



# **START to be safe:**

*Structuring Conversations about Harm  
Reduction for People Who Use Drugs*



**Pacific Southwest**

RURAL OPIOID TECHNICAL  
ASSISTANCE REGIONAL CENTER

# START to Be Safe: Structuring Conversations about Harm Reduction for People Who Use Drugs

Scott T. Walters, PhD, University of North Texas Health Science Center

## About the Approach

“START” is an acronym that can be used to structure conversations about harm reduction with people who use drugs. The general approach of a START conversation relies heavily on motivational interviewing (MI). MI is a way of talking with people to build motivation and commitment to change (Miller & Rollnick, 2022). MI borrows careful listening strategies from Client-Centered Counseling (Rogers, 1961) as well as an emphasis on autonomy, competence and relatedness from Self Determination Theory (Ryan & Deci, 1985). MI is also connected to the Stages of Change model, and as a result has become a popular strategy for speaking with people who are less ready to change, have different goals than the provider, or are not sure what they want to do (Prochaska, DiClemente, & Norcross, 1992). All three of these approaches can help providers to focus on the client’s experience and preferences, rather than their own biases about what they think the client should do.

There are two basic components of MI—relational and technical (Miller & Rose, 2009). Relational components involve the overall listening strategy and “spirit” of the interaction. Technical components involve using questions and statements strategically to encourage the kind of talk that is more likely to lead to change. MI can be useful in conversations about harm reduction because it emphasizes careful listening, exploration of the client’s ideas, and respect for personal choice. Even when people are not ready to quit using drugs entirely, they may be ready to use strategies that will reduce risk.

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## Table of Contents

About Harm Reduction	4
About START	5
How to Use START	6
Citations	7

## About Harm Reduction

Harm reduction is a set of practical strategies that can help people live healthier, purpose-filled lives (SAMHSA, 2023). Harm reduction respects the rights of people who use drugs, while trying to negotiate the best possible outcomes for people. Harm reduction strategies range from those that are more widely accepted (e.g., having naloxone available, fentanyl test strips) to those that can be more controversial (e.g., supervised injection sites). As a result of public opinion, local laws and policies about harm reduction vary widely.

Some harm reduction strategies might be new to providers. The approach has become more urgent in recent years because of the changing drug supply in the US, and especially the availability of cheaper and more deadly substances, sometimes disguised as legitimate medications. Conversations about harm reduction can be difficult because providers must balance the welfare of the person with respect for personal choice. It is obviously unhelpful if providers are suggesting strategies that people are not willing or able to use. On the other hand, it is also possible to speak with people in a way that makes them more motivated to use the strategies, perhaps as a steppingstone to quitting drug use, but sometimes not. The goal is to be as helpful as possible right now, while leaving the door open to future conversations. People's relationship to drugs can be complicated. Priorities and goals can change over time, and so each conversation is a fresh opportunity to learn and set goals.

Harm reduction is a negotiation between two experts – the provider as an expert in their field and the client as an expert in their own lived experience. For this reason, it is important for providers to educate themselves, but also respect the client's experience and ideas. Each person has an important role to play in the conversation. In deciding which specific goals to recommend, providers might also consider:

### The person's current level of readiness to use different strategies:

Some people may see harm reduction as a steppingstone toward abstinence, while others may see harm reduction as a long-term approach. Other people may not know what they want right now.

### The person's current level of risk:

People with a history of overdose, involvement in criminal activities, or engaging in unsafe injection practices, might benefit from strategies that help them stay safe right now.

### Other health or co-occurring conditions:

Some people may require integrated care that addresses both drug use and other health conditions. For example, people with pain management needs might benefit from strategies that help to address pain, while women may have needs related to pregnancy and parenting.

### Social and legal environment:

A positive support system and living environment can help reduce harm. People who have supportive family members, friends, or community resources can find it easier to sustain positive changes. Local laws and policies might also need to be considered in identifying strategies that are feasible and don't cause other kinds of problems for people.

## About START

START is an acronym, where each of the letters represents a particular way of reducing risk (below are examples in each area). People might discover that they already use some of the strategies but might not have considered others. Some strategies might not be relevant or appropriate for every person. And of course, people might think of new strategies that aren't on this list. The goal of the acronym is simply to help with discussion and brainstorming, and to build motivation and commitment to change. A longer conversation might include an introduction to the concept of harm reduction, a readiness or importance ruler, a worksheet that allows people to see the various options, and a goal setting exercise where people pick the strategies that will work for them. A shorter conversation might simply involve a few questions about one or more of the areas. START is also a way to help providers remember the various options that are available to people.

# S

### (S)witch Drug Type (avoid riskier drugs or drug combinations)

- Use less risky drug
- Avoid mixing substances
- Use medication to help avoid drugs or manage drug symptoms

# T

### Different (T)echnique (use different modalities)

- Use a test shot or go slowly
- Smoke rather than inject
- Use around people (or safe site)

# A

### Reduce (A)mount (use less or less often)

- Keep track of use
- Use less or less often
- Avoid drugs on certain days

# R

### Use (R)isk Reduction Strategies (access equipment that will help in case of emergency)

- Have naloxone available
- Test drugs (fentanyl, xylazine)
- Use clean needles, safer smoking supplies

# T

### (T)hrive in Other Areas (think about larger areas of health, besides drug use)

- Talk to a counselor, friend, peer about health or substance use
- Get tested for HIV or other health concerns
- Obtain housing, employment, etc.
- Spend time with positive people or do positive things unrelated to drugs (recovery community organization)

## How to Use START

Similar to the MI approach of giving people a menu of options, the provider can start by presenting the various categories and ask which one the person is most interested in discussing. If the client is interested in hearing more, the provider can more information about that area (or another area) they think might be helpful to the client.

### Here are some questions that can help start the conversation:

- What do you know about harm reduction? What things do you already do to keep yourself safe?
- On a scale from 1-10, how important is it for you to strategies to protect yourself if you decided to use drugs? How confident are you in your ability to use those strategies when you use drugs? Why not a lower number?
- People use all different strategies to stay safe if they choose to use drugs. This worksheet shows some of the options. I'm wondering which of these you've already been using? Is there one you would like to find out more about?

### Here are some strategies that can be used to provide information or help with goal setting:

- What kind of goals would you like to set for yourself in the next week?
- What are your long-term goals around drug use? For instance, how do you see your drug use in 6 months or a year?
- Would it be okay if I gave you some more information about one of these areas?
- What do you think about that? How does that strike you? Would you mind if we...?

### Here are some phrases that can help facilitate collaborative conversations:

- You're really well informed about...
- That's a great idea... That's a clever strategy.
- You've made a great effort to...
- I really appreciate your...
- It's your choice.
- You're the expert. You know yourself best.

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