Are we getting and giving the advice and guidance we need?



How do we take care of each other and ourselves as the COVID-19 pandemic continues?

Abstinence Only vs Harm Reduction



Abstinence Only

Goal of immediate and complete abstinence-based lifestyle

Harm Reduction

Minimizing injury to self, others and the community

American's Aren't Getting the Advice they Need by Julia Marcus - The Atlantic

Harm Reduction Principals for COVID-19

Be Pragmatic

- COVID-19 is here for the foreseeable future
- Limit the exposure/risk of infections

Espouse Humanistic Values

- Respect individual's rights, culture and dignity
- Accept their decisions

Focus on Harms

Minimize negative consequences



Harm Reduction Principals for COVID-19

- Balance Cost-Benefit to individuals and community
 - Identify consequences of decisions and costs and benefits for preventing these consequences
- Establish Hierarchy of Goals and Priorities
 - Address most immediate goals of patients
 - Keep engaged in care



Main Recommendations in the COVID Era

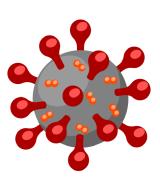


Stay Safe Through:



- Hand Hygiene
- Physical Distancing
- Masks
- Clean and Disinfect
- Quarantine and Isolation





Having Conversations-Challenging Scenarios

- Unable to physically distance
- Does not believe or follow recommendations
- Must return to work
- Vulnerable patients
 - Housing insecurity
 - Congregate living
 - Limited income
 - Little access to information
- Addressing misinformation



Unable to Physically Distance

- Family size, housing size, primary caretakers
- Harm reduction approach
 - Use the resources available to best of ability
 - Keep physical distance within household; separate medically vulnerable
 - Sleep reverse or rearrange rooms
 - Artificial barriers
 - Handwashing
 - Disinfecting surfaces
 - Cluster becomes your family unit; isolate as a cluster
 - Create a sick plan



People that Do Not Believe/Follow Recommendations

- People that do not think COVID is a and/or does not affect them
 - Patients may not want to be labeled/ stigmatized
 - De-escalate the situation
 - Use evidence/data of what we know
 - Explain Herd immunity –
 without vaccine, will not get to
 - It's not the "me" it's the "we"



People Do Not Believe/Follow Recommendations

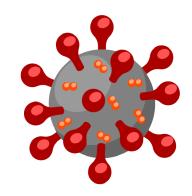
- People that think it is too difficult to follow recommendations
 - Plan as best you can to stay within guidelines
 - Know community resources
 - Organizations offering free masks/hand sanitizer

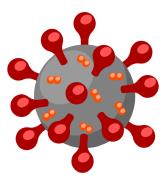


Work-Relate Challenges

People that are required to work, but do not want to

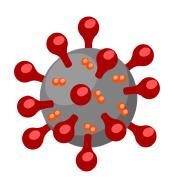
- Discuss what provisions are offered for protection
- Make decisions on a case by case basis, depending on unique needs
- Consider note to be out of work will patient lose job?
- Discuss if workplace can accommodate remote work; however, support people to work safely if they need to





Work-Relate Challenges

- High-risk people that want to return to work
 - Understand if people can work from home
 - Discuss nature of what makes them high-risk and the risk to themselves and others if they return to work (both at work and at home)



Vulnerable Population

- More individualized plan needed
- Modify the "norms" of care pre-COVID-19
- Ensure they have a plan and means to reach others at all times
- May require more outreach
 - Different types go physically to the shelter, etc.
 - Information scission in community



Vulnerable Population

- Prescribe longer duration of medication
- Consider behavioral health consequences of retraumatization/isolation; practice physical but not social distancing
- Consider a plan to address domestic violence



Addressing Misinformation and Information Overload

- Have difficult conversations without demeaning people
- Present facts only
- Discuss possible harms of misinformation
- Incorporate patient beliefs into overall treatment pan, if appropriate
- Locate culturally specific information materials

Thank You!