Intended for healthcare professionals

Substance Use & Addiction Journal

Impact Factor: **2.7**
5-Year Impact Factor: **2.9**

Journal Menu

Submission guidelines

Submit manuscript

Please read the guidelines in full before submitting your manuscript. Manuscripts not conforming to these guidelines may be returned.

AMERSA, Inc.

Submit Manuscript

Sage is committed to upholding the integrity of the academic record. We encourage authors to follow Sage's Publication Ethics Policies and the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals formulated by the International Committee of Medical Journal Editors (ICMJE).

These resources describe ethical conduct and publication requirements for authors and editors to uphold accuracy, transparency, and disclosure – **including authors' appropriate disclosure of AI use as well as a list of prohibited uses of AI**.

Sage Publishing disseminates high-quality research and engaged scholarship globally, and we are committed to diversity and inclusion in publishing. We encourage submissions and peer review from a diverse range of authors and reviewers from across all countries and backgrounds.

Authors should familiarize themselves with Sage's Accessibility Guidelines to ensure their manuscripts meet recognized accessibility standards.

We encourage authors to refer to the Committee on Publication Ethics' International Standards for Authors.

Hide all sections

Key information

Access: Subscription
Accepts preprints? Yes
Identity transparency: Double anonymized

Publishing fees and open access

There are no fees payable to submit or publish in this journal.

Figures submitted in color will be published in color in the online version of the journal at no cost. If you wish to have color figures in the printed version, the following fees apply: It is USD $800.00 for the first color image and $200.00 for any additional color images within the same Contribution. Please notify the production team if you wish to publish your images in color in print.

Optional open access publishing is available for a fee via the Sage Choice program, and Open Access agreements, where authors can publish open access either discounted or free of charge depending on the agreement with Sage. Find out if your institution is participating by visiting Open Access Agreements at Sage. Open Access agreement eligibility is determined by the corresponding author's affiliation matching an agreement at acceptance. For more information on Open Access publishing options at Sage please visit Sage Open Access.

For information on funding body compliance, and depositing your article in repositories, please visit Sage's Author Archiving and Re-Use Guidelines and Publishing Policies.

Preparing your manuscript for submission

Your article must be within the scope of the journal and be of sufficient quality. If not, it will not be reviewed. Please read the journal's Aims and Scope to see if your article is

appropriate.

The manuscript must be your original work, you must have the rights to the work, and you must have obtained and be able to supply all necessary permissions for the reproduction of any copyright works not owned by you, including figures, illustrations, tables, lengthy quotations, or other material previously published elsewhere.

Article types

SAj accepts the following manuscript/article types and are further described below:

1. Original Research
2. Brief Report
3. Review
4. Case Report
5. Commentary
6. Commentary with Study Protocols
7. Letter to the Editor
8. Editorial

In general, authors are expected to adhere to word count limits for initial submissions to the journal unless prior approval has been granted by the SAj Editor-in-Chief. Please note that when submitting to S1 you will be required to declare your word count.

Regarding word count limits, please see the specific instructions for each manuscript type. The word count limits for any article type include the body of the manuscript (including headings) and do NOT include the abstract, highlights, title page, references, tables, figures, captions, or supplemental material. There are no limits on the number of references cited.

All titles have a word limit of 50 words. All abstracts have a word count limit of 300 words (either structured or unstructured, see below). Abstracts are required of every article type except letters to the editor.

1. ORIGINAL RESEARCH articles

Original Research articles are articles that present research findings. Original Research Articles typically include randomized trials, intervention studies, cohort studies, case-control studies, epidemiologic assessments, other observational studies, surveys with high response rates, cost-effectiveness analyses and decision analyses, and studies of screening and diagnostic tests. Each manuscript should clearly state an objective or hypothesis; the design and methods (including the study setting and dates, patients or participants with inclusion and exclusion criteria and/or participation or response rates, or data sources, and how these were selected for the study); the essential

features of any interventions; the main outcome measures; the main results of the study including a detailed description of participant demographics; a discussion section placing the results in context with the published literature and addressing study limitations; and the conclusions and relevant implications for clinical practice or health policy. Data included in research reports must be original and should be as timely and current as possible.

Manuscripts involving qualitative or mixed methods studies are welcomed at the journal. The word limit is increased for these manuscripts. In addition, the SAj welcome online appendices to assist in publishing more content that may be prohibited based on word counts.

Word Count Limit:

3,500 words

Qualitative articles are allowed up to 4,000 words (this word limit includes quotations)

Required Sections for Main Document:

Abstract, Highlights, Introduction, Methods, Results, Discussion (including subheading of Conclusions), References

Required Abstract Section Headings [structured]:

Background, Methods, Results, and Conclusions.

2. BRIEF REPORT articles

Brief Report manuscripts are short reports of original studies. Brief reports are articles that report on focused research findings that can be succinctly described. Brief reports may also be an option for studies or curricular innovations where outcomes are emerging. Otherwise, types of research appropriate for brief reports are like Original Research manuscript types (see above).

Word Count Limit:

2,000 words

Required Sections for Main Document:

Abstract, Highlights, Introduction, Methods, Results, Discussion (including subheading of Conclusions), References

Required Abstract Section Headings [structured]:

Background, Methods, Results, and Conclusions.

3. REVIEW articles

The journal seeks to publish Review articles related to recent innovations in addiction research, education, policy, and treatment. These types of Review articles differ by the scope and level of analysis of the literature searches and the titles used. For example, systematic reviews require a complete systematic search of the literature using multiple databases, covering many years, and grading of the quality of the cited evidence. Narrative Review articles do not require a rigorous literature search but should rely on evidence. It is essential that the manuscripts follow reporting guidelines, such as those from the EQUATOR Network (www.equator-network.org/). Typically, authors seeking to submit Review articles to SAj contact the Editor-In-Chief to inquire about the appropriateness of Review subject to the journal.

Word Count Limit:

4,000 words

Required Sections for Main Document:

Abstract, Highlights, Introduction, Methods (if a formal review), Results, Discussion (including subheading of Conclusions), References

Required Abstract Section Headings [structured]:

Background, Methods, Results, and Conclusions

4. CASE REPORT articles

The journal is looking to publish case reports or a series of clinical cases under the heading Case Report Case Report articles. Case Report articles are generally short descriptions of clinical cases that uniquely enhance the clinical understanding or emerging understanding of addiction-related clinical issues. In general, SAj prefers articles that describe several clinical cases versus a single case. A good review of the literature is important in the writing of Case Report articles; authors should emphasize how the case study or case studies represent novel findings or new clinical information.

Importantly, we recognize there is no universal consensus regarding consent for publication of case reports, except cases that are identifiable can only be published when consent has been obtained. Note that such consent is different from research participant consent, which applies to systematic investigation of a subject or subjects with intent to generalize the findings. Consent to publish the details of an individual's

case is obtained to respect the person's right to privacy. Institutional review and ethics boards make determinations about consent for research. However, even if consent is waived for research and even if a case report is deemed to not constitute research, consent is often required for other reasons (privacy). If a case report or case series is deemed to be research (systematic collection of data with an intent to generalize the findings), report of approval and relevant consent should be stated like all other research. When two cases are reported, institutional review or ethics board review is recommended; in general, such review is required when three or more cases are reported.

Consent from the subject (or parent/guardian) should be obtained for all case reports. Consent can be on an institutional document or one like the examples below (modified as appropriate) and should be stored for seven years and made available to the editors and publisher on request. State in the cover letter that written consent to publish a report of the case has been obtained by the subject and that it is available for review by the editors and publisher of the journal.

If the subject is deceased, consent should be provided by family or significant others (next-of-kin). If consent has not been obtained, the authors must describe the circumstances of how they attempted to obtain consent or why it was not possible.

If consent is not obtained, the editors, alone or in consultation with the publisher and/or peer reviewers, will consider the extent to which the case appears to be anonymous and the exhaustive and reasonable nature of attempts to obtain consent, and whether there is any reason to suspect that a patient might have objected to publication. The authors should carefully attempt to protect the patient's identity. Then the journal will attempt to balance the risk of deductive disclosure with the benefit to public health and science. Authors should keep in mind however, that even without the inclusion of identifiers, real cases can often be identified by people in the community since cases worthy of reporting are often recognizable.

Case report manuscripts must state whether consent was obtained, along with any relevant circumstances as described above.

In summary, if identifiable information, such as photographs or radiographic material, is included as part of the submission, written informed consent must be obtained from the patient or the patient's legal guardian/representative, and the authors should affirm this in the Consent section. Furthermore, care should be taken when determining which potentially identifying details to include: the description should be adequate to allow for proper interpretation by the readers, but the authors should omit non-essential details. The Editor-in-Chief may request proof of written informed consent.

Word Count Limit:

2,500 words

Required Sections for Main Document:

Abstract, Highlights, Introduction, Case, Discussion, References

Required Abstract Section Headings:

Background, Case(s), and Discussion

5. LETTER TO THE EDITOR articles

This is a flexible format intended to quickly share information of interest to SAj readers. These letters to the editor may include responses to an article previously published in SAj, peer reviewed journals, or non-peer reviewed published materials; discussion of new tools, technology, and ideas; announcements and policy statements from organizations or other stakeholders; responses to recent research, commentary, or policy; implications of recent research or forthcoming research to the addictions field; and primary research data in summary form, The Letter to the Editor format is not intended for full presentation of data.

Letters discussing a recent article in this journal should be submitted within four weeks of publication of the article in print. Letters must not duplicate other material published or submitted for publication and should not include unpublished data. Letters being considered for publication ordinarily will be sent to the authors of the original article, who will be given the opportunity to reply, in written format. The letters received in reply to an original article will be sent anonymously to the authors, unless the letter writers wish not to be anonymous. Replies to letters to editors will be published, if reviewed and accepted to the journal. Letters will be published at the discretion of the editors and are subject to abridgement and editing for style and content.

Word Count Limit:

1,000 words

Required Sections for Main Document:

Highlights, Main Body (section headings determined by authors), References. Abstracts are optional.

Required Abstract Section Headings:

None. Abstracts (optional) generally are brief (less than 200 words)

6. COMMENTARY articles

Commentaries are intended to offer expert insights into important or controversial topics related to addiction in clinical medicine, medical economics, policy, ethics, or related issues. When appropriate, SAj expects authors to acknowledge a limited amount of supporting or opposing literature. Priority is given to novel thought, clear and creative writing, and the relevance of the manuscript to the interests of SAj's readers. SAj strongly encourages submission of commentary related to addiction health policy and thought pieces that seek to advance the clinical or scientific fields.

Word Count Limit:

3,000 words

Required Sections for Main Document:

Abstract, Highlights, Main Body (section headings determined by authors), References

Required Abstract Section Headings:

Abstract required but section headings are not necessary.

7. COMMENTARY with STUDY PROTOCOL articles

Commentary with Study Protocol articles are intended to offer insights into critical decisions when designing and implementing scientific protocols. In general, all study protocols that are published in SAj must have been approved by an institutional review board (IRB) and/or ethics committee; study protocols without ethical approval, will generally not be considered for publication.

The Study Protocol consists of two documents: 1) A Brief Narrative and 2) Supplement – Approved Protocol. We recommend that a Brief Narrative is provided (2,000 words) that 1) introduces the justification for the study (e.g., text (or modified text) the narrative of the grant application), 2) relates the specific aims of the study, and 3) provides insights into uniqueness of the study design or critical decisions the authors made in the design of the study. Authors can additionally comment on important edits or amendments they made to the study once implemented.

Brief Narratives thus may read like a commentary or editorial. Brief Narratives should have a trial registration number (if available) noted in the text or in the acknowledgment section. An abstract should briefly describe the study, aims, and

protocol. This abstract does not require formal headings. The abstract should not be more than 300 words.

Authors will append to the Brief Narrative their institutionally approved protocol that will be a web-based supplement to the article if it is published (named “Supplement – Approved Protocol”). It is NOT necessary to edit the approved protocol from what the institution has approved, and it can be uploaded “as is” or as amended. However, the Supplement – Approved Protocol should be a complete representation of the approved protocol. It is expected that the protocols will be variably formatted. If authors wish to reformat their protocol in the Supplement – Approved Protocol document, the SAj recommends using the SPIRIT guidelines (https://www.spirit-statement.org/). The Supplement – Approved Protocol document ideally should have a date of last ethical or institutional approval near the beginning of the supplemental file.

In addition, the authors of Commentary with Study Protocol submissions should submit the ethical or institutional approval document attesting to the approval of the submitted protocol.

Study protocols will be peer reviewed by at least one Editorial Board member. The review will primarily consist of evaluating the text of the Brief Narrative; the protocol itself (within the Supplement – Approved Protocol) will not be critically reviewed. The review of Commentary with Study Protocols manuscripts will assess the uniqueness of the study and/or critical decisions made by the investigators in the study design. In general, Commentary with Study Protocols will be reviewed more favorably if the proposed or ongoing trials that have not completed patient recruitment at the time of submission. However, for instance, if a study was poorly designed, had methodologic concerns, or the protocol hampered the implementation of the study and these factors are discussed in sufficient detail in the Brief Narrative, these protocols will be welcomed for review.

Word Count Limit:

2,500 words (Brief Narrative) and no word limit (Supplement – Approved Protocol)

Required Sections for Main Document:

Abstract, Highlights, Main Body (section headings determined by authors), References

Required Abstract Section Headings:

None. Abstracts generally are brief (less than 200 words)

Required Additional Documents:

1) Supplement – Approved Protocol (or edited) and

2) Letter from institution indicating ethical or institutional approval for the narrative described in the Supplement – Approved Protocol

8. EDITORIAL

Submission of editorials is by invitation from or prior arrangement with the Editor-in-Chief. Most editorials will comment on other material (e.g., an innovative original article) appearing in the same issue of SAj, changes in journal activities or policies, or policy articles endorsed by AMERSA, Inc. SAj also publishes freestanding editorials commenting on other topics, such as major changes in addiction clinical medicine or addiction health care policy, that were not originally introduced within the pages of SAj. Final acceptance of any editorial, even an invited editorial, is at the discretion of the Editor-in-Chief and Associate Editors.

Word Count Limit:

2,000 words

Required Sections for Main Document:

Abstract, Highlights, Main Body (section headings determined by authors), References

Required Abstract Section Headings:

None. Abstracts generally are brief (less than 200 words)

Clinical trial registration

The journal conforms to the ICMJE requirement that clinical trials are registered in a WHO-approved public trials registry at or before the time of first participant enrollment as a condition of consideration for publication. The trial registry name and URL, and registration number must be included at the end of the abstract.

Reporting guidelines

Your manuscript **must** follow the relevant EQUATOR Network reporting guidelines, depending on the type of study. The EQUATOR wizard can help identify the appropriate guideline. You will need to upload the appropriate checklist with your submission.

Other resources can be found at NLM's Research Reporting Guidelines and Initiatives.

If your research involves animals, you will be asked to confirm that you have carefully read and adhered to the ARRIVE guidelines.

Formatting your manuscript

Accepted file types

The preferred format for your manuscript is Word. You do not need to follow a template, but please ensure your heading levels are clear, and the sections clearly defined.

Your article title, keywords, and abstract all contribute to its position in search engine results, directly affecting the number of people who see your work. For details of what you can do to influence this, visit How to help readers find your article online.

Title

Your manuscript's title should be concise, descriptive, unambiguous, accurate, and reflect the precise contents of the manuscript. A descriptive title that includes the topic of the manuscript makes an article more findable in the major indexing services.

Abstract

Please include a structured abstract of 300 words between the title and main body of your manuscript that concisely states the purpose of the research, major findings, and conclusions. If your research includes clinical trials, the trial registry name and URL, and registration number must be included at the end of the abstract. Submissions that do not meet this requirement will not be considered.

For clinical trials, the trial registry name and URL, and registration number must be included at the end of the abstract.

Title Page

To ensure fair and anonymous peer review, your manuscript must be fully anonymized. Please ensure any identifying information is removed from the main manuscript document and included on the Title Page instead. Do not include any author names in the manuscript file name and remove names from headers and footers. This version of the manuscript **will** be sent to the peer reviewers. The Title Page **will not** be sent to peer reviewers. See the Sage Journal Author Gateway for detailed guidance on making an anonymous submission.

The Title Page should include:

- Article title
- The full list of authors including names and affiliations of each
    - **The listed affiliation should be the institution where the research was conducted**. If an author has moved to a new institution since completing the research, the new affiliation can be included in a note at the end of the manuscript – please indicate this on the title page.
    - **All persons eligible for authorship must be included at the time of submission (please see the authorship section for more information).**
- Contact information for the corresponding author: name, institutional address, phone, email
- Acknowledgments section
- Declaration of conflicting interest
- Funding statement
- Ethical approval and informed consent statements
- Data availability statement
- Any other identifying information related to the authors and/or their institutions, funders, approval committees, etc, that might compromise anonymity.

Writing your paper

The SAGE Author Gateway has some general advice and on how to get published, plus links to further resources. SAGE Author Services also offers authors a variety of ways to improve and enhance their article including English language editing, plagiarism detection, and video abstract and infographic preparation.

Non-Pejorative and Race/Ethnicity/Diversity Language

SAj supports the mission AMERSA which is "to improve health and well-being through interdisciplinary leadership in substance use education, research, clinical care, and policy." The SAj Editorial Team believes that improving health and well-being requires interdisciplinary leadership regarding the language that we use in our scholarship. We ask authors, reviewers, and readers to carefully and intentionally consider the language used to describe alcohol and other drug use and disorders, the individuals affected by these conditions, and their related behaviors, comorbidities, treatment, and recovery in our publication. Specifically, we make an appeal for the use of language that:

- Respects the worth and dignity of all persons ("people-first language")Focuses on the medical nature of substance use disorders and treatment
- Promotes the recovery process
- Avoids perpetuating negative stereotype biases using slang and idioms

For an overview of each of the above principles, examples of preferred and non-preferred terms, and discussion of some the nuances and tensions that inherently arise as we give greater attention to the issue of how we talk and write about substance use and addiction, please refer to our 2014 editorial in SAj (Broyles LM,

Binswanger IA, Jenkins JA, Finnell DS, Faseru B, Cavaiola A, Pugatch M, Gordon AJ. Confronting inadvertent stigma and pejorative language in addiction scholarship: a recognition and response. Subst Abus. 2014;35(3):217-21. doi: 10.1080/08897077.2014.930372. PMID: 24911031; PMCID: PMC6042508) which is available at: https://pubmed.ncbi.nlm.nih.gov/24911031/. In addition, see the International Society of Addiction Journal Editors (ISAJE) comment on addiction terminology (https://www.isaje.net/addiction-terminology.html).

Our reviewers are very cognizant of pejorative language and often comment on misuse of language. In sum, the SAj Editorial Team does not seek to issue a formal or final dictum on language use for authors and reviewers, but instead, to encourage thoughtful and deliberate consideration of language that is most consistent with operationalizing respect for personhood in SAj's policies and practices.

Race and Ethnicity.

As SAj follows the AMA 11th Edition of Style, we conform to the guidance regarding reporting race and ethnicity in medical and scientific journals, which has been recently updated and summarized here (https://jamanetwork.com/journals/jama/fullarticle/2783090). Additional information regarding recommended terms and information regarding race/ethnicity/diversity is found at https://www.apa.org/about/apa/equity-diversity-inclusion/framework.pdf.

SAj recommend authors conform to the following:

Race and ethnicity are social constructs, without scientific or biological meaning. Accordingly, for content published in SAj, language and terminology must be accurate, clear, and precise and must reflect fairness, equity, and consistency in use and reporting of race and ethnicity. Correct use of language may reduce unintentional bias in scientific reporting. The reporting of race and ethnicity should not be considered in isolation but should be accompanied by reporting of other sociodemographic factors and social determinants, including concerns about racism, disparities, and inequities, and the intersectionality of race and ethnicity with these other factors.

Ethnicity has historically referred to a person's cultural identity (e.g., language, customs, religion) and race to broad categories of people that are divided arbitrarily but based on ancestral origin and physical characteristics. Although race and ethnicity have no biological meaning, the terms have important, albeit contested, social meanings. Neglecting to report race and ethnicity in health and medical research disregards the reality of social stratification, injustices, and inequities and implications

for population health, and removing race and ethnicity from research may conceal health disparities.

Thus, SAj supports the inclusion of race and ethnicity in its reports of medical research to address and further elucidate health disparities and inequities. Authors should use specific racial and ethnic terms are preferred over collective terms, when possible. The general term minorities should not be used when describing groups or populations because it is overly vague and implies a hierarchy among groups. Other terms such as underserved populations (e.g., when referring to health disparities among groups) or underrepresented populations (e.g., when referring to a disproportionately low number of individuals in a workforce or educational program) may be used provided the categories of individuals included are defined at first mention. The term minoritized may be acceptable as an adjective provided that the noun(s) that it is modifying is included (e.g., “racial and ethnic minoritized group”). Groups that have been historically marginalized could be suitable in certain contexts if the rationale for this designation is provided and the categories of those included are defined or described at first mention.

SAj similarly applies diversity, equity, and inclusion reporting guidelines to sex and gender diversity.

Authors should report the specific categories used in their studies and recognize that these categories will differ based on the databases or surveys used, the requirements of funders, and the geographic location of data collection or study participants. When collective terms are used, merging of race and ethnicity with a virgule as “race/ethnicity” is no longer recommended. Instead, “race and ethnicity” is preferred, with the understanding that there are numerous subcategories within race and ethnicity.

Abbreviation of Race and Ethnicity should be avoided. Race and ethnicity terms should be capitalized.

Please see https://jamanetwork.com/journals/jama/fullarticle/2783090 for further guidance including guidance on referring to geographic origin and regionalization considerations (e.g., use of African American or Black, preference for American Indian or Alaska Native, Latino and Latina vs. Latinx).

Specific Guidance on reporting Race and Ethnicity in SAj.

Per guidance at: https://jamanetwork.com/journals/jama/fullarticle/2783090), we suggest to authors the following:

- The Methods section should include an explanation of who identified participant race and ethnicity and the source of the classifications used (e.g., self-report or selection, investigator observed, database, electronic health record, survey instrument).
- Authors should justify their samples and provide a description of their sample inclusion efforts in the methods section of the manuscript.
- If race and ethnicity categories were collected for a study, the reasons that these were assessed also should be described in the Methods section. If collection of data on race and ethnicity was required by the funding agency, that should be noted.
- Specific racial and ethnic categories are preferred over collective terms, when possible. Authors should report the specific categories used in their studies and recognize that these categories will differ based on the databases or surveys used, the requirements of funders, and the geographic location of data collection or study participants. Categories included in groups labeled as “other” should be defined.
- Categories should be listed in alphabetical order in text and tables.
- Race and ethnicity categories of the study population should be reported in the Results section.

SAj will allow authors to supersede the word limits of articles to accomplish race, ethnicity, and diversity language and reporting in their articles. In these cases, the discussion section should address race, ethnicity, and diversity issues.

Keywords

Please identify 3 key words that describe the content of the article. SAj uses Medical Subject Headings (MeSH) only. MeSH terms can be obtained online. Please see: https://www.nlm.nih.gov/mesh/meshhome.html and https://meshb.nlm.nih.gov (find MeSH terms).

Highlights

After the abstract and keywords, please include a highlights section that lists **2-4 short bullet-point sentences** summarizing the article’s main takeaway points. The bullet point should describe, in plain and direct language, the article’s primary contribution. When appropriate, we encourage key points that refer specifically to the audience(s) who will benefit from understanding the article’s findings and explicitly tell them why they should care about this work.

In general, the Highlights Section should convey the core findings and provide readers with a quick textual overview of the article. Highlights should describe the essence of the research (e.g. Results, conclusions) and highlight what is distinctive about it.

Guidance on writing Highlights include (1) don't try to capture all ideas, concepts or conclusions as highlights are meant to be short: 85 characters or fewer, including spaces; (2) highlights offer your paper a considerable advantage in the online world, as they ensure that search engines pick up your article and match it to the right

audience; (3) highlights can be used for social media dissemination; and (4) do not use abbreviations in the highlights section.

Of note, online system will prompt you to provide highlights, but the highlight Section of each article (included after the abstract) is what will be considered or published.

Artwork, figures, and other graphics

Tables and figures are to be uploaded separately from the main document, with the appropriate file type designated. Do not include figure titles and captions within your images – they will not scale appropriately. Figures should be sized to fit on a journal page and 300 DPI or higher. (Using most software, authors can check the resolution of an image by right clicking on it, selecting Properties, and viewing the Details tab). In formatting your tables and figures, please follow the following guidance:

- Tables: Microsoft Word (using the Table feature) or Excel document
- Figures: Authors who have created their own figures are encouraged to submit them in the original file formats (e.g., Microsoft Excel, PowerPoint). Images should be TIFFs with a minimum resolution of 300 DPI.

Where superscripted lists are provided at the bottom of the table, please put lists into paragraph form at the bottom of the table i.e. a blue; b green; c red. In many tables and figures, acronyms are not defined. Please include a legend under each table that defines all the acronyms of that specific table. This should be labeled as “Legend.” Please make sure FIGURE titles are on the bottom, and TABLE titles on the top.

Figures supplied in color will appear in color online free of charge, regardless of whether these illustrations are reproduced in color in the printed version. If an author wishes to have the figure in color in print, the author will need to pay. It is USD $800.00 for the first color image and $200.00 for any additional color images within the same Contribution. Please notify the production team if you wish to publish your images in color in print.

Acknowledgments

If you are including an Acknowledgements section, this will be published at the end of your article. The Acknowledgments section should include all contributors who do not meet the criteria for authorship. Per ICMJE recommendations, it is best practice to obtain consent from non-author contributors who you are acknowledging in your manuscript.

Writing assistance and third party submissions: if you have received any writing or editing assistance from a third-party, for example a specialist communications company, this must be clearly stated in the Acknowledgements section and in the

covering letter. Please see the Sage Author Gateway for what information to include in your Acknowledgements section. If your submission is being made on your behalf by someone who is not listed as an author, for example the third-party who provided writing/editing assistance, you must state this in the Acknowledgements and also in your covering letter. **Please note that the journal editor reserves the right to not consider submissions made by a third party rather than by the author/s themselves.**

Author contributions

As part of our commitment to ensuring an ethical, transparent and fair peer review and publication process, this journal has adopted CRediT (Contributor Roles Taxonomy). CRediT is a high-level taxonomy, including 14 roles, which is used to describe each author's individual contributions to the work.

You will be asked to list the contribution of each author as part of the submission process. Please include the Author Contributions heading within your submission after the Acknowledgements section. The information you give on submission will then show under the Author Contributions heading later at the proofing stage.

Artificial Intelligence

Use of Large Language Models and generative AI tools in writing your submission

Sage recognizes the value of large language models (LLMs) (e.g. ChatGPT) and generative AI as productivity tools that can help authors in preparing their article for submission; to generate initial ideas for a structure, for example, or when summarizing, paraphrasing, language polishing etc. However, it is important to note that all language models have limitations and are unable to replicate human creative and critical thinking. Human intervention with these tools is essential to ensure that content presented is accurate and appropriate to the reader. Sage therefore requires authors to be aware of the limitations of language models and to consider these in any use of LLMs in their submissions:

- Objectivity: Previously published content that contains racist, sexist or other biases can be present in LLM-generated text, and minority viewpoints may not be represented. Use of LLMs has the potential to perpetuate these biases because the information is decontextualized and harder to detect.
- Accuracy: LLMs can 'hallucinate' i.e. generate false content, especially when used outside of their domain or when dealing with complex or ambiguous topics. They can generate content that is linguistically but not scientifically plausible, they can get facts wrong, and they have been shown to generate citations that don't exist. Some LLMs are only trained on content published before a particular date and therefore present an incomplete picture.

- Contextual understanding: LLMs cannot apply human understanding to the context of a piece of text, especially when dealing with idiomatic expressions, sarcasm, humor, or metaphorical language. This can lead to errors or misinterpretations in the generated content.
- Training data: LLMs require a large amount of high-quality training data to achieve optimal performance. However, in some domains or languages, such data may not be readily available, limiting the usefulness of the model.

Guidance for authors

Authors are required to:

- Clearly indicate the use of language models in the manuscript, including which model was used and for what purpose. Please use the methods or acknowledgements section, as appropriate.
- Verify the accuracy, validity, and appropriateness of the content and any citations generated by language models and correct any errors or inconsistencies.
- Provide a list of sources used to generate content and citations, including those generated by language models. Double-check citations to ensure they are accurate and properly referenced.
- Be conscious of the potential for plagiarism where the LLM may have reproduced substantial text from other sources. Check the original sources to be sure you are not plagiarizing someone else's work.
- Acknowledge the limitations of language models in the manuscript, including the potential for bias, errors, and gaps in knowledge.
- Please note that AI bots such as ChatGPT should not be listed as an author on your submission.

We will take appropriate corrective action where we identify published articles with undisclosed use of such tools.

Funding

Each SAj article has a "Funding" section. SAj requires all authors to acknowledge their funding in a consistent fashion under a separate section. Please visit page on the Sage Journal Author Gateway (https://www.sagepub.com/Funding-acknowledgement-msg) to confirm the format of the acknowledgment text in the event of funding, or state that: "This research [or editorial] received no specific funding or grant from any funding agency in the public, commercial, or not-for-profit sectors."

Funding sources for the research process and for manuscript preparation must be listed. Please provide the grant number, if applicable. Authors should also specify the degree to which the funding agency was involved in the work reported in the manuscript or in the composition of the submission. The authors should indicate

funding for the work contained in the manuscript. An example of a "Funding" statement is provided below:

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This study was approved by the Ethics Committee of XXXX University (Ethics Code: XYZ123) on January 12, 2023. All participants provided written informed consent prior to enrolment in the study. This research was conducted ethically in accordance with the World Medical Association Declaration of Helsinki.

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