INJECTION DRUG RISKS

Sharing of injection syringes, or needles as they are commonly known, by drug users is a risk behavior for HIV infection because it involves direct blood-to-blood contact. Needle cleaning, in which syringes are cleaned and flushed with bleach after each use, reduces infection risk because bleach kills the virus. In needle exchange programs, individuals exchange used syringes for clean ones. Injection drug use has been referred to as intravenous (I.V.) drug use, but the term injection is considered a better description because drugs are injected not only intravenously — into the veins — but also into muscles and under the skin.

RESEARCH UPDATE

More than 20% of all AIDS cases in the United States are attributed to infection through injection drug use. Because HIV is transmitted easily through blood-to-blood contact, unsafe injection drug use is more likely to lead to infection than unsafe sexual activity.

Studies of seroprevalence among injection drug users (IDUs) in several settings across California have found varying infection rates. The most recent studies in Los Angeles and Orange Counties found infection rates of 5% or below; in San Francisco, rates ranged broadly between 5% and 16%. Studies with participants from 19 counties, not including Los Angeles and San Francisco, found infection rates of about 2%. A small group of volunteer subjects studied at a San Diego County sexually transmitted disease (STD) clinic had a seroprevalence rate of 15%. In other parts of the country, particularly in cities on the East Coast, seroprevalence among IDUs is much higher.

Heroin is a commonly injected drug, but in some areas of the state other drugs, such as amphetamines, are injected more commonly. Other injection drugs include cocaine, barbiturates, opiates, antibiotics and vitamins. Some IDUs are incorrectly overlooked as being at risk for HIV because they do not inject "hard" drugs. For instance, a study of migrant farm workers, most of whom were Latino, found that 20% had self-injected antibiotics or vitamins.

Contrary to popular stereotypes, drug users come from a variety of backgrounds; while many IDUs are from low-income, inner-city areas, others have middle-level incomes or higher, and a significant number live in suburban and rural areas.

Infection can be avoided by stopping drug use. For help in doing this, IDUs can participate in a drug treatment or recovery program. However, treatment and recovery programs often have long waiting lists and high financial costs.

It is difficult to stop drug use or to stay off drugs once an addiction is established. Limited resources and access to services make this even more difficult because people who want to avoid drugs need to be in a continually supportive environment.

Individuals who cannot or will not stop their drug use can adopt other behavior changes to reduce infection risk. In addition to practicing safer sex, they can: 1) avoid sharing needles, 2) clean needles with bleach and water and, 3) acquire and use needles from exchange programs in places where these programs exist.

Many IDUs have made significant steps since the beginning of the AIDS epidemic to engage in safer needle-using practices and to reduce their risk of infection. Individuals in drug treatment programs have showed significant declines in their unsafe drug-using and sexual practices. And, IDUs have reported behavior change after receiving prevention education. In a study involving one-on-one education, the percentage of IDUs who reported injecting drugs declined from 92% to 71% three months after the intervention, and the percentage who reported sharing syringes fell from 67% to 24%.
Sterilizing syringes and killing HIV without causing damage to needles or drug-using equipment. In a San Francisco study, the number of individuals who usually or always cleaned needles with bleach climbed from only 6% in the early 1980s, to 47% by 1987. This number is now estimated to be somewhat higher.

Other solutions used to clean needles are generally far less effective. While needles can be sterilized in boiling water, this is not a generally recommended technique because it can damage needles or melt plastic syringes. In a study at a Seattle methadone clinic, 88% of those who shared needles indicated they “always” cleaned them with water, and 60% at least sometimes cleaned with alcohol. Neither of these techniques is effective against HIV. Twelve percent usually or always boiled syringes in water, and 20% usually or always rinsed with bleach. Even when bleach is available, it is often not used.

In California, many organizations have distributed bleach to IDUs. Small, pocket-sized bottles of bleach are offered without charge at many drug treatment and recovery centers, anonymous and confidential test sites and social service organizations. Large bottles of household bleach are available at supermarkets and discount stores for as little as $1. Distributing samples of bleach as opposed to only providing information about its use increases the likelihood that IDUs will clean their needles.

Needle Sharing

In a study of IDUs in drug treatment in Seattle, 79% of all subjects reported having shared needles. Other studies have also found high rates of sharing. However, rates of needle sharing were found to have declined in the late 1980s, according to a San Francisco study of IDUs entering treatment programs. The study found that half of the subjects who entered programs in 1986 reported sharing needles in the previous month compared to 28% of subjects in 1988.

Infection rates among IDUs are directly related to the frequency of needle sharing and the number of individuals with whom needles are shared. At particularly high risk are IDUs who visit shooting galleries, which are houses or other places where drug users rent syringes and inject drugs. Galleries exist in California, but they are more common in the Eastern United States. In rural areas, shooting galleries are often located in residential garages. A study of galleries in one city found residual blood containing HIV on 10% of the syringes tested.

Sharing needles can be a highly ritualized behavior, and among many users it is considered an essential part of the injecting process. IDUs often share needles with relatives or close friends, but rarely with casual acquaintances.

Social factors such as peer pressure, and convenience factors, like a lack of clean syringes, can lead individuals to share needles. When under the influence of drugs, and at times when a drug fix is strongly desired, individuals are unlikely to consider the risks of sharing. In addition, legal prohibitions against possessing syringes without medical authorization make needles scarce and expensive to purchase on the underground market.

Some IDUs share syringes when the individual providing the drug injects first to satisfy others that the drug is safe. Sharing is also common when injecting potent drugs, such as cocaine. On these occasions, a needle holds more than one dose and the syringe is passed from one user to another.

Needle Cleaning

Household bleach is considered a highly effective method for sterilizing syringes and killing HIV without causing damage to needles or drug-using equipment. In a San Francisco study, the number of individuals who usually or always cleaned needles with bleach climbed from only 6% in the early 1980s, to 47% by 1987. This number is now estimated to be somewhat higher.

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in the sharing of needles without increasing drug use in areas in the United States and in the Netherlands, which initiated its first needle exchange program in 1984. In a study of 60 IDUs in Holland, 72\% of those who exchanged needles, compared to 49\% of non-exchangers, reported they had injected with the same or less frequency than before they participated in an exchange program.\textsuperscript{11} Preliminary results from a study of an exchange in Tacoma, Wash., showed a stable rate of drug injection several months after individuals participated in an exchange program.\textsuperscript{12}

Needle exchange is not available in most parts of California. Authorities in many cities have been unreceptive to exchange and programs operate, at best, irregularly. However, in San Francisco, where city officials have been supportive of exchange, one such program, known as Prevention Point, reports that it distributes 10,000 syringes weekly. Needle exchange programs have been considered successful in the medium-sized cities of Tacoma, Wash., and New Haven, Conn., and in Vancouver and other cities across Canada.

In a San Francisco study of IDUs enrolled in a methadone treatment program, 28\% reported having used an exchange program at least once, and nearly half of those who shared needles had used the exchange program. Subjects who knew they were HIV antibody positive were more likely to have exchanged needles than those who believed they were not infected or who were unaware of their antibody status.\textsuperscript{13}

### A Related Issue: Drug Use and Sex

Sexual partners of HIV-infected injection drug users (IDUs) are at high risk for infection.

In a study of HIV antibody positive women at a sexually transmitted disease (STD) clinic in New York City, where seroprevalence in IDUs may be higher than 60\%, having sex with an IDU was the most common reported risk factor for infection.\textsuperscript{14}

While changes in needle hygiene and other needle-using behaviors are promising, promoting sexual behavior change among IDUs has been more difficult for several reasons:

- Many IDUs lack awareness about the risk of infection from sexual behavior.
- IDUs have low rates of condom and other prophylactic use.
- It is more difficult to use condoms or other safer sex techniques while under the influence of drugs.
- Many IDUs are unlikely to show concern about using condoms or transmitting HIV while under the influence of drugs.\textsuperscript{15}
- The effects of heroin and cocaine can cause men to have difficulty maintaining erections during intercourse. This can make it difficult to put on a condom or keep it on during intercourse. Heroin and cocaine can cause women to experience dryness in the vaginal wall and a reduction in vaginal secretion. This dryness makes sex less comfortable, and increases the risk of cuts and tears to the vaginal wall.

- IDUs often do not discuss drug use with sexual partners. Because of this, sexual partners may be unaware their partners are injecting drugs and less likely to feel a need to engage in safer sex.

Promoting HIV prevention with partners is difficult for many reasons:

- Many partners have difficulty discussing safer sex. Attempts by sexual partners to discuss safer sexual behavior may lead an IDU to “shut off” the message and resign to injecting more drugs. Other partners may not have the confidence to raise the issue of safer sex with partners.
- Many sex partners use substances. While most female sex partners of IDUs do not inject drugs themselves,\textsuperscript{16} many use psychoactive substances, such as alcohol, cocaine or marijuana, that impair judgment.
- Partners are not knowledgeable about their sexual risks. For instance, many believe that because they are not sharing or injecting drugs, they are not at risk for infection.

References

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**IMPLICATIONS FOR COUNSELING**

Historically, few active IDUs have sought antibody test counseling. Many resist because they wish to avoid contact with the health care system and health workers whose motivations and intentions they question.

IDUs who do test often do so at Alternative Test Sites (ATS). They also test at public health clinics or at drug treatment or recovery programs. Their primary reason for visiting these sites is often to receive health care or social services other than HIV antibody testing and counseling, or to participate in research for which they are paid to test. Increasingly, antibiotic test site planners and coordinators are making more opportunities available for testing.

To learn about a client's injection drug use behaviors, ask clients to describe the behaviors they believe put them at risk for infection, and discuss their fears or thoughts of HIV infection. This dialogue may lead clients to trust counselors. However, many clients will be unwilling to discuss their behaviors, particularly in smaller cities where the stigma associated with drug use and disclosing addiction is especially strong. Often, a counselor may be unaware that an individual uses injection drugs. In some cases, with a sexually active, injection drug using gay man, for instance, a counselor may incorrectly focus on the client's infection risk from sexual behaviors, and overlook the risk from needle sharing.

Clients may deny using injection drugs, despite indications that they do. In these situations, provide prevention information by stating that while clients may not need the information, they may know people who can benefit from it. Or, state that this information is given routinely to those receiving test results.

Many IDUs are not aware of their HIV infection risk from injection drug use or sexual behavior. Counselors should state clearly that individuals can be infected from sharing syringes, needles or "works." If they continue to inject drugs, their risks can be reduced by not sharing needles, and if they continue to share needles, they can reduce risk by cleaning syringes with bleach. In addition, counselors must offer risk-reduction counseling for safer sex.

While it is useful to emphasize the importance of stopping drug use and staying drug free, the counselor should understand the nature of addiction and relapse in order to empathize with the client's addiction and attempts to stop drug use. Many IDUs have tried repeatedly to halt drug use, either on their own or with support. Counselors can discuss the range of programs available to stop using drugs. These programs include medical treatment, detoxification, 12-step, and "clean and sober" programs. Because demand for these programs is greater than availability, counselors should be aware of waiting lists and delays and alert clients to these, without discouraging them from seeking assistance. Twelve-step and other peer support programs are widely available, free and most accessible.

Counselors should develop resources and referrals to provide to IDUs for treatment and recovery programs, and for other drug-related services, such as easily accessible medical care and social services. Resource lists offered by county health departments can provide basic referrals and direction for developing further lists tailored to individual needs. Counselors can update or add to their lists by contacting AIDS hot lines, outreach workers at local AIDS organizations, and drug treatment and recovery programs to learn about available services, costs and waiting lists.

The thoughts of IDUs can be
A Related Issue:
Common “Street” Terms

The following are definitions and descriptions of frequently used injection drug-using terms:17

BAG: a unit of measure: 1/4 gram, also known as a balloon.

BOOT: to draw up blood into a syringe and mix with a substance, usually cocaine.

BOOST: to inject drugs; also to steal.

CLEAN, CLEAN UP: to be drug free; to stop using.

COTTON: a piece of cotton used for filtration; heroin and other drugs are drawn into a syringe through this. Cottons are boiled and reused when they are in short supply.

CRASHING: a state of physical discomfort and depression caused by stopping speed use, especially after an extended period of use.

CUT: a substance added to a drug that acts as an extender.

DETOX: medical management of withdrawal from drugs.

DIRTY: using heroin or speed, especially after being clean.

FIX: an injection of drugs, especially heroin.

GETTING OFF: to get high; the initial awareness of pleasure from injection.

JONESING: Needing a drug fix after not using drugs for an extended period.

NEEDLE: usually refers to the entire syringe/needle combination.

NOD, NODDING: a state of dreaminess induced by heroin.

OUTFIT: syringe/needle.

POINT: syringe/needle.

RIG: syringe/needle.

RUN, ON A RUN: to inject drugs; using injection drugs continuously.

RUSH, RUSHING: the initial intense sensation felt when injecting drugs.

SHOOT UP: to inject drugs.

SKIN POPPING: to inject drugs subcutaneously, or under the skin.

SLAM: to inject drugs.

SPEEDBALL: mixing cocaine (or speed) and heroin in a syringe.

STICK: to inject drugs.

STRUNG OUT: heavily addicted.

TRACK: an injection mark.

WORKS: syringe/needle.

exceptionally centered on themselves, especially when they desire or need a drug fix. This preoccupation may make IDUs unsympathetic to risk-reduction messages from antibody test counselors. Some clients may have physical difficulty remaining in the counseling session — others may be under the influence of drugs.

Counselors may determine such times to be inappropriate to offer counseling or to disclose a test result, especially when the counselor believes the client has not made an informed decision or consent to test. The counselor may choose to emphasize one or two educational points, such as not sharing needles, or using bleach if the client does share, and to recommend the client reschedule the appointment to be tested or to receive the test result. However, it is important that the counselor avoid discouraging the client from seeking an antibody test.

Some counselors may be uncomfortable working with IDUs because they do not understand drug-using practices or the effects of various drugs, or they feel alienated from the values and beliefs of injection users. Counselors with little knowledge of injection drug-using practices can state that their knowledge is limited and provide referrals to others who are experienced in counseling IDUs. It is critical that counselors not attempt to “bluff” their way through a counseling session when they have little knowledge of injection drug use.

It is useful to have an awareness of the nature of drug addiction. For some, behaviors related to their drug use influence many parts of their lives, including their emotional and physical state. Counselors can learn more about IDUs from their clients and colleagues, and, if they feel unprepared, they can contact drug treatment and recovery program staff, attend workshops and read related articles.
Negotiating with Partners

Promoting behavior change for injection drug using activities is difficult because most IDUs who share needles have injection partners with whom they must negotiate these changes. Some individuals will state they are not able or willing to discuss with their partners the risks of sharing or not cleaning needles.

Ask clients if they have concerns about discussing behavior change with partners, and, if so, what are the concerns. Some clients may fear becoming alienated from their sole source of social support or their source of drugs, while others may fear violence. Clients may be protective of needle-using partners and their relationships. Stress the importance of the client taking responsibility for his or her own health, and state that behavior changes, such as cleaning needles, will protect not only the client, but also his or her partners.

To help a client gain confidence and better understand his or her fears, offer to perform short role plays of possible scenes in which issues of safe needle-using practices are discussed with partners.

Sharing

Attempt to learn clients' reasons for sharing needles. With clients for whom sharing is considered a key ritual in the injecting process, a simple risk-reduction message may meet with resistance. For such clients, sharing needles may be related to trust or intimacy issues, which may need to be addressed more thoroughly. A counselor can stress the importance of follow-up counseling and offer referrals. However, risk reduction may be easier to achieve with clients who share needles because of legal concerns about possessing their own syringes. These clients may be more willing to adopt cleaning techniques.

For individuals who share needles in groups, suggest clients approach one member of the group who may be open to change and who has influence within the group. Often, change occurs when one member of a peer group begins talking individually with other members.

Cleaning

Bleach is the recommended substance for cleaning needles, with water used as a rinse following the bleach. Other solutions, such as water alone or alcohol, are not recommended.

Counselors can provide bleach along with clear instructions, including written information on cleaning needles. If possible, provide the client a demonstration; some counselors use plastic baby syringes purchased in pharmacies for demonstrations.

Many IDUs are unaware of how to clean syringes, and many who are aware fail to regularly clean syringes. The proper cleaning technique is to fill the syringe with bleach, empty the bleach into a sink or onto the street, then repeat this. Next, fill the syringe with water, empty it, and repeat. After providing needle cleaning education, review with clients their beliefs about cleaning to determine if their understanding is correct, or if further discussion is needed. For instance, some individuals incorrectly believe residue left when cleaning syringes with bleach will reduce drug potency.

Counselors should instruct clients that to prevent transmission, cleaning must be a regular practice; cleaning only on some occasions puts them at risk for infection.

Exchange

In most parts of California, needle exchange remains primarily a policy debate rather than a practical consideration for test site counselors and clients. As the issue of exchange evolves, it is increasingly important for counselors to be aware of the relevance of exchange programs in the education and referrals they provide.

Needle exchange counseling may present an ethical dilemma for counselors. For instance, counselors may wish to provide exchange information, but supervisors may discourage this because dispensing syringes without a prescription is illegal. Counselors need not offer recommendations

A COUNSELOR’S PERSPECTIVE

“I often feel I can’t talk with injection users because I don’t know much about drug use or addiction. I’m trying to learn, and I’m not going to fake it. I acknowledge to clients that while there’s a lot about drug use I don’t know, I’m offering reliable information from people with first-hand experience.”

A COUNSELOR’S PERSPECTIVE

“When injection drug using clients would tell me they couldn’t get bleach, I didn’t understand. I would tell them bleach is inexpensive and they can get it free from outreach workers. Now, I realize outreach doesn’t serve everyone, and I have to provide bleach and motivate a client to seek it. I do this by saying, ‘If you can score drugs, then you can score bleach.’”
Case Study

Martin is a white, heterosexual injection heroin user in his early 30s. At various times he has cleaned his syringes with bleach. However, he has never adopted needle cleaning as a regular practice. His current injection partners sometimes rinse needles in water, but never bleach. He appears uninterested in changing his own or his partners' behavior.

Counseling Intervention

Begin by asking Martin if he understands his infection risk from using drugs and not properly cleaning syringes. Clarify misconceptions, and emphasize the risk of infection from sharing needles and the importance of cleaning shared needles with bleach. Even if Martin has tested negative on this occasion, he should know that if he continues to engage in unsafe activities he is at risk for becoming infected.

Encourage Martin to describe his needle practices to determine his commitment to sharing unclean needles. If he resists, encourage him to talk about his reasons for not making changes.

Because Martin has at various times cleaned needles, ask him his reasons for doing so and the reasons he feels unable to sustain consistent safe needle-using behaviors. This may help him recognize that in the past he has been able to clean needles with bleach. While Martin says he is not interested in cleaning needles at this time, he should know that his desire to be tested is significant because it shows he is concerned about whether he is infected.

If Martin expresses interest in reducing his risk, prepare him to anticipate occasions when he might raise the issue of needle cleaning with partners. Depending on Martin’s desire to change his behavior and to put his trust in the counseling session, he may be willing to perform role plays of possible scenarios with the counselor, with one playing Martin and the other a resistant partner.

While a discussion with partners is likely to be difficult, Martin should be aware that by taking responsibility for behavior change, he is taking control over whether he stays free of infection. Throughout the session, Martin can be given support to face possible scenarios. He should also be prepared to face partners’ resistance and criticism, and anticipate that his motivation may be reduced when he is with partners or is seeking a fix. Provide bleach, and encourage Martin to carry bleach with him regularly so that it is handy at all times.

Martin may be protective of his needle sharing partners, and view criticisms of them as judgment against him. While it may be appropriate to state that Martin’s partners are engaging in unsafe behaviors and appear to not be looking out for his best interests, avoid criticizing his partners.

Encourage Martin to consider seeking counseling or treatment for his drug addiction. While he may state that he has heard this message before, that his drug use is not a problem, or that he believes he is beyond hope of being helped, let him know help is available and that the most effective way to reduce his risk for infection is to deal with his drug use. Provide Martin with referrals to substance use counselors who can counsel him in greater depth about changing unsafe behaviors and recovering from drug addiction. Acknowledge to Martin that drug addiction is powerful and that stopping drug use and staying off drugs is difficult but achievable.

Finally, ask Martin about his sexual behaviors, provide counseling regarding basic safer sex techniques, and make sure he is aware that HIV is transmitted sexually.

regarding needle exchange that they are not comfortable making. However, to better understand the ethical issues of needle exchange, learn about the benefits and drawbacks of exchange programs.

Exchange programs are designed to be easy to use for IDUs. Participants are required only to exchange old needles for new ones; they are not asked for personal information. IDUs may fear arrest or harassment if they seek needles through exchange; however when these fears are addressed, IDUs generally are highly motivated to exchange needles because doing so not only reduces the risk of HIV infection, it also provides cleaner and sharper needles that make injections easier and less painful than with older needles. In addition to exchanging used syringes for clean ones, programs provide bleach, condoms and referrals for treatment and recovery programs.

Drug treatment and recovery centers or substance use specialists at social service organizations can provide information about the availability of exchange programs. Referral to an exchange program should not be made without referrals to drug treatment and recovery programs. Local chapters of the advocacy organization AIDS Coalition to Unleash Power (ACT-UP) provide information about exchange programs.
**TEST YOURSELF**

1. True or False: IDUs inject not only heroin, but also a range of other drugs, including cocaine, amphetamines, antibiotics and vitamins.

2. True or False: Prevention counseling for injection drug users (IDUs) does not need to include instructions on bleach use because IDUs are well aware of needle-cleaning techniques.

3. True or False: Methadone treatment programs are easily accessible for IDUs.

4. How many AIDS cases in the United States are attributed to HIV infection through injection drug use? a) less than 3%, b) somewhat more than 20%, c) 75%, d) no estimate has been made.

5. True or False: Needle exchange programs have met with opposition among IDUs because needles provided at such sites are considered inferior.

6. In a San Francisco study of IDUs, what percentage reported using a needle exchange program at least once? a) 4%, b) 28%, c) 85%, d) less than 1%.

7. True or False: Unsafe needle behaviors are common, but studies have found that IDUs have taken steps to reduce their rate of needle sharing.

8. True or False: Bleach and water are equally effective at eliminating HIV.

**DISCUSSION QUESTIONS**

- What counseling can you offer to someone who appears unwilling to clean needles or to stop sharing them? What would you say to someone who expresses concern that injection drug-using partners will reject a person who wants to change needle-using behavior?

- Many counselors come from cultures far different from their injection drug-using clients. How can counselors offer appropriate prevention counseling for individuals whose needs and interests are different from their own?

- IDUs often lack trust in those with authority. In what ways can counselors gain the trust of injection drug-using clients?

- What are some of the advantages and disadvantages of referring clients to a needle exchange program? What ethical dilemmas does needle exchange raise for the counselor, and how can these be resolved?

- Many counselors entered HIV work because of a strong desire to help the gay community. Are there problems for such counselors when they find themselves working with increasing numbers of heterosexual IDUs? If so, what might they be, and how can counselors respond?

**Answers to “Test Yourself”**

1. True. Heroin is used by many IDUs, but a variety of other drugs are also injected and in some areas are used more frequently than heroin.

2. False. Many IDUs are not aware of proper needle cleaning techniques or the need to clean needles.

3. False. IDUs often have difficulty accessing methadone programs because of the limited availability of such programs.

4. B. The Centers for Disease Control (CDC) attributes somewhat more than 20% of all AIDS cases to HIV infection through injection drug use.

5. False. While exchange programs have met with resistance, the quality of needles being offered has not often been questioned.

6. B. 28% reported having used a needle exchange program.

7. True. IDUs have taken steps to reduce unsafe behaviors, and studies have found declining rates of needle sharing.

8. False. Bleach is the most effective method for killing HIV in shared needles, while water is virtually ineffective.

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**How to Use PERSPECTIVES:**

PERSPECTIVES is designed as an easy-to-read educational resource for antibody test counselors and other health professionals. Each issue presents a relevant topic with a "Research Update" and an "Implications for Counseling" section.

The Research Update reports and analyzes recent research related to the main topic. In Implications for Counseling, the research is applied to the counseling session, and a case study is offered. PERSPECTIVES also includes two sets of questions, one to test yourself on the material presented, and another to discuss with others or consider alone.

Each issue can be filed and referred to as an instant resource in the future.