American Journal of Public Health

Editorials

Prior, Duplicate, Repetitive, Fragmented, and Redundant Publication and Editorial Decisions

A recent experience with duplicate publication prompts the discussion that follows. It is not the first time the subject has occupied the Journal's editorial pages; various discussions of the issue have appeared five times since 1983.[1–5] Nevertheless, it seems important to continue to bring this persistent problem to the attention of readers and potential contributors to the Journal.

Duplicate publication (abstracts and press reports of meetings excluded) sits at the lower end of a spectrum of scientific misconduct whose upper end is occupied by fraud and plagiarism. The concept of duplicate publication was included in government regulations proposed in 1992, which defined scientific misconduct in government-funded research as "practices which deviate from those that are commonly accepted by the scientific community for proposing, conducting or reporting research."[6] However, the broadness of this definition did not sit well with scientists. Moreover, since each reported instance would require government action, the enforcing bureaucracy would prove cumbersome. The proposed new definition focuses on fraud, plagiarism, and intent. Nevertheless, it includes the words "deliberate misrepresentation in . . . reporting or reviewing research."[7]

Editors are all too familiar with the problem and frequently editorialize about it. In 1991, *Index Medicus* added the classification Duplicate Publication to its subject headings. In 1992, there were 21 editorial comments listed under this heading. The Council of Biology Editors has devoted several pages to the subject in its book *Ethics and Policy in Scientific Publication.*[8]

In spite of the experience of journal editors, surprisingly little accurate information about the incidence and prevalence of duplicate publication has been published in the biomedical literature. The editor of the *British Journal of Industrial Medicine* used MEDLINE to check duplicate publication by multiple authors of articles published in his journal from 1988 to 1990. The proportion of papers also published elsewhere rose from 5% in 1988 to 12% in 1990. Usually the republished article was modified slightly, with first author specialty matching the specialty of the journal in which it was republished.[9] More reporting on this problem would be welcome.

Duplicate publication has a spectrum of its own. At the upper end is the submission to or the publication of identical manuscripts in different journals; at the lower end is the publication of fragments of a single study that have been colorfully described as the "least publishable unit" (LPU)[10] and "salami publication."[11] The *American Journal of Public Health* has experienced all aspects of the spectrum. Its lower end is probably the most common and, to editors, the most troublesome. It can take the form of a different analysis of the same data or the addition of cases or years of follow-up to published data. Sometimes the publication of another article can be justified, especially if the conclusions are changed by the addition. More often, a Letter to the Editor or, at most, a 1000-word Brief, can handle the situation adequately for the Journal.

Salami publication of a single manuscript often involves different journals as well as slightly different wordage. Duplication may be overlooked unless the related articles are included with the submission as required by the author information that journals publish regularly. Failure to include related articles

with a submission is suggestive of "deliberate misrepresentation." Or at the least, it is hard to excuse.

The most frequent excuse authors make when confronted with the evidence of duplicate manuscripts is that the two journals involved reach very different readerships with little if any overlap. At times this may be true, but the excuse does not stand up well in an age of electronic databases that are becoming ever easier to access; it falls down when the same author has failed to inform the editor of the manuscript's duplicate.

To the author-researcher competing for a share of the diminishing pool of grant funds, or preparing to appear before a tenure or promotion committee, this sort of editorial quibbling probably seems irrelevant and inconsequential. Arguments such as adding needlessly to an overburdened scientific literature; wasting trees as well as the time and money of reviewers, editors, and publishers; and compounding communication problems fall on deaf ears. Indeed, as many others have pointed out, the primary prevention of duplicate publication would require changes in the system of rewards and penalties within academic institutions and government agencies.[12,13]

Nevertheless, as the guardians of the overburdened scientific literature, editors are obliged to take what secondary prevention measures they can and hope that the effect of such measures will work to discourage future practice. Although our instructions to authors, published monthly as "What *AJPH* Authors Should Know," are quite clear on this point, we continue to receive an annual quota of manuscripts that fall somewhere within the spectrum of duplicate publication. When our instructions to submit related materials are followed, the issue is not an ethical one; editor and author can usually work out the disposition together.

When our instructions are ignored, or when an author disagrees with the editor's decision, the editor can call on the Journal's Committee on Scientific Integrity, as was done in the recent case that prompted this editorial. The committee was established by the Journal's Editorial Board in 1989. It can recommend one or more of a number of sanctions. These include a simple rebuke of the author, the notification of the author's superiors, the denial of future publication in the Journal for a specified period, the publication of a notice of scientific misconduct in the Journal, and, in the instance of a paper already published in the Journal, the publication of a retraction.

This Journal does not relish such actions, and we hope that the cases that call for sanctions will continue to be rare. As a preventive measure, our monthly page, "What *AJPH* Authors Should Know," has been sharpened to avoid ambiguity. □

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Reprints can be obtained from the Journal office.

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Preventing Substance Use: Rethinking Strategies

As a new administration moves into Washington, we in public health are eager to advise it about better ways to protect the health of children in the United States and to ensure that all young people mature into responsible and productive adults. Lessons can be learned from reviewing how this country approaches adolescent behavioral problems and its strategies for preventing the "new morbidities" resulting from drugs, sex, violence, depression, and stress. A distinguishing characteristic of the American approach to preventive health is the categorical nature of the organization of interventions. Each year, millions of dollars are poured into school systems to implement categorical programs for the prevention of substance use. Most American children are exposed to some type of classroom-based teacher-taught drug and alcohol curriculum. The Drug Free Schools and Community Act authorizes this funding to the Department of Education; the grants pass through states to local school systems.

Although the largest appropriation goes to the Department of Education, the designated lead agency for the prevention of substance use is the newly organized Substance Abuse and Mental Health Services Administration located in the Department of Health and Human Services (DHHS). In the same department, still another agency, the Centers for Disease Control and Prevention (formerly the Centers for Disease Control), is charged with implementing education about the human immunodeficiency virus through its Division of Adolescent and School Health. Pregnancy prevention dwells in a kind of limbo; the Office of Adolescent Pregnancy, also in DHHS, supports a few abstinence-only projects. Meanwhile, states receive no federal funds for sex education programs. Although the concept of comprehensive health education and health promotion is frequently mentioned, only a very small grants program in the Department of Education exists to support it. The function of the Office of Disease Prevention and Health Promotion in the DHHS is limited to coordination.

For those who don't keep track of changes in the bureaucracy, the Substance Abuse and Mental Health Services Administration is the reorganized version of the Alcohol, Drug Abuse, and Mental Health Administration. This new agency's mission is to strengthen the delivery

Editor's Note. See related article by Ellickson et al. (p 856) in this issue.