# **CHAPTER 2**

# HOW TO CHOOSE A JOURNAL: SCIENTIFIC AND PRACTICAL CONSIDERATIONS

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#### INTRODUCTION

One of the most important and least understood decisions made in the course of publishing a scientific article is the choice of a journal. The decision determines the audience reached, the context in which work is presented, and the time it takes to achieve formal publication. At best, the right choice of a journal results in the rapid publication of an article that achieves the exposure it deserves. At worst, the wrong choice results in rejection, delay, and even loss of an author's motivation to persist in seeking publication for a potentially valuable scientific contribution.

Journal choice is little understood even by those who have spent decades in the field of addiction research. One reason for this state of affairs is that the field is rapidly changing, with new publication opportunities constantly being added (e.g., electronic journals) and more traditional organs of communication (e.g., print journals) adapting to new technology. Another reason for the difficulty in choosing a publication outlet is that until recently, there was little communication between journal editors and their potential authors. As indicated in Chapter 6, the process by which a journal decides to accept or reject a given article has been mysterious; most journals have carefully preserved the mystery within the 'black box' of editorial decision-making. With virtually no formal training programs on how to write for and publish in scholarly journals, the learning process for novices has been left to chance and the luck of finding an experienced mentor.

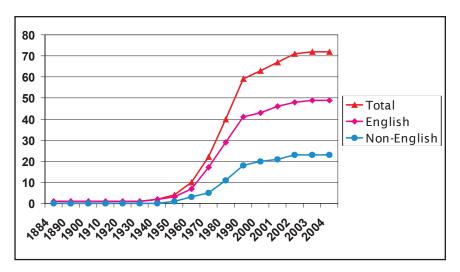
This chapter provides guidance on how to choose a journal for a scholarly publication on the subject of addiction, broadly defined as any topic dealing with psychoactive substances as well as compulsive behaviours such as gambling. A basic assumption of this chapter is that the primary purpose of publishing is to communicate findings and ideas to a broader audience than one's immediate circle. Our focus is on scholarly journals, which have become the primary organ (in addition to conference presentations, posters, books and abstracts) of the scientific communication system that has evolved over the past century. Although we will provide some information about publishing in disciplinary journals that serve the scholarly interests of professional groups such as biochemists, physicians, sociologists, psychologists and social workers, our primary interest is in the addiction specialty journals, which limit their subject matter primarily to psychoactive substances and related addictive behaviours.

More specifically, addiction journals are periodicals devoted to the dissemination of information about the use, misuse, and effects of psychoactive substances, as well as related topics such as addictive disorders, biological mechanisms, genetic origins, epidemiology, addictive behaviors (e.g., gambling), and the treatment and prevention of substance misuse.

# GROWTH OF ADDICTION SPECIALTY JOURNALS AND OTHER PUBLICATION SOURCES

As we noted in Chapter 1, a scientific journal has multiple roles and functions. Journals provide a forum for scientific communication and certify the scientific value of an individual author's work. They provide access to reliable knowledge, and at the same time confer scholarly prestige and facilitate career advancement (see Lafollette 1992). Figure 2.1 provides a striking illustration of the increase of scientific publishing in the addiction field, which parallels the growth in most other areas of science during the past century (Babor 1993a). The figure shows the cumulative record of addiction specialty journals, plotted according to the number of journals publishing articles since the late nineteenth century, when addiction publishing first began. During the 1970s and 1980s, there was a period of dramatic growth in the development of new addiction journals. By the year 2004, there were 75 peer-reviewed scientific addiction specialty journals operating throughout the world.

FIGURE 2.1 CUMULATIVE NUMBER OF ADDICTION JOURNALS PUBLISHED SINCE 1884, DISAGGREGATED ACCORDING TO LANGUAGE OF PUBLICATION



In addition to the total number of journals published each decade, Figure 2.1 also subclassifies the journals according to language of publication. Approximately two-thirds of these journals are published in the English language, which has emerged as the main language for international scientific communication (Babor 1993b). Details about the journals plotted in Figure 2.1 are provided in Tables 2.1 and 2.2. The data in these tables and the detailed journal information given in Appendix A were compiled from a 2003-2004 survey of addiction journal editors conducted by the International Society of Addiction Journal Editors (ISAJE). The survey results were supplemented by a review of public information sources, such as the journal's webpage (if available), print copies of the journal, and its instructions to authors.

Table 2.1 lists the titles of the English language journals along with information about the substances or addictive behaviors they are concerned with (e.g., alcohol, tobacco, licit and illicit drugs, pathological gambling); general topical areas (e.g., treatment, prevention, epidemiology, biological mechanisms, history); and details about the journals' frequency of publication, circulation, acceptance rate, ISI Impact Factor score, and abstracting or indexing services. Table 2.2 provides the same information for journals published in languages other than English, with the exception of Impact Factor (none of the non-English language journals reported an Impact Factor). Additional details about the journals listed in the tables, including mission statements, manuscript submission details, and URLs, are provided in Appendix A. All of the journals listed in the tables are peer-reviewed, and we excluded some periodicals because they did not satisfy this inclusion criterion.

Growth in the number of specialized addiction journals described in Figure 2.1 tells only part of the story of how the addiction field has grown in size and complexity. As previously indicated, a significant portion of the addiction literature is also published in scholarly journals that have a more general orientation towards disciplines such as medicine, psychology, biochemistry, sociology, economics, and public health. Figure 2.2 (see page 22) shows the results of a content analysis that the authors of this chapter conducted to describe the kinds of journals currently publishing articles on alcoholrelated research. Alcohol research was chosen for this analysis because this literature was catalogued relatively well on an international level. We counted and classified a sample of 344 journal articles published in 2001 that were abstracted in ETOH, a comprehensive index of the world scientific literature on alcohol and alcohol problems. The results showed that 58% of the alcohol-related articles were published in general or disciplinary journals, and 42% were published in addiction specialty journals. When the articles were sub-classified as either 'biomedical' (i.e., dealing with biological or medical topics) or 'psychosocial' (i.e., dealing with topics such as treatment, prevention, epidemiology, psychology, or social policy), we found that the addiction journals published a higher percentage of articles on psychosocial topics, whereas disciplinary journals published a greater share of the biomedical articles. Our review also indicated that authors of articles on alcohol-related topics publish in a tremendous variety of journals. In 2001, ETOH abstracted articles from over 50 addiction journals and 125 disciplinary and general scientific journals.

Table 2.1 Compendium of addiction journals published in the English language

	Journal Name	-qns	Topical	Issues per	Print	Acceptance	S	Abstracting/
ADT.O         P.T.H.E         12         1600         40%         3.24           AD.T.O         T.R.E.H.R.         4         \$500-1500         40%         3.24           AD.T.O         T.P.E.B.H.R.O         2         500         60%         1.58           AD.T.O         T.P.E.B.H.R.O         2         300         60%         1.58           AD.T.D.         T.P.B.E.H.R.O         4         1200         60%         1.24           AD.T.D.         T.P.B.E.H.R.O         4         1500         N/A         1.24           AD.T.D.         T.P.B.E.H.R.O         4         1500         N/A         1.24           AD.T.D.         T.P.E.B.H.R.O         4         1727         70%         1.24           AD.T.D.         T.P.E.B.H.R.O         4         340         60%         0.03           AD.T.D.         T.P.E.B.H.R.O         4         1800         50%         N/A           A.D.T.D.         T.P.B.E.H.Q.         4         1800         60%         0.49           A.D.T.D.         T.P.B.E.H.Q.         4         1800         60%         0.049           A.D.T.D.         T.P.B.E.H.Q.         4         1800         60%         0.049 <th></th> <th>stances<sup>a</sup></th> <th>Areasb</th> <th>year</th> <th>Circulationd</th> <th>Rate</th> <th>Impact</th> <th>Indexing</th>		stances <sup>a</sup>	Areasb	year	Circulationd	Rate	Impact	Indexing
ADT,O         P,T,H,E         12         1600         40%         3.24           AD,T,O         T,R,BE         R         500-1500          1.30           AD,T,O         T,R,E,B,H,R,O         4         500-1500          1.30           AD,T,O         T,P,E,B,H,R,O         2         300         66%         1.58           A,D,T,O         T,P,E,B,H,R,O         6         300         95%         N/A           A,D,T         T,P,E,B,H,R,O         4         1500         N/A         1.24           A,D,T         T,P,E,B,H,R,O         4         1500         75%         1.24           A,D,T         T,P,E,B,H,R,O         4         340         65%         N/A           A,D,T         T,P,E,B,H,R,O         4         340         65%         N/A           A,T,D,O         T,P,E,B,H,R,O         4         340         65%         N/A           A,T,D,O         T,P,E,B,H,R,O         4         1800         50%         N/A           A,T,D,O         T,P,E,B,H,R,O         4         1800         60%         0.94           A,T,D,O         T,P,E,B,H,R,O         4         155         62%         0.04							Factor	Services9
AD,T,O         T,B         4         500-1500          1,30           AD,T,O         T,P,B,E         8 + 15         120         66%         0,62           AD,T,O         T,P,E,B,H,R,O         4          90%         1,58           A,T,D,O         T,P,E,B,H,R,O         2         300         60%         N/A           A,T,D,O         T,P,E,B,H,R,O         4         150         60%         N/A           A,D,T         T,P,E,B,H,R,O         4         150         850         1.24           A,D,T         T,P,E,B,H,R,O         4         150         70%         1.24           A,D,T         T,P,E,B,H,R,O         4         150         60%         0.42           A,D,T         T,P,E,B,H,R         4         1800         50%         0.49           A,T,D,O         T,P,E,B,H,R         4         1800         60%         0.64           A,T,D,O         T,P,E,H,R,R,O         4         1800         60%         0.64           A,T,D,O         T,P,E,H,R,R,O         4         150         60%         0.64           A,T,D,O         T,P,E,H,R,R,O         6+1-25         1090         40%         0.29	Addiction*	A,D,T,O	P,T,H,E	12	1600	40%	3.24	21
A,D         P,T         6         250         60%         0.62           A,D,T         T,P,B,E         8 + 15         1200         60%         1.58           A,D,T         T,P,E,B,H,RO         4          90%         N/A           A,T,D,O         T,P,E,B,H,RO         6         300         60%         N/A           A         T,P,B,E,H,R         6         850         55%         1.91           A,D,T         T,P,B,E,H,R         12 + 3-45         1727         70%         2.42           A,D,T         T,P,B,E,H,R         12 + 3-45         1727         70%         2.42           A,D,T         T,P,E,B,H,R         4         1800         60%         0.03           A,T,D         T,P,E,B,H,R         4         825         75%         1.06           A,T,D,O         T,P,E,B,H,R         4         350         60%         0.49           A,T,D,O         T,P,E,B,H,RO         4         350         60%         0.49           A,T,D,O         T,P,E,B,H,RO         4         350         60%         0.49           A,T,D,O         T,P,E,B,H,RO         4         350         60%         0.49	Addiction Biology	A,D,T,O	T,B	4	500-1500		1.30	19
A,D,T         T,P,B,E         8 + 15         1200         60%         1.58           A,D,TO         T,P,E,B,H,R,O         4	Addiction Research and Theory	A,D	P,T	9	250	%09	0.62	12
A,D,T,O         T,P,E,B,H,R,O         4          90%         N/A           A,T,D,O         T,P,E,B,H         6         850         55%         N/A           A         T,P,E,B,H         6         830         95%         N/A           A,D,T         T,B,E,H,R         12 + 3-45         1727         70%         1.59           A,D,T         T,P,E,B,H,R,O         4         340         65%         N/A           A,D,T         T,P,E,B,H,R,O         4         320         60%         2.03           A,T,D         T,P,E,B,H,R,O         4         350         60%         0.64           A,T,D,O         T,P,E,B,H,R,O         4         350         60%         0.04           A,T,D,O         T,P,E,B,H,R,O         4         350         60%         0.04           A,T,D,O         T,P,E,B,H,R,O         4         858         40%         N/A           <	Addictive Behaviors*	A,D,T	T,P,B,E	8 + 15	1200	%09	1.58	20
A,T,D,O         T,P,E,B,H,R,O         2         300         60%         N/A           A         T,P,E,B,H,R,O         6         850         55%         1,91           A,D,T         A         T,P,E,B,H,R,O         6         850         55%         1,91           A,D,T         T,P,B,E,H,R,O         4         1500         N/A         1,24           A,D,T,O         T,P,E,B,H,R,O         4         340         65%         N/A           A,D,T,O         T,P,E,B,H,R,O         4         340         65%         N/A           A,D,T,O         T,P,E,B,H,R,O         4         320         50%         N/A           A,T,D,O         E,P,H,R,O         4         1800         50%         N/A           A,T,D,O         T,P,E,B,H,R,O         4         500         60%         0.049           A,T,D,O         T,P,E,B,H,R,O         4         500         60%         0.04	ictive Disorders and Their Treatment	A, D, T, O	T,P,E,B,H,R,O	4		%06	A/N	2
A         T,P,E,B,H         6         850         55%         1.91           A,D,T         T,B,E,R,O         6         300         95%         N/A           A,D,T         T,B,E,R,R,O         4         1500         N/A         1.24           A,D,T,O         T,B,E,H,R,O         4         1500         75%         1.24           A,D,T,O         T,P,E,B,H,R,O         4         340         65%         N/A           A,T,D,O         T,P,E,B,H,R,O         4         320         65%         N/A           A,T,D,O         T,P,E,B,H,R,O         4         1800         50%         0.64           A,T,D,O         T,P,E,B,H,R,O         4         350         60%         0.09           A,T,D,O         T,P,E,B,H,R,O         4         350         60%         0.09           A,T,D,O         T,P,E,B,H,R,O         4         350         60%         0.09	Journal of Drug and Alcohol Studies*	A,T,D,0	T,P,E,B,H,R,O	2	300	%09	∀/N	0
A T,P,B,E,R,O 6 300 95% N/A A,D,T B E,P 4 1500 N/A 1.24 A,D,T T,P,B,E,H,R	Alcohol and Alcoholism*	∢	T,P,E,B,H	9	850	25%	1.91	19
A         T,B,E,P         4         1500         N/A         1.24           A,D,T         B         9          70%         1.29           A,D,T         T,B,E,H,R,O         2         1000         75%         1.59           A,D,T,O         T,P,E,H,R,O         4         340         65%         N/A           A,D,T         T,P,E,B,H,R,O         4         825         75%         1.06           A,T,D,O         E,P,H,O         4         1800         50%         2.03           A,T,D,O         T,P,E,H,R,O         4         1800         60%         0.64           A,T,D,O         T,P,E,H,R,O         4         350         60%         0.64           A,T,D,O         T,P,E,H,R,O         4         350         60%         0.94           A,T,D,O         T,P,E,H,R,O         4         350         60%         0.94           A,T,D,O         T,P,E,H,R,O         4         350         60%         0.94           A,T,D,O         T,P,E,H,R,O         6+1-25         1090         40%         1.56           A,D,T         T,P,E,H,R,O         6+1-25         1090         40%         0.04           A,D <td>Alcohol Research</td> <td>∢</td> <td>T,P,B,E,R,O</td> <td>9</td> <td>300</td> <td>856</td> <td>A/N</td> <td>0</td>	Alcohol Research	∢	T,P,B,E,R,O	9	300	856	A/N	0
A,D,T         B         9          70%         1.59           A,D,T,O         T,B,P,E,H,R,O         2         1727         70%         2.42           A,D,T,O         T,P,E,B,H,R,O         4         340         65%         N/A           A,D,T         T,P,E,B,H,R,O         4         825         75%         1.06           A,T,D         T,P,E,B,H,R,O         4         1800         60%         2.03           A,T,D         T,P,E,B,H,R,O         4         12          40%         2.90           A,T,D         T,P,E,B,H,R,O         4         350         60%         0.64            A,T,D         T,P,E,B,H,R,O         4         350         60%         0.94            A,T,D         T,P,E,B,H,R,O         4         858         40%         1.56           A,T,D,O         T,P,E,B,H,R,O         2          55%         N/A           A,T,D,O         T,P,E,B,H,R,O         6+1-25         1090         40%         1.67           A,T,D,O         T,P,E,B,H,R,O         6+1-25         1090         40%         0.08           A,T,D,O         T,P,E,B,H,R,O         6+1-25 <td>Alcohol Research and Health</td> <td>∢</td> <td>T,B,E,P</td> <td>4</td> <td>1500</td> <td>A/N</td> <td>1.24</td> <td>7</td>	Alcohol Research and Health	∢	T,B,E,P	4	1500	A/N	1.24	7
A T,P,B,E,H,R         12 + 3-45         1727         70%         2.42           A,D,T,O         T,B,E,B,H,R,O         4         340         65%         N/A           D,A         T,P,E,B,H,R,O         4         340         65%         N/A           A,D,T         T,P,E,B,H,R,O         4         1800         60%         2.03           A,T,D,O         T,P,E,B,H,R,O         4 + 15         600         60%         0.64           A,T,D,O         T,P,E,B,H,R,O         4 + 15         600         60%         0.64           A,T,D,O         T,P,E,B,H,R,O         4 + 15         60%         0.04         0.64           A,T,D,O         T,P,E,B,H,R,O         4 + 15         60%         0.04         0.04           A,T,D,O         T,P,E,B,H,R,O         2         55%         N/A         0.04           A,T,D,O         T,P,E,B,H,R,O         2         55%         N/A         0.04           A,T,D,O         T,P,E,B,H,R,O         4 + 358         40%         1.67           A,T,D,O         T,P,E,B,H,O         4 + 4000         50%         N/A           A,T,D,O         T,P,E,B,H,O         4 + 4000         50%         0.08           A	: An International Biomedical Journal*	A,D,T	В	6		20%	1.59	13
A,D,T,O         T,B,P,E,H,R,O         2         1000         75%            D,A         T,P,E,B,H,R,O         4         340         65%         N/A           A,D,T         T,P,E,B,H,R,O         4         180         50%         2.03           A,T,D,O         E,P,H,R,O         4         1800         50%         N/A           A,T,D,O         T,P,E,B,H,R,O         4+15         600         60%         0.64           A,T,D,O         T,P,E,B,H,R,O         4         350          N/A           A,T,D         T,P,E,B,H,R,O         4         500         60%         0.64           A,T,D         T,P,E,B,H,R,O         4         500         60%         0.94           A,T,D         T,P,E,B,H,R,O         4         500         40%         N/A           A,T,D,O         T,P,E,B,H,R,O         6+1-25         1090         40%         N/A           A,T,D,O         T,P,E,B,H,R,O         6+1-25         1090         40%         N/A           A,T,D,O         T,P,E,B,H,R,O         6+1-25         1090         40%         0.64           A,T,D         T,P,E,B,H,R,O         4         900+         45%         N/A <td>1: Clinical and Experimental Research</td> <td>V</td> <td>T,P,B,E,H,R</td> <td>12 + 3 - 45</td> <td>1727</td> <td>20%</td> <td>2.42</td> <td>10</td>	1: Clinical and Experimental Research	V	T,P,B,E,H,R	12 + 3 - 45	1727	20%	2.42	10
A         T,P,E,B,H,R,O         4         340         65%         N/A           D,A         T,P,E,B,H,R,O         4         825         75%         1.06           A,D,T         T,P,E,B,H,Q         4         1800         50%         2.03           A,T,D         T,P,E,B,H,R,O         4+15         600         60%         0.64           A,T,D,O         T,P,E,B,H,R,O         4+15         600         60%         0.64           A,T,D         T,P,E,B,H,R,O         4         350         62%         0.49           A,T,D         T,P,E,B,H,R,O         4         858         40%         1.56           A,T,D         T,P,E,B,H,R,O         6+1-25         1090         40%         1.56           A,T,D         T,P,E,B,H,O         6+1-25         1090         40%         1.67           A,T,D         T,P,E,B,H,O         6+1-25         1090         40%         1.67           A,T,D         T,P,E,B,H,O         4         900+         45%         1.67           A,D         T,P,E,B,H,O         4         900+         45%         0.08           A,D         T,P,E,B,H,O         4         900+         45%         0.08	n Alcoholism and Related Addictions*	A,D,T,O	T,B,P,E,H,R,O	2	1000	75%		7
D,A         T,P         4         825         75%         1.06           A,D,T         T,P,E,B         5         2000         60%         2.03           A,T,D         T,P,E,B,H,R         12          40%         2.90           A,T,D         T,P,E,B,H,R,O         4+15         600         60%         0.64           A,T,D         T,P,E,B,H,R,O         4+15         600         60%         0.64           A,T,D         T,P,E,B,H,R,O         4         155         62%         0.94           A,T,D         T,P,E,B,H,R,O         4         858         40%         1.56           A,T,D,O         T,P,E,B,H,R,O         2          55%         N/A           A,T,D,O         T,P,E,B,H,R,O         6+1-25         1090         40%         1.56           A,T,D,O         T,P,E,B,H,R,O         4         900+         45%         N/A           A,T,D,O         T,P,E,B,H,R,O         4         900+         45%         N/A           A,D         T,P,E,B,H,R,O         4         900+         45%         N/A           A,D         E,P,T,O         4         900+         45%         0.54 <t< td=""><td>Alcoholism Treatment Quarterly*</td><td>∢</td><td>T,P,E,B,H,R,O</td><td>4</td><td>340</td><td>%59</td><td>∀/N</td><td>34</td></t<>	Alcoholism Treatment Quarterly*	∢	T,P,E,B,H,R,O	4	340	%59	∀/N	34
A,D,T         T,P,E,B         5         2000         60%         2.03           A,T,D,O         E,P,H,O         4         1800         50%         N/A           A,T,D         T,P,E,B,H,R         4+15         600         60%         2.90           A,T,D         T,P,E,B,H,R,O         4         350          N/A           A,T,D         T,P,E,B,H,R,O         4         500         60%         0.94           A,T,D,O         T,P,E,B,H,R,O         4         500         60%         0.94           A,T,D,O         T,P,E,B,H,R,O         4         858         40%         N/A           A,T,D,O         T,P,E,B,H,R,O         6+1-25         1090         40%         N/A           A,T,D,O         T,P,E,B,H,R,O         6+1-25         1090         40%         N/A           A,T,D,O         T,P,E,H,R,O         6+1-25         1090         40%         N/A           A,T,D,O         T,P,E,H,R,O         6+1-26         1090         40%         N/A           A,D         T,P,E,H,R,O         4         4000         50%         1.67           A,D         T,P,B,E,H,R         4         500         40%         0.54	n Journal of Drug and Alcohol Abuse*	D,A	d,T	4	825	75%	1.06	26
A,T,D,O         E,P,H,O         4         1800         50%         N/A           A,T,D         T,P,E,B,H,R         4+1S          40%         2.90           A,T,D         T,P,E,H,R,O         4+1S         600         60%         0.64           A,T,D         T,P,E,B,H,R,O         4         350          N/A           A,T,D,O         T,P,E,B,H,R,O         4         858         40%         1.56           A,T,D,O         T,P,E,B,H,R,O         6+1-2S         1090         40%         N/A           A,T,D,O         T,P,E,B,H,R,O         6+1-2S         1090         40%         N/A           A,T,D,O         T,P,E,H,R,O         6+1-2S         1090         40%         N/A           A,T,D,O         T,P,E,H,R,O         6+1-2S         1090         40%         N/A           A,T,D,O         T,P,E,H,R,O         6+1-2S         1090         40%         N/A           A,T,D         T,P,E,H,R,O         6+1-2S         1090         40%         N/A           A,T,D         T,P,B,E,H,R         4         4000         50%         1.67           A,D         E,P,T,O         P,E         4         500         50%	American Journal on Addictions	A,D,T	T,P,E,B	2	2000	%09	2.03	15
A,T,D         T,P,E,B,H,R         12          40%         2.90           A,T,D         T,P,E,H,R,O         4 + 15         600         60%         0.64           A,T,D         T,P,E,H,R,O         4         350          N/A           A,T,D         T,P,E,B,H,R,O         4         858         40%         0.69           A,T,D,O         T,P,E,H,R,O         6+1-25         1090         40%         N/A            A,D         T,P,E,H,R,O         6+1-25         1090         40%         N/A            A,T,D         T,P,E,H,R,O         6+1-25         1,500         40%         0.08	Contemporary Drug Problems*	A,T,D,O	E,P,H,O	4	1800	20%	∀/N	10
A,T,D         T,P,B,E,H,O         4 + 15         600         60%         0.64           A,T,D,O         T,P,E,H,R,O         4         350          N/A           A,T,D         T,P,E,B,H,R,O         4         858         40%         1.56           A,T,D,O         T,P,E,H,R,O         2          55%         N/A            A,T,D,O         T,P,E,H,R,O         6+1-2S         1090         40%         1.56           A,T,D,O         T,P,E,H,R,O         6+1-2S         1090         40%         N/A            A,T,D,O         T,P,E,H,R,O         6+1-2S         1090         40%         N/A            A,T,D,O         T,P,E,H,R,O         6+1-2S         1090         40%         0.08         1.67           A,D         T,P,E,H         4         4000         50%         1.67         1.67           A,D         E,P,T,O         4         4000         35%         0.08         1.67           A,D,T         P,E         4	Drug and Alcohol Dependence*	A,T,D	T,P,E,B,H,R	12		40%	2.90	18
A,T,D,O         T,P,E,H,R,O         4         350          N/A           A,T,D         P,T         4         155         62%         0.49           A,T,D         T,P,E,B,H,R,O         4         858         40%         1.56           A,T,D,O         T,P,E,B,H,R,O         2          55%         N/A           A,T,D,O         T,P,B,E,H,O         6+1-25         1090         40%         N/A           A,O         T,P,B,E,H,O         4         900+         45%         N/A           A,D         T,P,E,B         4         4000         50%         1.67           A,D         T,P,E,B         4         4000         50%         0.08           A,D         E,P,T,O         4         500         35%         0.59           A,D         E,P,T,O         4          60%         0.54           A,D,T         T,P,B,E,H,R         4	Drug and Alcohol Review*	A,T,D	T,P,B,E,H,O	4 + 15	009	%09	0.64	15
A,T,D       P,T       4       155       62%       0.49         A,T,D       T,P,E,B,H,R,O       4       500       60%       0.94         A,T,D,O       T,P,E,B,H,R,O       2	<b>Drugs and Alcohol Today</b>	A,T,D,O	T,P,E,H,R,O	4	350		A/N	7
A,T,D         T,P,B,E,H,O         4         500         60%         0.94           A,T,D,O         T,P,E,B,H,R,O         4         858         40%         1.56           O         T,P,E,B,H,R,O         2          55%         N/A           A,T,D         T,P,E,H,R,O         6+1-2S         1090         40%         N/A           A,T,D         T,P,E,H,R,O         6+1-2S         1090         40%         N/A           A,T,D         T,P,E,H         4         900+         45%         N/A           A,D         T,P,E,H         4         4000         50%         1.67           A,D         E,P,T,O         4         500         35%         0.59           A,D         P,E         4          60%         0.54           A,D,T         T,P,B,E,H,R         4          60%         0.54           A,D,T         T,P,E,H         4          60%         0.74           A,D,T         T,P,E,H         4          60%         0.74           A,D,T         T,P,E,H         4	igs: Education, Prevention and Policy*	A,T,D	P,T	4	155	97	0.49	25
A,T,D,O       T,P,E,B,H,R,O       4       858       40%       1.56         O       T,P,E,B,H,R,O       2        55%       N/A         A,T,D       T,P,E,H,R,O       6+1-25       1090       40%       N/A         A,T,D       T,P,B,E,H,O       1        75%       N/A         A,D       T,P,E,B       4       900+       45%       N/A         A,D       T,P,E,B       4       4000       50%       1.67         A,D       E,P,T,O       4       500       35%       0.59         A,D       P,E       4        60%       0.54         A,D       T,P,B,E,H,R       4        60%       0.54         A,D,T       T,P,B,E,H,R       4        70%       N/A          A,D,T       T,P,E,H       2 + 25       700       30%       0.74          A,D,T,O       T,P,B,E,H       4        70%       N/A	European Addiction Research*	A,T,D	T,P,B,E,H,O	4	200	%09	0.94	3+
O TP,E,B,H,R,O 2 55% N/A A,T,D T,P,E,H,R,O 6+1-25 1090 40% N/A N/A A,T,D,O T,P,B,E,H,O 1 75% N/A A,D T,P,E,E,H,O 1 3,000 40% 0.88 A,T,D T,P,B,E,H,R 4 60% 0.54 A,T,D T,P,B,E,H,R 4 70% N/A	ntal and Clinical Psychopharmacology	A,T,D,0	T,P,E,B,H,R,O	4	858	40%	1.56	∞
A,T,D         T,P,E,H,R,O         6+1-25         1090         40%         N/A           A,D,O         T,P,B,E,H,O         1          75%         N/A           A,D         T,P,E,B         4         900+         45%         N/A           A,T,D         T,P,B,E,H,R         4         4000         50%         1.67           A,D         E,P,T,O         4         500         35%         0.59           A,D,T         T,P,B,E,H,R         4          60%         0.54           A,D,T         T,P,B,E,H         2 + 25         700         30%         0.74           A,D,T,O         T,P,B,E,H         4          70%         N/A           A,D,T         T,P,B,E,H         4          70%         N/A	International Gambling Studies	0	T,P,E,B,H,R,O	2		22%	A/N	
A,T,D,O         T,P,B,E,H,O         1          75%         N/A           A,O         T,P,E,B         4         900+         45%         N/A           A,T,D         T,P,B,E,H,R         4         4000         50%         1.67           A,D         E,P,T,O         4         500         35%         0.08           A,D,T         P,E         4          60%         0.59           A,D,T         T,P,B,E,H,R         4          70%         N/A            A,D,T         T,P,E,H         2 + 25         700         30%         0.74            A,D,T,O         T,P,B,E,H         4          70%         N/A	International Journal of Drug Policy*	A,T,D	T,P,E,H,R,O	6 + 1 - 25	1090	40%	A/N	6
A,O         T, P, E,B         4         900+         45%         N/A           A,D         T,P,E,B         4         4000         50%         1.67           A,D         E,P,T,O         4         4000         50%         1.67           A,D         E,P,T,O         4         500         35%         0.59           A,D,T         T,P,B,E,H,R         4          60%         0.54           A,D,T         T,P,E,H         2 + 2S         700         30%         0.74           A,D,T,O         T,P,B,E,H         4          N/A	International Journal of Drug Testing	A,T,D,O	T,P,B,E,H,O	-		75%	A/N	0
A,D         T,P,E,B         4         4000         50%         1.67           A,D         P,P,T,O         4         30         40%         0.08           A,D         E,P,T,O         4         500         35%         0.59           A,D,T         P,E         4          60%         0.54           A,D,T         T,P,E,H,R         4          70%         N/A            A,D,T         T,P,E,H         2 + 2S         700         30%         0.74            A,D,T         T,P,B,E,H         4          N/A	Journal of Addictions Nursing	Α,0	Т, Р	4	+006	45%	A/N	4
A,T,D       P       3       1,500       40%       0.08         A,D       E,P,T,O       4       500       35%       0.59         A,D,T       P,E       4        60%       0.54         A,T,D       T,P,E,H,R       4        70%       N/A          A,D,T       T,P,E,H       2 + 2S       700       30%       0.74          A,D,T,O       T,P,B,E,H       4        N/A	Journal of Addictive Diseases*	A,D	T,P,E,B	4	4000	20%	1.67	47
A,D     E,P,T,O     4     500     35%     0.59       A,D,T     P,E     4      60%     0.54       A,T,D     T,P,E,H,R     4      70%     N/A       A,D,T     T,P,E,H     2 + 2S     700     30%     0.74       A,D,T,O     T,P,B,E,H     4      N/A	ournal of Alcohol and Drug Education	A,T,D	<b>∟</b>	3	1,500	40%	0.08	-
A,D,T P,E 4 60% 0.54 A,T,D T,P,B,E,H,R 4 70% N/A A,D,T T,P,E,H 2 + 25 700 30% 0.74 A,D,T,O T,P,B,E,H 4 N/A	nild and Adolescent Substance Abuse	A,D	E,P,T,O	4	200	35%	0.59	45
A,T,D T,P,B,E,H,R 4 70% A,D,T T,P,E,H 2 + 25 700 30% A,D,T,O T,P,B,E,H 4	Journal of Drug Education	A,D,T	P,E	4		%09	0.54	28
A,D,T T,P,E,H 2 + 25 700 30% (A,D,T,O T,P,B,E,H 4	Orug Education and Awareness (JDEA)	A,T,D	T,P,B,E,H,R	4		20%	∀/N	
A,D,T,O	Journal of Drug Issues*	A,D,T	T,P,E,H	2 + 2S	200	30%	0.74	
Abuse Comorbidity	s: Research and Practice in Substance	A,D,T,O	T,P,B,E,H	4			A/N	2
	Abuse Comorbidity							

49	0	9	18	18	22	28	14	12	∞	12	0			19	30	S
<b>∀</b>	A/N	A/N		0.85		2.10	1.47	A/N	A/N	1.64	A/N	A/N		A/N	0.57	3.16
20%	%75	15%	75%	%09	35%	39%	~20%	%09	48%	15-20%	A/N			40%	20%	4 7%
0091	1680			800	~300	1826	915	200	+0001	2030	25,000	200		009	029	1000
4 + 15	Υ	4	4	4	4	9	8 + 25	9	9	4	2	_		4	12 + 25	4 + 3-4 S
T,P,E,H,R,O	I,P,E,B,H,K,O	T,P,E,B,H,O	⊢	T,P,E,B,H,R,O	T,P,H,O	T,P,E,B,H	⊢	T,P,B,E,O	T,E,P	P,T,E	T,P,B	О,Н		T,P,B,E,H,R	T,P,H	P,E,H,O
A,D,T	A, I , D, O	0	۵	A,D,T,O	A,D,T,O	A,D,T	A,D	A,D,T,O	_	A,D,T,O	A,D,T	A,D,T,O		A,D,T	A,D,O	<b>-</b>
Journal of Ethnicity in Substance Abuse	Journal of Gambling Issues"	Journal of Gambling Studies	Journal of Maintenance in the Addictions	Journal of Psychoactive Drugs*	Journal of Social Work Practice in the Addictions*	Journal of Studies on Alcohol*	Journal of Substance Abuse Treatment*	Journal of Substance Use*	Nicotine and Tobacco Research	Psychology of Addictive Behaviors*	Science and Practice Perspectives	Social History of Alcohol and other Drugs: An Interdisciplinary	Journal	Substance Abuse	Substance Use and Misuse	Tobacco Control

a Main substances and other addictive behaviors addressed by the journal. A=alcohol, D=licit and illicit psychoactive drugs other than alcohol;

T=tobacco and other nicotine products; O=other substances and addictive behaviors including gambling and eating disorders

o Primary and secondary topical areas of interest to the journal. T=treatment; P=prevention and policy, E=epidemiology; B=biological mechanisms or effects; H=history; R=religion and spirituality; O=other

. The first number reflects the number of regular issues per year. The second number, if included, refers to the number of supplements (5) published per year d Taken from most recent issue published in 2003; includes library subscriptions and copies distributed to professional society members

e Proportion of peer reviewed research reports accepted for publication, based on the total number of research reports submitted for review

Figures cited refer to 2003, except for the Journal of Alcohol and Drug Education, which is based on 2001 data

g Number of abstracting and indexing services that include this journal

\* Member Journal, The International Society of Addiction Journal Editors (ISAJE)

N/A means Not Applicable; ---- means information not available

TABLE 2.2 COMPENDIUM OF ADDICTION JOURNALS PUBLISHED IN LANGUAGES OTHER THAN ENGLISH

Abstracting/ Indexing Services <sup>f</sup>	2		-	∞	0	2	8	-		0	-	0 0	0	0	^
Abst															
Acceptance Rate <sup>e</sup>	%06	%06	82%	75%	75%		77 %	~20 %	 	25%	20%	100%	42%		75%
Print Circulation	200	1000	1000	2000	750		2400	1200	 	3200	2000	1,000	2000		1400
Issues per year <sup>e</sup>	2 + 15	4	4 + 1- 2S	4 + 25	2		4 +25	4		9	4	2 9	7	12+15	6 + 1 S
Topical Areas <sup>b</sup>	Т,Р,Е,В,Н,О	T,P,E,B,H,R	T,P,E,B,H,R, O	T,P,E,B,H,R, O	Т,Р,Е,В,Н,R	ď, T	T,P,E,B,H,R, O	Т,Р,Е,В,Н	 		Т,Р,Е,В,Н,О	T,P,E,H,O T,P,E,B,H,O	T,P,E,B,H,R, O	T,P,B	Т,Р,Е,Н,О
Sub- stances <sup>a</sup>	A,D,T,0	A,D,T,O	A,D,T,0	A,D,T,0	∢	∢	A,D,T,O	A,D,T		∢	A,D,T	A,D,T,O A,D,T	A,D,T,0	A,D	A,D,T,O
Language	German (French abstracts)	Hungarian (English abstracts)	Czech (+ English articles & abstracts)	Spanish (English abstracts)	Hebrew (English abstracts)	Italian (some English articles & abstracts)	French (English abstracts)	Polish (English abstracts, table of contents)	Slovak	German (some English articles)	Chinese (English abstracts & articles)	Greek (English abstracts) Japanese	Portuguese (English abstracts; some English & Spanish articles)	Russian (English abstracts)	Swedish, Danish, Norwegian; (English/Finnish abstracts)
Journal Name ( <i>English Translation</i> )	Abhängigkeiten ( <i>Addictions</i> )	Addiktológia – Addictologia Hungarica* <i>(Addiction</i> )	Adiktologie* ( <i>Addiction</i> )	Adicciones* (Addiction)	Alcohol in Israel: An Interdisciplinary Scientific lournal	Alcologia (European Journal of Alcohol Studies)	Alcoologie et Addictologie (Alcohol and Addiction Studies)	Alkoholizm i Narkomania (Alcohol and Drug Abuse)	Alkoholizmus A Drogove Zavislosti [Protalkoholicky Obzor] ( <i>Alcoholism and Drug Addiction: Anti-alcoholis Review</i> )	BlutAlkohol: Wissenschaftliche Zeitschrift für die Medizinische und Juristische Praxis ( <i>Blood Alcohol:</i> Scientific Journal for Medical and Legal Practice)	Chinese Journal of Drug Dependence	Exartisis* ( <i>Addictions</i> ) Japanese Journal of Alcohol & Drug Dependence	Jornal Brasileiro de Dependencias Quimicas ( <i>Brazilian</i> Journal of Addictions)	Narcologia* (Addiction Studies)	Nordisk alkohol– & narkotikatidskrift* (NAT; <i>Nordic</i> <i>Studies on Alcohol and Drugs</i> )

0	7	6	2	7	0	3	0	9
%06		30%		%02-09	20%	80%	97%	%66
1000	1000	2500		2000	2500	2000	1500	270
m	4 L +	9	4 + 15	4 + 2- 3S	м	4	9	4
T,P,E,R,O	Т,Р,В,Е, Н	Т,Р,Е,В,Н	T,P,E,B,O	T,P,E,B,O	Т,Р,Е,В,Н,О	T,P,E,B,	T,P,E,B,H,O	T,P,E,B,H,R, O
A,D,T,O	A,T,D,O	A,D,T,O	A,D,T,O	A,D,T,O	Ω	A,D,T,O	A,D,T	A,D,T,O
Italian (English & sometimes French abstracts)	Spanish (English abstracts)	German (English titles, key words & abstracts; some English articles)	German (English abstracts & some English articles)	German (English abstracts)	Portuguese (articles in French, Spanish; English/ French/ Portuguese abstracts)	Spanish (English abstracts & some English articles)	Russian (English abstracts)	German
Personalità/Dipendenze * ( <i>Personality/Dependencies</i> )	Revista Española de Drogodependencias ( <i>Spanish</i> <i>Drug and Alcohol Review</i> )	Sucht: Zeitschrift für Wissenschaft und Praxis (German Journal of Addiction Research and Practice)	Suchtmedizin in Forschung und Praxis* (SuchtMed; Addiction Medicine in Research and Practice)	Suchttherapie (Addiction Treatment)	Toxicodependências* ( <i>Drug Addiction</i> )	Trastornos Adictivos* (Addictive Disorders)	Voprosy Narkologii (Addiction Problems)	Wiener Zeitschrift für Suchtforschung ( <i>Viennese</i> Journal of Addiction Research)

a Main substances and other addictive behaviors addressed by the journal. A=alcohol; D=licit and illicit psychoactive drugs other than alcohol; T-tobacco and other nicotine products; O=other substances and addictive behaviors including gambling and eating disorders

N/A means Not Applicable; ----- means information not available

b Primary and secondary topical areas of interest to the journal. T=treatment; P=prevention and policy, E=epidemiology;

B=biological mechanisms or effects; H=history; R=religion and spirituality; O=other

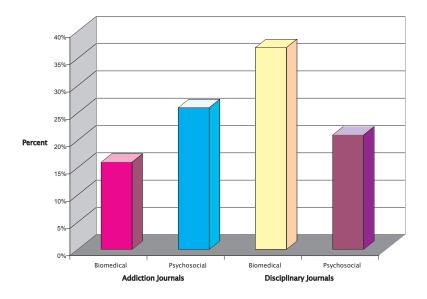
c The first number reflects the number of regular issues per year. The second number, if included, refers to the number of supplements (S) published per year

e Proportion of peer reviewed research reports accepted for publication, based on the total number of research reports submitted for review d Taken from most recent issue published in 2003; includes library subscriptions and copies distributed to professional society members

Number of abstracting and indexing services that include this journal

<sup>\*</sup>Member journal, The International Society of Addiction Journal Editors (ISAJE)

FIGURE 2.2 PERCENTAGE OF 2001 JOURNAL ARTICLES ON ALCOHOL PUBLISHED IN ADDICTION SPECIALTY JOURNALS AND DISCIPLINARY JOURNALS, CLASSIFIED AS EITHER BIOMEDICAL OR PSYCHOSOCIAL SUBJECT MATTER



In addition to the expanding array of journals that addiction authors have to choose from, many publishers have increased the standard number of issues released per year, added supplements or 'special issues', and created new electronic formats for browsing and submitting articles. With the increase in the number, frequency, and breadth of scholarly journals covering addiction-related research, there has probably never been a greater opportunity to publish on the subject of addiction. Nevertheless, the plethora of journals has created new challenges and questions for prospective authors. What are the relative merits of publishing in disciplinary versus addiction specialty journals? How does an author find the most appropriate journal for a particular article? What are the chances that an article will be accepted by a given journal? Which journals have the greatest impact on the field? How does an author know whether a journal will reach the intended audience for a specific article? The answers to these and related questions are the subject of the remainder of this chapter. To assist prospective authors in the choice of the most appropriate journal, Box 2.1 describes the kinds of decisions that must be made during the selection process. The following sections expand upon this outline, discussing each step in the process. It should be noted that although our review focuses primarily on how to publish a standard article based on original research and the collection of empirical data, the publication of other types of articles (e.g., review papers, theoretical articles, case reports) can also be informed by following these steps.

### Box 2.1 Major steps in Choosing a journal

- 1 Decide first whether the article is primarily of interest to a national or international audience
- 2 Consider the language of publication
- 3 Consider whether to publish in a generic, disciplinary or addiction specialty journal
- 4 Determine whether the general content areas (type of drug, clinical/basic science, etc) fit the journal's mission statement

Explore the compatibility between your article and the journal's culture

Make sure the journal is currently interested in the type of article you have written

- 5 Gauge your exposure by reviewing the journal's circulation and abstracting services
- 6 Evaluate your chances of acceptance
- 7 Consider, but don't be fooled by, impact factors
- 8 Take into account time to publication and other practical matters

# MAJOR STEPS IN CHOOSING A JOURNAL

1 Decide first whether the article is primarily of interest to a national or international audience

This is partly a matter of the article's information content, and partly a matter of presentation or appeal. If the topic is primarily of local or national interest (e.g., prevalence of substance abuse among Brazilian secondary school students, or an evaluation of a local treatment program) and the presentation is oriented toward professionals in a particular country, then the article should be submitted to a journal capable of reaching that audience, such as one sponsored by a national professional society. If the topic is likely to appeal to scientists or professionals in many countries, and the presentation speaks to this broader audience, then an international journal should be considered. In general, the best way to determine the scope and audience of a journal is to read the journal's mission statement (see Appendix A).

## 2 CONSIDER THE LANGUAGE OF PUBLICATION

Increasingly, English has become the main language of scientific communication throughout the world. Nevertheless, significant numbers of scientific articles are published in German, Russian, Japanese, French, Spanish, Italian, Chinese, and the Scandinavian languages, as indicated by the journals listed in Table 2.2. For most researchers, choosing what language to publish in depends largely on the author's native tongue, the country where the study was conducted, and the potential audience. Another limiting factor is the availability of an addiction journal that publishes in that language and accepts papers on the author's topic. If one is writing for an international audience, it is wise to choose an English language journal that can be read by scholars in most countries. Under many circumstances an article in English will have greater exposure, especially when included in major abstracting and indexing services (e.g., MEDLINE, PsycInfo), most of which operate in the English language. English language authors can choose between national, more specialized journals or the bigger, international journals, depending on the quality of the paper, the importance of the findings and the audience one wishes to reach (see Step 1). If the article is likely to be of interest to an international audience, but it is not written in English, the author can consider publishing it in English, in addition to his or her native language. Multiple publication in different languages, however, requires permission from both of the journal editors involved. Alternatively, researchers writing in languages other than English should consider publishing in journals that provide English language abstracts (see Table 2.2), thereby gaining entré into some of the world's major abstracting services (see Appendix 2.1 to this chapter).

In general, journals published in languages other than English provide a valuable service to national and regional audiences that have a special interest in addiction studies. For example, if an article has special relevance to French-speaking populations, the journal *Alcoologie et Addictologie* (Alcohol and Addiction Studies) provides immediate access to that audience not only because of the language it is written in, but also because of the network through which the journal is distributed (i.e., the French Society on Alcoholism and Addiction). In addition, many non-English language journals demonstrate an intentional internationalism that is expressed in a readiness to publish articles and review books submitted from many different countries. *Nordisk Alkohol- & Narkotikatidskrift* (Nordic Studies on Alcohol and Drugs), for example, defines its scientific role as going beyond the borders of one country to include the analysis of alcohol policy in both Scandinavia and the international arena.

Overall, non-English language journals serve as a necessary medium for communication among clinicians, scientists, and policymakers within major linguistic areas of the world. They increase the range of cultural and scientific diversity in the addiction field and in this way provide new opportunities for authors and readers. Authors whose first language is English should not ignore the advantages of publishing in these journals, which often have a higher acceptance rate and, in some cases, are open to submissions written in English. Depending on the topic and scope of the article, some journals are willing to either translate into the language of publication or publish the article directly in English.

3 Consider whether to publish in a generic, disciplinary or addiction specialty journal

The third step involves examining whether the results of a study are mainly of interest to other addiction researchers or to a more general readership. It is probably easier to get an addiction article accepted in an addiction specialty journal. Publishing in a non-addiction journal may require authors to write the article in a way that is understandable to those who do not speak the 'addiction dialect'.

Some journals, such as *Nature* and *Science*, are multidisciplinary and oriented toward the general scientific community. Other journals, like *The Lancet* and the *Bulletin of the World Health Organization*, publish articles dealing with a specific discipline, such as medicine or public health, respectively. In countries without addiction specialty journals, a journal in psychiatry can, for instance, be an important channel for addiction research.

Although this Guide deals primarily with addiction specialty journals, there are several reasons for considering more broadly-oriented journals. For example, our ETOH analysis indicated that disciplinary journals published approximately half of the scientific literature on alcohol-related research in 2001. These journals are generally published by and oriented towards professional groups associated with the major disciplines contributing to addiction studies, i.e., biology, psychology, medicine, psychiatry, public health, sociology, and anthropology.

Disciplinary journals are sometimes favored by addiction researchers because they are thought to have greater prestige value within a given discipline than an addiction specialty journal. Professional advancement for academic researchers is often based on such subtle considerations. Moreover, some of the most popular disciplinary journals (e.g., *The Lancet, New England Journal of Medicine*) have higher circulation numbers and Impact Factors (discussed below) than addiction specialty journals, which adds to their prestige value.

Nevertheless, the chances of publishing an article on an addiction-related subject are sometimes reduced if a journal does not have reviewers or editors familiar with the topic. If a particular disciplinary journal rarely publishes articles on addiction, it is advisable to contact the editor before submitting a paper. In addition, if a disciplinary journal has a large circulation and a high Impact Factor, authors should make sure that the article is likely to be seen as important before submitting it for review. In the remainder of this chapter, we discuss the relative merits of publishing in addiction specialty journals, as such journals offer a range of opportunities to prospective authors that are comparable to those available in the disciplinary journals.

#### 4 REVIEW THE JOURNAL'S CONTENT RANGE AND GENERAL CULTURE

Every journal has a culture of its own, sometimes developed over many years of serving a particular professional society or through the influence of editors who sometimes place their own particular imprint on the journal. The best way to understand that culture is to review several issues of the journal in their entirety, including editorials, letters-to-the-editor, and scientific papers. A visit to the journal's homepage, if available, will accomplish the same purpose. Prospective contributors should also read the journal's mission statement (summarized in Appendix A at the back of this Guide for the journals listed in Tables 2.1 and 2.2), which often describes the focus of the journal, its goals, its preferences, and its audience. Although these statements are sometimes dated and written in general terms, they often provide a broad outline of the journal's traditions, image, priorities, and aspirations.

In Tables 2.1 and 2.2, the first column describes the major substances (and addictive behaviors) that each journal considers part of its purview. Some journals (e.g., Nicotine and Tobacco Research) are interested in one particular substance, whereas others are quite generic (e.g., Drug and Alcohol Dependence). The topical areas covered by a journal are also an important consideration. Some specialize in treatment research, others in biological effects or mechanisms, and still others in prevention or policy. The less a particular article meets a journal's priority substance and content areas, the more likely it is to be rejected. Even when an article is considered to be scientifically sound and relevant to the addiction field, it may be dismissed by a journal editor because it does not meet with the journal's current priorities and stated mission. It is therefore important for authors to narrow their choice of journals to those whose history and current contents have demonstrated an interest in (or at least an openness to) the topic and scope of the article being submitted.

When in doubt, it is always advisable for authors to talk with colleagues and communicate with journal editors. By asking someone with experience in publishing for advice, younger or less experienced authors can obtain first hand and up-to-date information about the priorities and preferences of particular journal editors.

## 5 EVALUATE THE JOURNAL'S EXPOSURE

One of the most important goals of scientific publication is to reach one or more specific audiences, such as the scientific community, clinical practitioners, or policymakers. A journal's ability to provide exposure to these audiences is determined by its circulation (print and electronic) and its dissemination capabilities, determined by access to abstracting and indexing services. Tables 2.1 and 2.2 summarize information relevant to these two aspects of exposure for addiction specialty journals.

Print circulation refers to the number of copies printed for the journal's subscribers as well as those who receive free copies. Scholarly journals have two major types of subscribers: members of professional organizations and libraries. In addition, there are smaller numbers of personal and institutional subscribers. Prior to the Internet, the number of journal copies in circulation was a good indicator of a journal's exposure. In the future, figures describing the number of visits to homepages or the number of downloads may be better measures of how extensively and frequently a journal is read.

If an article is relevant to the members of a particular learned society (e.g., the British Society for the Study of Addiction to Alcohol or Other Drugs), professional group (e.g., the Canadian Medical Association), or scientific organization (e.g., the Research Society on Alcoholism), then it may make sense to submit the manuscript to a journal that is sponsored by that organization. As detailed in the Appendix to this Guide, many of the journals listed in Tables 1 and 2 are sponsored by professional organizations or learned societies that provide free subscriptions or reduced rates to their members. For example, *Alcoologie et Addictologie* (Alcohol and Addiction Studies) is sponsored by the French Society of Alcohol and Addiction Studies, which distributes free copies of the journal to its 1400 members. *Psychology of Addictive Behaviors* is published by the American Psychological Association, which makes the journal available to members at a reduced subscription rate.

In addition to targeting organizational subscribers, exposure is also affected by the number of library subscriptions. Libraries, especially university libraries, guarantee exposure to students and scholars, thereby providing direct access to perhaps the most important audience for any scientific communication. The world of library science and informatics is changing rapidly, with electronic subscriptions replacing or supplementing print copies available on the library shelf. Library subscriptions are therefore the main conduit for a publication to reach a broader audience than the members of a particular learned society. University libraries and other large information sources have begun to pool resources to increase electronic availability of full-text journals.

Beyond the journal's print circulation and subscriber base, an article's exposure is now determined to a far greater extent than before by the electronic databases that index the published literature by author, topic, and bibliographic reference, and provide abstracts of articles for potential readers in search of particular types of information. Appendix 2.1 lists some of the main abstracting and indexing services mentioned by the addiction specialty journals listed in Tables 2.1 and 2.2. These secondary information sources provide a variety of important services that dramatically increase the potential exposure of a scholarly communication. In general, these databases are available in both print and electronic versions. Electronic databases have become the information source of choice for those who are searching for topical information via the Internet. They are comprehensive, rapid, and often inexpensive or free. They permit searches of the current and past literature according to author, title, and keywords, often providing the author's abstract for review.

From the author's perspective, a journal's ability to provide a listing of its journal articles and abstracts to these secondary information sources greatly increases an article's exposure to scholars and students throughout the world. The greater the number of indexing and abstracting services a journal belongs to (as indicated in Tables 2.1 and 2.2), the more likely it is that an article will reach its intended audience. Although many of the non-English language journals indicate minimal coverage in abstracting and indexing databases, this situation is changing rapidly and most of these journals now provide English abstracts, an important first step in reaching an international audience.

#### **6** EVALUATE YOUR CHANCES OF ACCEPTANCE

A major consideration in the choice of a journal is the likelihood of acceptance. Journals vary tremendously in the criteria they use to select articles for publication, and in the competition a given article will encounter in relation to other authors seeking to claim the same journal space. Some journals have high acceptance rates and are often looking for articles to publish. Other journals have a surfeit of submissions, making it necessary for editors to reject articles that would nevertheless be worthy of publication in less competitive journals. A journal's acceptance rate provides a rough estimate of an author's chances of eventual acceptance, but the rates listed in Tables 2.1 and 2.2 are subject to a number of limitations. First, some journals do not know or choose not to reveal their acceptance rate. In the ISAJE survey conducted for the preparation of this chapter, we asked journal editors to tell us the proportion of articles accepted that were eligible for peer review (regardless of whether the articles were sent out for review or returned unreviewed). It should be noted that several journals (e.g., *Alcohol Research and Health, Science and Practice Perspectives*) operate primarily by commissioning authors to write papers on a topic or theme, which accounts for their high acceptance rates.

Beyond a journal's acceptance rate, an author's chances of acceptance depend on many other considerations, some of them scientific, some stylistic, others administrative. Scientific considerations include the importance of the findings, the originality of the ideas, the sophistication of the research methods, the appropriateness of the data analysis, and the implications of the results.

Stylistic factors include the quality of the writing and the way in which the data are presented. If the article is poorly written or not well organized, reviewers may see this as a limitation, and editors may be reluctant to take the time to work with authors to bring the article up to the journal's standards. Some journals have more resources for editorial assistance (e.g., language checking) than others.

Administrative factors include the length of the article, the amount of revision required, and the appropriateness of the topic to the journal's mission. If an article is too long, it reduces the amount of space available for equally worthy articles that are written more concisely by competing authors. If the article is not appropriate to the journal's current priorities or mission statement, it might be rejected even before it is sent out for peer review. Finally, the number of articles published by a journal could affect chances of acceptance. Journals that are published monthly or weekly need to accept more articles than journals that publish less frequently. But journals that publish more frequently also tend to be more competitive.

#### 7 CONSIDER, BUT DON'T BE FOOLED BY, IMPACT FACTORS

The so-called Impact Factor is an attempt to provide an objective measure of the extent to which a scientific author's work is cited by other authors. Such a measure can also be used to determine how often the articles from a specific journal are cited. The impact of a journal on a field of study is thus based on the assumption that the more a journal's articles are cited, the more influence it has on the field. In 1962, the Institute of Scientific Information (ISI) began publishing the Science Citation Index (SCI). By the early 1990s, 3,200 journals belonged to the core or citation journals of SCI (Seglen 1998). Since 1972, ISI has also published the Journal Citation Reports. These reports give information about different journal impact factors, of which the standard Journal Impact Factor (JIF) is the one most followed. It is presented as a figure that indicates the average citation frequency of the articles in the journal. It is based on the number of times in a given year, on average, the articles that appear in the two preceding years of the journal received citation in other SCI indexed journals (Rydholm 1998).

The JIF was originally developed to objectively compare the quality of journals. Increasingly, however, the data used to calculate impact factors have been used as a shortcut to compare and rank individual articles, researchers, and research groups. The JIF has been criticised almost from its inception (Seglen 1998; Stenius 2003), partly because the ISI's databank covers only a small share of the world's scientific journals. Different research fields have different coverage in the database. The database has a clear preference for English language journals (particularly those based in the USA). National or regional journals in other languages are not well represented (Seglen 1998), as indicated by the fact that none of the journals listed in Table 2.2 has an Impact Factor.

All journals from a field that is under-represented will receive lower JIFs. In addition, the use of citations varies between different research fields. Thus, it is not acceptable to compare JIFs for journals from different fields. A journal representing a field that typically favours large numbers of references will automatically get a higher Impact Factor, especially if the field is quickly developing. Research fields that get references from related disciplines get higher JIFs. This explains why journals focusing on basic science have higher values. The humanities are in a particularly unfavourable position. Disciplines where national or regional research, or publications in local languages, are important also tend to get low JIFs (Rousseau 2002).

As a measure of impact, the JIF, with its two-year time frame, is more appropriate for quickly developing research fields, such as molecular medicine. Applied, clinical, or social sciences do not fare as well with the two-year window (Mäkelä 2000; Andersen 1998; Luukkonen 1994). Non-English language journals or bilingual journals (for instance Japanese-English), even if included in SCI, will on average receive a lower JIF.

Finally, it is important to note that a citation is not necessarily an indication of research quality. Every researcher knows that there are numerous reasons (apart from its quality) for citing a scientific publication. Authors may cite or quote for polemical reasons, to flatter their readers, or to promote their own research (or that of their friends, colleagues or patrons). West and McIlwaine (2002) studied 79 articles published in *Addiction* between 1995 and 1998, and found no correlation between citation frequency (up to the year 2000) and an independent quality rating. Interestingly, West and McIlwaine also found that articles from the developing world received fewer citations than the quality ranking would have led them to expect. (See Chapter 4 for further discussion of citation procedures).

In conclusion, Impact Factors should be treated with caution. Until the deficiencies in the system have been corrected and its limitations better understood, however, the JIF remains a relatively crude index of the value of a particular journal. According to Jones (1999), authors should not be preoccupied with the Impact Factor of a journal. Rather, they should give more consideration to the speed and efficiency of the editorial handling of their manuscripts, and to the quality and timeliness of the peer review. In a time when electronic publishing becomes more common, it is also a fact that the quick (and often free) availability of research results on the Internet in many cases may compete with measures of impact such as the Impact Factor.

#### **8** OTHER PRACTICAL CONSIDERATIONS

There are several other factors that should be taken into account in selecting a journal. One is the lag time to publication. Some journals take longer than others to process their manuscripts. Most journals do not reveal how long it takes to arrive at a decision, however; and even when this information is available, it should be noted that the average time is affected by the number of manuscripts that are rejected before being sent out for peer review. Another factor is the time between the acceptance of a revised manuscript and its final publication. This will depend in part on the number

of issues published by the journal per year, the number of accepted manuscripts, and the efficiency of the publisher. In general, journals that publish more frequently are likely to have a shorter lag time to publication. The best way to obtain information about the review process is to consult the journal's instructions to authors or the journal's website. It is best not to rely on hearsay, anecdote, or the journal's reputation.

### SUMMARY

Journals differ in the quality of articles they publish, the exposure they provide to an author's work, and in their subject matter. Once an author or a group of authors has a clear idea of the results of a particular study or project, it is often valuable to conduct a preliminary review of the journals most likely to publish an article on that subject. As indicated in Tables 2.1 and 2.2, there are many peer-reviewed addiction specialty journals to choose from, as well as hundreds of disciplinary and multidisciplinary journals. The careful selection of a journal, when one takes into account both scientific and practical considerations, is clearly worth the effort. Not only is the process likely to save valuable time for authors, peer reviewers, and journal editors, it will also increase the likelihood that an article will contribute as much to science as it does to the author's curriculum vitae.

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Appendix 2.1 A selection of abstracting and indexing services used by addiction specialty journals

**Addiction Abstracts** is a quarterly journal that is published simultaneously in print and online editions. It is an international abstracting service that covers all addictive substances as well as other compulsive behaviours. Approximately 100 journals are reviewed from such areas as psychology, psychiatry, public health, medicine, health behaviour, treatment and prevention.

**CSA Sociological Abstracts** provides an index and abstracts of journal articles from the international literature in sociology and related disciplines in the social and behavioural sciences. Its database is drawn from over 1,700 serials publications. Major subject areas include evaluation research, family and social welfare, health law, substance abuse and addiction.

**Current Contents** provides access to bibliographic research information from articles, editorials, meeting abstracts and other sources from more than 8,000 scholarly journals, with separate editions for Clinical Medicine, Life Sciences and Social and Behavioural Sciences. Internet access is provided through Current Contents Connect.

**DrugScope** is an independent centre of expertise on drugs located in the United Kingdom. DrugScope Information Service allows access to a multi-disciplinary library of over 80,000 documents from around the world. (see http://www.drugscope.org.uk/about/home.asp)

**EMBASE** is a comprehensive index of the world's literature on human medicine and related disciplines. Each record is classified and indexed using terms and synonyms that assist the process of searching for specific subjects. Subject coverage includes AIDS, drug dependence, psychiatry, and public health. EMBASE provides access to articles from more than 2,900 journals from 110 countries.

ETOH refers to the Alcohol and Alcohol Problems Science Database. This is a comprehensive online resource covering all aspects of alcohol abuse and alcoholism. It is produced by the US National Institute on Alcohol Abuse and Alcoholism. ETOH contains both abstracts and bibliographic references to journal articles and other information sources that cover medicine, biochemistry, psychology, psychiatry, epidemiology, sociology, anthropology, treatment, prevention, education, accidents and safety, legislation, criminal justice, public policy and health services research. Each ETOH reference is assigned one broad subject heading (i.e., genetics and biological behavioural determinants, incidence and prevalence, medical consequences, metabolism, neuroscience, occupational and workplace issues, pregnancy, prevention, psychological and developmental determinants, public policy, socioeconomic aspects, social consequences, special populations and treatment). These 'keywords' are designed to facilitate the search for particular types of information by means of the ETOH web site (http://etoh.niaaa.nih.gov/ewebgide.htm).

MEDLINE (Medical Literature, Analysis, and Retrieval System Online) is the US National Library of Medicine's bibliographic database. It contains over 12 million references to journal articles in the life sciences with a concentration on biomedicine, including nursing, allied health and pre-clinical sciences such as biology and chemistry. It can be searched free of charge in most libraries through the Internet via PubMed or the home page of the National Library of Medicine (http://www.nlm.nih.gov). Currently, MEDLINE documents citations from over 4600 journals published in 30 languages, although nearly 89% of the cited articles are published in English. Approximately 76% of English abstracts are printed verbatim from those written by the authors of the articles. For over 3,000 journals, there is a link from a MEDLINE reference to the publisher's web site so that the reader can request or view the full article.

**PsycINFO** is the electronic version of Psychological Abstracts. It contains summaries (abstracts, bibliographic information and indexing) of English–language articles from journals originating in more than 50 countries. It is available through libraries and to members of the American Psychological Association. More than 1800 journal titles are covered with articles selected for their psychological relevance.

**TOXIBASE** is a French language database designed to provide access to scientific information and documentation dealing with psychoactive drugs and addiction. It is part of the French Reseau National d'Information et de Documentation, a national network of information and documentation centers with partners in France and other countries. http://www.toxibase.org