A man sleeps on the street in July 2017 in New York City. Homeless men and women who sleep outside are three times more likely to die than homeless people who stay in shelters, a study found.

PHOTO: (PHOTO BY SPENCER PLATT/GETTY IMAGES)
Homeless adults who live and sleep on park benches, in the corners of alleyways and under bridges are three times more likely to die than those who live in shelters and 10 times more likely to die than the general population, researchers found in a study published Monday in the journal *JAMA Internal Medicine*.

In a 10-year study of more than 445 unsheltered homeless men and women in Boston, known as “rough sleepers,” researchers found risk factors like exposure to trauma and behavioral health issues significantly increased their likelihood of death. More than 130 of the participants died before the study concluded.

The vast majority of the homeless surveyed were white men, 30 percent of whom died as a result of substance abuse or accidental overdose. Other common causes of death, like cancers and heart disease, alcohol use disorder and chronic liver disease were directly linked to alcohol and drug abuse, researchers said, corroborating previous research that found the chronically unsheltered are significantly more likely to suffer untreated mental illnesses and long-term substance abuse.

In its 2018 census, the city of Boston reported 6,146 homeless men, women and children, a three percent decrease from the previous year’s count. The Department of Housing and Urban Development reported in 2017 that Boston’s percentage of unsheltered homeless adults—three
But nationwide, homelessness increased nearly one percent in 2017, HUD reported in its annual estimate, particularly among veterans and the chronically homeless populations, who comprised more than 24 percent of the total homeless population. Nearly 70 percent of chronically homeless people remain unsheltered throughout the duration of their homelessness, the National Alliance to End Homelessness said, compounding their existing health problems and increasing their likelihood of death.

To better prevent deaths of unsheltered homeless people, lead author Jill Roncarati of the Harvard T.H. Chan School of Public Health suggested implementing supervised injection sites, which are currently illegal, or programs in low-barrier shelters where addicted homeless individuals can safely inject or imbibe their drug. Most of Boston’s shelters don’t enforce a sobriety requirement, she wrote, but many shelters outside of urban areas don’t allow substance use, which can often deter homeless addicts who fear withdrawal.

The “proven solution” to chronic homelessness, according to the National Alliance to End Homelessness, lies in permanent supportive housing, a program that places homeless adults in government-funded housing units and provides long-term financial assistance and mental health counseling, but a waiting list that can take years to climb and a limited number of housing units make the transition more difficult.

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As an alternative to shelters that have reached capacity or don’t allow substance use and insufficient housing availability, homeless communities have created more than 300 encampments in every state, comprised of tents, trailers and cars, a 2017 National Law Center on Homelessness and Poverty report found, though 75 percent are not sanctioned by the government and faced threats of eviction. While many
Shelters since they can keep their property and avoid cramped conditions of shelters, the lack of government involvement can breed public health crises and unmediated violence.

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