

Deaths among people who were homeless at time of death in Ireland, 2020

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Introduction

- In this bulletin, data on deaths among people who were homeless and who died in 2020 are presented. The data are collected using the **National Drug-Related Deaths Index (NDRDI)** methodology.
- The NDRDI is managed by the National Health Information Systems (NHIS) Unit in the **Health Research Board (HRB)** and is funded by the Departments of Health and Justice.

Background

- The NDRDI was established in 2005 in response to the National Drugs Strategy 2001–2008¹; specifically, Action 67 – ‘to develop an accurate mechanism for recording the number of drug-related deaths in Ireland’. The NDRDI enables Ireland to meet its mandatory reporting requirements to the European Union and United Nations, as well as being used widely to provide evidence for national policy and planning.
- Using the NDRDI methodology, data on **all deaths in people who were homeless at the time of death** are collected, even if they do not meet the standard NDRDI inclusion criteria. This is to better understand and prevent premature death among people who are homeless.
- As the data come from closed coronial files, annual data are routinely updated when new information becomes available.

NDRDI Data Sources

- Data on deaths in people known to be homeless are extracted from closed coronial files nationwide by NDRDI medical researchers.
- The NDRDI validates these data with the Dublin Regional Homeless Executive through its Pathway Accommodation and Support System (PASS).
- Statistics collected by the Central Statistics Office (CSO) are used in calculating mortality rates.

NDRDI data collection for deaths among people who were homeless

Deaths are broadly categorised in two ways:

1. deaths due to **poisoning** by drugs and/or alcohol. A poisoning death is a death directly due to the toxic effects of one or more substances on the body, as indicated by a coroner on the coroner's certificate.
2. **non-poisoning** deaths, which are deaths due to all other causes, either medical or traumatic, irrespective of whether drugs or alcohol were or were not directly implicated in the death.

Defining homelessness

The deceased were considered as **homeless** if they were living in any of the following circumstances at the time of death:

1. Homeless – without accommodation, e.g., people sleeping rough
2. Homeless – temporary or crisis accommodation, e.g., hostels
3. Homeless – severely substandard or highly insecure accommodation
4. Homeless – unknown (no further details were available)

These criteria reflect international classifications^{2,3} which are adapted to reflect the types of accommodation available to people who are homeless in Ireland (Appendix A).

Inclusion criteria

- All people categorised as homeless at time of death in 2020, and whose deaths were reported to the coroner, are included in the figures presented in this bulletin.

Summary 2020

Number of deaths and type of accommodation

- Of 21,965 deaths reported to coroners in 2020, **121** were among people known to be **homeless at the time of their death**. This equates to ten deaths per month in 2020. Over half of these deaths were poisoning deaths.
- Of the 121 deaths, 83 were among people who were homeless and in **temporary or crisis accommodation**, and 23 were among people who were classified as **sleeping rough**.

Demographics

- Most of the deaths occurred among **males** (78.5%). The median age of those who died was **41 years** (42 years for males and 36.5 years for females).
- **Country of birth** was known for 43 of the deceased, of which most (24) were people born in the Republic of Ireland. Half of those born outside the Republic of Ireland were born in Eastern Europe.
- Nineteen of the deceased (13 males and 6 females) had a **history of imprisonment**.

Substance use

- Most of the deceased (90.9%) had a **history of substance use**. Of those with a history of substance use, 44.5% had alcohol dependency.
- Heroin (61.1%) was the most common drug used by those with a **history of drug use**, followed by **cocaine** (55.6%), and **benzodiazepines** (35.6%). Cocaine (52.4%) and heroin (52.4%) were the most common drugs used by females, and heroin (63.8%) was the most common drug used by males.
- Of the 57 people who used drugs only (excluding alcohol), the majority (87.7%) had a recorded history of **polydrug use**.
- One-in-four (26.4%) of the deceased had **ever injected** drugs (27.4% of males and 23.1% of females). Few females were injecting at the time of death, while 14.7% of males were injecting at time of death.

Comorbidities

- A diagnosis of **hepatitis C** was recorded for 16 (13.2%) of those who died, and for a greater proportion of females (19.2%) than males (11.6%).
- A diagnosis of **epilepsy** was recorded for 10 (8.3%) of the deceased, some of whom were also alcohol dependent.
- A history of **mental health** issues was recorded for 46.3% of the deceased (50.0% of females and 45.3% of males).
- Almost half (45.5%) of those who died were known to have ever accessed **substance use treatment**. One-in-five (20.7%) of the deceased were receiving opioid agonist treatment (OAT), mainly methadone, at the time of death (16.8% of males and 34.6% of females).

Place of incident that led to death

- Most of the deaths (67.8%) were among people who were homeless in the Leinster region, mainly **Dublin** (56.2%).
- Almost half (47.9%) of the deaths occurred in specific **accommodation for people who are homeless**, with a further 36.4% of deaths occurring in a **public place**, and 9.9% in **private dwellings**.
- Proportionately, more females (57.7%) than males (45.3%) died in accommodation for people who are homeless, while more males (41.1%) than females (19.2%) died in a public place.

Poisoning deaths

- There were **69 poisoning deaths**, 51 (73.9%) among males and 18 (26.1%) among females. Half of those who died were **aged 38 years** or under. Half of females who died were aged no more than 34.5 years at the time of death.
- The most common drug groups implicated in poisoning deaths were **opioids**, **benzodiazepines**, and **cocaine**. **Alprazolam** was implicated in 34 poisoning deaths, of which almost three-in-four were males. **Pregabalin** was implicated in 16 poisoning deaths, with the majority occurring among males.
- **Polysubstance poisoning** was a common factor in the deaths of both males (82.4%) and females (77.8%).
- Half (53.7%) of those whose death involved **opioids** had **previously received substance use treatment**, and almost two-in-five (38.9%) were **in treatment** at the time of their death. A high proportion of deaths involving opioids (68.5%) occurred in **accommodation for people who are homeless**, while one-in-three (33.3% of the deceased) were **with other people** at the time of their death.

Non-poisoning deaths

- There were **52 non-poisoning deaths**, with the majority 44 (84.6%) among males. Half of those who died were **aged 46.5 years** or under at the time of their death.
- One-in-four (25.0%) non-poisoning deaths were due to **hanging**. At least half (53.8%) of those who died by hanging had a history of mental health issues. Of those with a history of drug use, the main substances used were **heroin, cocaine, cannabis, and benzodiazepines**.
- **Deaths due to cardiovascular conditions** accounted for 25.0% of all non-poisoning deaths, with the majority occurring among males. Of those who died, 61.5% had either alcohol dependency or alcohol implicated in their death.

Deaths among people with no recorded history of substance use

- There were **11 (9.1%) deaths** among people who were homeless and who had **no recorded history of drug or alcohol use**. These were mostly males, and half had traumatic deaths due to hanging or drowning. Over half (54.5%) of the deceased had a known history of mental health issues.

National overview for 2020

Number of deaths in 2020

A total of 21,965 deaths were reported to the coroners in 2020.

- There were **121 deaths** identified among people known to be **homeless at the time of their death**, over half (57.0%) of which were poisoning deaths (Table 1). This equates to ten deaths per month, or more than two deaths per week, in this population in 2020.
- In comparison, there were 92 deaths in 2019 among people known to be homeless (Appendix B).
- These figures occur in the context of the COVID-19 pandemic and related restrictions from March 2020, which included two “lockdown” periods.

Number of deaths



Deaths not meeting the homeless inclusion criteria

- An additional **37 deaths** occurred in 2020 in people who were **homeless but had been housed** (e.g., in Housing First). As these deaths are **not classified as homeless**, they are not included in the figures reported in this bulletin, but are summarised in Appendix C.
- In comparison, there were 29 deaths in 2019 among people who did not meet the homeless inclusion criteria but were considered as homeless (housed). These are summarised in Appendix D.

Type of accommodation

- Of the 121 deaths in 2020, 83 were among people who were homeless and in **temporary or crisis accommodation** (Table 1). The majority of these (52) were poisoning deaths.
- There were 23 deaths among people who were classified as **sleeping rough**, 12 of which were poisoning deaths.
- There were also 15 deaths in the other categories of homelessness: homeless in unstable or severely substandard accommodation, and homeless unknown.

Table 1: Total deaths among people who were homeless, by category of homelessness and type of death

	Sleeping rough	Temporary or crisis accommodation	Other categories of homelessness*	Total
Poisoning deaths, No. (%)	12 (9.9)	52 (43.0)	~	69 (57.0)
Non-poisoning deaths, No. (%)	11 (9.1)	31 (25.6)	~	52 (43.0)
Total, (%)	23 (19.0)	83 (68.6)	15 (12.4)	121 (100)

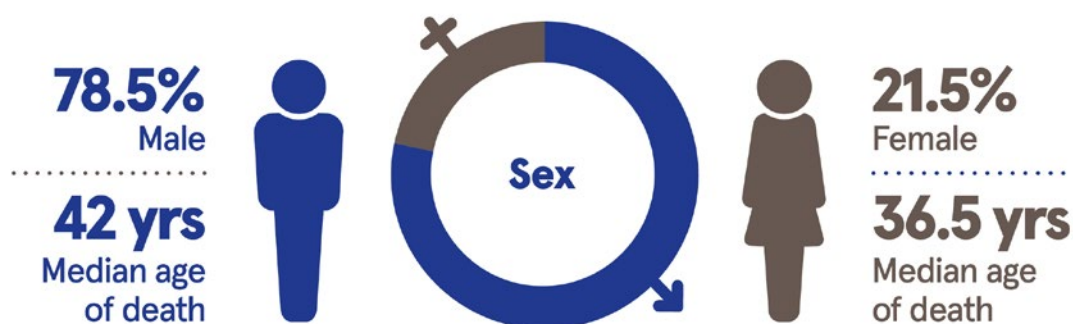
*Also includes substandard or insecure homelessness, and unknown types of homelessness

~ Values suppressed due to small numbers

Demographics

- **Males** accounted for the majority of deaths (95, 78.5%) among people who were homeless and who died in 2020 (Table 2).
- The **median age** for all deaths among people who were homeless was **41 years**. The median age at death for males was 42 years and for females 36.5 years.
- The majority (62.0%) of deaths in people who were homeless were among those aged 44 years or under (Table 2). In contrast, the majority (81.7%) of deaths in the general population of Ireland in 2020 were in the 65+ age category.⁴
- Appendix E presents deaths among people who were homeless and who died in 2020 as a proportion of all deaths in Ireland in 2020.

Breakdown by sex



- The majority (66.1%) of the deceased were **single** at the time of death, with 65.3% of males and 69.2% of females single, separated, or divorced (Table 2).
- Nineteen people (13 males and 6 females) had a **history of imprisonment**. As these data were not validated with the prison services, these figures are likely to be an underestimation, based on previous validation exercises.
- **Country of birth** was recorded for 43 people. Where country of birth was known, most deaths (24) were of people who were born in the Republic of Ireland. Half of deaths among people born outside the Republic of Ireland were of people born in Eastern European countries (Poland, Latvia, and Lithuania).

Substance use

- Most people who were homeless at the time of death (90.9%) had a **lifetime history of substance use** (where there was evidence recorded in the coronial file that the individual had a history of drug use, problem alcohol use, or alcohol dependency) (Table 2).
- Of those with a lifetime history of substance use, 44.5% were known to have **alcohol dependence**. Almost one-in-two males (47.7%) and one-in-three females (33.3%) had alcohol dependence.
- The most common drug (excluding alcohol) used by those with a lifetime history of drug use was **heroin** (61.1%), followed by **cocaine** (55.6%), and **benzodiazepines** (35.6%). For females, cocaine (52.4%) and heroin (52.4%) were the most common drugs used. For males, heroin (63.8%) was the most common drug used.
- Of the 57 (47.1%) people who used drugs only (not including alcohol use) and were homeless at the time of their death, the majority (87.7%) had a recorded history of **polydrug use**.

Substance use



Injecting

- More than one-in-four (26.4%) people who were homeless and died in 2020 had **ever injected** drugs.
- Among males, 27.4% had a lifetime history of injecting drugs, while 14.7% were injecting at time of their death. Among females, 23.1% had a lifetime history of injecting drugs, with fewer than five injecting at the time of their death.

Co-morbidities

Blood Borne Virus

- Of those who were homeless at the time of their death in 2020, 19 (15.7%) had a history of a **blood borne virus diagnosis** (Table 2), mainly hepatitis C (13.2%).
- **Hepatitis C** was indicated for a higher proportion of females (19.2%) than males (11.6%).
- A small number of those who died (≤ 5) also had a diagnosis of either hepatitis B or HIV.

Epilepsy

- A high proportion of those who died had a diagnosis of **epilepsy** (8.3%), relative to the general population (0.9%)⁵ (Table 2).
- Half of those with a diagnosis of epilepsy were known to also have **alcohol dependency**.
- Seven people with a diagnosis of epilepsy had **no antiepileptic drugs** reported in their toxicology.

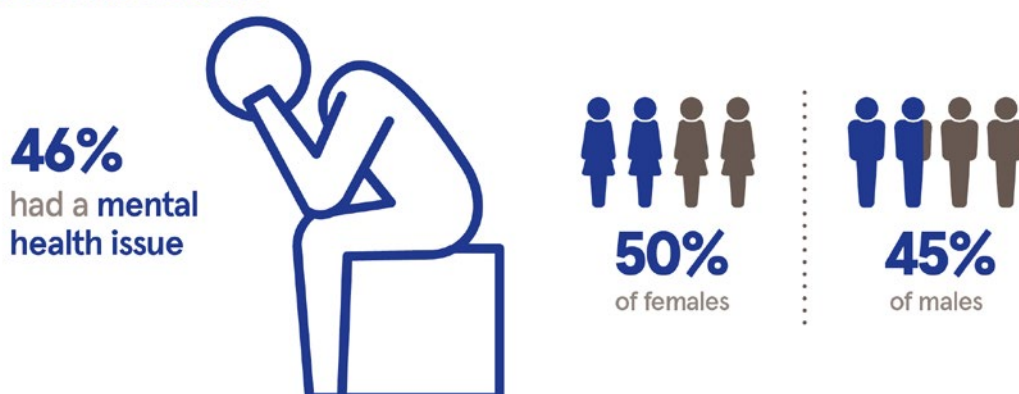
Epilepsy prevalence



Mental health

- Of the deceased, 46.3% had a history of **mental health issues** (50.0% of females and 45.3% of males).
- A medical professional was the **source of diagnosis** for the majority (60.7%) of those with a history of mental health issues. Depositions from other parties, as part of the death investigation file, was the source of information on mental health issues for the remainder.
- Of those with a history of mental health issues, 60.7% were known to be **in contact with medical services including substance use treatment services**. This was the case for a greater proportion of females (69.2%) than males (58.1%).
- The most common drug groups present on postmortem toxicology (but not necessarily implicated in their death) in this group were **benzodiazepines**, followed by **antipsychotics** and **antidepressants**.

Mental health



Treatment services

- Almost half (45.5%) of people who were homeless at the time of their death were known to have ever accessed **treatment for substance use** (Table 2).
- A higher percentage of females (38.5%) than males (23.2%) were in receipt of substance use treatment at the time of their death.
- The main treatment was **opioid agonist treatment** (OAT), mostly methadone substitution. One-in-five (20.7%) of the deceased were receiving OAT at the time of their death (16.8% of males and 34.6% of females).

Substance use treatment

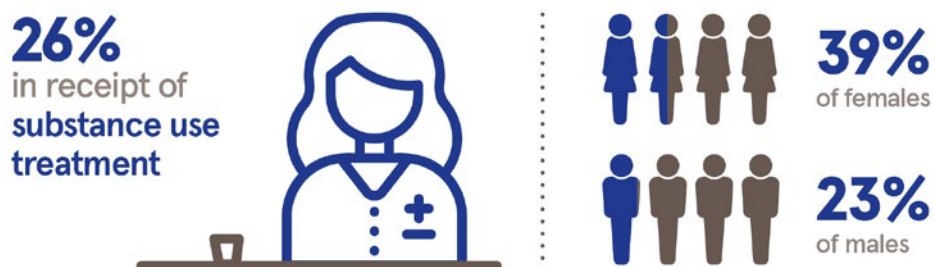


Table 2: Demographics and characteristics of the deceased, by sex

	Male	Female	Total*
Deaths, No. (%)	95 (78.5)	26 (21.5)	121 (100)
Demographics, No. (%)			
Age, median (range ^a)	42.0 (23.8–63.8)	36.5 (19.0–61.7)	41.0 (22.1–62.9)
Age, years			
15–44	56 (58.9)	19 (73.1)	75 (62.0)
45–64	35 (36.8)	6 (23.1)	41 (33.9)
Born outside Republic of Ireland ^b	~	~	19 (15.7)
Single	62 (65.3)	18 (69.2)	80 (66.1)
Not in employment ^c	57 (60.0)	16 (61.5)	73 (60.3)
History of imprisonment	13 (13.7)	6 (23.1)	19 (15.7)
Dublin region (place of dwelling)	53 (55.8)	15 (57.7)	68 (56.2)
Cause of death, No. (%)			
Poisoning	51 (53.7)	18 (69.2)	69 (57.0)
Non-poisoning	44 (43.6)	8 (30.8)	52 (43.0)
Co-morbidities, No. (%)			
Substance use history	86 (90.5)	24 (92.3)	110 (90.9)
<i>Drug use only</i>	42 (44.2)	15 (57.7)	57 (47.1)
<i>Drug and alcohol use ^d</i>	27 (28.4)	6 (23.1)	33 (27.3)
<i>Alcohol use only ^d</i>	~	~	20 (16.5)
Ever Injected	26 (27.4)	6 (23.1)	32 (26.4)
Injecting at time of death	~	~	18 (14.9)
Blood borne virus	13 (13.7)	6 (23.1)	19 (15.7)
Epilepsy	~	~	10 (8.3)
History of mental health issues ^e	43 (45.3)	13 (50.0)	56 (46.3)
Treatment history, No. (%)			
Ever treated for substance use	41 (43.2)	14 (53.8)	55 (45.5)
Current substance use treatment ^f	22 (23.2)	10 (38.5)	32 (26.4)
Opioid agonist treatment (OAT)	16 (16.8)	9 (34.6)	25 (20.7)
Prescribed medications	39 (41.1)	15 (57.7)	54 (44.6)

*Percentages may not add up to 100 due to rounding

^a Age range is 5th percentile to 95th percentile (90% of cases are included within this range)

^b Country of birth was not recorded for 78 people; due to small numbers, individual countries cannot be presented

^c Refers to those unemployed, retired, or unable to work due to disability

^d Includes problem alcohol use and alcohol dependency

^e Ascertained through depositions from family members or from medical correspondence contained in the coronial file

^f Current refers to within a month preceding death

~ Values suppressed due to small numbers

Characteristics of death

Place of incident that led to death

- The majority of all deaths (67.8%) occurred among people who were homeless in the **Leinster region** (69.6% of poisoning deaths and 65.4% of non-poisoning deaths).
- Most of these deaths (56.2%) occurred among people who were homeless in **Dublin (city and county)**, with 16.5% occurring among people who were homeless in Cork (city and county). The small numbers of deaths per county outside of Dublin and Cork means that no county breakdown can be provided.
- Deaths by PASS regions are provided in Table 3, with deaths among those located in the Mid-West, West and North-West, and Mid-East, North-East and Midlands reported together due to small numbers.

Table 3: Location of people who were homeless at the time of their death

PASS regions	No. of deaths, (%)*
Dublin	68 (56.2)
South-East	10 (8.3)
South-West	20 (16.5)
Mid-West, West, and North-West ^a	10 (8.3)
Mid-East, North-East, and Midlands ^a	13 (10.7)
Total	121 (100)

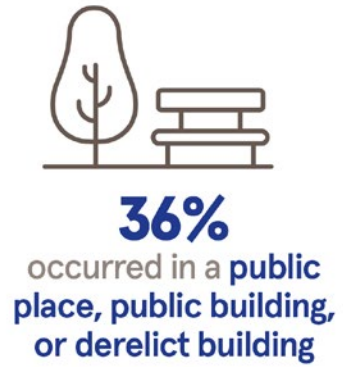
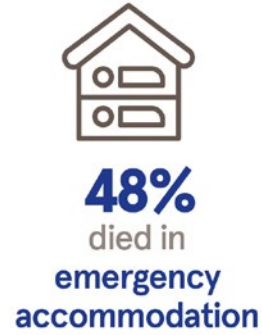
^a Areas combined because of small numbers

- Almost half (47.9%) of deaths among people who were homeless occurred in specific **accommodation for people who are homeless**. A greater proportion of deaths among females (57.7%) than among males (45.3%) occurred in this type of accommodation.
- A further 36.4% of deaths occurred in a **public place** such as a street, building, or car park. A greater proportion of deaths among males (41.1%) than among females (19.2%) occurred in this type of location.
- One-in-ten deaths (9.9%) occurred in **private dwellings**.
- A high proportion of deaths (32.2%) occurred in the **third quarter** of 2020, with **July** (18.2%) having the highest proportion of deaths among all months in 2020. This coincides with the easing of COVID-19 restrictions in late June.

Location



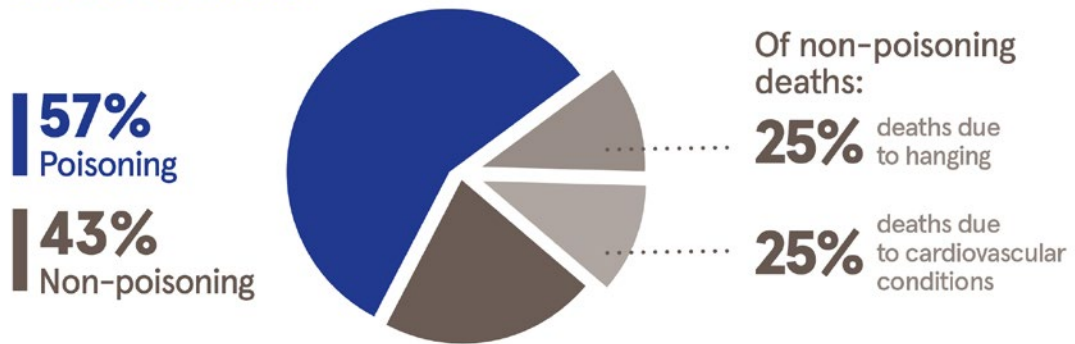
Place of death



Cause of death

- In 2020, there were 69 (57.0%) poisoning and 52 (43.0%) non-poisoning deaths among people who were homeless.

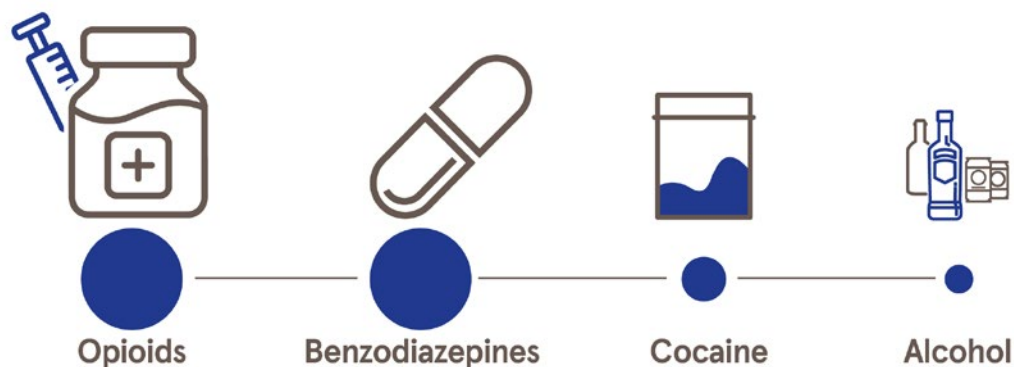
Cause of death



Poisoning deaths

- In 2020, there were **69 poisoning deaths** among people who were homeless, 51 (73.9%) among males and 18 (26.1%) among females (Table 4).
- The median age of poisoning deaths was **38 years**. Therefore, half of those who were homeless and who died were aged 38 years or under at the time of their death.
- Among males, the median age of poisoning deaths was 39 years, while among females it was 34.5 years.

Most common drugs implicated in poisoning deaths



- The most common drug groups implicated in poisoning deaths were **opioids** and **benzodiazepines**, followed by **cocaine and alcohol** (Table 4).
- One-in-four (26.1%) poisoning deaths had two or more **opioid drugs** implicated.
- Three-in-ten (31.9%) poisoning deaths involved two or more **benzodiazepine drugs**.
- **Alprazolam** was implicated in almost half (34, 49.3%) of all poisoning deaths, and most (73.5%) of these were among males.
- **Pregabalin** was implicated in almost one-in-four (16, 23.2%) poisoning deaths, with the majority occurring among males.
- One-in-three (34.8%) of those who died by poisoning had **ever injected**, and one-in-four (24.6%) were **injecting at the time of death**.
- Almost one quarter (24.6%) of those who died by poisoning had a known history of **previous overdose**.
- **Polysubstance poisoning** (death due to the toxic effects of more than one substance) was a common factor in the deaths of the males (82.4%) and females (77.8%) who died.

Table 4: Demographics and characteristics of poisoning deaths, by sex

	Male	Female	Total*
Poisoning deaths, No. (%)	51 (73.9)	18 (26.1)	69 (100)
Demographics, No. (%)			
Age, median (range ^a)	39.0 (22.6–50.4)	34.5 (19–n/a)	38 (20–50.5)
Not in employment ^b	32 (62.8)	10 (55.6)	42 (60.9)
Known to have children <18 years	6 (11.8)	6 (33.3)	12 (17.4)
History of imprisonment ^c	6 (11.8)	6 (33.3)	12 (17.4)
Dublin region (place of dwelling)	28 (54.9)	11 (61.1)	39 (56.5)
Treatment history, No. (%)			
Ever treated for substance use	26 (51.0)	11 (61.1)	37 (53.6)
Current substance use treatment ^d	17 (33.3)	9 (50.0)	26 (37.7)
History of previous overdose	~	~	17 (24.6)
Circumstances of death, No. (%)			
Ever injected	~	~	24 (34.8)
Injecting at time of death	~	~	17 (24.6)
Incident occurred in homeless accommodation	34 (66.7)	11 (61.0)	45 (65.2)
Incident occurred in public place	~	~	15 (21.7)
Not alone at time of death	15 (29.4)	7 (38.9)	22 (31.9)
More than one drug implicated in death	42 (82.4)	14 (77.8)	56 (81.2)
Drugs implicated in death, No. ^e			
Opioids	55	17	72
<i>Methadone</i>	27	9	36
<i>Heroin</i>	20	6	26
Benzodiazepines	52	20	72
<i>Alprazolam</i>	25	9	34
<i>Other benzodiazepines</i>	27	11	38
Z-drugs	~	~	11
Alcohol	~	~	17
Antidepressants	~	~	17
Cocaine	21	7	28
Other illicit drugs ^f	~	~	10
Other medication ^g	29	7	36

*Percentages may not add up to 100 due to rounding

a Age range is 5th percentile to 95th percentile (90% of cases are included within this range)

b Refers to those unemployed, retired, or unable to work due to disability

c Data have not been validated with the prison services therefore likely to be an underestimate

d Current refers to within a month preceding death

e Total number of drugs does not equate to the number of individual deaths, as more than one drug may be implicated in a death

f For example, MDMA, amphetamines, novel psychoactive substances

g For example, antipsychotics, antiepileptic drugs, non-opioid analgesia

~ Values suppressed due to small numbers

Opioid poisoning deaths

- There were 54 poisoning deaths involving **opioids**, typically methadone and heroin (Table 5).
- Six different opioid-type drugs were implicated across the 54 opioid-related poisoning deaths.
- Half (53.7%) of the deceased had **previously received substance use treatment** and almost two-in-five (38.9%) were **in treatment** at the time of their death.
- One-in-four (25.9%) of the deceased had a history of **previous overdose**.
- Three-in-ten (29.6%) of the deceased were **injecting** at the time of death.
- Almost seven-in-ten (68.5%) poisoning deaths involving opioids occurred in **accommodation for people who are homeless**, while one-in-five (22.2%) occurred in a **public place**.
- One-in-three (33.3%) people who died due to poisoning involving opioids were **with other people** at the time of their death. Three-in-five (61.1%) **were alone** at the time of the incident that led to their death.

Table 5: Characteristics of opioid poisoning deaths, by sex

	Male	Female	Total*
Opioid poisoning deaths, No. (%)	40 (74.1)	14 (25.9)	54 (100.0)
Ever treated for substance use	20 (50.0)	9 (64.3)	29 (53.7)
Current substance use treatment ^a	14 (35.0)	7 (50.0)	21 (38.9)
History of previous overdose	~	~	14 (25.9)
Ever Injected	~	~	23 (42.6)
Injecting at time of death	~	~	16 (29.6)
Incident occurred in public place	~	~	11 (22.2)
Incident occurred in homeless accommodation	27 (67.5)	10 (71.4)	37 (68.5)
Not alone at time of death	~	~	18 (33.3)
Polydrug use implicated in death	37 (92.5)	12 (85.7)	49 (90.7)

*Percentages may not add up to 100 due to rounding

^a Current refers to within a month preceding death

~ Values suppressed due to small numbers

Non-poisoning deaths

- There were **52 non-poisoning deaths** among people who were homeless at the time of their death, 44 (84.6%) among males and eight (15.4%) among females (Table 6).
- The **median age** of non-poisoning deaths was **46.5 years** (47.5 years for males and 43.5 years for females). Those whose death was due to non-poisoning were older than those who died by poisoning (Table 4).
- **Death by hanging** accounted for one-in-four (25.0%) of all non-poisoning deaths and was the most common cause of non-poisoning death among females.
- Over half (53.8%) of deaths due to hanging occurred in **accommodation for people who are homeless**.
- Eight people who died by hanging had a history of drug use (excluding alcohol only), with the main substances of use being **cocaine, heroin, cannabis, and benzodiazepines**.
- Where known, there was a high prevalence of **mental health issues** in those who died by hanging (53.8%).
- **Deaths due to cardiovascular conditions** accounted for one-in-four (25.0%) non-poisoning deaths, with the majority occurring among males. Cardiovascular conditions were the most common cause of non-poisoning death among males.
- Of those who were homeless and died of a cardiovascular condition, 61.5% had either **alcohol** dependency or alcohol implicated in their death.
- A small number of those who died of a cardiovascular event used drugs other than alcohol. The main drugs used were **heroin** and **benzodiazepines**.

Table 6: Demographics and characteristics of non-poisoning deaths

	Total*
Non-poisoning deaths, No. (%)	52 (100)
Male	44 (84.6)
Female	8 (15.4)
Demographics, No. (%)	
Age, median (range ^a)	46.5 (29.0-68.0)
Male	47.5 (29.8-68.0)
Female	43.5 (29.0-n/a)
Not in employment ^b	31 (59.6)
Male	25 (56.8)
Female	6 (75.0)
Known to have children <18 years	~
Dublin region (place of dwelling)	29 (55.8)
Circumstances of death, No. (%)	
Incident occurred in public place	30 (55.8)
Incident occurred in homeless accommodation	13 (25.0)
Not alone at time of death	12 (23.1)
Substance use history, No. (%)	
Alcohol use ^c	29 (55.8)
Ever Injected	8 (15.4)
Other drug use	13 (25.0)
Heroin	12 (23.1)
Cocaine (including crack cocaine)	10 (19.2)
Cannabis	8 (15.4)
Methadone	~
Benzodiazepines	8 (15.4)
Cause of death, No. (%)	
Trauma	31 (59.6)
Hanging	13 (25.0)
Other external trauma ^d	18 (34.6)
Medical	21 (40.4)
Cardiovascular	13 (25.0)
Alcohol-related	~
Other medical ^e or unknown causes	6 (11.5)

*Percentages may not add up to 100 due to rounding

a Age range is 5th percentile to 95th percentile (90% of cases are included within this range)

b Refers to those unemployed, retired, or unable to work due to disability

c Includes problem alcohol use and dependency

d Including assault, stabbing, fall, drowning

e Including cerebral event and infection

Deaths among people with no recorded history of substance use

- There were 11 (9.1%) deaths among people who were homeless and who had **no recorded history of substance use** (neither drugs nor alcohol). The majority were males.
- Of this group, 54.5% had a known history of **mental health issues**.
- The majority of these deaths were **non-poisoning deaths**. Of these, half (50.0%) were traumatic deaths, either by hanging or drowning.

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References

1. Department of Tourism, Sport and Recreation, Ireland (2001) *Building on Experience: National Drugs Strategy 2001 – 2008*. Dublin: Stationery Office.
2. Busch-Geertsema V, Culhane D and Fitzpatrick, S (2016) *Developing a global framework for conceptualising and measuring homelessness*. *Habitat International*, 55, 124–32.
3. Edgar B (2012) The ETHOS definition and classification of homelessness and housing exclusion. *European Journal of Homelessness*, 6(2), 219–25.
4. Central Statistics Office (CSO) (2023) *Deaths occurrence (Final), VSA35 - Deaths occurring*, Last updated 14 November 2023. Accessible at <https://data.cso.ie/>
5. Linehan C, Kerr MP, Walsh PN, Brady G, Kelleher C, Delanty N et al. (2010) Examining the prevalence of epilepsy and delivery of epilepsy care in Ireland. *Epilepsia*, 51(5), 845–52.
6. O’Farrell A., Evans DS and Allen M (2016) The epidemiology of emergency in-patient hospitalisations among those with ‘No Fixed Abode’ (Homeless) 2005–2014: What lessons can be learnt. *Irish Medical Journal*, 109(9), 463.
7. Daly A, Craig S and O’Sullivan E (2018) The institutional circuit: Single homelessness in Ireland *European Journal of Homelessness*, 12(2), 79–94.
8. Daly A, Craig S and O’Sullivan E (2019) A profile of psychiatric in-patient admissions with no fixed abode (NFA) 2007–2016. *Irish Medical Journal*, 112 (1).
9. Guilfoyle S, Daly A, Craig S, Corroon Sweeney E and O’Donnell P (2023) Revisiting the profile of patients with no fixed abode admitted to psychiatric inpatient units 2017–2021. *Irish Medical Journal*, 116(6), 786.

Appendix A

Protocol for determining homelessness in coronial files

1. **Homeless – Without accommodation:** can include sleeping rough or rooflessness.
2. **Homeless – Temporary or crisis accommodation:** hostels are the main form of temporary or crisis accommodation. As hostels do not suit everyone, e.g., families or those with medical/social needs, bed and breakfasts, hotels, and families' hubs may be provided.
3. **Homeless – Severely substandard or highly insecure:** this includes but is not limited to, accommodation that is severely below the minimum standards for housing with fire hazards or potential health risks (e.g., severe dampness, infestation), structurally unsafe buildings, a lack of sanitary facilities etc., and accommodation where the deceased does not have a contract and is at risk of losing his/her home at any time.
4. **Homeless – Unknown:** it is reported in the file that the deceased is homeless, but no further details are provided.
5. **Unstable:** includes temporary living arrangements. For example, staying with a friend on a temporary basis.
6. **Long-term accommodation (LTA):** LTA refers to where the deceased is in accommodation provided by a homeless agency (NGO or State agency) that is not on a day-to-day basis, i.e., it was provided to the deceased on a long-term basis. For example, living long term in a flat provided by the Simon community. People in this category were not included in the main bulletin as they were not homeless at the time of their death (Appendix C)..

The category that most closely equated to a person's accommodation status at the time of their death was assigned to each case, based on the information available within each coronial file. This category may not reflect what is recorded in PASS for the deceased. For example, a person recorded as sleeping rough, may have used temporary or crisis accommodation some time prior to their death. In Dublin, there is considerable movement between rough sleeping and temporary or crisis accommodation in people who are chronically homeless.^{6, 7, 8, 9}

Appendix B

Table 7 contains **updated 2019 data** on 92 people who were homeless at the time of their death.³ **These data supersede any data previously published.**

Table 7: Demographics and characteristics of deaths in people who were homeless at the time of their death in 2019 (NDRDI)

	Total*
No. of deaths, No. (%)	92
Category of homelessness	
Rough sleeper	20 (22.0%)
Temporary or crisis accommodation	46 (50.0%)
Other categories of homelessness	26 (28.0%)
Demographics, No. (%)	
Male	74 (80.4)
Female	18 (19.6)
Age years, median (range ^a)	40 (24.7–59.4)
Location (place of dwelling)	
Dublin region	53 (57.6)
Cork region	8 (8.7)
Rest of Ireland	31 (33.7)
Cause of death, No. (%)	
Poisoning	49 (53.3)
<i>Polydrug poisoning</i>	37 (75.5)
Non-poisoning	43 (46.7)
<i>Trauma</i>	22 (51.2)
<i>Medical</i>	21 (48.8)
Substance Use No. (%)	
Alcohol use only ^b	21 (22.8)
Drug use only	42 (45.7)
Alcohol and drug use ^b	21 (22.8)
Type of drug used:	
<i>Heroin</i>	48 (52.2)
<i>Cocaine (including crack cocaine)</i>	26 (28.3)
<i>Cannabis</i>	23 (25.0)
<i>Benzodiazepines</i>	20 (21.7)
<i>Methadone</i>	19 (20.7)
No history of substance misuse	8 (8.7)
Co-morbidities, No. (%)	
Ever injected drugs	24 (26.1)
Blood borne viruses	18 (19.6)
History of mental health issues	34 (37.0)

*Percentages may not add up to 100 due to rounding

^a Age range is 5th percentile to 95th percentile (90% of cases are included within this range)

^b Includes problem alcohol use and alcohol dependency

Appendix C

Table 8 contains **2020 data on 37 people who did not meet the homeless inclusion criteria**, but are considered as homeless (housed), as they were housed in long-term (LTA) supported accommodation for people who were homeless, Housing First, or were recently housed after a period of homelessness (duration unknown). These deaths are not included in figures presented elsewhere in this bulletin.

Table 8: Demographics and characteristics of deaths among people who were homeless (housed) in 2020 (NDRDI)

	Total*
No. of deaths, No. (%)	37
Male	26 (70.3)
Female	11 (29.7)
Demographics, No. (%)	
Age years, median (range ^a)	52.5 (39.1–70.9)
Not in employment ^b	24 (64.9)
Location (place of dwelling)	
Dublin region	25 (67.6)
Rest of Ireland	12 (32.4)
Cause of death, No. (%)	
Poisoning	13 (35.1)
<i>Polydrug poisoning</i>	13 (100.0)
Non-poisoning ^c	24 (64.9)
Substance use history, No. (%)	
Alcohol use only ^d	15 (40.5)
Drug use only	15 (40.5)
Alcohol and drug use ^d	6 (16.2)
Type of drug used	
<i>Heroin</i>	12 (32.4)
<i>Cocaine (including crack cocaine)</i>	7 (18.9)
<i>Methadone</i>	6 (16.2)
<i>Benzodiazepines</i>	6 (16.2)
<i>Cannabis</i>	~
Co-morbidities, No. (%)	
Ever injected drugs	7 (18.9)
Blood borne viruses	9 (24.3)
History of mental health issues	20 (54.1)

*Percentages may not add up to 100 due to rounding

^a Age range is 5th percentile to 95th percentile (90% of cases are included within this range)

^b Refers to those unemployed, retired, or unable to work due to disability

^c Majority of non-poisoning deaths were due to medical causes

^d Includes problem alcohol use and alcohol dependency

~ Values suppressed due to small numbers

Appendix D

Table 9 contains **updated 2019 data on 29 people who did not meet the homeless inclusion criteria**, but were considered as homeless (housed), as they were housed in long-term (LTA) supported accommodation for people who were homeless, Housing First, or were recently housed after a period of homelessness (duration unknown). These deaths are not included in Appendix B above. **These data supersede any data previously published.**

Table 9: Demographics and characteristics of deaths in people who were homeless (housed) in 2019 (NDRDI)

	Total*
No. of deaths, No. (%)	29
Male	22 (75.9)
Female	7 (24.1)
Demographics, No. (%)	
Age years, median (range a)	45.0 (27.0-71.0)
Not in employment b	21 (72.4)
Location (place of dwelling)	
Dublin region	18 (62.1)
Cork region	~
Rest of Ireland	~
Cause of death, No. (%)	
Poisoning	17 (58.6)
<i>Polydrug poisoning</i>	15 (88.2)
Non-poisoning	12 (41.1)
<i>Trauma</i>	~
<i>Medical</i>	~
Substance use history, No. (%)	
Alcohol use only c	~
Drug use only	12 (41.1)
Alcohol and drug use c	12 (41.1)
Type of drug used	
<i>Heroin</i>	14 (48.3)
<i>Benzodiazepines</i>	10 (34.5)
<i>Cannabis</i>	9 (31.0)
<i>Cocaine (including crack cocaine)</i>	8 (27.6)
<i>Methadone</i>	~
Co-morbidities, No. (%)	
Ever injected drugs	14 (48.3)
Blood borne viruses	11 (37.9)
History of mental health issue	18 (62.1)

*Percentages may not add up to 100 due to rounding

a Age range is 5th percentile to 95th percentile (90% of cases are included within this range)

b Refers to those unemployed, retired, or unable to work due to disability

c Includes problem alcohol use and alcohol dependency

~ Values suppressed due to small numbers

Appendix E

Deaths among females who were homeless represented 7.6% of all deaths among females in Ireland aged 15 to 24 years in 2020, while deaths among males who were homeless represented 4.3% of all deaths among males in Ireland aged 15 to 24 years (Table 10).⁴

Table 10: Deaths among people who were homeless, as a proportion (%) of all deaths in the general population in Ireland in 2020

Age categories	Male	Female	Total
15-24	4.3	7.6	5.3
25-44	6.5	3.6	5.5
45-64	1.3	0.3	0.9
65+	~	~	~
Total	0.6	0.1	0.4



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