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Writing For Publication: The Basics

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WRITING FOR PUBLICATION: THE BASICS

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PREFACE

Writing clearly can be difficult. However, there are well established standards and rules to follow. If you know what these are and if you follow them, then you are well on your way to writing clearly. It is not possible to cover in this manual all the necessary aspects of writing that one needs to know when preparing a manuscript for publication. Nevertheless, the main attributes of writing clearly are covered. These include word selection, sentence structure, paragraph structure and the sections of an article.

It is also important to point out what aspects have been excluded from this course. Some excluded aspects are how to cite the literature, which statistical tests to use, which research design to use, how to formulate arguments and decisions about authorship.

Believe it or not there are some joys to be had from writing clearly. If you can write clearly you can clarify your own thinking. When you are required to put pen to paper, you can see which arguments hold up and which don't. If you have something important to say, it is crucial that you say it in a way that others can understand it. If you have conducted a study and found some interesting results, the onus is on you to report these findings.

One final note: it takes a very long time to write a reasonable article. A typical article is between 2,000 and 3,000 words, so to get them in the right order is going to take some time. I'd hate to confess how long some of my articles have taken. However, if you keep at it, your writing will improve and you may actually enjoy writing for publication!

Good writing

Kate Dolan

LESSON 1 WORDS

There are two things you can do with words: select them and arrange them. Words in scientific papers should be precise, simple and necessary. Avoid jargon, invented words and abbreviations.

Be precise

Your words should be as precise as your science. Note that precise, definite, concrete, specific words evoke a mental image. For example, the word 'heroin' evokes much more of a picture than the word 'drug'.

Exercise 1.1 Be precise

Select the better word to use from the pairs below

- | | | |
|----|------------------------|-----------------|
| A. | several | six |
| B. | in the last six months | five months ago |
| C. | heroin | illegal drugs |
| D. | used | injected |

Be simple

Use simple words. You will have to use a lot of technical words, which tend to be complex, so also use some simple words. This will keep your writing from being too hard to read.

Exercise 1.2 Be simple

Select the better word to use from the pairs below

- | | | |
|----|---------------|---------------|
| A. | boys | male children |
| B. | subsequent to | after |
| C. | utilise | use |

Necessary words

Use as few words as possible. But it is more important to be clear, so sometimes more words are necessary for clarity.

Exercise 1.3 Necessary words

Edit the following sentences by removing unnecessary words.

- | | |
|----|--|
| A. | Reports of heroin use were examined and found to have increased. |
| B. | All respondents who were interviewed reported using or injecting heroin. |

Exercise 1.4 Which word to use?

Choose the correct word to complete the sentence

- | | |
|----|--|
| A. | We studied the <i>affect</i> / <i>effect</i> of police activity on the clinic attenders. |
| B. | How ecstasy <i>affects</i> / <i>effects</i> the health is still not fully understood. |

Exercise 1.5 Which word to use?

Choose the correct word to complete the sentence

- A. Reduction in viral load *can/may* be achieved by some forms of treatment.
- B. The treatment *can/may* cause some unpleasant side effects.

LESSON 2 SENTENCE STRUCTURE

A **sentence** is a group of words containing at least one independent clause and expressing a complete idea. It has a subject and a verb and can stand alone. Clear sentences are simple and direct. If sentences are complicated and indirect, the reader is slowed down and even confused. Do not pack too many ideas into one sentence. Short sentences are easier to understand than long sentences. Put ideas in a parallel form.

Every complete **sentence** contains two parts: a **subject** and a **predicate**. The subject is what (or whom) the sentence is about, while the predicate tells something about the subject. In the following sentences, the predicate is underlined, while the subject is **bolded**.

***Judy** smokes.*

***Judy and her friend** smoke marijuana every morning.*

To determine the subject of a sentence, first isolate the verb and then make a question by placing “who?” or “what?” before it—the answer is the subject.

Simple sentences

The most basic type of sentence is the **simple sentence**, which contains only one clause. A simple sentence can be as short as one word:

Go!

Usually, however, the sentence has a subject as well as a predicate and both the subject and the predicate may have modifiers. Both of the following are simple sentences, because each contains only one clause:

Tobacco smells.

Tobacco burns quickly.

Compound sentence

A **compound sentence** consists of two or more independent clauses (or simple sentences) joined by co-ordinating conjunctions like “and,” “but,” and “or”:

Simple

Canada has an injecting room.

Simple

It opened last year.

Compound

Canada has an injecting room and it opened last year.

A complex sentence is very different from a simple sentence or a compound sentence because it makes clear which ideas are most important.

When you write:

My boss invited me to a party. I do not want to go.

the reader will have trouble knowing which piece of information is most important to you. When you write the subordinating conjunction “although” at the beginning of the first clause, however, you make it clear that the fact that your boss invited you is less important than, or **subordinate** to, the fact that you do not want to go.

Exercise 2.1 What is wrong with these sentences?

- A. The doctor with methadone clinic.
- B. Busy in the morning.
- C. This forum is moderated by the Asian Harm Reduction Network (AHRN), the views expressed herein, except when indicated as the AHRN moderator, do not necessarily reflect those of AHRN.
- D. When you visit the syringe exchange you can take needles or you can see a counsellor and you can take condoms too.

Exercise 2.2 Write three sentences about your country describing the climate, location or population.

LESSON 3 PARAGRAPH STRUCTURE

A paragraph should have a topic sentence which creates an expectation and then fulfils it in supporting sentences. So the ideal place for the topic sentence is at the beginning of the paragraph. Not every paragraph needs a topic sentence.

Example 3.1 A topic sentence and supporting sentences

A There are three different strategies to reduce drug use or drug-related harm in the community. **B** The first strategy is to reduce the supply of drugs. **C** This strategy relies on law enforcement to block the importation of drugs. **D** The second strategy, demand reduction, aims to reduce the demand for drugs. **E** Drug treatment programs can reduce demand for drugs. **F** Finally, harm reduction strategies such as needle and syringe programs remove contaminated injecting equipment from circulation and thereby reducing HIV transmission.

- A Topic sentence
- B States first strategy
- C Explains B
- D States second strategy
- E Explains D
- F States third strategy and explains it

Exercise 3.1 Which paragraph is the clearest?

Look for the topic sentence and supporting statements.

Paragraph A

Most inmates in the control group (66%) and the treatment group (63%) reported injecting heroin in prison in the month before being recruited into the study. Virtually all inmates reported injecting in the month before they entered prison (99% control, 100% treatment). The most common drug injected prior to prison entry was heroin (93% control, 96% treatment) followed by amphetamine (41%, 39%), cocaine (36%, 34%) and illicitly obtained methadone (23%, 24%).

Paragraph B

The most common drug injected prior to prison entry was heroin (93% control, 96% treatment) followed by amphetamine (41%, 39%), cocaine (36%, 34%) and illicitly obtained methadone (23%, 24%). Virtually all inmates reported injecting in the month before they entered prison (99% control, 100% treatment). Most inmates in the control group (66%) and the treatment group (63%) reported injecting heroin in prison in the month (or less) before being recruited into the study.

Paragraph C

Virtually all inmates reported injecting in the month before they entered prison (99% control, 100% treatment). The most common drug injected prior to prison entry was heroin (93% control, 96% treatment) followed by amphetamine (41%, 39%), cocaine (36%, 34%) and illicitly obtained methadone (23%, 24%). Most inmates in the control group (66%) and the treatment group (63%) reported injecting heroin in prison in the month (or less) before being recruited into the study.

Techniques of Continuity

Repeat key terms

Keep consistent order

Keep a consistent point of view

Exercise 3.2 What is wrong in this paragraph?

Methadone maintenance treatment is effective in reducing mortality, heroin consumption and criminality. An increase in methadone places from 19,900 to 34,000 corresponded with 24,900 fewer drug arrests and 1,500 fewer deaths in New York City in the early 1970s. When the heroin substitution, methadone, was introduced in Hong Kong in 1976, the annual number of addicts admitted to prison decreased from approximately 2,200 to 200 by 1980. MMT attracts and retains more heroin injectors than any other form of treatment.

Exercise 3.3 What is wrong in this paragraph?

Mortality among heroin users out of treatment was 5% per year. Generally, survival in drug users in treatment has been over 97%. The only exception is the length of time in treatment.

LESSON 4 SECTIONS OF THE ARTICLE – ABSTRACT

The abstract provides an overview of the paper.

Example 4.1 A good abstract (Metrebian, Shananhan, Wells et al., 1998)

Objective: To assess the feasibility of offering the choice of prescribing injectable heroin (diamorphine) or injectable methadone to opiate-dependent injecting drug users and to assess whether there are health and social gains associated with prescribing injectable opiates.

Design: A protocol-driven prospective observational study. Type of injectable opiate received was based on self-selection.

Setting: A large west London drug clinic.

Patients: Fifty-eight patients admitted to the clinic between 1 June 1995 and 31 December 1996, who were long term opiate-dependent injecting drug users, who had previously tried and failed oral methadone and who were apparently unable or unwilling to give up injecting.

Main outcome measures: Retention in treatment, illicit drug use, HIV risk behaviour, criminal activity, social functioning, health and psychological status as measured by self-report, urinalysis and doctors' ratings.

Results: Thirty-seven patients (64%) chose heroin and 21 (36%) chose injectable methadone. Fifty (86%) were retained in treatment after three months, 40 (69%) after six months and 33 (57%) after 12 months. Among those in treatment at three months, there were significant reductions in illicit drug use, illicit drug-injecting risk behaviour, and criminal activity, and significant improvements in social functioning, health status and psychological adjustment. Generally, these gains were sustained between three, six and 12 months. Doctors' ratings of health and urinalysis results further supported these findings.

Conclusions: Injectable heroin is not always the drug of choice. This intervention retained most patients in treatment with substantial benefits to both patients and the community. Prescribing injectable opiates to long term injecting drug users is a feasible treatment option.

Exercise 4.1 Read the above abstract and answer the following questions

- A. What did they want to find out?
- B. How many were studied?
- C. Who was studied?
- D. Name the study design
- E. What were the dependent and independent variables?
- F. What was the answer?
- G. What does it mean?

LESSON 5 SECTIONS OF THE ARTICLE – INTRODUCTION

The introduction has two purposes: one is to stimulate interest and the second is to inform the reader. Therefore, an introduction must be direct and specific. It should be written in a readable style.

State what is known about the area of research and what is unknown.

You must include references to published literature, chosen to reflect the key work in that area. The references should be recent, if possible. It can be useful to cite review articles.

The introduction follows a standard format:

Known

Unknown/problem

Question

The single most important sentence is the statement of the specific question the research was designed to answer. Think of this statement as a topic sentence for the whole paper.

Sometimes the question includes an independent (the one you manipulate) and a dependent (the one you measure) variable.

Example 5.1 A good introduction (Metrebian, Shanahan, Wells, et al., 1998)

Opiate dependency is a major public health and social problem. Oral methadone treatment is the most common form of treatment for opiate dependency, and its effectiveness has been well demonstrated (Farrell, Ward, Mattick et al., 1994). However, Britain is one of the few countries where doctors can legally prescribe pharmaceutical heroin (diamorphine) and injectable methadone (Strang & Gossop, 1994).

Despite the legality of this practice, numbers of patients receiving such treatment remain small. Methadone accounts for 96% of all opiate prescriptions for treating drug dependency in the United Kingdom (Strang, Sheridan & Barber, 1996); injectable heroin accounts for only 2% of the total number of prescriptions for opiates (Strang & Sheridan, 1997); and methadone ampoules make up 9% of all methadone prescriptions (Strang, Sheridan & Barber, 1996).

The prescribing of injectable opiates has been the source of international controversy and debate. A large research trial has been undertaken in Switzerland (Uchtenhagen, 1996) and, in Australia, a heroin trial was designed to determine the impact of offering the choice of an injectable opiate prescription (Bammer, 1993). However, the Australian Federal Government has decided that this trial will not proceed.

It has been argued that injectable opiate prescribing may attract resistant opiate-dependent users into, and retain them in, treatment, with potential health and social benefits, including a reduction in crime (Metrebian, Shanahan, Stimson, 1996), but there is a lack of scientific evidence on which to base these claims. The Swiss trial found that heroin prescribing retained drug users in treatment, with reductions in crime and improvements in health status (Uchtenhagen, 1996). However, results of the most influential research carried out in the UK—a randomised controlled trial comparing maintenance with oral methadone with heroin—were inconclusive (Hartnoll, Mitcherson, Battersby, et al., 1980). Other studies have also found conflicting results (Battersby, Farrell, Gossop, et al., 1992; McCusker & Davis, 1996; Stimson & Oppenheimer, 1992).

In this study we aimed to assess the feasibility of offering opiate-dependent injecting drug users the choice of treatment with injectable heroin (diamorphine) or injectable methadone, and to examine possible health and social gains associated with prescribing injectable opiates.

Exercise 5.1 From the above introduction, what is:

A. Known?

- B. Unknown/problem?
- C. The question?

Exercise 5.2 Write a paragraph that cites the literature, explains why the study was conducted and poses the question.

Use this information to help you write the paragraph:

The condom distribution program was well accepted by inmates. From May 2000 until August 2001, 5,000 condoms were distributed in five Australian prisons. Australia is the second country to evaluate a prison condom program, though many more countries provide them to prisoners.

- A. What could be a possible topic sentence?
- B. What could be a supporting sentence?
- C. What could be the question?

LESSON 6 SECTIONS OF THE ARTICLE – METHODS

The aim of the methods section is to tell readers what you did and to provide sufficient detail so that they may repeat the study. Therefore you must be precise about quantities of drugs, time periods, number of subjects, criteria for *entry to* and exclusion from the study.

Example 6.1 A good method section (Metrebian, Shanaban, Wells, et al., 1998)

This pilot study was carried out at a west London drug treatment clinic. The clinic's protocol aimed to reduce illicit drug use and HIV risk behaviours; to improve physical, psychological and social functioning; and to move patients on to oral methadone treatment en route to abstinence. Eligible patients met the following criteria: aged over 21 years; dependent on opiates; unable or unwilling to give up injecting (defined by injecting for a minimum of three years with consistent injecting over the previous nine months and evidence of injecting over the past three months); previously failing oral methadone treatment (defined by regular continued use of illicit opiates while receiving oral methadone, continuing to inject regularly and receiving doses of oral methadone in excess of 80 mg/day); and problems relating to drug use in areas of health, social functioning or crime.

Patients chose treatment with either injectable diamorphine (heroin) or injectable methadone. After a one-month induction period, they were required to stay with their drug of choice. A ceiling dose of 200 mg/day of either drug was set, and the treatment dose was achieved through tolerance testing over one week and stabilisation over the first month; after this time doses could only be reduced. Drugs were dispensed at the clinic daily (Monday to Friday with weekend doses taken home) for the first few weeks and then less frequently (a few times a week or weekly). After their initial tolerance test, patients were not permitted to inject on-site. To reduce the risk of injectable opiates being diverted to others, patients had to return used ampoules (batch numbers were checked) before receiving further ampoules.

Criteria for disciplinary discharge from the study were evidence of “double-scripting” (receiving an additional prescription for opiates for drug dependency outside the clinic), dealing in the injectable opiates prescribed in this study, violence in the clinic, continual and persistent evidence of illicit drug use, consistently failing to return used ampoules, and injecting outside the clinic in the hospital grounds.

The Australian Opiate Treatment index (OTI) (Darke, Hall, Wodak, et al., 1992) - a multidimensional scale measuring illicit drug use, HIV risk behaviour, criminal activity, social functioning, physical and psychological health - was administered to patients at entry and at three-monthly intervals. This instrument, which has been validated in both Australia (Darke, Hall, Wodak, et al., 1992) and the UK (Adelekan, Green, DasGupta, et al., 1996), has a high correlation with doctors’ and nurses’ reports and with urine results at opiate treatment settings (Adelekan, Green, DasGupta, et al., 1996).

Clinic doctors used standardised instruments to rate patients’ health and psychological well-being at entry and at three-monthly intervals. These instruments included a physical rating scale for recording doctors’ opinions of patients’ physical health, including cardiovascular, respiratory, gastrointestinal, central nervous system and injecting-related health (Tallack & Metrebian, 1996), and the brief psychiatric rating scale (Overall & Goreham, 1962) for recording doctors’ judgements of patients’ psychopathology. In addition, illicit drug use was measured through random urine tests throughout the treatment.

- A. Who was eligible to enter this study?
- B. Who was excluded from entering this study?

Exercise 6.2 Write a methods section from the following information:

The prisoners thought the condom program was a good idea. Some of the prison officers were against the program. In three prisons, the number of condoms distributed was small, but in two prisons thousands of condoms were distributed.

- A. Who was interviewed?
- B. How many prisons were studied?
- C. What was measured?

Statistical Analysis

This is an important section but is beyond the scope of this course. If you are unsure of which statistical test to use, please consult a statistician. You can find one at psychology or statistics departments at universities.

LESSON 7 SECTIONS OF THE ARTICLE – RESULTS

The two functions of the results section are to state the results and to present evidence that supports the results.

Keep the results brief and uncluttered.

Not every result you obtain needs to be reported in the results section, but results should be included whether or not they support your hypothesis.

The results section can include data. The most important data can be presented in a table or figure.

Be sure that data are accurate and internally consistent.

Sometimes it is best to start with the results section when writing a paper. This way you will know which research you will want to cite (introduction) and what the results mean (discussion). It is the most important part of the paper because it provides the answer to the question.

The most important information in a results section is results, so a result should be in the first sentence of every paragraph.

Control results should be subordinate to experimental results.

Check that for every result in the results section there is a corresponding method in the methods section.

Begin with a topic sentence and then give supporting sentences.

The first section of the results section describes the sample studied.

Example 7.1 A good results section (Metrebian, Shanahan, Wells, et al., 1998)

Fifty-eight subjects were recruited to the study. Forty-two (72%) were male, 50 were white (86%), and their median age was 38 years (range, 24-49 years). Their median duration of injecting heroin was 19.5 years (range, 4-30 years), and they had been in opiate treatment a median of four times previously (range, 2-17 times).

Exercise 7.1

- A. Who was eligible to join Stimson's study?
- B. Who was ineligible to join Stimson's study?
- C. What is the topic sentence in the paragraph below?
- D. What is the supporting sentence below?

Exercise 7.2 *What is wrong with the following table?*

Table reports of bleach availability by respondents

	Bleach availability	
	1994	1993
	% (n=53)	% (n=144)
Unavailable	18	42
Difficult	40	26
Easy	17	23
Very easy	25	10
Extremely easy	0	5
Always available	5	15

Exercise 7.3 *What is wrong with the following paragraph?*

Use the numbers in the sentence to denote which sentences are in the wrong place and which ones contain an error.

1. Their median duration of injecting heroin was 19.5 years (range, 4-30 years), and they had been in opiate treatment a median of four times previously (range, 2-17 times). 2. Twenty-eight subjects were recruited to the study. 3. Forty (72%) were male, 5 were black (86%), and their median age was 18 years (range, 24-49 years).

LESSON 8 SECTIONS OF THE ARTICLE – DISCUSSION

The function of the discussion section is to answer the question posed in the introduction.

The discussion also explains how the results support the answers and how the answers fit in with the existing knowledge.

The discussion also includes any explanations of unexpected findings, an outline of any limitations of the study or the validity of assumptions, and indications of the importance of the work.

Can your answer be generalised to the population you have studied?

Was the selection of subject carried out in a reasonable manner?

Support the answer by stating results.

Give credit to yourself and others. Be careful not to be too modest or too boastful.

If others' results help support your answer, mention those results and cite the appropriate references.

The answers should answer the question exactly as they were asked - use the same key terms.

Example 8.1

In this study we aimed to assess any individuals who acquired HIV infection in prison.

And the answer was

The epidemiological evidence that individual A was infected in prison is beyond doubt. After years of confinement in prison, he tested negative and then positive for HIV infection. There was strong epidemiological evidence that individuals B, C and J were also infected in prison.

Explain the answer

Thus, on epidemiological grounds, at least four of the 13 people investigated were infected with HIV while in an Australian prison system. The most likely route of HIV transmission was shared injection equipment. It is likely that a prospective investigation of these 13 people, or even a retrospective investigation closer to the events, would have yielded a larger number of confirmed HIV transmissions in prison. However, the strength of evidence for this network and the multitude of factors conducive to HIV infection in prisons suggest that the extent of HIV transmission occurring in prisons through shared injection equipment is underestimated.

Defend the answer

A mathematical model of HIV transmission in an Australian prison system using values derived from empirical studies also suggests that transmission is occurring within correctional centres.

Explain conflicting results

In addition to stating, supporting, explaining and defending your answer, you must also mention any results that do not support your answer.

Establish newness

If your work is new, say so.

Avoid absolute statements such as *this is the first report of...*

This could be rewritten *To our knowledge this is the first report of ...*

Limitations of the study

There will always be some sort of limitation with any study. It is much better that you find the limitation and try to counter it than to leave it to the reviewer to mention it.

Exercise 8.1 What limitations are outlined in the follow paragraph?

While interpretation of our findings is limited by the absence of a control group receiving oral methadone therapy and by reliance on self-report data, this is one of few studies to systematically examine the use of injectable opiates in treating opiate dependence, and the results will be used to inform a multi-centre randomised controlled trial.

Exercise 8.2 What are the justifications for the limitations? And are they valid?

Exercise 8.3 Why is this study important? (according to the authors)

Order for the discussion

1. Answer the question
2. Support the answer
3. Use your results and others'
4. Refer back to figures or graphs
5. Defend your answer
6. Explain conflicting results
7. Establish newness of your work
8. Explain any discrepancies with others' work
9. State limitations of your work
10. State the importance of your work
11. Finish the discussion by making a point

LESSON 9 OTHER MATTERS

The title

The title should have some key words in it. It may be the question or it may be the answer.

Exercise 9.1 Write the title for a study on condom distribution in prison

Figures and tables

When do you use a pie chart?

A bar chart?

A table?

References

Which referencing style do you use?

How to get started

Often writing the first draft is the hardest. This is because you have only a rough idea of what you want to say. Set aside two hours for the first attempt at the first draft. Make sure the conditions are conducive to writing - no noise, no distractions and that you are wide awake.

Select the journal early on so you know the format your paper needs to take. Get several articles from that journal and read them. Really read them. Read them out loud. You can hear what works well. What was their question? What was the answer? Use these papers as a guide as to how your paper should look. How long is their introduction? Why is yours three times as long? These articles will help you when you get stuck.

Ask someone more knowledgeable to look at your draft. Listen to their comments. If they can not understand it, it is unlikely anyone else will.

Start with the methods section. What did you do? Then write the results, then the discussion and then the introduction.

Or you could start with the abstract as this will form a summary of the paper. Try not to worry about what you write in the beginning, as it is much easier to change something than it is to write something new. Write as quickly as you can, getting as many ideas and bits of information down to be edited later.

Decide what your question is early in the process and decide what the answer is too. If the answer doesn't fit the question, ask another question!

Appendix 1 Answers

- 1a six
 1b five months ago
 1c heroin
 1d injected
- 1.2a boys
 1.2b after
 1.2c use
- 1.3a Reports of heroin use increased.
 1.3b All respondents reported using heroin.
 1.4a We studied the effect of police activity on the clinic attenders.
 1.4b How ecstasy affects the health is still not fully understood.
- 2.1a The doctor ran a methadone clinic (no verb).
 2.1b The clinic was busy in the morning (no subject).
 2.1c This forum is moderated by the Asian Harm Reduction Network (AHRN). The views expressed herein, except when indicated as the AHRN moderator, do not necessarily reflect those of AHRN.
- 2.1d When you visit the syringe exchange you can take needles and condoms or you can see a counsellor.
- 2.2 Australia is in the southern hemisphere. There are some strange animals in Australia. Last year the population of Australia reached 20 million.
- 3.1 Paragraph C is the clearest.
- 3.2 What is wrong in this paragraph? Key term
- Methadone Maintenance Treatment is interchanged with MMT (without prior use of the abbreviation) and heroin substitute, methadone is used.
- The order is ... reducing mortality, heroin consumption, and criminality. Followed by ... 24,900 fewer drug arrests and 1,500 fewer deaths...
- Reorder mortality (deaths) and criminality (drug arrests) to be in a consistent order.
- 3.3 Mortality and survival are interchanged, changing the point of view.
- 4.1 Was it feasible to offer the choice of prescribed injectable heroin or injectable methadone to opiate-dependent injecting drug users and to assess whether there are health and social gains associated with prescribing injectable opiates?
- 4.1b **Design:** A protocol-driven type of injectable opiate received was based on self-selection.
- 4.1c 58
- 4.1d Long term opiate-dependent injecting drug users, who had previously tried and failed oral methadone and who were apparently unable or unwilling to give up injecting.
- 4.1e Prospective observational study.

- 4.1f** Retention in treatment, illicit drug use, HIV risk behaviour, criminal activity, social functioning, health and psychological status.
- Prescribing injectable heroin (diamorphine) or injectable methadone*
- 4.1g** Prescribing injectable opiates to long term injecting drug users is a feasible treatment option.
- 4.1h** This ... treatment had substantial benefits to both patients and the community.
- 5.1** A possible paragraph for an introduction could be the following:
- Male-to-male unprotected anal sex is the main route of HIV transmission in the Australian community (NCHECR, 2000). Condoms have been shown to reduce the transmission of HIV in the community (de Vincenzi, 1994). The prevalence of male-to-male sexual activity in prison appears to be slightly higher than that in the general population. Despite the occurrence of male-to-male sex in prisons, the distribution of condoms to prisoners remains rare. It is unknown whether prisoners will use condoms. This paper reports on the feasibility of condom distribution in NSW prisons.
- 6.1** A possible method section could be:
- Prisoners and prison officers were interviewed about their views on the condom program in five prisons. The number of condoms distributed was recorded.
- Who was interviewed?
- How many prisons were studied?
- What was measured?
- 7.1a** Eligible patients met the following criteria: aged over 21 years; dependent on opiates; unable or unwilling to give up injecting (defined by injecting for a minimum of three years with consistent injecting over the previous nine months and evidence of injecting over the past three months); previously failing oral methadone treatment (defined by regular continued use of illicit opiates while receiving oral methadone, continuing to inject regularly and receiving doses of oral methadone in excess of 80 mg/day); and problems relating to drug use in areas of health, social functioning or crime.
- 7.1b** Those not conforming to the eligibility criteria.
- 7.1c** Fifty-eight subjects were recruited to the study.
- 7.1d** Forty-two (72%) were male, 50 were white (86%), and their median age was 38 years (range, 24-49 years). Their median duration of injecting heroin was 19.5 years (range, 4-30 years), and they had been in opiate treatment a median of four times previously (range, 2-17 times).
- 7.2** Column 1 in table adds up to 105. Column 2 in table adds up to 121.
- The range of options is unbalanced: 2 poor access vs. 4 good access options. These are 1 unavailable, 2 difficult, 3 easy, 4 very easy, 5 extremely easy and 6 always available. These scales typically use a five point Likert scale. So 1 and 6 go together,

2 and 4 go together, 5 and 6 seem the same. And 3 should be a neutral option – available sometimes.

7.3 Errors in the paragraph:

The paragraph should start with sentence no. 3.

Sentence 2 and 3 contradict each other (28 subjects then 40 subjects).

The median age was 18 but the range was from 24-49. The median should be within the range.

In sentence no. 3 forty = 72% but five = 86%.

1. Their median duration of injecting heroin was 19.5 years (range, 4-30 years), and they had been in opiate treatment a median of four times previously (range, 2-17 times).
2. Twenty-eight subjects were recruited to the study.
3. Forty (72%) were male, 5 were black (86%), and their median age was 18 years (range, 24-49 years).

9.1 Evaluation of the Condom Distribution Program in NSW Prisons, Australia.

Appendix 2 Reading List and Useful Websites

- 1) Zeiger, M *Essentials of Writing Biomedical Research Papers*. 1991. McGraw-Hill Inc. New York.
- 2) <http://www.lboro.ac.uk/service/std/writingforpub/writing-the.html>
- 3) <http://www.tcrecord.org/restrictedaccess.asp?discussioncollectionmessage.asp?collectionid=80&discussioncollectionid=264>
- 4) <http://www.isqua.org.au/isquapages/journal/writingforpublication.pdf>
- 5) <http://www.acra.net/epubs/howtopub/writing12.htm>

Appendix 3 Course evaluation

1) What did you think about the following sections of the course?

	Poor	Ok	Good
Words			
Sentence structure			
Paragraph structure			
The abstract			
Introduction			
Methods			
Results			
Discussion			

- 2) Was there anything that you didn't understand? _____
- 3) Was there anything that you thought was explained well? _____
- 4) If PIRT was to run another course would you like to attend? _____
- 5) Can you tell us one thing you have learnt in the course? _____
- 6) How would you rate your tutor? _____
- 7) Do you have any comments which will help us with future courses?

Course Evaluation Results

Participants =19. Completed Evaluation sheets =13.

What did you think about the following sections of the course?

	Poor	Ok	Good
Words	0/13	2/13	11/13
Sentence structure	0/13	3/13	10/13
Paragraph structure	0/13	4/13	9/13
The abstract	0/13	4/13	9/13
Introduction	0/13	3/13	10/13
Methods	0/13	5/13	8/13
Results	0/13	5/13	8/13
Discussion	1/13	3/13	9/13

1. Was there anything that you didn't understand?

- 10/13 responded "no".
- 1/13 responded "yes" but did not comment.
- 2/13 responded: had difficulties with "the method of the study" section.

2. Was there anything that you thought was explained well?

- 2/13 did not respond to question above.
- 7/13 responded "yes" (one responded "perfect").
- 4/13 responded, "yes" in regards to: (1) introduction, (1) sentence structure, (1) methods & (1) discussion.

3. If PIRT was to run another course would you like to attend?

- 11/13 responded “yes” (one provided suggestion of “audiovisual/whiteboard would help”).
- 1/13 responded “depends”.
- 1/13 did not respond.

4. Can you tell us one thing you have learnt in the course?

- 5/13 learnt sentence structure: learnt “simplifying”, “use of structure”, “use precise, shorter sentences” & “to write correctly”.
- 4/13 learnt the style of writing: increase their understanding of “scientific writing” & “grant proposal”.
- 2/13 responded, “yes” with nil comment.
- 1/13 provided a comparison to another course attended and thought “this course was good” and provided a reminder “of what they had learnt before”.
- 1/13: responded “no” (don’t know if this was intended to mean no further comment).

5. How would you rate your tutor?

NOTE: One of the prerequisites for course registration was to present one’s own paper. Their paper was to be used during the course with the trainer/tutor. We had 7 registered. 2 out of the 7 did not turn up on the day of the course. We also had a total of 6 - 10 unregistered attendees. This question initially was to evaluate the one-on-one tutoring; however, due to the large number of unregistered attendees, this question is now considered as an evaluation of the trainers.

From the Evaluation sheet:

- 6/13 responded “good”.
- 3/13 responded “excellent”.
- 1/13 responded “professional”.
- 1/13 responded “great”.
- 2/13 responded (1) “no” and (1) provided no comment.

6. Do you have any comments which will help us with future courses?

(Some attendees provided more than one comment)

- 2/13 commented on presentation: “to use whiteboard, audiovisual & PowerPoint”.
- 3/13 commented on time: to increase (2) and (1) reducing/shortening training course time.
- 1/3 commented on material: “to use direct items for exercises and less focused on research papers”.
- 1/13 commented on future classes: suggested a course: “advanced writing classes”.
- 2/13 commented on trainers: “to provide more interaction with trainers”.
- 1/13 commented “need to have course in our country”.
- 5/13 provided no comment.