The city has expanded its efforts to deal with the opioid epidemic over the past two years, including widespread training to administer naloxone. | AP Photo

Opioid crisis driving record number of deaths among city’s homeless, report finds

By BRENDAN CHENEY | 01/16/2018 05:05 AM EST

The opioid crisis is having a devastating effect on New York City’s homeless population, driving up the number of homeless people who died in fiscal year 2017 to a record number, according to a recent report.
At least 311 homeless people died in city fiscal year 2017 — a 30 percent increase from 2016 — and the leading cause of death among them was drug use, with 103 deaths. Of those, 86 were from drug overdoses and the remaining 17 were from chronic drug use. More than three-quarters of the overdose deaths were opioid overdoses, according to the report by the city's Department of Health and Mental Hygiene. In 2016, only 51 homeless people died of drug overdoses.

The sharp increase comes amid a national opioid crisis and an ongoing homelessness crisis in New York City.

“Folks that have been doing this for 20 years say it’s never been this bad,” said Catherine Trapani, executive director of Homeless Services United, a nonprofit that represents shelter providers.

The city has expanded its efforts to deal with the epidemic over the past two years, including widespread training to administer naloxone, a drug that can reverse the effects of an opioid overdose and prevent death. In fiscal year 2016, DHS staff administered naloxone 112 times. In 2017 staff administered it 232 times, saving 210 lives by reversing those overdoses. Still, more homeless people died in 2017 than the year prior, a testament to the scope of the problem.

“Any death is tragic, and we use this report every year to evaluate ways in which we can enhance services to protect clients and prevent deaths,” said Social Services Commissioner Steven Banks in an interview.
Some providers said the administration could be doing more.
“Having medical services in more of the shelters would be helpful to tackle this epidemic,” said Andrea Littleton, medical director at BronxWorks and attending clinician at the Living Room, a drop-in center at Hunts Point in the Bronx.

In an interview, Littleton, also an assistant professor in family medicine at Montefiore/Einstein, said not having to refer clients out could make it more likely for them to get help and services. She also said that not enough providers are able to prescribe buprenorphine, which can be better for opioid addiction than methadone for some people.

George Nashak, executive director of Care for the Homeless, agreed, saying, “This report speaks to the need to make high-quality medical services available to people on the streets and in shelters, including a comprehensive program for access to buprenorphine.”

The report defines a homeless person as anyone without a known street address when they died, which includes people living in shelters, people living unsheltered on the streets or in other public spaces, and people who are doubled up or staying with friends.

Banks said the report shows an emerging trend of New Yorkers without fixed address who are unstably housed but not on the street, engaging with outreach teams and not in city shelters, who have died from overdoses.

“We want to evaluate programs to put in place to deal with that problem, which is different than the problem in years past,” Banks said.

Although drug-related deaths were the main reason the number of deaths increased, deaths from leading causes increased as well. There were 53 deaths from heart disease, five more than in 2016. Heart disease was the second leading cause of death in 2017 for homeless individuals, reflecting the stresses and health challenges that come with being homeless. Also, 27 homeless people died from accidents (three more than in 2016), 15 died from alcohol misuse or dependence (seven more than 2016), and 10 died from influenza or pneumonia (two more than last year).

In addition, six homeless people were murdered, six killed themselves, and in 25 deaths it could not be determined if they were the result of homicide, suicide or an accident.

Two homeless people died from excessive natural cold, a meaningful decrease from years past; in 2014, seven homeless people died from the cold. Banks said the decrease is in large part due to the substantial increase in outreach staff paid for by DHS.
Muzzy Rosenblatt, the CEO and President of BRC, a homeless services provider, said that while the numbers are going up, it’s not because the shelters are becoming more violent or less safe — rather that they’re dealing with a sicker population.

“There’s more mental illness, and it comes with physical health challenges,” he said in an interview. “There are more complicated health issues than we’ve seen in the past.”

Many homeless people have lost contact with friends and family, and this means their deaths can go unmourned. As a result, many homeless organizations across the country hold a memorial once a year on Dec. 21, the winter solstice, to remember those who died.

One such event was hosted by Care for the Homeless and Urban Pathways, two homeless services providers, at Long Island University in Brooklyn. That night roughly 80 people attended the service, where they sang, held candles and read the names of each of the nearly 200 homeless people who they knew had died the year before, a bell tolling each time.

“We read their names to remember them and to bear witness to their lives,” Nashak said. “Homelessness robs people of quality of life, it robs them of dignity. In the end it robs them of health. Homeless people die more than two decades sooner than non-homeless people.”