

WE WILL REMEMBER 2017

HOMELESS DEATH REVIEW | DENVER, CO



For Americans experiencing homelessness, their total life expectancy is 30 years lower than their housed counterparts,¹ and the mortality rate of these individuals is four to nine times higher.² Their stories of survival and for many, eventual tragic death, are often untold because they are invisible victims in our communities. This report, compiled by the Colorado Coalition for the Homeless, provides a voice to those people, the lost members of our community.

Two hundred thirty-one people experiencing homelessness died in metropolitan Denver, Colorado, in 2017. They were our family members, friends, and neighbors. We will remember them, and the over 1,117 people who have died since 2008, and countless others in years prior.

The Colorado Coalition for the Homeless conducts an unofficial count of deaths through a coordinated process involving the Denver Medical Examiner's Office (total of 92 people) and thirteen homeless service organizations in the seven-county Denver metropolitan area (an

additional 139 people). The period covered by the Medical Examiner's Office is between January 1, 2017, and November 28, 2017. Of those 92 people, 13 are still pending a full medical report, and while demographic data is included for those people, cause of death was unavailable at the time of this report. The remaining 139 were reported from homeless service providers, and therefore no demographic or medical information other than names was available for these individuals.

We Will Remember 2017: Homeless Death Review details demographic data and the factors involved in deaths among people experiencing homelessness including gender, age, as well as type, cause, and season of death. Prepared annually, this information helps our community to better understand the challenges faced by people experiencing homelessness. It also honors those we have lost and may help to prevent such tragedies in the future. While this report includes available data on all deaths, we have focused the narrative on the leading cause this year, death from opioid overdose.

Homelessness in Colorado

The 2017 MDHI Point-In-Time Report counted a total of 5,116 men, women, and children experiencing homelessness in the Seven-County Metro Denver region. Of those, 1,722 were women, 3,309 (64.7 percent) were men, and less than one percent of total population identified as transgender. (Point-in-Time data can be limiting because it is collected on a single night each calendar year and only includes HUD-defined homeless persons.) Of all who passed, 92 people died living on the streets, in cars, under bridges, in emergency rooms, and at shelters as documented by the Denver Medical Examiner. This report tells their story in the most detail available for a population often unseen and underreported.

A Growing Epidemic

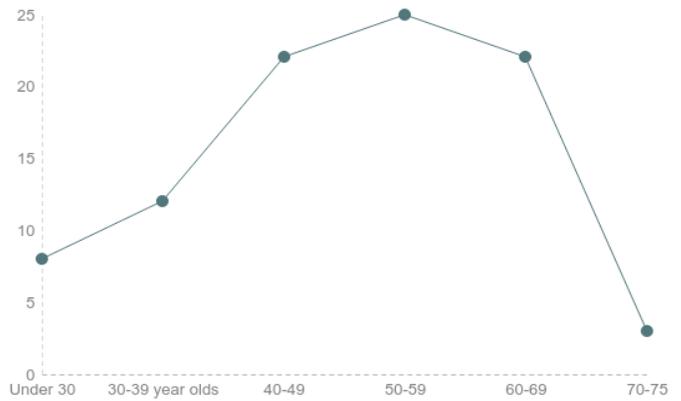
Across the nation, people—housed and unhoused—are losing their lives to the opioid epidemic at an alarming rate. Opioids (including prescription opioids, heroin, and fentanyl) killed more than 33,000 Americans in 2015, more than any year prior on record.³ That number is expected to increase in 2016 and 2017, suggesting that we have not yet hit the plateau of this widespread crisis. Between 2000 and 2015, over half million people died from drug overdoses in the United States,⁴ making it among the greatest tragedies in our country’s history.

Gender



Sixty-nine of the 92 deaths were male and 18 were female. Five of the deaths were categorized as unknown due to lack of information available. These categories were assumptions made from the data that was available.

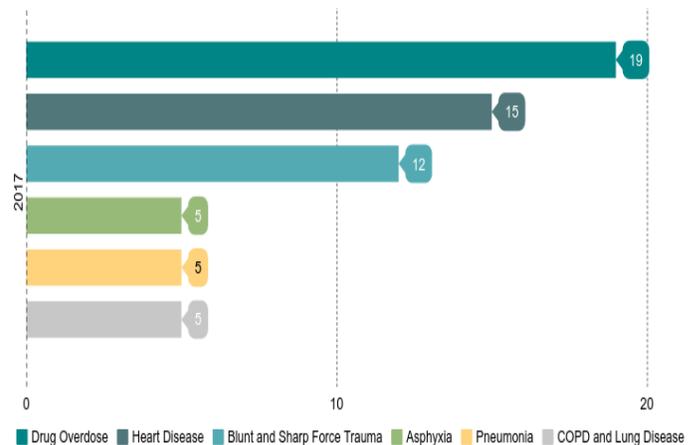
Age



Deaths in this group varied from age 22 to 73 with an average of 50 years of age. The highest percentage of deaths were among individuals aged 50-59.

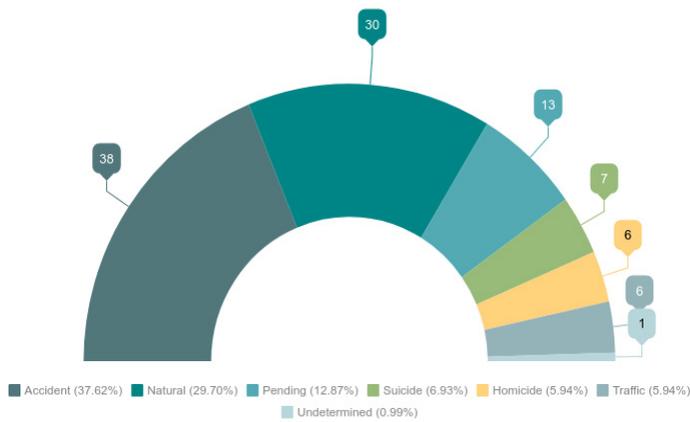
Opioid addiction has no boundaries. This classification of drugs, illicit and prescription, affect all gender identities in every socio-economic class of every age, and in every state in our country. However, a disproportionate number of people experiencing homelessness have a Substance Use Disorder (SUD) and many die from drug overdoses. A Boston study found that drug overdoses accounted for 17 percent of deaths among homeless persons, and opioids were responsible for 81 percent of those deaths. In addition, homeless adults aged 25 to 44 were nine times more likely to die from an opioid overdose than their housed counterparts.⁵

Top Causes of Death



The leading cause of death was attributed to drug overdoses, with 68 percent of those deaths from opioid overdose. The second leading cause of death was heart disease, followed by blunt and sharp force trauma as the third. Asphyxia, pneumonia, and COPD/lung disease claimed the same number of lives in 2017. Causes of 13 of the deaths are still pending.

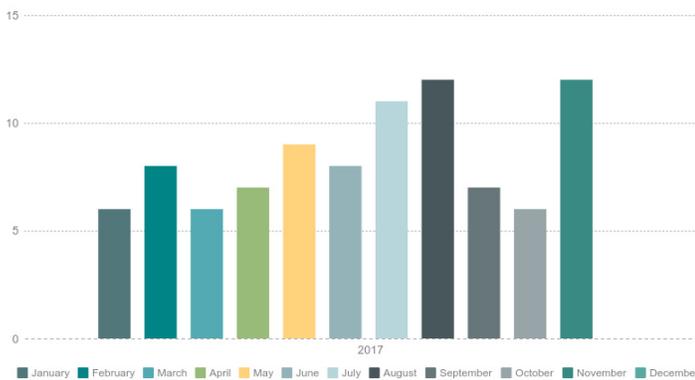
Manner of Death



Of the 92 deaths, there were 35 deaths categorized as accidental, 28 as natural, six suicides, five homicides, five traffic deaths, and one undetermined. Twelve of the cases are still pending.

Currently, Colorado operates 22 certified opioid treatment programs across 12 counties, leaving 52 counties in the state without a single treatment facility.⁶ Most of these facilities are centralized around the Front Range, leaving a large portion of the state without access to treatment. With little expendable income or health insurance, and limited access to transportation, people experiencing homelessness are often trapped in the cycle of addiction with very few options to recover safely.

Months of Death



The most deaths occurred in August and November with 12 each, followed by May with nine, and February and June with eight deaths. Data was not collected for the month of December.

Integrated Care Works

Substance Use Disorders rarely exist in isolation. Mental health, physical health, affordable housing and SUD's are intricately intertwined, and society's response must be comprehensive in order to support a person experiencing homelessness towards recovery. The Denver

community has begun to take steps to address the rising opioid epidemic in this fashion through public health and safety, affordable housing, integrated healthcare, harm reduction, life-saving overdose treatment, and community education.

Clean Needle Exchange Programs promote public health and safety, encouraging participants to dispose of used syringes in safe containers, decreasing the spread of fatal blood-borne diseases. Most promising is that Needle Exchange Program participants have been found five times more likely to enter drug treatment than those who had never used an exchange.⁷



A Supervised Use Site in Denver would help people who are using injectable drugs to do so in a safe manner with medical professionals available to identify warning signs of overdose. Of 102 Supervised Use Sites currently operating around the globe [in nine countries and 63 cities], not one has reported a single fatal overdose on its premises.⁸ Additionally, increased access to the life-saving drug Naloxone can prevent people from dying of an opioid overdose when administered in an emergency. From May 2012- December 2017, Naloxone has been responsible for saving the lives of 742 people from overdose at the Harm Reduction Action Center in Denver.

Expanding Medication-Assisted Treatment (MAT) also supports the recovery of people who have substance use disorders. MAT addresses both physical dependency and addiction by lessening the severity of withdrawal symptoms and helping a person return to normalcy in their brain function and behavior. For some people, medication treatment alone can be effective, while others may require a combination of treatment and therapy.⁹

In September 2017, CCH was awarded supplemental funding from the U.S. Department of Health & Human Services, Health Resources and Services Administration for a program called Access Increases in Mental Health and Substance Abuse (AIMS) Supplemental Funding. The funding expands access to mental health services and substance use services focusing on the treatment, prevention, and awareness of opioid use. With its award, CCH increased personnel, improved health information technology, and provided training to support the expansion of mental health services and substance use services focusing on the treatment, prevention, and awareness of opioid use, and more fully integrating these services into primary care services delivered at Stout Street Health Center.

How to Help

We must continue to advocate for federal, state, and local funding for permanent supportive housing, expand resources for Medication-Assisted Treatment and Needle Exchange programs, and stabilize funding for our Community Health Centers like Stout Street Health Center which provide vital mental health and substance use healthcare to at-risk populations.



References

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⁷ Hagan H, et al. *Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors*. J Subst Abuse Treat 2000; 19(3):247-52.

⁸ Harm Reduction Action Center. 2017. *Denver Needs Supervised Injection*.

⁹ National Health Care for the Homeless Council. May 2016. *Medication-Assisted Treatment: Buprenorphine in the HCH Community*. <https://www.nhchc.org/wp-content/uploads/2016/05/policy-brief-buprenorphine-in-the-hch-community-final.pdf>



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