuse or dependence) age 12 and older

- Past-year AUD—males, 9.2 million (7%); females, 5.3 million (4%)<sup>28</sup>
- Percentage who needed and received treatment for DSM-IV alcohol abuse or dependence—males, 9%; females, 9%<sup>28</sup>

#### Overall deaths

- In 2017, 72,558 death certificates listed alcohol as a factor (18,072 females and 54,486 males).<sup>64</sup>
- Using death certificates and estimates, the Centers for Disease Control and Prevention calculated that 93,296 people died from alcohol-related causes each year between 2011 and 2015 (26,778 females and 66,519 males).<sup>11</sup>
- The World Health Organization reported that excessive drinking accounted for roughly 3 million deaths (5% of all deaths) worldwide, including 2.3 million deaths for men (8% of deaths) and 0.7 million deaths for women (3% of deaths).<sup>1</sup>

#### Cirrhosis deaths

- In 2017 there were 44,478 deaths due to cirrhosis and 50% (22,246) were caused by alcohol (15,470 deaths among males; 6,776 deaths among females).<sup>10</sup>
- Overall, the rate of death from alcohol-related cirrhosis is more than twice as high for men (9.7 per 100,000) than for women (4.1 per 100,000).<sup>10</sup>

#### Driving under the influence

- More men (10%) than women (5%) reported driving under the influence of alcohol (DUI) in the past year in 2017.<sup>19</sup>

#### Gender gaps are narrowing

- Differences are shrinking in drinking patterns, AUD, hospitalizations, emergency department visits, DUI, liver disease, and deaths.<sup>5,14-16,31</sup>

\***Binge drinking:** Defined as four or more drinks on an occasion for females and five or more drinks on an occasion for males (4+/5+).

†**AUD:** According to criteria for alcohol abuse and alcohol dependence in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).