

Deaths among people who were homeless at time of death in Ireland, 2022

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HRB StatLink Series 29

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Introduction

- In this bulletin, data on deaths among people who were homeless and who died in 2022 are presented, along with a summary of deaths that occurred from 2019 to 2022¹. The data were 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 2001-2008²; 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. Therefore, data in this report supersede all data previously published.

NDRDI data sources

- Data on deaths among people known to be homeless are extracted from closed coronial files³ nationwide by NDRDI medical researchers.
- The NDRDI validates these data with the Dublin Region 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. Where a coroner considers a drug to have been causative in a death, the drug is deemed to be implicated in the death.
2. **non-poisoning** deaths, which are deaths due to all other causes, either traumatic or medical, irrespective of whether the coroner directly implicated drugs or alcohol in the death. Traumatic deaths are deaths due to physical injury with an external cause such as a fall, drowning, or assault. Medical deaths are deaths due to medical illness such as respiratory infection or cardiovascular disease.

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 – unstable or temporary living arrangements. For example, staying with a friend on a temporary basis
5. Homeless – unknown (no further details were available)

These criteria reflect international classifications^{4,5}, which are adapted to reflect the types of accommodation available to people who are homeless in Ireland (Appendix A). If an individual's living circumstances at the time of death are determined to fall into any of the above categories, the death is included in the main figures presented in this bulletin.

Inclusion criteria

- All people categorised as **homeless at time of death** in 2019 to 2022, and whose deaths were reported to the coroner, are included in the figures presented in this bulletin.

Limitations

- It is not possible to compare the number of deaths in this report to the total population of those homeless in Ireland, as no complete census of people experiencing homelessness in Ireland exists.
- This report includes deaths reported to the coroner only. Deaths among people who are homeless at the time of death that do not meet the coroner reporting criteria, such as an expected death from a long-term medical condition, are not included.
- Information in coronial files is not originally generated for research purposes and so the data are not complete for some variables (e.g., country of birth, ethnicity, and history of imprisonment). For some variables, it may be that positive instances are indicated in the files (e.g., the deceased was once in prison), while the opposite is less likely to be stated (i.e., the deceased was never imprisoned). Where relevant in this publication, variables with incomplete data are highlighted, with language such as “where known” and “at least”.
- For some variables, sex breakdowns are not possible due to small numbers in some categories.

Summary 2022

Number of deaths and type of accommodation

- There were **124 deaths** among people known to be **homeless at the time of death** in 2022. This equates to more than 10 deaths per month in 2022.
- Of the 124 deaths, 63 (50.8%) were among people who were homeless and in **temporary or crisis accommodation**, and 16 (12.9%) were among people who were without accommodation such as **sleeping rough**.
- More than one in four (25.8%) people were in highly insecure, substandard or unstable accommodation.

Demographics

- Most (80.6%) deaths occurred among **males**.
- The median age of those who died was **46.0 years** (47.0 years for males and 40.5 years for females).
- Most (57.3%) of the deceased lived in **Dublin (city and county)**.

Substance use

- Most of the deceased (83.9%) had a **history of substance use**.
- **Cocaine** (72.4%) was the most common drug used by those with a **history of drug use**, followed by **heroin** (53.9%), **alcohol** (47.4%), and **benzodiazepines** (31.6%).
- Of those with a history of substance use, 61.5% were known to have **alcohol dependence or problem use of alcohol**.
- Of the 40 people who used drugs only (excluding alcohol), the majority (87.5%) had a recorded history of **polydrug use**.
- One in five (27, 21.8%) of the deceased had **ever injected** drugs, with 10 people injecting at the time of death.

Co-morbidities

- One in five (20.2%) of the deceased had a history of **blood borne virus**; this was most commonly a diagnosis of hepatitis C, which was recorded for 16.1% of the deceased.
- **Mental health issues** were known to have been present for 37.9% (47) of those who died.
- Two in five (41.1%) of the deceased were known to **have ever accessed substance use treatment**.
- One in five (21.0%) of the deceased were receiving **opioid agonist treatment (OAT)** in the form of methadone substitution, at the time of death.

Place of death

- Over one half (56.5%) of the incidents leading to death occurred in **Health Service Executive (HSE) health regions** Dublin and North East and Dublin and Midlands.
- The most common (57.3%) county of incident was **Dublin (city or county)**.
- Specific **accommodation for people who are homeless** was the location of the incident in 33 deaths (26.6%), with a further 36 incidents (29.0%) occurring in a **public place, public building, or derelict building**.

Poisoning deaths

- Over a third (45, 36.3%) of deaths among people experiencing homelessness were due to **poisoning**: 38 (84.4%) were among males and seven (15.6%) were among females. The median age of those who died by poisoning was 43.0 years.
- The most common drug groups implicated in poisoning deaths were **opioids** (73.3%), **benzodiazepines** (57.8%), **cocaine** (55.6%), and **alcohol** (either alone or as part of polysubstance poisoning) (24.4%).
- **Methadone** (street or prescribed) (57.8%) was the most common specific drug implicated in poisoning deaths.
- **Polysubstance poisoning** accounted for seven in ten (71.1%) poisoning deaths. The proportion of polysubstance poisonings was the same among males and females.

Non-poisoning deaths

- There were 79 (63.7%) **non-poisoning deaths**: 62 (78.5%) were among males, and 17 (21.5%) were among females. The median age of those who died was 48.0 years.
- Six in ten (60.8%) non-poisoning deaths were classified as medical, with four in ten (39.2%) classified as traumatic.
- The most common **medical cause** of death was cardiovascular conditions, while the most common **traumatic cause** of death was falls.

Deaths among people with no recorded history of substance use

- There were 20 (16.1%) deaths among people who were homeless and who had **no recorded history of drug or alcohol use**. The median age of this group was 55.5 years.
- Most of these deaths were **non-poisoning deaths**, most commonly due to medical causes.

Summary 2019 to 2022

- There were **479 deaths** among people who were homeless at the time of death recorded for the years 2019 to 2022. Overall, the number of deaths increased by 30.5% from 2019 to 2022. The largest annual increase (33.7%) occurred between 2019 and 2020 (Table 7). The number of deaths decreased by 6.8% from 133 deaths in 2021 to 124 in 2022. These figures occur in the context of the COVID-19 pandemic and related public health measures which began in March 2020. Interpretation of the annual figures and changes between years must be considered in this context.
- The number of people residing in **temporary or crisis accommodation** at the time of death increased from 46 (48.4%) in 2019 to 63 (50.8%) in 2022. This figure peaked in 2021 at 87 people (65.4%).
- **Males** were in the majority across all four years. Deaths among **females** peaked in 2020, mainly due to poisoning deaths.
- The **median age** of death increased from 40.0 years in 2019 to 46.0 years in 2022.
- Over the period, most of the deceased were homeless in **Dublin (city and county)**. While the proportion was similar in 2019 (57.9%) and 2022 (57.3%), the number increased from 55 in 2019 to 71 in 2022.
- Most of the deceased (88.1%) had **a recorded history of substance use**.
- The number of people with a history of **drug use** (excluding alcohol only) was highest in 2020 at 94 (74.0%) decreasing to 76 (61.3%) in 2022.

- The number of people with a **recorded history of alcohol use** (alcohol dependence or problem use) increased from 44 (46.3%) in 2019 to 64 (51.6%) in 2022, which was the highest number over the period.
- The proportion of people with **no recorded history of substance use** increased from 8.4% in 2019 to 16.1% 2022.
- **Poisonings** accounted for 228 (47.6%) deaths over the period. Poisonings were the most common type of death in 2019 and 2020, but not in 2021 nor in 2022.
- The most common poisoning **drug group** in each year was **opioids**, followed by **benzodiazepines**.
- **Methadone** (street or prescribed) was the most common drug implicated in poisoning deaths each year. The majority (93.3%) of these deaths were polysubstance poisonings.
- Over the four years, more than one half (251, 52.4%) of deaths were **non-poisonings**.
- **Cardiovascular conditions** were the cause of death in 48 people over the period. This was the most common type of non-poisoning death, followed by hanging (40), drowning (23), and falls (22).

National overview for 2022

Number of deaths in 2022

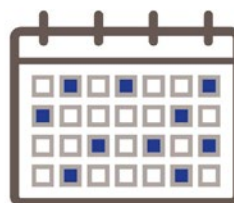
A total of 24,041 deaths were reported to the coroners in 2022⁶.

- Among these were **124 deaths** in people known to be **homeless at the time of death**. Nearly two-thirds (63.7%) of these deaths were non-poisoning deaths (Table 1).
 - This equates to more than 10 deaths per month in 2022.
-

Number of deaths

124
deaths

among people who
were **homeless** in 2022



10 deaths
per month

Deaths not meeting the homeless inclusion criteria

- An additional **36 deaths** occurred in 2022 in people who were **homeless but had been housed** in accommodation provided by a homeless agency (excluding Housing First⁷). As these deaths are **not classified as homeless**, they are not included in the figures reported in this bulletin, but are summarised in Appendix B.

Type of accommodation

- Of the 124 deaths in 2022, 63 (50.8%) were among people who were homeless and in **temporary or crisis accommodation** (Table 1). Of these, 28 (44.4%) were poisoning deaths.
- There were 16 deaths among people who were known to be without accommodation such as **sleeping rough** at the time of death. Almost all of these deaths were among males, with a median age of 41.5 years. The majority of deaths among those who were sleeping rough were non-poisoning deaths and these were mainly classified as trauma.
- More than one in four (25.8%) people were in highly insecure, substandard or unstable accommodation.

Table 1 Total deaths among people who were homeless, by category of homelessness and type of death, 2022

	Sleeping rough	Temporary or crisis accommodation	Unstable, substandard or highly insecure accommodation	Homeless, category unknown	Total*
Deaths, No. (%)	16 (12.9)	63 (50.8)	32 (25.8)	13 (10.5)	124 (100.0)
Poisoning deaths, No. (%)	~	28 (22.6)	~	7 (5.6)	45 (36.3)
Non-poisoning deaths, No. (%)	~	35 (28.2)	~	6 (4.8)	79 (63.7)

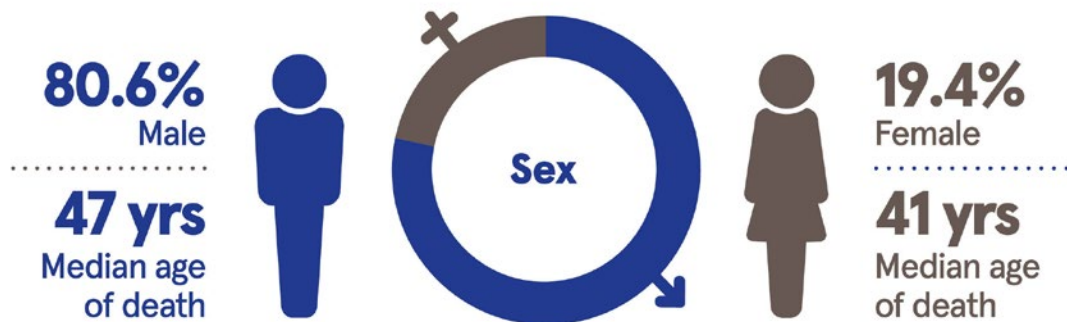
*Percentages may not add up to 100 due to rounding

~ Values suppressed due to small numbers

Demographics

- **Males** (100, 80.6%) accounted for the majority of deaths among people who were homeless and who died in 2022 (Table 2). Females (24, 19.4%) accounted for one in five deaths.
- The **median age** of death among people who were homeless was **46.0 years** (47.0 years for males and 40.5 years for females).
- In 2022, 85.4% of deaths among those who were homeless at the time of death occurred in those in the **under 60 years** age category. This differs from the general population, where just 12.7% of deaths occurred in this age group in 2022⁸, illustrating the risk of premature mortality in those who are experiencing homelessness.

Breakdown by sex

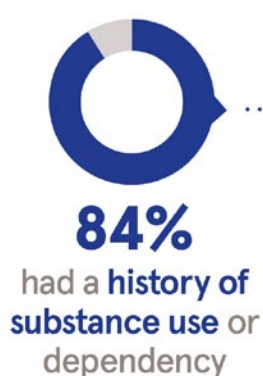


- The majority (74.2%) of the deceased were **single**, with a further 12.1% **divorced, separated, or widowed** at the time of death (where known). Overall, the majority of males (89.0%) and females (75.0%) were single, separated, divorced, or widowed.
- Thirteen people (10.5%) were known to have a **history of imprisonment**.
- Country of birth was known for 46 (37.1%) of the deceased. Twenty-two of the deceased were **born outside of Ireland**, mainly in the United Kingdom and Central and Eastern European countries.

Substance use

- The majority (104, 83.9%) of people who were homeless at the time of death 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 dependence) (Table 2).
- Of those with a lifetime history of substance use, 61.5% (64) were known to have **alcohol dependence or problem use**.
- Among the 76 people who used any drug (excluding alcohol use only), the most common substance used was **cocaine** (72.4%), followed by **heroin** (53.9%), **alcohol** (47.4%), and **benzodiazepines** (31.6%).
- Among **males** with a history of drug use (excluding alcohol use only), **cocaine** (73.3%) was the most common drug used, followed by **heroin** (53.3%), **alcohol** (43.3%), and **benzodiazepines** (31.7%).
- Among **females** with a history of drug use (excluding alcohol use only), **cocaine** (68.8%) was the most common drug used, followed by **alcohol** (62.5%), **heroin** (56.3%), **benzodiazepines** (31.3%), and **cannabis** (31.3%).
- Of the 40 (32.3%) people who used **drugs only** (without concurrent alcohol dependence or problem use), the majority (87.5%) had a recorded history of **polydrug use** (use of more than one drug).
- Of the 76 people who used **drugs only or drugs in combination with alcohol**, 71 (93.4%) people had a recorded history of **polysubstance use**.

Substance use



32%
Drugs only



29%
Alcohol & drugs



23%
Alcohol only

Injecting

- More than one in five (21.8%) people had a known **history of injecting** drug use.
- Among **males**, 20 (20.0%) had a **lifetime history of injecting drug use**, with 10 (10.0%) **injecting at the time of death**.
- Seven (29.2%) **females** had a **lifetime history of injecting drug use**, and none were known to be injecting at the time of death.

Co-morbidities

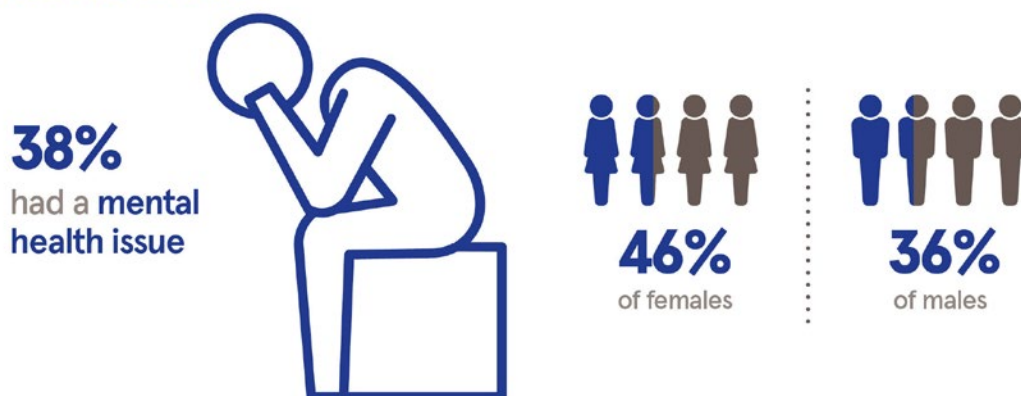
Blood borne viruses

- Of those who were homeless at the time of death in 2022, 25 (20.2%) had a history of a **blood borne virus**, mostly hepatitis C (16.1%) (Table 2).
- A diagnosis of **hepatitis C** (includes treated and cleared) was present in a similar proportion of males and females.
- A small number of those who died had a diagnosis of **HIV**.

Mental health

- Nearly four in ten (47, 37.9%) of those who died had a known history of **mental health issues** (45.8% of females and 36.0% of males) (Table 2).
- A medical professional was the **source of diagnosis** for the majority (72.3%) of those with a history of mental health issues. Depositions from other parties as part of the coronial file, was the source of information on mental health issues for the remainder.
- Of those with a history of mental health issues, 68.1% were known to be **in contact with medical services**, including substance use treatment services.

Mental health



Treatment services

- Two in five (51, 41.1%) people were known to have ever accessed **treatment for substance use**. A higher proportion of females (58.3%) than males (37.0%) had accessed treatment (Table 2).
- More than one in four (27.4%) of the deceased were receiving substance use treatment at the time of death (25.0% of males and 37.5% of females).
- The main treatment was **opioid agonist treatment (OAT)**, mostly methadone substitution. One in five (21.0%) of the deceased were receiving **opioid agonist treatment (OAT)** at the time of death.

Substance use treatment

41%
in receipt
of substance
use treatment



58%
of females

37%
of males

Table 2 Demographics and characteristics of the deceased by sex, 2022

	Male	Female	Total*
Deaths, No. (%)	100 (80.6)	24 (19.4)	124 (100.0)
Demographics, No. (%)			
Age, median (range ^a)	47.0 (23.1 – 73.9)	40.5 (24.8 – 63.5)	46.0 (24.3 – 71.8)
Age, years			
15–44	37 (37.0)	19 (79.2)	56 (45.2)
45–64	~	~	55 (44.4)
65 and over	~	~	13 (10.5)
Born outside Republic of Ireland ^b	~	~	22 (17.7)
Single, separated, divorced, or widowed	89 (89.0)	18 (75.0)	107 (86.3)
Not in employment ^c	65 (65.0)	20 (83.3)	85 (68.5)
History of imprisonment	~	~	13 (10.5)
Dublin (city and county) (place of residence)	56 (56.0)	15 (62.5)	71 (57.3)
Cause of death, No. (%)			
Poisoning	38 (38.0)	7 (29.2)	45 (36.3)
Non-poisoning	62 (62.0)	17 (70.8)	79 (63.7)
Substance use, No. (%)			
History of substance use	83 (83.0)	21 (87.5)	104 (83.9)
Drug use only	34 (34.0)	6 (25.0)	40 (32.3)
Drug and alcohol use ^d	26 (26.0)	10 (41.7)	36 (29.0)
Alcohol use only ^d	~	~	28 (22.6)
No recorded history of substance use	~	~	20 (16.1)
Ever injected	20 (20.0)	7 (29.2)	27 (21.8)
Injecting at time of death	10 (10.0)	0 (0.0)	10 (8.1)
Co-morbidities, No (%)			
Blood borne virus	17 (17.0)	8 (33.3)	25 (20.2)
Epilepsy	~	~	~
History of mental health issues ^e	36 (36.0)	11 (45.8)	47 (37.9)
Treatment history, No. (%)			
Ever treated for substance use	37 (37.0)	14 (58.3)	51 (41.1)
Current substance use treatment ^f	25 (25.0)	9 (37.5)	34 (27.4)
Current opioid agonist treatment (OAT) ^f	18 (18.0)	8 (33.3)	26 (21.0)
Current prescribed medications ^f	44 (44.0)	13 (54.2)	57 (46.0)

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

c Where known. 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 deaths

Place of death

- Most deaths (64.5%) occurred among people who were homeless in **Leinster** (73.3% of poisoning deaths and 59.5% of non-poisoning deaths). Most (88.8%) of these deaths were among people who were homeless in **Dublin (city and county)**.
- The majority (57.3%) of incidents leading to death occurred in **Dublin (city and county)**, with 6.5% occurring 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** of residence are provided in Table 3, with deaths in the Mid-West, West and North-West, and Mid-East, North-East and Midlands reported together due to small numbers.

Table 3 PASS region of residence for deaths among people who were homeless at the time of death, 2022

PASS regions	No. of deaths, (%) [*]
Dublin	71 (57.3)
South-East	10 (8.1)
South-West	16 (12.9)
Mid-West, West, and North-West ^a	18 (14.4)
Mid-East, North-East, and Midlands ^a	7 (5.6)
Total	124 (100.0)

^{*} Percentages may not add up to 100 due to rounding

^a Areas combined because of small numbers

- The place of incident was a private dwelling for 38 (30.6%) deaths. One in three deaths among males (32.0%) and one in four (25.0%) deaths among females occurred in a private dwelling.
- A further 36 (29.0%) incidents occurred in a **public place, building, or derelict building**. A slightly higher proportion of deaths among females (33.3%) than among males (28.0%) occurred in a public place, building, or derelict building.
- The place of incident was in specific **accommodation for people who are homeless** for 33 (26.6%) deaths.
- More than one half (71, 57.3%) of people were **alone at the time of the incident**.
- The highest proportion of deaths occurred in the last quarter of 2022 (31.5%). Monthly, November (12.1%) and December (12.1%) each accounted for the highest proportion of deaths in 2022, followed by January (11.3%).

Place of death

57%
in Dublin

7%
in Cork

36%
Rest of Ireland



29%
occurred in a public
place, public building,
or derelict building



27%
died in
emergency
accommodation

Cause of death

- In 2022, there were 45 (36.3%) poisoning deaths and 79 (63.7%) non-poisoning deaths among people who were homeless at the time of death.

Cause of death

64%
Non-poisoning

36%
Poisoning



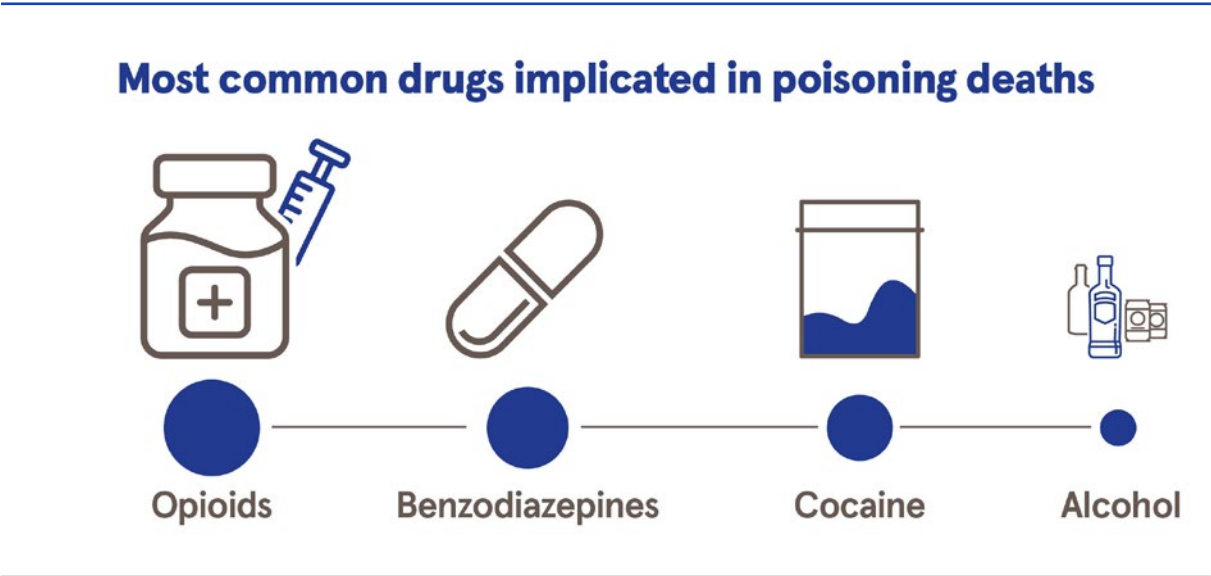
Of non-poisoning deaths:

15% deaths due to
cardiovascular conditions

11% deaths due
to hanging

Poisoning deaths

- Of the 45 (36.3%) **poisoning deaths** in 2022, 38 (84.4%) were among males and 7 (15.6%) were among females (Table 4).
- The **median age** of death was 43.0 years (44.5 years for males and 39.0 years for females).



- The most common **drug groups** implicated in poisoning deaths were **opioids** (73.3%), **benzodiazepines** (57.8%), **cocaine** (55.6%), and **alcohol** (either alone or as part of polysubstance poisoning) (24.4%) (Table 4).
- Of the 45 poisoning deaths, 33 (73.3%) had **at least one opioid** implicated, while almost three in ten (28.9%) had **two or more opioid drugs** implicated.
- **Methadone** (street or prescribed) (57.8%) was **the most common drug** implicated in poisoning deaths. Most (92.3%) methadone poisonings were polysubstance poisonings. Methadone was the most commonly implicated drug in poisoning deaths among **females** and the second most commonly implicated drug in poisoning deaths among **males**, after **cocaine**.
- **Heroin** (28.9%) was the second most common opioid implicated in poisoning deaths.
- **Benzodiazepines** were implicated in 57.8% of poisoning deaths, with more than one third (35.6%) of poisoning deaths involving **two or more benzodiazepine drugs**.
- **Alprazolam** was implicated in 40.0% of poisoning deaths. While most of these deaths were among males, the proportions were similar among males and females.
- **Cocaine** was implicated in 55.6% of poisoning deaths. It was **the second most common drug** after methadone, and it was the **most common drug** implicated in poisoning deaths among males.
- More than one in three (35.6%) of those who died by poisoning had a known history of **previous overdose**.
- Most poisoning deaths were **polysubstance poisonings** (71.1%) (deaths due to the toxic effects of more than one substance). These accounted for equal proportions of poisoning deaths among males as among females.
- The most common drug in single substance poisoning deaths was **cocaine**. All cocaine-only deaths occurred in males.

Table 4 Demographics and characteristics of poisoning deaths by sex, 2022

	Male	Female	Total
Poisoning deaths, No. (%)	38 (84.4)	7 (15.6)	45 (100.0)
Demographics, No. (%)			
Age, median (range ^a)	44.5 (23.0 - 58.8)	39.0 (27.0 - n/a)	43.0 (24.2 - 57.7)
Not in employment ^b	~	~	27 (60.0)
Known to have children under 18	~	~	6 (13.3)
History of imprisonment ^c	~	~	10 (22.2)
Dublin (city and county) (place of residence)	~	~	30 (66.7)
Treatment history, No. (%)			
Ever treated for substance use	26 (68.4)	6 (85.7)	32 (71.1)
Current substance use treatment ^d	~	~	20 (44.4)
History of previous overdose	~	~	16 (35.6)
Circumstance of death, No. (%)			
Ever injected	~	~	16 (35.6)
Injecting at time of death	~	~	7 (15.6)
Incident occurred in accommodation for people experiencing homelessness	~	~	18 (40.0)
Incident occurred in public place	~	~	14 (31.1)
Alone at the time of death	~	~	27 (60.0)
More than one drug implicated in death	~	~	32 (71.1)
Drugs implicated (No. of deaths ^e)			
Opioids	27	6	33
<i>Methadone</i>	~	~	26
<i>Heroin</i>	~	~	13
Benzodiazepines	~	~	26
<i>Alprazolam</i>	~	~	18
<i>Diazepam</i>	~	~	14
<i>Other benzodiazepines</i>	~	~	12
Cocaine	~	~	25
Alcohol	~	~	11
Antidepressants	~	~	10
Z-drugs	~	~	10
Antiepileptics/gabapentinoids	~	~	10
<i>Pregabalin</i>	~	~	8
Other prescribable medications ^f	~	~	11
Other illicit drugs ^g	~	~	~

*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 Where known. Refers to those unemployed, retired, or unable to work due to disability

c Data have not been validated with the prison services and therefore may be an underestimate

d Current refers to within a month preceding death

e An individual death may have more than one drug implicated

f For example, antipsychotics and non-opioid analgesia

g For example, 3,4-Methylenedioxymethamphetamine (MDMA), amphetamines, and novel psychoactive substances

~ Values suppressed due to small numbers

Opioid poisoning deaths

- **Opioids** were implicated in 33 poisoning deaths (Table 5). Methadone was implicated in 26 deaths and heroin was implicated in 13 deaths.
- More than eight in ten (27, 81.8%) of the deceased in this group had **previously received substance use treatment** and 19 (57.6%) people were **in treatment** at the time of death.
- More than four in ten (42.4%) of the deceased had a history of **previous overdose**.
- Of the 15 people known to have had a history of injecting, 6 were **injecting at the time of death**.
- Almost one half (45.5%) of opioid poisonings occurred in **accommodation for people experiencing homelessness**.
- One in four (24.2%) opioid poisonings occurred in a **public place or building**, and almost all of these were among males.
- More than one half (54.5%) of people were **alone at the time of the incident** that led to their death.

Table 5 Characteristics of opioid poisoning deaths by sex, 2022

	Male	Female	Total*
Opioid poisoning deaths, No. (%)	27 (81.8)	6 (18.2)	33 (100.0)
Ever treated for substance use	21 (77.8)	6 (100.0)	27 (81.8)
Current substance use treatment ^a	~	~	19 (57.6)
History of previous overdose	~	~	14 (42.4)
Ever injected	~	~	15 (45.5)
Injecting at time of death	~	~	6 (18.2)
Incident occurred in accommodation for people experiencing homelessness	~	~	15 (45.5)
Incident occurred in public place or building	~	~	8 (24.2)
Alone at time of death	~	~	18 (54.5)
Polysubstance use implicated in death	~	~	31 (93.9)

*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 79 (63.7%) **non-poisoning deaths** among people who were experiencing homelessness at the time of death. Of these 62 (78.5%) were among males and 17 (21.5%) were among females (Table 6).
- The **median age** of deaths was **48.0 years** (50.0 years for males, and 41.0 years for females).
- Six in ten (60.8%) non-poisoning deaths were classified as **medical**, with four in ten (39.2%) classified as **traumatic**.

Medical cause of death

- The median age of death for those who died of **medical** causes was 50.0 years (52.0 years for males and 41.0 years for females).
- **Cardiovascular conditions** were the most common medical cause of death. They accounted for more than one in seven (15.2%) non-poisoning deaths and were the most common cause of non-poisoning deaths overall.
- The median age of those who died due to cardiovascular conditions was 51.0 years.
- **Respiratory infection** (11.4%) was the second most common medical cause of non-poisoning death.

Traumatic cause of death

The median age for those who died of **traumatic** causes was 42.0 years (44.0 years for males and 40.0 years for females).

- **Falls** (12.7%) were the second most common non-poisoning cause of death, and the most common traumatic cause overall. The majority of falls occurred among males. The median age of those who died due to a fall was 46.5 years.
- The second most common (11.4%) traumatic cause of non-poisoning death was **hanging**.
- Those who died by hanging had a younger median age of 35.0 years. All of these individuals had a history of drug or alcohol dependency. Most (77.8%) had illicit drugs or alcohol on toxicology at the time of death.

Table 6 Demographics and characteristics of non-poisoning deaths, 2022

	Total*
Non-poisoning deaths, No. (%)	79 (100.0)
Male	62 (78.5)
Female	17 (21.5)
Demographics, No. (%)	
Age, median (range ^a)	48.0 (24.0 – 75.0)
<i>Male</i>	50.0 (23.3 – 75.9)
<i>Female</i>	41.0 (24.0 – n/a)
Not in employment ^b	58 (73.4)
<i>Male</i>	43 (69.4)
<i>Female</i>	15 (88.2)
Known to have children under 18 years	9 (11.4)
Dublin (city and county) (place of residence)	41 (51.9)
Circumstance of death, No. (%)	
Incident occurred in public place	22 (27.8)
Incident occurred in accommodation for people experiencing homelessness	15 (19.0)
Alone at the time of death	44 (55.7)
Substance use history, No. (%)	
Alcohol use ^c	43 (54.4)
Ever injected	11 (13.9)
Other drug use	37 (46.8)
<i>Heroin</i>	13 (16.5)
<i>Cocaine (including crack cocaine)</i>	21 (26.6)
<i>Cannabis</i>	7 (8.9)
<i>Benzodiazepines</i>	7 (8.9)
<i>Methadone</i>	~
Cause of death, No. (%)	
Medical	48 (60.8)
Cardiovascular	12 (15.2)
Respiratory infection	9 (11.4)
Other medical ^d or unknown causes	27 (34.2)
Trauma	31 (39.2)
Fall	10 (12.7)
Hanging	9 (11.4)
Other external trauma ^e	12 (15.2)

*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 Where known. Refers to those unemployed, retired, or unable to work due to disability

c Includes problem alcohol use and alcohol dependency

d For example, cerebral event, pancreatic disorder, liver disease, and cancer

e Includes assault, stabbing, and drowning

~ Values suppressed due to small numbers

Deaths among people with no recorded history of substance use

- There were 20 (16.1%) deaths among people who were homeless and who had **no recorded history of substance use** (neither drugs nor alcohol). The majority were males.
- The **median age** in this group was **55.5 years**, with nine of the deceased aged 60 years or over.
- The deceased were mostly (50.0%) in **temporary or crisis accommodation**, followed by **severely substandard or highly insecure accommodation** (35.0%).
- Most of these deaths were **non-poisoning deaths**, most commonly due to medical causes.

Deaths among people who were homeless at the time of death, 2019 to 2022

Number of deaths among people who were homeless, 2019 to 2022

- For the period 2019 to 2022, **479 deaths** among people who were homeless at the time of death were recorded (Table 7). The number of deaths increased by 30.5% from 95 in 2019 to 124 in 2022.
- The largest increase in the number of deaths (33.7%) occurred between 2019 and 2020. The only decrease in deaths over the period was between 2021 and 2022, a decrease of 6.8%.
- These figures occur in the context of the COVID-19 pandemic and related public health measures which began in March 2020. Interpretation of the annual figures and changes between years must be considered in this context.

Type of accommodation

- Over the period, those who died were mostly in **temporary or crisis accommodation** (279, 58.2%) (Table 7). The number increased from 46 (48.4% of deaths) in 2019 to 63 (50.8% of deaths) in 2022. This peaked at 87 deaths (65.4%) in 2021.
- **Sleeping rough** was the second most common type over the period (95, 19.8%). The number of people sleeping rough at the time of death decreased 46.7% from 30 in 2021 to 16 in 2022.

Demographics

- **Males** were in the majority throughout the period accounting for eight in ten deaths each year (Table 7). Deaths among **females** peaked in 2020 at 23.6%, mainly due to poisoning deaths, which made up 66.7% of deaths among females that year.
- The **median age** of death increased over the four years, from 40.0 years in 2019 to 46.0 years in 2022.
- The majority (59.5%) of the deceased were homeless in **Dublin (city and county)**. The number of deaths increased from 55 in 2019 to 71 in 2022, with a peak of 86 people in 2021.
- **Cork (city and county)** was the second most common location across the period, though deaths among those homeless in Cork decreased from 20 (15.7%) in 2020 to 13 (10.5%) in 2022.

Substance use

- Over the period, the majority (88.1%) of people had a recorded history of **substance use** (Table 7).
- Over the period, one in four of the deceased (116, 24.2%) had a **history of injecting**. While the number increased slightly from 2019 (26) to 2022 (27), the proportion decreased from 27.4% to 21.8%.
- The number **injecting at the time of death** was relatively stable over the period, but peaked in 2020 (18, 14.2%).
- The number of people with **no history of substance use** increased every year over the period from 8 (8.4%) in 2019 to 20 (16.1%) in 2022.

Mental health and other co-morbidities

- Over the period, **mental health issues** were recorded for almost two in five (38.6%) of the deceased. The number of people with a recorded history of mental health issues increased from 34 in 2019 to 47 in 2022. This was highest in 2020, where a mental health history was recorded for 59 people (46.5%).
- The proportion of people with a history of blood borne virus was highest (20.2%) in 2022. This was similar to the proportion of people in 2019 (20.0%) but an increase on 2020 (15.0%) and 2021 (15.8%). Hepatitis C was the most common blood borne virus each year, followed by HIV. A small number of people had more than one blood borne virus diagnosis.
- Over the period, 30 (6.3%) people had a diagnosis of epilepsy. Having been relatively stable from 2019 to 2021, the number of people with a diagnosis of epilepsy recorded decreased to a small number in 2022 (fewer than six).

Table 7 Demographics and characteristics of deaths among people who were homeless at the time of death, 2019 to 2022

	2019	2020	2021	2022	Total
Number of deaths, No.	95	127	133	124	479
Demographics, No. (%)					
Male	77 (81.1)	97 (76.4)	107 (80.5)	100 (80.6)	381 (79.5)
Female	18 (18.9)	30 (23.6)	26 (19.5)	24 (19.4)	98 (20.5)
Age years, median (range ^a)	40.0 (24.8 – 59.2)	41.0 (22.4 – 65.4)	42.0 (25.7 – 61.6)	46.0 (24.3 – 71.8)	42.0 (25.0 – 64.0)
Dublin (city and county) (place of residence)	55 (57.9)	73 (57.5)	86 (64.7)	71 (57.3)	285 (59.5)
Category of homelessness, No. (%)					
Temporary or crisis accommodation	46 (48.4)	83 (65.4)	87 (65.4)	63 (50.8)	279 (58.2)
Sleeping rough	21 (22.1)	28 (22.0)	30 (22.6)	16 (12.9)	95 (19.8)
Other categories of homelessness ^b	28 (29.5)	16 (12.6)	16 (12.0)	45 (36.3)	105 (21.9)
Circumstances of death, No. (%)					
Incident occurred in public place	35 (36.8)	45 (35.4)	39 (29.3)	36 (29.0)	155 (32.4)
Incident occurred in accommodation for people experiencing homelessness	29 (30.5)	60 (47.2)	59 (44.4)	33 (26.6)	181 (37.8)
Cause of death, No. (%)					
Poisoning	49 (51.6)	72 (56.7)	62 (46.6)	45 (36.3)	228 (47.6)
Male	40 (81.6)	52 (72.2)	49 (79.0)	38 (84.4)	179 (78.5)
Female	9 (18.4)	20 (27.8)	13 (21.0)	7 (15.6)	49 (21.5)
Polydrug poisoning	37 (75.5)	58 (80.6)	55 (88.7)	32 (71.1)	182 (79.8)
Non-poisoning	46 (48.4)	55 (43.3)	71 (53.4)	79 (63.7)	251 (52.4)
Male	37 (80.4)	45 (81.8)	58 (81.7)	62 (78.5)	202 (80.5)
Female	9 (19.6)	10 (18.2)	13 (18.3)	17 (21.5)	49 (19.5)
Medical	22 (47.8)	24 (43.6)	51 (71.8)	48 (60.8)	145 (57.8)
Trauma	24 (52.2)	31 (56.4)	20 (28.2)	31 (39.2)	106 (42.2)
Substance use, No. (%)					
History of substance use	87 (91.6)	116 (91.3)	115 (86.5)	104 (83.9)	422 (88.1)
Drug use only	43 (45.3)	60 (47.2)	55 (41.4)	40 (32.3)	198 (41.3)
Alcohol use only ^c	22 (23.2)	22 (17.3)	33 (24.8)	28 (22.6)	105 (21.9)
Alcohol and drug use ^c	22 (23.2)	34 (26.8)	27 (20.3)	36 (29.0)	119 (24.8)
No recorded history of substance misuse	8 (8.4)	11 (8.7)	18 (13.5)	20 (16.1)	57 (11.9)
Ever injected drugs	26 (27.4)	33 (26.0)	30 (22.6)	27 (21.8)	116 (24.2)
Injecting at the time of death	12 (12.6)	18 (14.2)	11 (8.3)	10 (8.1)	51 (10.6)
Co-morbidities, No. (%)					
Blood borne viruses	19 (20.0)	19 (15.0)	21 (15.8)	25 (20.2)	84 (17.5)
History of mental health issues ^d	34 (35.8)	59 (46.5)	45 (33.8)	47 (37.9)	185 (38.6)
Diagnosis of epilepsy	~	10 (7.9)	10 (7.5)	~	30 (6.3)
Treatment history, No. (%)					
Ever treated for substance use	40 (42.1)	56 (44.1)	50 (37.6)	51 (41.1)	197 (41.1)
Current substance use treatment ^e	28 (29.5)	31 (24.4)	36 (27.1)	34 (27.4)	129 (26.9)
Current opioid agonist treatment (OAT) ^e	26 (27.4)	25 (19.7)	30 (22.6)	26 (21.0)	107 (22.3)
Current prescribed medications ^e	38 (40.0)	60 (47.2)	63 (47.4)	57 (46.0)	218 (45.5)

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

b Also includes substandard or highly insecure homelessness, and unknown types of homelessness

c Includes problem alcohol use and alcohol dependency

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

e Current refers to within a month preceding death

~ Values suppressed due to small numbers

Characteristics of deaths

- Over the period 2019 to 2022, for most of the deceased (277, 57.8%) the incident leading to death occurred in **Dublin (city and county)**. County of incident was available for 451 (94.2%) deaths.
- **Health region** Dublin and North East, and **health region** Dublin and Midlands together accounted for six in ten (288, 60.1%) incidents over the period (Appendix C).
- From 2019 to 2022, most incidents occurred either in **specific accommodation for people who were homeless** (181, 37.8%) or in **a public place, public building or derelict building** (155, 32.4%) (Table 7).
- The proportion of people who were **alone at the time of death** increased from 44.2% in 2019 to 57.3% in 2022. This proportion was highest in 2021 at 65.4%.

Time of year

- There were considerable fluctuations in the time of year that deaths occurred over the period 2019 to 2022. Given the period encompasses the COVID-19 pandemic and related public health restrictions, data should be interpreted in this context.
- Over the four years, there appears to be an increase in deaths in the winter months with a contrasting decrease in the summer months.

Type of death

- Over the period, **non-poisonings** accounted for 52.4% (251) of deaths among people who were homeless at the time of death, while **poisonings** accounted for 47.6% (228) (Table 7).
- Poisonings deaths were in the majority in 2019 (49, 51.6%) and 2020 (72, 56.7%), however, in 2021 (62, 46.6%) and 2022 (45, 36.3%) poisoning deaths decreased in number and as a proportion of all deaths.

Poisoning deaths

- Poisoning deaths accounted for one in two (50.0%) deaths among females over the period. These peaked in 2020, accounting for two in three (66.7%) deaths among females, compared to one in two deaths (50.0%) in 2019 and in 2021. In 2022, three in ten (29.2%) deaths among females were poisonings, the lowest proportion over the period.
- Poisoning deaths decreased in males across the period, from more than one in two (51.9%) in 2019 to four in ten (38.0%) in 2022. The highest proportion of poisonings among males occurred in 2020 (53.6%).
- Over the period, the majority (182, 79.8%) of poisoning deaths were polysubstance poisonings.

Drugs implicated

- The most common **drug group** implicated in poisoning deaths each year was **opioids**; this was followed by **benzodiazepines** (Table 8).
- The third most common **drug group** changed over the period: **Z-drugs** in 2019; **cocaine** in 2020; **cocaine and alcohol** in 2021, and **cocaine** in 2022.
- **Methadone (street or prescribed)** was the most common **specific drug** implicated in all years; methadone was implicated in at least one half of poisoning deaths each year from 2019 to 2022 (range 50.0% to 57.8%). The majority (93.3%) of these deaths were polysubstance poisonings.
- **Cocaine** poisonings increased from 12 deaths in 2019 to 25 deaths in 2022, peaking in 2020 with 30 deaths.
- The proportion of **heroin** poisonings decreased from 38.8% in 2019 to 28.9% in 2022. In 2022, the number of heroin poisonings (13) was half that observed in 2020 (26) (Table 8).
- The proportion of **alcohol (alone or as part of polysubstance)** poisonings was lowest in 2022 (24.4%).
- Of 46 single drug poisonings over the period, one in two (50.0%) were alcohol-only poisonings.

Polysubstance poisonings

- The proportion of deaths that were **polysubstance poisonings** increased from 75.5% in 2019 to 88.7% in 2021, before decreasing to 71.1% in 2022.
- The proportion of individuals with **more than five drugs** implicated in their death increased from 16.2% of poisonings in 2019 to 28.9% of poisonings in 2022. However, the median number of drugs implicated in a poisoning death was three in 2022, which was lowest over the period.

Table 8 Drugs implicated in poisoning deaths in people who were homeless at the time of death, 2019 to 2022

Drugs implicated (No. of deaths) ^a	Year of death				
	2019	2020	2021	2022	Total
Number of deaths, No.	49	72	62	45	228
Opioids	39	54	51	33	177
<i>Methadone (street or prescribed)</i>	26	36	32	26	120
<i>Heroin</i>	19	26	22	13	80
Benzodiazepines	24	48	42	26	140
<i>Alprazolam</i>	14	34	27	18	93
<i>Diazepam</i>	16	29	21	14	80
<i>Other benzodiazepines</i>	7	10	14	12	43
Cocaine	12	30	23	25	90
Alcohol	16	18	23	11	68
Antidepressants	13	13	16	10	52
Z-drugs	18	11	12	10	51
Antiepileptics/gabapentinoids	~	19	~	10	45
<i>Pregabalin</i>	~	17	~	8	41
Other prescribable medications ^b	7	15	11	11	44
Other illicit drugs ^c	~	9	12	~	32

a An individual death may have more than one drug implicated.

b For example, antipsychotics and non-opioid analgesia

c For example, 3,4-Methylenedioxymethamphetamine (MDMA), amphetamines, and novel psychoactive substances

~ Values suppressed due to small numbers

Non-poisoning deaths

- **Non-poisoning deaths** increased over the period, reaching their highest level in 2022 at 63.7% of all deaths for that year.
- While most **non-poisoning deaths** in 2019 and 2020 were due to **traumatic** causes (mainly hanging), the non-poisoning deaths in 2021 and 2022 were more often due to **medical** causes (mostly cardiovascular conditions).
- Over the period, the main cause of non-poisoning death was **cardiovascular conditions** (48); this was followed by hanging (40), drowning (23), and falls (22).

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Notes

1. To cite this publication: Riordan F, Gopalakrishnan A, Kelleher C and Carew AM (2026) *Deaths among people who were homeless at time of death in Ireland, 2022*. HRB StatLink Series 29. Dublin: Health Research Board. Available at: <https://www.drugsandalcohol.ie/45132/>
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6. Coroners (Amendment) Act 2019, No. 29/2019, s. 38, Dublin: Stationery Office. Available at: <https://www.irishstatutebook.ie/eli/2019/act/29/enacted/en/print#sec40>
7. Starting with deaths in 2023, the HRB is collating data on deaths among tenants of the Housing First initiative, in collaboration with the HSE, the Housing Agency, and Department of Health. Figures will be published separately.
8. Central Statistics Office *An Phríomh-Oifig Staidrimh* (CSO) (2022) *Deaths occurrence (Final)*, VSA0, Deaths occurring. Last updated 3 November 2025. Available at: <https://data.cso.ie/table/VSA07>
9. 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.
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12. 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:** this is temporary or emergency accommodation provided to individuals who are experiencing homelessness, and it may include hostels, bed and breakfasts, hotels, and families' hubs.
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 their 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 this bulletin as they were not homeless at the time of death.

The category that most closely equated to a person's accommodation status at the time of 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^{9,10,11,12}.

Appendix B

Table 9 contains 2022 data for 36 people who **did not meet the homeless inclusion criteria** but are considered as homeless (housed) (excluding Housing First)⁷, as they were housed in long-term (LTA) supported accommodation for people who were homeless or were recently housed after a period of homelessness (duration unknown).

Table 9 Demographics and characteristics of deaths among people who were homeless (housed) in 2022

	Total*
No. of deaths, No. (%)	36 (100.0)
Male	30 (83.3)
Female	6 (16.7)
Demographics, No. (%)	
Age, median (range ^a)	51.0 (36.9 – 73.3)
Not in employment ^b	21 (58.3)
Known to have children <18 years	~
Location (place of residence)	
Dublin region (city and county)	30 (83.3)
Rest of Ireland	6 (16.7)
Cause of death, No. (%)	
Poisoning	13 (36.1)
<i>Polydrug poisoning</i>	10 (76.9)
Non-poisoning	23 (63.9)
Substance use history, No. (%)	
Alcohol use ^c	10 (27.8)
Drug use only	10 (27.8)
Alcohol and drug use ^c	10 (27.8)
Type of drug used	
Opioids	16 (44.4)
Heroin	12 (33.3)
Cocaine	9 (25.0)
Co-morbidities, No. (%)	
Ever injected drugs	16 (44.4)
Blood borne viruses	10 (27.8)
History of mental health issues	15 (41.7)

*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 C

Table 10 contains the number and proportion of deaths among people who were homeless in 2019 to 2022 by HSE health regions where the incident occurred.

HSE health regions

HSE Dublin and North East: North Dublin, Meath, Louth, Cavan, Monaghan

HSE Dublin and Midlands: Longford, Westmeath, Offaly, Laois, Kildare, parts of Dublin and Wicklow

HSE Dublin and South East: Tipperary South, Waterford, Kilkenny, Carlow, Wexford, Wicklow, part of South Dublin

HSE South West: Kerry and Cork

HSE Mid West: Limerick, Tipperary North, Clare

HSE West and North West: Donegal, Sligo, Leitrim, Roscommon, Mayo, Galway

Table 10 Deaths among people who were homeless by HSE health regions of incident, 2019 to 2022

	Year of death			
	2019	2020	2021	2022
Number of deaths, No. (%)	95 (100.0)	127 (100.0)	133 (100.0)	124 (100.0)
HSE Dublin and North East	33 (34.7)	39 (30.7)	49 (36.8)	40 (32.3)
HSE Dublin and Midlands	28 (29.5)	36 (28.3)	33 (24.8)	30 (24.2)
HSE Dublin and South East	9 (9.5)	16 (12.6)	12 (9.0)	11 (8.9)
HSE South West	11 (11.6)	20 (15.7)	13 (9.8)	12 (9.7)
HSE Mid West	~	~	8 (6.0)	~
HSE West and North West	~	7 (5.5)	~	11 (8.9)
Ireland unknown/other ^a	~	~	13 (9.8)	15 (12.1)

^a Other: relevant geocodes were not available

~ Values suppressed due to small numbers



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