EVH - S1EP25 - Reducing the Risk of Harm from Drug and Alcohol Use

Meredith Malpass: [00:00:00] But I also like to talk about Harm Reduction more generally, as like a philosophy, a way that we approach working with people. Because oftentimes we get really fixated on the policy-oriented side of Harm Reduction and we leave out that it's really about how we approach working with people and the philosophy that's behind that. The basis of Harm Reduction is that people have the right to make decisions about their bodies. And that people know better than anybody else what they need and what is best for themselves. So really creating lower barrier treatment spaces for people and understanding that low motivation to engage in change, to make changes is a clinical issue and not a client issue.

Shawn Liu: Welcome to Ending Veteran Homelessness, your first hand look into our nation's efforts to ensure that [00:01:00] every Veteran has a safe and stable place to call home. From the Department of Veterans Affairs, Homeless Programs Office, I'm your host, Shawn Liu.

If you're a Veteran who's homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help. 24 hours a day, 7 days a week. That number again is 877-424-3838.

Last summer, in June of 2023, I quit drinking alcohol. I did it for a variety of health reasons. But probably the number one reason was that my new antidepressant medication, which was helping stabilize my mental health when it took a nosedive during the height of the COVID-19 pandemic, was making me gain a ton of weight.

The empty calories from drinking alcohol, along with how it significantly slowed down my metabolism, were not [00:02:00] helping. And eventually, my body image issues just kinda hit a breaking point, and I decided to quit.

As an aside, I've since replaced alcohol with sparkling water, mocktails, and running, and I'm feeling significantly better about myself today.

Interestingly though, if you and I were to have a conversation, and you asked me about quitting drinking, I probably won't describe myself as "going sober."

And, of course, this is probably due to a bit of denial on my part. And, oddly, despite a pretty robust and extensive family history of alcohol dependence.

I've just never really thought of myself as having a drinking problem. But if you ask my kids, or my mom, they'd probably disagree. Yeah, sure, my life can be stressful at times. And, like so many of us in the Western world, I used alcohol to take the edge off. And through all that, I'm still housed, and holding down a good job.

But I bring this up because this is a podcast about Veteran homelessness. And there's a lot of discourse today [00:03:00] about the role that substance addiction plays in causing people to become homeless.

We already know from science that substance use is a known risk factor that can increase an individual person's chance of becoming homeless.

But we also know that other risk factors, such as lack of affordable housing, can play a role too. Just how big a role does substance addiction play? To a certain degree, maybe not for the science, but in the discourse and in the political realm, we're still figuring that out.

As another aside, though, according to the Substance Abuse and Mental Health Services Administration's, their 2022 National Survey on Drug Use and Health, hang in with me, because there's gonna be some numbers, in 2022, 48.7 million people aged 12 and older had a substance use disorder in the past year. This includes 29.5 million who had an alcohol use disorder, 27.2 million who had a drug use disorder, and 8 million people who had both.

Also, just as an aside again, like, [00:04:00] 12 years and up, that's a very, very low, that's even before being a teenager.

But, according to the Department of Housing and Urban Development's Point in Time Count, around 653,000, not million, thousand Americans experienced homelessness on a single night in January 2023. Now, we know that way more people will experience homelessness throughout the year, and so way more obviously did in 2023. But if substance use disorders were the primary cause of homelessness, I'd expect there to be significantly more people experiencing homelessness in America.

And, according to the University of California San Francisco's Benioff Homelessness and Housing Initiative, we also know that people use substances

to help them cope with the circumstances of homelessness. And that makes a lot of sense when you think about it.

Homelessness isn't just stressful, it's life threatening.

So it makes sense to me that a person would use drugs and alcohol to help lessen the pain and stress that homelessness inflicts. It also makes sense that, as we help people move, Veterans and non Veterans alike, out of the streets, [00:05:00] out of the encampments, and into permanent housing, that the road to recovery from substance use can be long and winding.

It took me 22 years to finally quit drinking and I've been housed, employed, and have great access to medical and mental health care through basically all of that. And for our Veterans, especially those who haven't seen a doctor in years, who have been homeless for years, the road to recovery may be a bit longer yet.

It may take a while for a Veteran struggling with alcohol or drug dependence to finally get sober, much less to make the decision that sobriety may be right for them. But at VA, our job is to support them at every step of the way.

And while we wait for that healthier day to come, hmm, are there things we can do in the meantime to help Veterans be just a little bit safer? If they're not ready yet, in their own eyes, to start walking down the road of recovery, are there baby steps that we can do today to lessen the damage that drugs and alcohol are doing to their minds, bodies, and [00:06:00] souls?

Those are really great questions. So, to learn more about how VA Homeless Programs can help Veterans reduce their risk of harm during their long road to recovery and wellness, I can think of no one better to talk to than our very own Meredith Malpass.

Ms. Malpass is a regionall coordinator with the Housing and Urban Development-VA Supportive Housing or HUD-VASH program here in the Homeless Programs Office. HUD-VASH is VA's permanent supportive housing program to support Veterans in accessing housing choice vouchers from HUD while VA provides case management support.

Outside of VA, Ms. Malpass is an adjunct professor with Western Carolina University for six years teaching Harm Reduction and the science of addiction in the University's addiction certification program.

Meredith, welcome to the show.

Meredith Malpass: Hey, Shawn, thanks so much for having me.

Shawn Liu: Yeah, really great to have you. Okay, so this is gonna be another interesting one. Last month, we had our episode on trauma-informed care, which is, kind of a philosophy or disposition and approach to providing services [00:07:00] that we believe are very valuable for homeless Veterans. And this is really tying into our episode that we had in January at the beginning of this year, focusing on Housing First.

So, in many ways, this year on Ending Veteran Homelessness, we're touching on a lot of foundational attitudes, principles, and values that can help inform the work of ending Veteran homelessness. So having you on is fantastic.

And also just a little peek behind the curtain. When we started asking around, like, "Hey, do we have any experts on Harm Reduction?"

And folks were like, "Go talk to Meredith. Meredith knows all the things." So it's great to have you on the show. Really, really excited.

Meredith Malpass: Well, I'm, I'm blushing.

Shawn Liu: Excellent. I blush sometimes, too. It always gets a little bit weird to see a brown person blush.

So, Meredith, before we learn about harm reduction, tell us a little bit about yourself.

Your day job is not "Harm Reduction subject matter expert." Your day job is HUD-VASH Regional Coordinator, but you come from a background of substance addiction.

Can you tell us a little bit [00:08:00] about yourself and what your role is these days in the Homeless Programs Office?

Meredith Malpass: Sure, happy to. I am a clinical social worker. I'm also an addictions specialist, so I have a separate license for an addictions specialist. And I'm a certified clinical supervisor specifically to help folks who are pursuing an addictions credential and obtaining that license.

So I've been working with people experiencing addiction for just over 20 years now, starting out in residential addictions treatment and transitional therapeutic communities. So supporting individuals who are incarcerated, usually for drug

related felonies, transitioning back into the community. And these were settings that were very much following the abstinence model of addiction. The expectation that you just stop using drugs, alcohol and move into recovery in that way. And, I honestly think that working in those settings is what pushed me into Harm Reduction, because [00:09:00] while I was there, I kept encountering people who the abstinence model just was not working for them. And I started thinking there has to be a better way. So I was introduced into Harm Reduction.

Took on various different roles in community mental health, working with people with serious mental illness, with addiction and ultimately ended up applying for a job at the VA in 2012 in the HUD-VASH program. And worked in HUD-VASH and eventually made my way to my current role as a HUD-VASH Regional Coordinator.

I'm also the lead for the Tribal HUD-VASH program in the National HUD-VASH Program Office. Like you mentioned, it's really about supporting those who are in the field, on the ground, doing the work of HUD-VASH and implementing the program, providing support and assistance to them and doing that work.

Shawn Liu: We're gonna have you on probably on another episode, to talk about the Tribal HUD-VASH program, because that's a really, really important. [00:10:00] part of the work too. So, you're not out of the woods yet after this episode is done. We're probably going to have you on it for at least one more.

You brought up a couple, yeah, you brought up a couple different terms that I want to unpack a little bit as we get into our topic.

Folks who are listening, probably you saw this on the episode title, we're going to be talking about a model called Harm Reduction today. And Meredith, in a moment, I'm going to ask you to define what Harm Reduction is, both as a concept and as a model and a framework. But you touched on a couple of different things that were themes that, came up during our Housing First episode.

You mentioned abstinence, and abstinence-only or abstinence -focused, models, ways of doing things. I think folks have general intuitions about what abstinence is, but it's this general idea that you just don't do the thing at all. There's not even a little bit, no moderation, just, eh, nunca, nil, none.

And you said that for many people as you were helping them, actually providing services, like you are a substance treatment counselor, right? So doing that type

[00:11:00] of clinical intervention was your day job for a while. You mentioned that for many folks, not everybody, for many, abstinence is absolutely the right way to go, and they will swear up and down by that.

But for others, that you mentioned that abstinence didn't work for them? And I know that in our Housing First conversation earlier this year, we kinda unpacked what we mean when we say something works or doesn't work.

If folks who are listening on the podcast, you just watch the TV and what you would hear is this massive epidemic of homelessness that is largely born out of substance use and mental health, and that there's a perception that substance abuse use is basically like the primary cause. And that some criticisms of, say, Housing First and other models basically center around the idea that those models omit and leave out root causes such as substance addiction, substance use, mental health. And that otherwise permissive policies, environments further that use and thus further homelessness.

So before we kind of unpack what Harm Reduction is, can you tell us a little bit about that [00:12:00] status quo of abstinence and how, although it works for many, there are some who it doesn't quite work for. What do you mean when we say that?

Meredith Malpass: I think to unpack that, we have to unpack some of the other kind of larger things related to this around language in general.

We often will use substance use, drug use, addiction, substance abuse, substance dependence, all of these words interchangeably. But they're not interchangeable because not all people who use drugs would fall under the category of abusing drugs, drug dependence, or addiction. The idea around abstinence is that you are eliminating all drug, alcohol, substance using behavior. You're getting rid of all mood and mind altering substances.

And for some people, that does work. But for other people, there were certain substances that did cause problems, certain drugs that they were using that did cause problems in their life, and [00:13:00] others that maybe didn't. And so when we went into this expectation of we're going to eliminate all of this behavior that was overwhelming. That was setting an expectation that a lot of people struggled to meet.

And so by looking at other models and saying, "Okay, Let's look at each behavior individually and for themselves, and how can we incorporate change that is beneficial for the person and really targeting and addressing the

behaviors that are concerning for them, that are a problem for them, an identified problem for them."

Shawn Liu: So, if I could unpack... That was really, really helpful. And if I can unpack that a second, what I heard from you was, number one, not all substances are the same. That some have more significant impacts or effects than others. And for many people, it's important to separate and tease out which are the more detrimental substances than the others.

And then you may have important, [00:14:00] yeah, for them, for them, right, so, cause, like, certain drugs or alcohol may impact me, my body, my physiology, different from you, different from my aunts and uncles, different from my friends from high school and college.

Meredith Malpass: Exactly.

Shawn Liu: Just because our bodies are just different, right?

And then you made an important distinction about behavior, which are actions, things that we do, either independent of, or maybe as a result of, whatever substances we ingest. And that behaviors are not all the same. Some behaviors are way more detrimental to your health. Or, and I know that in the diagnostic realm, it's not just the health impacts, but also like the relationship impacts, the occupational impacts.

Is it causing problems with your spouse, your family members, your job? Or are the impacts more physical? Like are they causing liver damage or what not? And that, in some ways, what I heard from you is that abstinence, while it works for many, takes that sledgehammer approach. All substances are bad. And [00:15:00] what I heard from you is that for some people, getting a little bit more granular, a little bit more specific and detailed, tailored, with what specific substances are the problematic ones, which ones are less problematic, what behaviors are the more problematic ones, which behaviors are less problematic.

And for many, like that's the strategy that they need to take to get recovery.

Meredith Malpass: Yes, exactly, exactly. Really breaking it down and looking at each individual as an individual and the impact that the different substances that they may be using have on that person versus having this wide sweeping expectation.

Shawn Liu: I want to acknowledge that for folks who might be kind of butting against this idea, I want to acknowledge that at least in America, both in terms of our societal norms, as well as our laws, also recognize that distinction, right? When you think about caffeine, caffeine is almost virtually unregulated, right? And so, like, I could go down to a coffee shop right now and get caffeine.

Alcohol is regulated. You have to be 21 or up to get it. Marijuana [00:16:00] is in kind of a weird middle space where it's recreational in some states, it's medicinal in others, completely illegal federally and in others. And then you have some other drugs like cocaine and meth that are just like, no. Right?

That, and in many ways, that we already have that kind of distinction. And we have the social from behaviors as well, like social drinking, or I just drink wine and have a cigarette, or whatnot. That in addition to the treatment side of recognizing that, from a societal, both from a norms and from a laws side, we also recognize that granularity and the differences between substances.

And I also want to acknowledge that, for many people, all of that's, that sea of, that's just, that's too complex. And so for many, I could totally see how it's just easier to say, "Well, no, I'm just not gonna do any mind or mood altering substances at all, cause like, I could, like, that's just too much to keep track of."

Meredith Malpass: 100%. And everything that you just said, totally agree with. And we can add another layer onto it of gender, race, all of those components of how we view a [00:17:00] person with a certain color skin, and using certain substances versus a person with a different color skin using those exact same substances. So yeah, there are lots of layers to to substance use as well and that sort of social perception of use of different...

Shawn Liu: You know, and you brought up one other thing before we switch gears is just, our societal response to problematic substance use. Do we look at the person and offer them treatment, or do we look at the person and then take a more punitive, legal approach to addressing?

Do we, simply put, do we incarcerate them, or do we get them into, into therapy, And there's so many racial, gender,class-based dynamics that factor in. This is pretty messy. This is pretty messy.

Meredith Malpass: It's very messy. It's very, very messy.

Shawn Liu: Okay. Uh, gosh, we're recording this on a Monday, first thing in the morning, and gosh, what a light topic to get into, huh, Meredith?

Um, Let's, let's go ahead... I feel like we've dived in already, uh, dove in [00:18:00] already. Let's go ahead and keep going, then.

Meredith, what is Harm Reduction? It's ostensibly the topic of this episode, even though I feel like we're already off to the races. What is Harm Reduction, especially in the context of a different or maybe alternative strategy to a more abstinence-based model?

Meredith Malpass: What's interesting with Harm Reduction is I think that we so often associate Harm Reduction just with substance use and as a response to substance use, but Harm Reduction really is based in public health. It's a public health model that is really about just reducing harm that may come from behaviors that we all engage in.

So things like, seatbelts and airbags in cars. Cars can be dangerous. We get in an accident. Seatbelts and airbags help prevent harm from accidents. We all just experience this global pandemic, where we talked a lot about vaccines and masking and these other things, which are all harm reduction, [00:19:00] preventing disease spread or infection. Condoms. All of these different things that really are very much in the public health realm is really the origins of Harm Reduction.

But here more recently, like really 1980s ish on, we talk more about Harm Reduction from a substance use perspective. These are things like syringe exchange programs where the goal is really reducing disease or infection from sharing needles. Naloxone to prevent deaths from overdose. Safe injection sites, testing sites for drugs prior to use. Some of these are things that other countries have that we don't really have in the United States because you've already mentioned there's this policy sort of component that often comes up with Harm Reduction as well.

I think an important point here is that when we talk about Harm Reduction in the context of drug use, oftentimes Harm Reduction [00:20:00] is equated with use reduction. So we're working on reducing the amount that a person is using. And that is not the case at all. Sometimes Harm Reduction may look like use reduction. But more often we're really focusing on what are the behaviors that a person engages in surrounding their substance use that creates harm.

The potential of overdose, which in the Harm Reduction world there's a lot of movement to using the term drug poisoning versus overdose, because most often, an overdose occurs not because a person is intentionally taking more of a drug than they intended to, but because there's no regulation. When you're

buying drugs off of the street where there's no regulation, you don't know what else is in there. The potential of drug poisoning, taking something that you didn't intend to take or at a higher dose than you intended, is more likely. That's where Harm Reduction intervention like testing sites come in, so you know exactly what you're taking.

But outside of the medical and [00:21:00] substance use, also within mental health, we see Harm Reduction. Suicide prevention efforts is a great example of that. Specifically the lethal means safety or secure storage of lethal means. Putting up a barrier for a moment for a person to be able to consider, pause, that sort of thing before they have access to lethal means is a form of harm reduction as well. So we see it in many different places.

But I also like to talk about Harm Reduction more generally, as like a philosophy, a way that we approach working with people. Because oftentimes we get really fixated on the policy-oriented side of Harm Reduction and we leave out that so much of Harm Reduction, like some of the other models you talked about, you've had recent podcasts on, like trauma-informed care, those sorts of things, it's really about how we approach working with people and the [00:22:00] philosophy that's behind that. The basis of Harm Reduction is that people have the right to make decisions about their bodies. And that people know better than anybody else what they need and what is best for themselves. So really creating lower barrier treatment spaces for people and understanding that low motivation to engage in change, to make changes is a clinical issue and not a client issue.

So when we go into spaces and we hear things like noncompliance, or manipulation, or these sorts of words, instead of making that a client issue, there's something wrong with the person who's presenting, saying this is a clinical issue, there's something about the work that we're trying to do, the setting, the expectations that's not working for this individual, and so we need to take responsibility in making adjustments and changing that.

Harm reduction is [00:23:00] really about relationships. We hear about this in some of the other treatment models, like motivational interviewing, when there is an issue in the work that's being done, nine times out of ten, it goes back to the relationship. Is there trust?

Have we created a non-judgmental, safe environment where a person feels like they can come in and they can talk about what is going on truthfully in their lives, what behaviors they're engaging in. I think sometimes the sort of medical models, so the traditional patient, Doctor, kind of model: the doctor is the expert

and the patient is going to the doctor for their expertise. Harm Reduction really pushes back against that and says, "No, the patient is the expert and is going to the doctor to get support in figuring out what makes the most sense and is going to work best for them." It's changing that dynamic, which is hard, because we're all socialized in that doctor's [00:24:00] the expert dynamic. It's really about changing that and creating this space where we're saying we have no expectations for how you're going to answer questions, how you're going to behave, how you're going to move forward in this process.

It's really about finding what's going to work best for you and really centering that focus around where are you experiencing the most problems and how can we support you in reducing the harm that those problems are causing.

Shawn Liu: Really well said. There was a lot to unpack there and it was all like fantastic. When you were providing some earlier examples of Harm Reduction and kind of grounding it in like a public health approach, some of the examples that you described were pretty mundane. I would go to say like boring in a really important way. When we think about policies, like, just as an aside, like, generally speaking, you want most of your policies in government to be boring.

Like a policy is energizing, that's a little bit problematic sometimes. And you mentioned things like seatbelts. I was also kind of thinking of maybe like [00:25:00] safety goggles or hard hats on like a construction site. And, it got me thinking existing in the universe is inherently risky, right?

Just living and breathing, going about your day, whether it's on the primordial savannah, or just out and about in a modern, developed country out into a downtown area, driving to and from work, cooking. Everything about life, it carries some kind of risk. You're never truly a hundred percent, and I don't wanna freak anybody out, but you're never truly a hundred percent safe.

But that as a society, we have a vested interest in reducing the risk of doing activities. Car accidents are a leading cause of death, well, you know, let's put a seatbelt and some airbags and maybe we can reduce risk. If it's you're playing football, oh, we're gonna load you up with pads and a helmet and maybe not do tackle this go around, right?

So in some instances, or many, I would actually argue most instances, Harm Reduction is pretty uncontroversial and downright dull in a way that we want with public health, right? And, I [00:26:00] want to kind of shift gears a little bit and get your feedback about why Harm Reduction can be controversial.

Because you added in some layers there that, just even as a very, I would say, forward thinking, flexible, patient-centered person in myself, I can feel my body activating when you mentioned, like, needle exchange, and trusting the patient to be their own expert and getting, you know, outside of the medical provider as the authority. And then you touched on, like, suicide prevention with gun locks. That in many instances, in most instances, I would argue, is a boring policy strategy. But it gets controversial when you start applying it to certain, specific hot topics.

When we had our episode on Housing First, one of the things that we had talked about was that in a Housing First approach, there are things such as substance treatment and mental health treatment that you don't mandate, and because if you mandate, you have to have like a consequence for violating the mandate, and what is the consequence? Discharge from the program, kicking people out of their housing, right? And so [00:27:00] if you didn't mandate it, and thus couldn't kick people out, folks felt complicit in the behavior, like they were enabling the bad behavior.

And that can get less problematic with things like alcohol, but more problematic with illicit drug use, use of drugs that are illegal. And there is a potential, I guess, fear that providers may feel like they're enabling and being complicit in criminal activity.

And so I'm wondering if you could just share a little bit of your thoughts about what is the deal with the potential controversy around Harm Reduction.

Meredith Malpass: Yeah, so many layers here to...

Shawn Liu: So many layers!

Meredith Malpass: ...through, yes. Because so much of what you were just speaking about really comes from societal standards and expectations, whether they be through the legal system or just society in general, are beliefs about people who use drugs and what that means.

And as a reminder, alcohol is a drug. So, we have plenty of people who are out there using alcohol on a regular [00:28:00] basis. But we view the use of alcohol in a different way than we view the use of these other drugs. I would push back and say the reason we view them differently is not necessarily from just a fully biological perspective, what it does to our minds and our bodies, because alcohol does a lot, in fact, when you look at the science, alcohol oftentimes is one of the most detrimental drugs on our mind and our bodies.

It's the legal ramifications there that makes us view these drugs in different ways. When we talk about, the controversy, it really comes from the stigma, the beliefs that we have around certain substances and the role that our legal system and our larger society plays in that.

When you're doing this work, and I still experience this, where there are times that I would be working with somebody, and [00:29:00] internally, I would start getting this feeling creeping up of something about this doesn't feel okay. And I would have to pause and take a moment and say, okay, what is it about this that doesn't feel okay? Does it really have to do with what this person sitting in front of me is telling me that they're doing, or does it have to do with some deep held belief that, I'm a child of the 80s, I grew up with D. A. R. E. in the school system, that all drugs were bad. I've got some deep rooted beliefs about certain substances that has taken me a while to get rid of.

So it's really pausing and saying what does this have to do with what this person is actually doing versus what are beliefs that I'm carrying and biases that I'm carrying into the conversation?

And there is this whole idea about doing this work being permissive. But I'll push back on that as well because how much control do we really have over what other people are [00:30:00] doing?

For me, I would much rather be in a situation where a person that I am working closely with and trying to support and help in ending their homelessness, getting into stable housing, I would much rather those conversations be... I don't want to use the word honest... Transparent, yeah. I'd much rather those conversations be transparent about what is going on in that person's life versus not having that information because the more I understand about a person, and the more open they feel they're able to be with me, the more effective I'm going to be in my interventions and the support that I provide that person.

Shawn Liu: As a provider who's, you know, I used to work in HUD-VASH earlier in my career, a lot of the things that you're saying lands for me, especially because you're bringing up a lot of topics that are less about the person that we're serving, less about the Veterans that we're serving, and more about us as providers, as humans with our own histories and baggage that we are [00:31:00] bringing to the sessions with the Veteran. And how our own histories color the types of services that we're delivering. That seems pretty fraught.

Also, to a certain degree, thinking about all that complexity, I can see how it feels cleaner to maybe just run a program from an abstinence approach. Because it sidesteps all of the stuff that I'm bringing, all of the hang ups and lessons that I'm bringing, the societal messages.

Also, just as an aside, I was thinking to myself, "We live in a society." and the Gen Zers out there will kind of get that joke.

Shifting gears a little bit, I know we're not quite getting yet into the more practical applications, but I want to just put a neon sign on the business case for why Harm Reduction is a good approach to incorporate into our overall work to ending Veteran homelessness.

You touched on a lot in the realm of substance treatment. And in many instances, substance treatment is one of the many treatments that we at VA hope to connect Veterans to, if that's something that they need and that they want, as part of their [00:32:00] road to housing stability. But, can you just, not to put a too fine, actually, to put a very, very fine point on it, why is an approach like Harm Reduction important to our overall work to end Veteran homelessness?

Meredith Malpass: You mentioned recently doing a podcast on Housing First. Housing First is Harm Reduction. It's a part of the overall model. Harm Reduction, Housing First really go hand in hand. They complement each other. They're both evidence-based models. They both have a lot of evidence to show that they work.

The other big thing with Harm Reduction is that the research behind it shows that really approaching people from this Harm Reduction framework leads to better engagement in treatment, when and if the person is ready to engage in treatment, better engagement in overall health care and, overall, we have better insight and understanding of what's really going on with a person.

Think about times that you [00:33:00] go to the doctor and they ask you things like, how often are you exercising, how much caffeine are you drinking, what's your diet looking like, how much alcohol are you drinking. And how often do we tell them the total truth about how we're...

Shawn Liu: Never, right? Yeah.

Meredith Malpass: Exactly.

Shawn Liu: I mean, I probably...

Meredith Malpass: we're always...

Shawn Liu: Right? Like, I didn't tell you everything.

Meredith Malpass: We're, we're always making some small adjustments because we're doing what we think is socially acceptable. And because there's also this part of us where we don't want to disappoint the doctor. We don't want to get lectured. We don't want to be told for the 110th time that we should exercise more and eat less sugar and not drink as much, and all of these different things.

If we're really interested in connecting the Veterans that we're trying to serve, in engaging in their housing and their community, [00:34:00] really coming back and being part of their community and society again, that's part of it. Creating an environment to say, "I really want to know what's going on with you and how I can support you." And continuing to do the same work that's always been done, where it's, "No, tell me what I want to hear, so we can check the boxes and move on," we're moving away from that. And we're really focusing on how can we build this trusting, non-judgmental relationship so we can really engage our Veterans and really be able to provide them the support that they to be able to sustain their housing.

Shawn Liu: Really great points. And you brought up the... engagement came up in Housing First. And just for folks, we're going to put a link to the episode of Housing First in the description. It's also in your podcast feed. It was the January episode. So it's probably only a handful of episodes before this one.

The topic of engagement came up. And I'm glad that you mentioned the science about Harm Reduction works in terms of getting folks [00:35:00] engaged more in their own care. And for folks who are not as familiar with this concept of engagement, I kind of want you to replace that word with, they're, this is more complicated, intrinsically motivated. They want to do it more because they want to do it, right?

As opposed to us forcing them to do it, or coercing them to do it. Or them doing it just to stop us from nagging them. Harm Reduction works in making them want to do it for themselves. Which, I don't know, if you've ever been in a relationship, you want somebody to do something because they want to do it, not because you asked them to do it, right?

Like, that's, that's a big thing.

Meredith Malpass: And sometimes that's what we see what happens, is because we're seeing better engagement, then people start to see, "Oh, I'm now connected with people, I'm now connected with my community, I have, this home and neighbors, and I'm building these relationships." And sometimes we see a change in a person's drug use happen just because those things are happening.

So it really talks about the detriment of isolation, which we [00:36:00] tend to isolate people who use drugs. That's one of the sometimes intended, oftentimes unintended consequences of homelessness and of using drugs is that isolation. And so just by pulling people back in and helping them build relationships and connections, we end up seeing that improvement because of just what you talked about. That motivation is now there. There's a reason to not get up and just start drinking. There's a reason to get up and start engaging in other behaviors that are often viewed as more productive and healthy.

Shawn Liu: Let's shift gears again. So you mentioned something very concrete, which is approaching homeless services from a Housing First-lens is Harm Reduction, like full stop.

But are there other more concrete or maybe even abstract ways in which, I'm speaking to the VA homeless providers, whether they be grantees or VA staff who are listening in right now, are there things that they can do concretely to help carry out Harm Reduction and ultimately help Veterans better engage in their care?

Meredith Malpass: 100%. [00:37:00] I think the number one thing that homeless service providers can do is pursue training in Harm Reduction. Learn more about Harm Reduction in the more task oriented part. What's available in your community? Is there access to these different Harm Reduction interventions like Naloxone and syringe exchange programs and those sorts of things.

But also just learning about Harm Reduction and sort of that philosophy that we've been talking about and how to incorporate that in the work that you're doing already with your Veterans. Learning about the philosophy, learning about how versatile Harm Reduction is and how it really can be used in conjunction with other treatment models we often talk about: trauma-informed care, Housing First, Motivational Interviewing, cognitive behavioral therapy. We can really apply the philosophy of Harm Reduction in all of these other models that we're already [00:38:00] utilizing.

Shawn Liu: Outstanding. We're going to put a link to the Substance Abuse and Mental Health Services Administration's Harm Reduction resources. They've got a lot of really great stuff on there, so we encourage you to check that out.

Meredith, this has been fantastic. I want to shift gears two more times. Are there ways in which the general public who may not be service providers can also get engaged with it?

Obviously, they could check out the SAMHSA Harm Reduction resources as well. But there are other things that they can do to kind of help further Harm Reduction in homeless services.

Meredith Malpass: The number one takeaway that I hope that folks who are listening in who are just part of the community and concerned about homelessness, think about what we talked about today around stigma, around our own beliefs and bias when it comes to homelessness and people who use drugs and see if there's space to make some even slight shifts there.

I think sometimes, or often, we get in the trap of really pointing the finger [00:39:00] at people who are experiencing homelessness and saying, "They did things that got themselves there." Like that sort of mentality. And that it's not just the person making, quote, bad decisions.

The more people feel that isolation and that disconnection from their community, from society, the lower the motivation to make changes. The more as a community we can wrap our arms around people who are experiencing homelessness and using drugs, the better we can support and pulling them out of those spaces and helping them to feel connected again.

I know for some people that might feel a little uncomfortable and gets back into the enabling sort of space. But just really understanding that expressing care and concern for someone is not enabling them to engage in any of these behaviors that we've been talking about. Sharing care and [00:40:00] concern for someone really helps to bring them in closer.

Shawn Liu: Outstanding stuff. Meredith, this has been fantastic. Really appreciate you being on this month for us.

Okay. We're gonna go shift gears one last time. Finish with the tradition on our show. We're gonna end the show with why.

Folks know, who've been listening in, know that I'm not a Veteran. I'm a civilian. But whenever I meet with Veterans, it's important for me to convey to them that this is not just another job for me. I'm not just collecting a paycheck. I'm here for them. I'm here for the mission.

Now, Meredith, you have a very robust career. You actually did do something different before you came over to VA to work with Veterans.

You used to be a substance counselor, training new substance professionals at a university. But today, you're here with us for Homeless Veterans. What's your why for this work?

Meredith Malpass: At the beginning of my career, did not see myself working at the VA. I was working in community mental health and was loving the work that I was doing. I've always been passionate about serving underserved populations or serving the populations that other [00:41:00] people classify as being too difficult, too hard.

I came to the VA, to be honest, because of HUD-VASH. That was the position I applied for. This is the work that I love to do. This is really why I'm here at the VA and serving Veterans.

I obviously, like a lot of people, have a lot of Veterans in my family. I'm not a Veteran myself. But there's something just really powerful about being able to give back to people who served our country and have really struggled after their service. And being able to engage those folks, to not give up on them, and to support them in getting back on their feet is just such powerful and rewarding work.

Shawn Liu: Meredith Malpass is a HUD-VASH Regional Coordinator here in the Homeless Programs Office.

Meredith, thank you so much for the gift of your time.

Meredith Malpass: Thank you so much, Shawn.

Shawn Liu: If you want to know more about the services that VA provides to Veterans experiencing homelessness and housing instability, visit us [00:42:00] online at www.va.gov/Homeless.

And if you're a Veteran who's homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at 877-424-3838. Trained

counselors are standing by to help 24 hours a day, seven days a week. That number again is 877-424-3838.

If you're enjoying the show, leave us a review on Apple Podcasts. It would really help us out.

That's all for this month. We hope that you found this time to be valuable and that you feel empowered in our collective work to ensure that every Veteran has a safe and stable place to call home.

Take care.