Before the
Federal Communications Commission
Washington, D.C. 20554

In the Matter of:	)	
	)	
Request for Clarification by	)	WC Docket No. 03-109
Tracfone Wireless, Inc.	)	

COMMENTS OF GENERAL COMMUNICATION, INC.

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SUMMARY STATEMENT

GCI agrees with Tracfone that clarification of the scope of the Commission's statements about a "one-per household" limitation for universal service low-income support under the Lifeline program is needed. Although often expressed as a "rule," there is no actual codified rule in the Commission's Lifeline regulations that articulates a "one per household" limitation. Rather, the oft-referred to "rule" is based on a few, broad policy statements by the Commission in some of its prior Lifeline and Universal Service orders that do not use (let alone define) the term "household." As a result, ETCs across the country surely are not uniformly applying a "one per household" limitation to qualifying consumers who reside either permanently or temporarily in diverse group living situations. Until the Commission clarifies the scope and parameters of this policy, there is no enforceable rule in place governing this implied limitation.

In view of the lack of guidance to date, Tracfone has requested that the Commission clarify whether the "one per household" limitation is intended to prevent more than one qualifying consumer residing at a homeless shelter from receiving Lifeline support. The *Public Notice* also seeks comments on how this limitation may apply to other group living facilities such as nursing homes, assisted-living facilities, apartment buildings, trailer-home communities, halfway houses, and group homes. Additionally, the *Public Notice* requests comments on whether and how ETCs can provide Lifeline supported service to homeless individuals who do not use homeless shelters and still comply with the "one per household" limitation. These questions raise critical policy issues the outcome of which will affect those who most need Lifeline support.

In view of the transient and often unrooted lifestyle of many low income consumers, mobile wireless service, rather than the traditional wire line service, commonly is a preferred choice of service because of the mobility and flexibility that mobile wireless service provides. In

Alaska, for example, members of the Alaskan Native community frequently move between their villages and the urban centers of the state, coming to regional centers like Bethel, Kotzebue, or Fairbanks for seasonal work and returning to their villages for the subsistence hunting and fishing seasons. A mobile handset today has become a personal communications device for many consumers, particularly low income consumers living a transient lifestyle like those just described. It provides low income consumers with security (*i.e.*, access to 911 service) and the essential means to maintain contact with society such as prospective employers, relatives, and others despite their transient lifestyle. Without mobile service as supported by the Lifeline Program, many low income consumers would simply not have affordable or meaningful access to telecommunications service.

In addressing the questions posed in the *Public Notice*, the Commission must strike a reasonable balance between its desire to prevent abuses of the Lifeline Program, the Program's overarching goal to provide affordable telecommunications service to qualifying low income consumers, and, articulating a rule that is easy to administer and implement. These somewhat competing objectives can best be accomplished by clarifying that Lifeline support is limited to one subsidy per qualifying adult consumer and that a minor is not eligible unless he/she can demonstrate emancipation under relevant state law. This approach would not restrict eligibility based on the number of low income consumers living at a particular address location and, thus, allow the homeless (both sheltered and unsheltered) and other qualifying adult low income consumers living in diverse group arrangements to receive Lifeline assistance. This clarification would likewise preclude a single qualifying adult consumer from receiving more than one Lifeline subsidy and also prevent low income families from receiving support for each potentially eligible minor. Moreover, this approach would avoid the administrative quagmire of defining and enforcing a limitation on a "per household" basis.

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INTRODUCTION

General Communication, Inc. d/b/a GCI Communication Corp and GCI, Inc. ("GCI"), by its attorneys, hereby submits these comments in the above-captioned proceeding in response to Tracfone Wireless, Inc.'s ("Tracfone") request for clarification of the scope of the "one per household" policy for universal service low-income support under the Lifeline Program.[1] Although often expressed as a "rule," the "one per household" limitation is not codified anywhere in the Commission's Lifeline regulations and is not otherwise clearly articulated and defined in the Commission's orders. Clarification of the policy, particularly in the context of providing Lifeline service to qualifying consumers who reside in different group living arrangements, is needed.

The questions presented in the *Public Notice* focus on providing Lifeline support to low income consumers some of whom are homeless (*i.e.*, those who live in publicly and privately operated shelters and those who live in places not intended for human habitation such as in cars and the public streets) and some of whom live in diverse group situations (*i.e.*, nursing or elderly care facilities, halfway houses, assisted-living facilities, and other arrangements). The living conditions of low income consumers can vary considerably and change frequently. The

[1] *Public Notice*, DA 09-2257 (rel. October 21, 2009) ("*Public Notice*"); Letter from Mitchell F. Brecher, Counsel for Tracfone, to Marlene H. Dortch, Secretary, Federal Communications Commission, WC Docket No. 03-109 (filed July 17, 2009).

Commission, therefore, must act with care in clarifying the parameters of its "one per household" *dictum* to avoid denying Lifeline support to many needy and deserving low income consumers who otherwise qualify for assistance.

In furtherance of the Commission's historic goal to provide telephone service to low income consumers, GCI recommends that the Commission clarify that Lifeline support is limited to one subsidy per qualifying adult consumer and that a minor is not eligible unless he/she could demonstrate emancipation under relevant state law. This approach would not restrict Lifeline assistance based on the number of qualifying consumers living at a particular address location and, thus, would allow the homeless (both sheltered and unsheltered) and other qualifying adult low income consumers living in diverse group arrangements to receive Lifeline assistance. This approach, however, would preclude a single qualifying adult consumer from receiving more than one Lifeline subsidy and also prevent low income families from receiving support for each potentially eligible minor. In GCI's view, this clarification would promote the goals of the Lifeline Program and Universal Service, reasonably address the problem of program abuse, and promulgate a practical administrable rule.

I. THE COMMISSION'S REGULATIONS AND ORDERS DO NOT ESTABLISH AN ENFORCEABLE RULE IMPLEMENTING A "ONE PER HOUSEHOLD" LIMITATION

The Lifeline Program is designed to ensure that telephone service is available to low-income consumers by providing universal service funds to reduce the prices they pay for basic telephone service.[2] The Program effectively funds discounts off the monthly cost of telephone

[2] *In the Matter of Lifeline and Link-Up*, WC Docket No. 03-109, Report and Order and Further Notice of Proposed Rulemaking, 20 FCC Rcd 1918, ¶¶ 3-4 (rel. April 29, 2004) ("*2004 Lifeline Order*").

service.[3] "Qualifying consumers" are those who certify under penalty of perjury that they meet certain income criteria or that they participate in an approved public assistance program.[4] Apart from the eligibility criteria just discussed, the Commission also has broadly stated that "qualifying subscribers may receive [Lifeline] assistance for a single telephone line in their principal residence."[5] This sparse policy statement provides the entire basis for what is often referred to as the "one per household" "rule," which is an inapt description given that the statement is not a codified rule[6] and does not even use (let alone define) the term "household."[7] This limitation, indeed, is not codified anywhere in the Commission's regulations governing the Lifeline Program, 47 C.F.R. Part 54, Subpart E.[8]

In the absence of an actual codified rule and given the extremely limited discussion of the policy in prior orders, this restriction is not truly enforceable and leaves program participants to their own interpretations for compliance. Thus, there is a clear need for clarification and guidance

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[3] The available discounts are set forth at 47 C.F.R. § 54.403(a)(1)-(a)(4).

[4] 47 C.F.R. § 54.409.

[5] *Federal-State Joint Board on Universal Service* CC Docket No. 96-45, Report and Order, 12 FCC Rcd 8776, 8957 ¶ 341 (1997) ("*1997 Universal Service Order*"). *See also 2004 Lifeline Order* at ¶ 4.

[6] By contrast, the Commission's rules governing the Link-Up Program, the companion program to Lifeline, does clearly state that the Link-Up subsidy for reducing the connection charge for activating service is limited to a single subsidy for the consumer's principal place of residence, and that the subsidy is only available for a second or subsequent time "only for a principal place of residence with an address different from the residence address at which the Link-Up assistance was provided previously." 47 C.F.R. §§ 54.411(a)(2) & (b)(2).

[7] The term "household" does appear but is not defined in the context of the Commission's regulation on income qualification. A consumer must certify that his/her "household" income meets the Program's income threshold requirements. 47 C.F.R. §§ 54.400(f) & 409(d)(2).

[8] Under an earlier version of the Lifeline Program, the Commission had adopted a regulation that specified that Lifeline benefits then available "must be for a single telephone line to the household's principal residence." 47 C.F.R. § 69.104(k)(2)(i) (1997). That regulation, however, never defined the term "household" and, moreover, expired on December 31, 1998. 47 C.F.R. § 69(k) (1997).

by the Commission particularly as the policy applies to qualifying low income consumers who are homeless or live in diverse group living arrangements.

II. MOBILE WIRELESS SERVICE MADE AFFORDABLE THROUGH LIFELINE SUPPORT IS INDISPENSABLE TO HOMELESS AND MANY OTHER LOW INCOME CONSUMERS

The harsh reality is that many low income consumers are homeless. According to U.S. Housing and Urban Development (HUD) statistics as discussed in an article by the Alaska Justice Forum at the University of Alaska, the problem of homelessness is a growing concern both nationally and in Alaska:

> In the U.S., about 1, 594, 00 individuals used an emergency shelter or transitional housing, or both, between October 1, 2007 and September 30, 2008. On a single night in January 2008, the U.S. homeless population was estimated at 664,000 according to the annual Point-In-Time count.[9]

Based on numbers from January 2009, the Alaska Justice Forum estimated that Alaska's homeless number around 4,583 persons.[10] This estimate includes individuals who meet the *HUD Definition* plus persons who temporarily are housed in motels or with relatives or friends. More

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[9] "*A Look at Homelessness in Alaska*," Alaska Justice Forum, Vol. 26, No. 2 (Summer 2009) ("*Homeless in Alaska*"), attached. These estimates apparently are based on HUD's definition of "homelessness" as defined in 42 U.S.C. § 11302, which defines a "homeless individual" as:

(1) an individual who lacks a fixed, regular, and adequate night time residence; and

(2) an individual who has a primary nighttime residence that is—

(A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

(B) an institution that provides a temporary residence for individuals intended to be institutionalized; or,

(C) a public or private place not designed for, or ordinarily used as , a regular sleeping accommodation for human beings.

("*HUD Definition*").

[10] *Id*.

specifically, the Alaska Justice Forum estimated that 93% of these homeless were "sheltered," which includes those living in emergency shelters, transitional shelters, with extended family and/or friends or temporarily living in motels, and that 7% were "unsheltered," which includes those living in places that are not intended for human habitation such as cars, parks, sidewalks, abandoned buildings, or on the street.[11]

The homeless, however, are not the only low income consumers who may reside in group living arrangements. Many others who qualify for Lifeline support also live in myriad group arrangements such as those identified in the *Public Notice*: nursing homes, assisted-living facilities, apartment buildings, trailer-home communities, halfway houses, and group homes. Many low income consumers simply cannot afford to live in their own residence and, thus, commonly share a residence with others who potentially qualify for Lifeline support. The living conditions and situations of low income consumers can vary greatly and change frequently as they move from address to address. Indeed, in Alaska, for example, many members of the Alaskan Native community frequently move between their villages and the urban centers of the state coming to regional centers like Bethel, Kotzebue, or Fairbanks for seasonal work and returning to their villages for the subsistence hunting and fishing seasons.

Under these circumstances, mobile wireless service, rather than a traditional wire line service, often is the only service that realistically meets the needs of low income consumers given their transient lifestyle and varied living arrangements. In a world of mobile communications, however, it is not reasonable to assume or expect that multiple low income consumers residing at a group facility, such as a shelter or a cannery, can share a single mobile handset. A mobile handset, indeed, has become a personal communications device for consumers, particularly for transient low income consumers. It provides them with security (*i.e.*, access to 911 service) and the

[11] *Id.*

essential means to maintain contact and communication necessary to improve their conditions (such as through prospective employers, relatives, and others) despite their difficult and diverse living arrangements and transient lifestyle. Without mobile wireless service made affordable through Lifeline assistance, many low income consumers would effectively not have meaningful access to affordable telecommunications service.

To ensure that reasonable access to the Program is not denied, the Commission must re-visit the intent and goal of the "one per household" policy, which is rooted in a wire line world where the sharing of a single fixed landline phone perhaps was plausible. In a world of mobile communications, articulating and enforcing a rigid "one per household" limitation in terms of a single address location would deny service to many low income consumers (such as the homeless) who do not reside at any particular address location or who use the address of a relative or friend who may already receive lifeline assistance, or those who live in myriad group arrangements where the sharing of a single telephone (a mobile handset) is not realistic as previously discussed. A "one subsidy per address" rule would essentially penalize the homeless and other qualifying low income consumers who can not afford to live in their own permanent residence. This result would be perverse and contrary to the historic goals of the Lifeline Program and Universal Service.

III. ADOPTION OF A "ONE PER QUALIFYING ADULT" RULE WILL PRESERVE ACCESS TO AFFORDABLE COMMUNICATIONS SERVICE FOR THE HOMELESS AND OTHER QUALIFYING LOW INCOME CONSUMERS WHILE LIMITING PROGRAM ABUSE

In providing guidance, the Commission reasonably may want to provide some limitation to prevent the problem of abuse, like multiple subsidies being issued for a single qualifying consumer. The Commission, however, must strike a reasonable balance between its desire to prevent such "double-dipping" and the Lifeline Program's overarching goal to provide affordable

telecommunications service to qualifying low income consumers. GCI recommends that both goals can be accomplished by clarifying that Lifeline support is intended to provide one subsidy per qualifying adult consumer (over the age of 17) and that a minor is not eligible unless he/she can demonstrate emancipation under relevant state law. This approach would not restrict eligibility based on the number of low income consumers living at a particular address location and, thus, allow the homeless (both sheltered and unsheltered) and other qualifying adult low income consumers living in diverse group arrangements to receive Lifeline assistance. This clarification, however, would preclude a single qualifying adult consumer from receiving more than one Lifeline subsidy and also prevent low income families from receiving support for each potentially eligible minor.[12] This clarification also results in a practical, easy-to-implement rule not subject to the considerable uncertainty surrounding the "one per household" *dictum*.

CONCLUSION

There is no enforceable rule today implementing a "one per household" limitation in the Lifeline Program. Rather, there are some broad policy statements in prior Commission orders but such *dictum* is vague and unenforceable. Clarification of the Program rules is needed particularly in the context of providing Lifeline service to the homeless and other low income consumers living in diverse group arrangements.

GCI proposes that the Commission clarify that Lifeline support is intended to provide one subsidy per qualifying adult consumer (over the age of 17) and that a minor is not eligible unless he/she can demonstrate emancipation under relevant state law. This approach would not restrict eligibility based on the number of low income consumers living at a particular

[12] Additionally, to be clear, additional partner lines that may be added on a single Lifeline account would not be supported.

address location and, thus, allow the homeless (both sheltered and unsheltered) and other qualifying adult low income consumers living in diverse group arrangements to receive Lifeline assistance. This clarification serves the historic goals of the Lifeline Program and Universal Service, guards against abuse, and results in a practical, easy to implement administrable rule.

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Drug Use Trajectories of Anchorage Male Arrestees: 2000-2003

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Using data collected in Anchorage as part of the Arrestee Drug Abuse Monitoring (ADAM) program, this article reports the preliminary findings of a developmental study of the connection between the use of illicit drugs and criminal offending. The analytic approach used for this study differs from much previous research on the drug use-crime connection, which has tended to take a rather static view and focus on whether or not an individual was "under the influence" of one or more drugs at the time the offense was committed. In contrast, the analysis presented here focuses attention on arrestees' drug use over time. The time period examined here is the 12-month period preceding arrest. Results show that for each of five illicit drugs (marijuana, crack cocaine, powder cocaine, methamphetamine, and heroin), there were dramatic increases in: (1) arrestees' drug use levels, and (2) the number of arrestees who intensified their drug use, approximately 90 to 120 days prior to arrest. These findings suggest that analysis of drug use trajectories preceding crime events may be important for furthering our understanding of the drug use-crime connection.

The article is separated into six sections. The first section provides a brief overview of other sources of data on the drug use of criminal offenders, as well as a context for the data presented here. Then, in section two, there is a description of the ADAM program and the data it produced. Following this, in section three, is a presentation of the demographic characteristics of the respondents included in the present study. Section four presents the data on the drug use behaviors of the sample. Section five presents information on criminal offending for the sample. Finally, section six presents a summary and discussion.

HIGHLIGHTS INSIDE THIS ISSUE

- **An examination of homelessness in Alaska (page 2).**
- **Justice Center announcements (page 5).**
- **Identifying training service needs for a State Victim Assistance Academy (page 6).**

Drug Use—Crime Data Sources

National Survey on Drug Use and Health. The National Survey on Drug Use and Health (NSDUH) collects drug use information from a nationally representative sample of non-institutionalized persons age 12 and older. Individuals not included in the survey are the homeless, prisoners, active duty military personnel, those residing in nursing homes, and those hospitalized for mental illness. Data is collected via face-to-face interviews with sampled respondents. Respondents are asked if they have used drugs/alcohol in their lifetime, in the past year, and in the past month. To measure criminal involvement, the NSDUH asks respondents 18 and over if they were arrested and booked for various crimes in the past year.

Monitoring the Future. Monitoring the Future (MTF) is an ongoing survey of American secondary students, college students and young adults. Each year a random sample of approximately 50,000 eighth-, tenth- and twelfth-graders in both public and private schools are surveyed about their use of drugs and alcohol. Systematically excluded from this sample are children not enrolled in school. (Students and parents are advised in writing in advance of the survey, and there is the option to decline to participate.) Participants are asked about their drug/alcohol use over their lifetime, the past year, and the past month. Questionnaires are mailed to a subsample of participants for several years following the initial data collection. To measure criminal offending, respondents are asked about their own criminal/deviant behavior and their experiences as crime victims.

National Crime Victimization Survey. The National Crime Victimization Survey (NCVS) is an ongoing study of U.S. household residents age 12 and older. Like the NSDUH, the NCVS systematically excludes the homeless and institutionalized populations. The survey has been conducted every year since 1973 and was designed with four objectives in mind: (1) to collect detailed data on correlates and consequences of criminal victimizations; (2) to estimate the "dark figure of crime"—that is, the number and types of crimes not reported to police; (3) to develop uniform prevalence measures of specific crime types; and (4) to provide a way to compare rates of crime over time and geography. To measure drug/alcohol involvement in crime, the NCVS asks victims whether or not the person or persons who victimized them were under the influence of drugs/alcohol when the event occurred. Use of drugs/alcohol by victims is not measured.

Survey of Inmates in Local Jails. Produced approximately every five years, the Survey of Inmates in Local Jails (SILJ) collects drug and alcohol use information from a nationally representative sample of individuals held in jail prior to trial, those serving sentences in local jails, and individuals awaiting transfer to state prisons. Inmates are asked about their drug and alcohol use for three time periods: ever, the month preceding the offense for which they were currently jailed, and their use of drugs and/or alcohol at the time of the offense for which they were currently jailed. In addition, respondents provide their perceptions of the drug/alcohol intoxication of victims.

Survey of Inmates in State and Federal Correctional Facilities. The Survey of Inmates in State and Federal Correctional Facilities (SISFC) collects drug and alcohol use information from a nationally representative sample of sentenced inmates in state and federal prisons. Participants in this study are presented with the same set of questions presented to those who participate in the Survey of Inmates in Local Jails: had they ever used drugs/alcohol, had they used

*Please see **Drug use**, page 7*

A Look at Homelessness in Alaska

Homelessness, and its impact on individuals, families, and society, is an issue of growing concern both nationally and in Alaska. In the U.S., about 1,594,000 individuals used an emergency shelter or transitional housing, or both, between October 1, 2007 and September 30, 2008. On a single night in January 2008, the U.S. homeless population was estimated at 664,000 according to this annual Point-In-Time (PIT) count. These figures are part of the Department of Housing and Urban Development's (HUD) "2008 Annual Homeless Assessment Report to Congress" released in July 2009. HUD also reports that although the overall homeless rate was down one percent in 2008 from the prior year, the number of people in families using homeless shelters increased by 9 percent, a possible reflection of the effects of the current recession.

"Homelessness" is defined in the United States Code, Chapter 119, Subchapter I, §11302, "General definition of homeless individual":

> ... the term "homeless" or "homeless individual or homeless person" includes—
> 1. an individual who lacks a fixed, regular, and adequate nighttime residence; and
> 2. an individual who has a primary nighttime residence that is —
> A. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
> B. an institution that provides a temporary residence for individuals intended to be institutionalized; or
> C. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

In 2008, Alaska ranked tenth among the 50 states in concentration of homeless people, with 0.24 percent of the total state estimated to be homeles (Table 1). Oregon was number one with 0.54 percent, Nevada number two at 0.48 percent, Hawaii was number three at 0.47 percent, and California was fourth ranked with 0.43 percent. Homelessness in the U.S. is concentrated in urban areas. But from September 2007 to September 2008, the number of homeless nationally in suburban and rural areas rose from 23 percent of the homeless population to 32 percent.

It is important to note that most homeless counts rely on homeless agency participation—which varies year to year. Any counts of homelessness are estimates. Each count is a snapshot of a given moment and reflects data collected for individuals at a particular time.

Table 1. States with Highest Concentrations of Homeless People, 2008

Estimates of homeless persons as a percentage of state's total population.

Rank*	State	Homeless population N	Homeless population % of total population
1	Oregon	20,653	0.54 %
2	Nevada	12,610	0.48
3	Hawaii	6,061	0.47
4	California	157,277	0.43
5	Washington	21,954	0.34
6	New York	61,125	0.31
7	Colorado	14,747	0.30
8	Michigan	28,248	0.28
9	Florida	50,158	0.27
10	Alaska	1,646	0.24

* Rank is based on the number of homeless persons as a percentage of the state's total population.

Source of data: *2009 Annual Homeless Assessment Report to Congress, U.S. Department of Housing and Urban Development, Office of Community Planning and Development*

Who are the homeless in the U.S.?

Of the 1,594,000 homeless who used emergency shelter or transitional housing between October 1, 2007 and September 30, 2008:

- 32% were homeless persons in families.
- 68% were homeless individuals.
- 64% of homeless adults were male.
- 62% of the homeless were a minority.
- 43% had a disability.
- 40% of all these individuals were between 31 and 50 years old.

Table 2. Subpopulations of Homeless Persons, by Type, Anchorage and Alaska, January 2009

	Anchorage						Alaska (includes Anchorage)					
	Sheltered[1]		Unsheltered[2]		Total		Sheltered[1]		Unsheltered[2]		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Chronically homeless	207	7.4 %	46	29.3 %	**253**	**8.5 %**	312	7.3 %	78	23.9 %	**390**	**8.5 %**
Chronic substance abuse[3]	347	12.4	52	33.1	**399**	**13.5**	554	13.0	84	25.7	**638**	**13.9**
Victims of domestic violence	140	5.0	7	4.5	**147**	**5.0**	312	7.3	15	4.6	**327**	**7.1**
Veterans	190	6.8	25	15.9	**215**	**7.3**	257	6.0	37	11.3	**294**	**6.4**
Severely mentally ill	243	8.7	22	14.0	**265**	**8.9**	453	10.6	51	15.6	**504**	**11.0**
Unaccompanied youth (under 18 years)	45	1.6	0	0.0	**45**	**1.5**	115	2.7	6	1.8	**121**	**2.6**
Persons with HIV/AIDS	17	0.6	4	2.5	**21**	**0.7**	26	0.6	4	1.2	**30**	**0.7**
Total number of homeless	**2,805**		**157**		**2,962**		**4,256**		**327**		**4,583**	

Note: Percentages are calculated by averaging all available data points. This approach, a moving average, provides a clearer picture of the long-term trends in the homeless population. Veteran's Affairs homeless count was not included in this count, but generally adds 10 to 20 individuals to the count. Some homeless individuals are members of more than one subpopulation. Not all individuals were members of a subpopulation.

1. *Sheltered homeless* includes individuals living in emergency shelters, transitional shelters, living with extended family and/or friends, or temporarily living in motels.
2. *Unsheltered homeless* includes individuals living in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, or on the street.
3. *Chronic homeless* is defined by the federal government as either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, or (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years. A *disabling condition* is a diagnosable substance abuse disorder, a serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. An *episode of homelessness* is a separate, distinct, and sustained stay on the streets and/or in a homeless emergency shelter.

Source of data: *"Anchorage Homeless Count—January 2009: Preliminary Count w/o Data from VA" and "Alaska Total Homeless Count—January 2009," Alaska Housing Finance Corporation*

Estimates of subpopulations of the homeless based on the nationwide single-night January 2008 PIT count show:

- About 15% were veterans.
- Almost 13% were recent victims of domestic violence.
- Nearly 26% were persons with severe mental illness.
- 37% were persons with chronic substance abuse issues.
- 2% were unaccompanied youth under age 18.
- 4% were persons with HIV/AIDS.

The chronically homeless are another subpopulation. The federal definition of chronically homeless used by HUD states that a chronically homeless person is:

> ...either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied inividual with a disabling condition who has had at least four episodes of homelessness in the past three years.

To be considered chronically homeless, a person must have been on the streets or in emergency shelter (i.e., not in transitional or permanent housing) during these stays.

The nationwide 2008 PIT count estimated that:

- About 19% of the *total homeless population* (individuals and families) are chronically homeless.
- About 30% of homeless *individuals* are chronically homeless.

The number of chronically homeless remained about the same from 2007 to 2008 nationally.

Who are the homeless in Alaska?

Based on the January 2009 single-night count, Alaska's homeless number 4,583 persons. (The total state population in July 2008 was estimated at 679,200.) This figure includes individuals who meet HUD's definition of homeless, as well persons temporarily housed in a motel or with family/friends:

- 93% (4,256 persons) were "sheltered," which includes living in emergency shelters, transitional shelters, with extended family and/or friends, or temporarily in motels.
- 7% (327 persons) were "unsheltered," which includes living in a place not meant for human habitation such as cars, parks, sidewalks, abandoned buildings, or on the street.
- Among the sheltered, 57.5% were households with children.
- Among the unsheltered, 23.5% were households with children.

This 2009 count (including sheltered and unsheltered persons) showed the following figures for homeless subpopulations (Table 2):

- Almost 9% are chronically homeless.
- Nearly 14% have chronic substance abuse issues.
- Over 7% are victims of domestic violence.
- About 6% are veterans.
- Approximately 11% are severely mentally ill.
- Nearly 3% are unaccompanied youth under the age of 18.
- Less than 1% have HIV/AIDS.

Table 3. Alaska Homeless Counts 2007–2009

Area	2007	2008	2009
Anchorage	1,653	2,199	2,962
Fairbanks	171	280	428
Kenai Peninsula Borough	191	153	166
Mat –Su Borough	127	95	472
City of Juneau	232	203	403
Homer	62		
Bethel	28		
Rest of state	190	381	152
Total homeless count	**2,654**	**3,311**	**4,583**
Anchorage population	282,375	284,994	—
Alaska population	674,510	679,200	—

Source of data: *Alaska Homeless Counts, 2007, 2008, 2009, compiled and reported by Alaska Homeless Management Information System, Alaska Housing Finance Corporation; Population estimates from Alaska Department of Labor and Workforce Development, http://laborstats.alaska.gov/*

Where are the homeless in Alaska?

In 2009, the January single-night homeless count across the state showed the highest number of homeless was in Anchorage, with 2,962 homeless persons—nearly 65 percent of the state's total homeless population. The next highest number was in the Matanuska-Susitna Borough with 472 persons, followed by Fairbanks North Star Borough with 428 homeless, the City of Juneau with 403 homeless individuals, and the Kenai Peninsula Borough with 166 homeless. The number of homeless persons increased from 2007 to 2009 in all the above areas, with the exception of the Kenai Peninsula Borough. (See Table 3.)

Who are the homeless in Anchorage?

According to the January 2009 count, Anchorage, the state's most populous city, had 2,805 persons who were sheltered

*Please see **Homelessness**, page 4*

Table 4. Homeless Persons, by Family Status, Anchorage and Alaska, January 2009

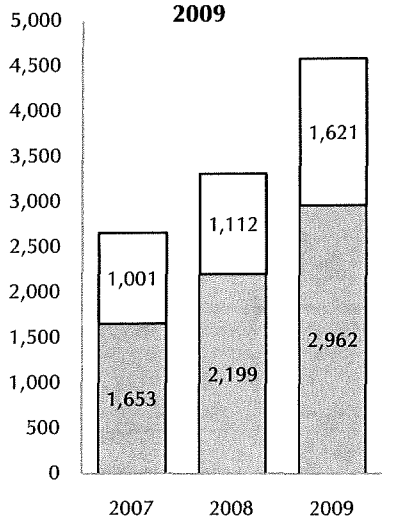
	Anchorage						Alaska (includes Anchorage)					
	Sheltered[1]		Unsheltered[2]		Total		Sheltered[1]		Unsheltered[2]		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Persons in households without children	1,167	41.6 %	132	84.1 %	**1,299**	**43.9 %**	1,808	42.5 %	250	76.5 %	**2,058**	**44.9 %**
Persons in households with children (adults & children)	1,638	58.4	25	15.9	**1,663**	**56.1**	2,448	57.5	77	23.5	**2,525**	**55.1**
Total number of homeless	**2,805**		**157**		**2,962**		**4,256**		**327**		**4,583**	

Note: Percentages are calculated by averaging all available data points. This approach, a moving average, provides a clearer picture of the long-term trends in the homeless population. Veteran's Affairs homeless count was not included in this count, but generally adds 10 to 20 individuals to the count. Some homeless individuals are members of more than one subpopulation. Not all individuals were members of a subpopulation.

1. *Sheltered homeless* includes individuals living in emergency shelters, transitional shelters, living with extended family and/or friends, or temporarily living in motels.
2. *Unsheltered homeless* includes individuals living in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, or on the street.

Source of data: *"Anchorage Homeless Count—January 2009: Preliminary Count w/o Data from VA" and "Alaska Total Homeless Count—January 2009," Alaska Housing Finance Corporation*

Figure 1. Homeless Persons in Alaska by Year, 2007–2009



Homelessness

(continued from page 3)

homeless, and 157 who were unsheltered. (Anchorage's total population in July 2008 was estimated to be 284,994.) The count included households with and without dependent children:

- Over 25% of all homeless households in Anchorage had dependent children.
- There was a 49% increase in households with dependent children from 2008 to 2009.

A survey for HUD of Anchorage homeless persons over the period October 1, 2007 to September 30, 2008 showed that of *sheltered persons in families*:

- 73% were female.
- 55% were under the age of 12.
- 29 % were American Indian or Alaska Native.
- 20% were White.
- 18% were Black or African American.
- 21% were between the ages of 18 and 30 years.
- 16% were between the ages of 31 and 50 years.
- 34% stayed in shelters or transitional housing for 1 to 3 months.

Data for *individuals in shelters* show:

- 80% were male.
- 42% were American Indian or Alaska Native.
- 39% were White.
- 13% were Black.
- Over half (55%) were between the ages of 31 and 50 years.
- 27% were between the ages of 51 and 61 years.
- 68% stayed in shelters or transitional housing for a week or less.

Anchorage's homeless subpopulations include sheltered and unsheltered persons. (See Table 4.) According to the January 2009 count of Anchorage's homeless population:

- Nearly 9% are chronically homeless.
- Over 13% have chronic substance abuse issues.
- Approximately 5% are victims of domestic violence.
- Close to 7% are veterans.
- About 9% are severely mentally ill.
- Close to 2% are unaccompanied youth under the age of 18.
- Less than 1% have HIV/AIDS.

Table 5. Homeless Students Enrolled in Anchorage School District, 2004–2009

		Homeless students	
Year	Total student population	N	% of total student population
2004–05	49,454	1,052	2.1 %
2005–06	49,589	1,767	3.6
2006–07	49,068	1,637	3.3
2007–08	48,457	1,752	3.6
2008–09	48,440	2,010	4.1

Note: Anchorage School District defines *homeless* according to the McKinney-Vento Homeless Education Assistance Improvements Assistance Act of 2001. ASD has improved its identification process since the 2004–2005 school year, resulting in a significant percentage increase in 2005–2006.

Source of data: *Anchorage School District, 2009*

Single-night homeless counts from 2007, 2008, and 2009, both statewide and in Anchorage, show a definite rise in the overall number of homeless. (See Figure 1.) In 2008, more than 20 percent of sheltered and unsheltered individuals in Anchorage, and nearly 19 percent of persons statewide met the definition of chronically homeless. However, the 2009 January count showed a drop in chronic homelessness to about 9 percent both in Anchorage and statewide.

Members of the Alaska Coalition on Housing and Homelessness have looked at this decrease in the percentage of the chronically homeless. Coalition members have suggested that factors for the difference in the rates for 2008 and 2009 may include: 1) temporary closure of some supportive housing resources in 2008 which contributed to a rise in numbers for that year, and 2) in 2009, the increasing number of chronically homeless mentally ill persons who are in the judicial and correctional systems, rather than in the community at large. Homeless service providers also suggest that earlier intervention with the homeless may be having an effect and that because episodes of homelessness may be fewer or farther apart in time, fewer number of homeless meet the definition of "chronically homeless" (see page 2 for the federal definition).

The Anchorage School District (ASD) tracks the number of homeless students in grades Kindergarten through 12, and uses the definition of homeless children and youth found in the 1987 McKinney-Vento Homeless Assistance Act which was reauthorized in January 2002 through the No Child Left Behind Act. The term "homeless children and youths" is defined in Title VII, Subtitle B of the McKinney-Vento Act:

> [Homeless children and youths include] ...individuals who lack a fixed, regular, and adequate nighttime residence...and includes (i) children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement....(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children....

The percentage of homeless students in Anchorage has risen steadily from 3.3 percent in the school year 2006-2007 to 3.6 percent in 2007-2008, to 4.1 percent for 2008-2009. This translates to a total of 2,010 homeless students in 2008-2009. (See Table 5.)

Most recently, statistics on the homeless in Anchorage were collected at the July 31, 2009 Project Homeless Connect coordinated by the Anchorage Coalition on Homelessness. Project Homeless Connect is a "one-day, one-stop event to provide housing, services, and hospitality in a convenient one-stop model directly to people experiencing homelessness in Anchorage"(www.anchoragehomeless.org/project-homeless-connect). The day-long event provided services to 646 individuals:

- 62% were male.
- 53% were Alaska Native as identified by Alaska Native Regional Corporation.
- 25% were White.
- 7% were Black or African American.

Table 6. Homeless Persons by Year, Anchorage and Alaska, 2007–2009

	2007			2008			2009		
	Sheltered[1]	Unsheltered[2]	**Total**	Sheltered[1]	Unsheltered[2]	**Total**	Sheltered[1]	Unsheltered[2]	**Total**
Anchorage	1,521	132	**1,653**	2,097	102	**2,199**	2,805	157	**2,962**
Balance of state (excluding Anchorage)	942	59	**1,001**	1,020	92	**1,112**	1,451	170	**1,621**
Alaska total	**2,463**	**191**	**2,654**	**3,117**	**194**	**3,311**	**4,256**	**327**	**4,583**

Note: Percentages are calculated by averaging all available data points. This approach, a moving average, provides a clearer picture of the long-term trends in the homeless population. Veteran's Affairs homeless count was not included in this count, but generally adds 10 to 20 individuals to the count.

1. *Sheltered homeless* includes individuals living in emergency shelters, transitional shelters, living with extended family and/or friends, or temporarily living in motels.
2. *Unsheltered homeless* includes individuals living in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, or on the street.

Source of data: *"Anchorage Homeless Count—January 2009: Preliminary Count w/o Data from VA" and "Alaska Total Homeless Count—January 2009," Alaska Housing Finance Corporation*

- 22% reported being homeless more than one month and up to six months.
- 24% reported having slept the previous night in "a place not meant for human habitation."
- 21% reported a chronic substance abuse issue.
- 17% reported a mental illness.
- 26% had a physical disability.
- 23% of the females stated they had been victims of domestic violence.

The Alaska Council on the Homeless, the Alaska Coalition on Housing and Homelessness (there are regional coalitions across the state), the Municipality of Anchorage, Alaska Housing Finance Corporation, HUD, and the Anchorage Coalition on Homelessness are among the agencies looking at ways to prevent homelessness and provide assistance to homeless individuals and families. The Alaska Council on the Homeless, a state entity established in 2004, adopted a "10 Year Plan to End Long Term Homelessness in Alaska" in May of this year. To assist regional areas of the state, Alaska Housing Finance Corporation is working with local coalitions to develop their own "10 Year Plans" that will interface with the State Council's "Plan."

As part of the State Council's "10 Year Plan," a program is in development through Alaska Housing Finance Corporation to provide rental assistance to another group that has been identified as being at risk for homelessness: persons with disabilities who are being discharged from correctional facilities. In addition, the Alaska Council on Homelessness reports data from the Department of Corrections indicating that overall about 8,000 persons are released from state correctional facilities each year with "no identified housing arrangement."

The Municipality of Anchorage Department of Health and Human Services published an "Overview of Homelessness in Anchorage, Alaska" in July 2009 which includes statistics from specific shelters in Anchorage. In examining shelter numbers from January through June 2009, the report found that AWAIC (Abused Women's Aid in Crisis) and Clare House were operating over capacity, but other Anchorage shelters were not. The Municipality has also issued a 2008 redraft of Anchorage's "Ten-Year Plan on Homelessness," and Anchorage Mayor Dan Sullivan recently released a "Mayor's Strategic Action Plan" on chronic public inebriates and related issues of homelessness.

National, state, and local agencies continue to collect data on the homeless, the causes and prevention of homelessness, and explore ways to assist those individuals and families experiencing homelessness.

Faculty News

Dr. Sharon Chamard has been promoted to the rank of Associate Professor and awarded tenure in the Justice Center in the UAA College of Health and Social Welfare. Dr. Chamard holds a Ph.D. in Criminal Justice from Rutgers-Newark and has been a Justice Center faculty member since 2003.

Justice Center Research Overview

The Justice Center has launched a new monthly publication, *Justice Center Research Overview*. These brief papers cover a specific justice-related topic and provide a snapshot of the most recent information. Recent *Overviews* include:

- Batterer Intervention Programs (BIPs)
- Violent and Property Offenses in Anchorage, 2003–2007
- Victim-Suspect Relationship in Sexual Assault Cases Reported to Law Enforcement: Alaska and National Data
- Sex Offender Registries and Notification Programs
- Violent and Property Offenses in Anchorage, 2003–2008

The *Research Overviews* are available online at http://justice.uaa.alaska.edu/overview/index.html. If you would like to receive an electronic copy monthly by e-mail, please send an e-mail to justiceresearch@uaa.alaska.edu.

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Victim Service Training Needs: State Victim Assistance Academy

André B. Rosay

State Victim Assistance Academies offer coursework and training in victimology, victims' rights, and victim services designed to meet the needs of victim service providers and allied professionals. These state programs are modeled on National Victim Assistance Academies presented by the U.S. Department of Justice Office for Victims of Crime (OVC) and are specifically tailored to the needs of individual states. Currently, 36 states, including Alaska, receive federal funding to assist with planning and presenting State Victim Assistance Academies.

With the help of both state and federal funding, Victims for Justice, a community-based crime victim service organization located in Anchorage, began in 2008 to develop a plan for a State Victim Assistance Academy for Alaska. An important first step in the development of a State Victim Assistance Academy is to conduct a needs assessment survey to identify the most important training needs to address in coursework. In this short article, we present the results of a needs assessment survey conducted by the Justice Center in partnership with Victims for Justice.

A convenience sample of 153 individuals working in the area of victim assistance was conducted. Most respondents indicated that they worked for victim service agencies (41%) and/or health and human service agencies (35%). Ten to fifteen percent of respondents also indicated that they worked for law enforcement agencies, educational agencies, and/or medical agencies. Forty-three (30%) of respondents were from Anchorage and 46 (32%) were from hubs and villages off the road system. Over half (66%) of the respondents had five or more years of victim services experience, and 30 percent had more than fifteen years of experience.

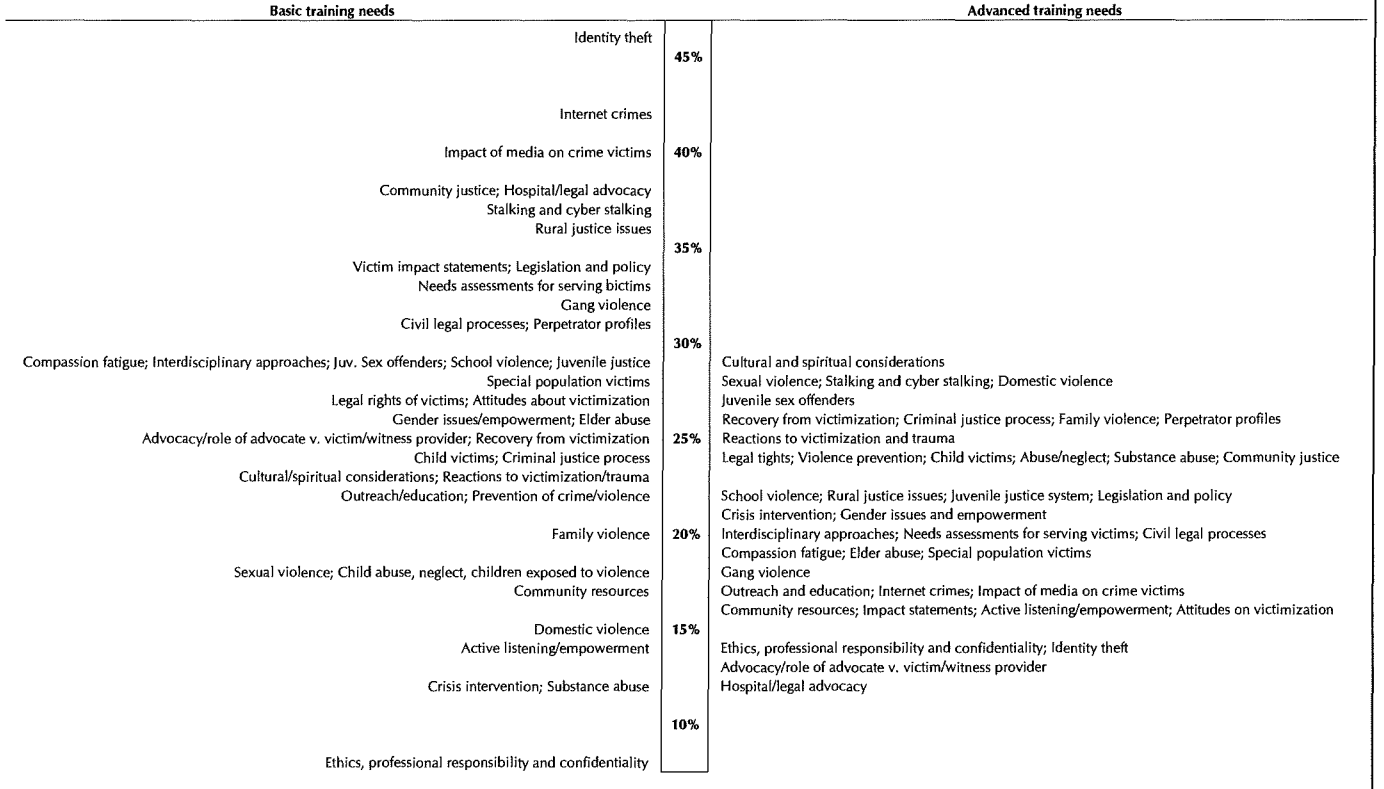
The survey asked respondents to indicate both basic and advanced training needs for 40 different subject areas. The most often noted basic training needs included identity theft (46%), internet crimes (42%), the impact of media on crime victims (40%), community justice (38%), hospital/legal advocacy (38%), stalking and cyber stalking (37%), and rural justice issues (36%). The most often noted advanced training needs included cultural and spiritual considerations (29%), sexual violence (28%), stalking and cyber stalking (28%), domestic violence (28%), juvenile sex offenders (27%), recovery from victimization (26%), the criminal justice process (26%), perpetrator profiles (26%), family violence (26%), and reactions to victimization and trauma (25%). Four topics were noted as important for both basic and advanced training by over 25% of respondents. These four topics included stalking and cyber stalking, juvenile sex offenders, recovery from victimization, and perpetrator profiles.

Results from this survey will influence the development of the Alaska State Victim Assistance Academy. The first Academy is planned for summer 2010. Readers interested in the Academy should contact Victims for Justice (www.victimsforjustice.org).

André Rosay is Director of the Justice Center.

Figure 1. Basic and Advanced Training Needs

Percent of respondents indicating need.



Source of data: *Alaska State Victim Assistance Academy Needs Assessment Survey*

Drug use

(continued from page 1)

in the month preceding the offense for which they were currently jailed, and were they under the influence of drugs/alcohol at the time they committed the offense for which they were now serving time. In addition, respondents provided their perceptions of the drug/alcohol intoxication of victims.

The Association Between Drug Use and Criminal Offending

The correlation between drug/alcohol use and crime is well established and not in dispute among either criminal justice practitioners or researchers. Regardless of the data sources used, drug use is shown to be associated with criminal offending. Consider, for example:

• A recent analysis of NSDUH data published by the Substance Abuse and Mental Health Services Administration revealed that 60 percent of those arrested for a serious crime in the past year also used at least one illicit drug; the comparable figure for illicit drug use for those who were not arrested for a serious crime in the past year was 13 percent.

• Data from the SISFC show that 32 percent of state prisoners and 26 percent of federal prisoners committed their offense under the influence of drugs. Roughly half of each group (56% and 50% respectively) reported using drugs within a month of their arrest.

• According to SILJ data, 28 percent of convicted individuals incarcerated in local jails were under the influence of drugs at the time of their offense; 54 percent used drugs within a month of their arrest.

• NCVS data show that one in four victims of violent crime reported that the person who attacked them was under the influence of drugs or alcohol.

However, the fact that drug use and criminal offending are correlated does not necessarily mean that they are causally related. In fact, there is a consensus among researchers that there is no empirical support for a direct causal relationship between drug use and criminal behavior. The connection between drug use and crime is much more complex.

The challenge for researchers is to document this complexity and develop empirically verifiable explanations for the drug use-crime connection. Just how the information collected by the ADAM program can contribute to this effort is outlined below.

ADAM

Funded by the National Institute of Justice, the Arrestee Drug Abuse Monitoring (ADAM) program was a national, multi-site drug monitoring research platform designed to collect detailed information on alcohol/drug use behaviors among those booked into local jails and charged with violation of at least one local or state criminal statute. (Those who were charged exclusively for federal offenses, as well as those booked into a facility for non-criminal violations, were not eligible for inclusion in the study.) Researchers at each site entered local jails for 14 consecutive days four times a year to conduct face-to-face interviews. Anchorage was an ADAM site from 1999 to 2003.

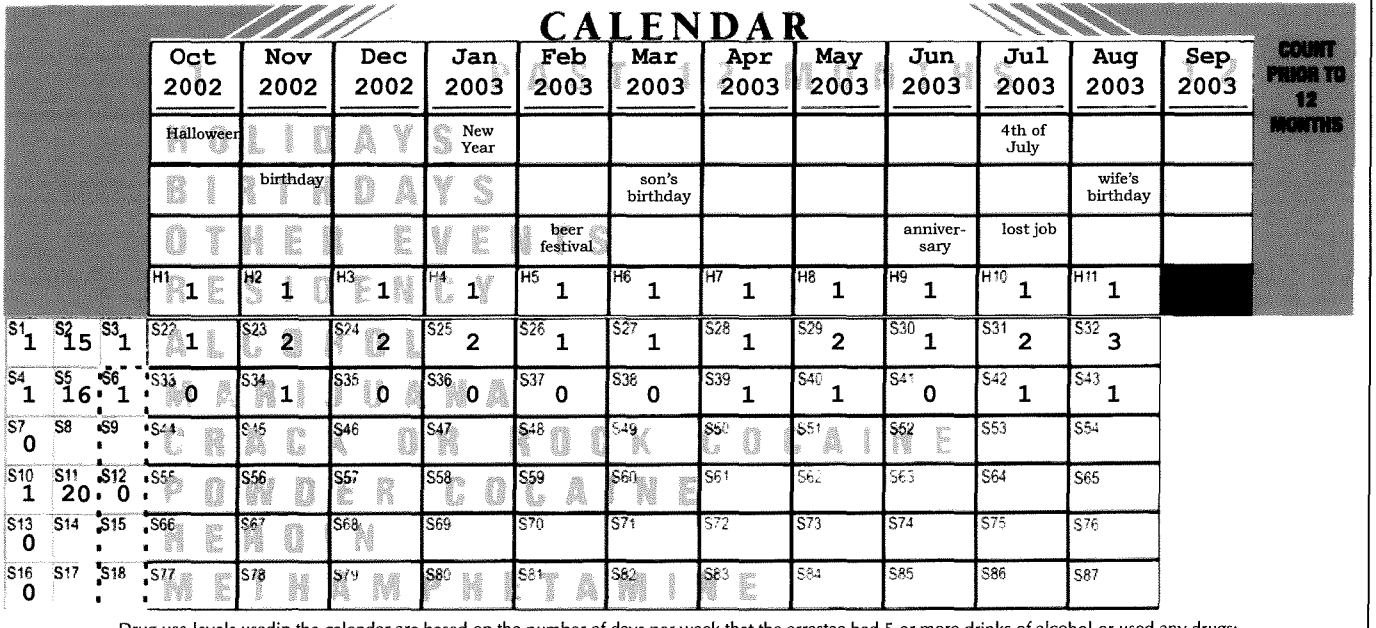
ADAM collected six broad categories of information: (1) arrest and charge information, (2) demographics, (3) drug/alcohol use, (4) drug/alcohol dependence and abuse, (5) drug market information, and (6) urine sample analyses. Arrest and charge information was obtained from official booking documents. All demographic, drug use, and drug market information was self-reported by arrestees.

Much of ADAM's utility for the study of the drug use-crime connection is not due to its sample population, its collection of lifetime, past-year, and past-month drug use data, or even the information it collects about the extent to which offenders were under the influence of illicit drugs when they committed crimes. (The NSDUH, MTF, NCVS, SILJ, and SISFC studies include all or some of these information categories.)

*Please see **Drug use**, page 8*

Figure 1. ADAM Drug Use Calendar

Sample data included for purposes of illustration.



Drug use levels usedin the calendar are based on the number of days per week that the arrestee had 5 or more drinks of alcohol or used any drugs:

0 = none; **1** = 1 day/week (1–7 days/month); **2** = 2–3 days/week (8–12 days/month); **3** = >3 days/week (13–30 days/month)

Source: *Arrestee Drug Use Monitoring Program questionnaire*

Drug use
(continued from page 7)

Rather, ADAM's unique contribution was the use of a calendaring methodology to capture detailed month-by-month information on the intensity of drug use by arrestees for the entire 12-month period preceding their arrest. Because of its use of drug use calendars, ADAM was unique in its ability to capture critical information on individual drug use patterns prior to the crime event that precipitated an arrest. This data collection strategy enables researchers to better contextualize crime incidents and to examine the drug use-crime connection developmentally, as a dynamic process.

From a methodological standpoint, the use of a calendar is beneficial because it improves the reliability and validity of retrospective data. Calendaring accomplishes this by helping respondents to accurately recall events through the use of visual cues and related life events, and to sequence events over time. Researchers have successfully gathered drug use data going back as far as five years using this technique.

The ADAM drug use calendar (see Figure 1) was administered to all arrestees who reported using illicit drugs within the past year. At the outset, respondents were asked to note significant life events in the calendar—for example, religious holidays, birthdays, anniversaries, and major happenings in their life that occurred in the past year. These significant life events were then used as reference points by respondents to aid with recall of their drug/alcohol use. Arrestees were first asked if they had used a particular drug in a particular month, then if they responded in the affirmative, they were asked to provide their best estimate of the frequency of their drug use (see Figure 1 for use level definitions). Interviewers then recorded an arrestee's use level for each month. Interviewers worked through the calendar from top to bottom, from left to right. Arrestees were asked about each drug singly and in sequence.

In addition to providing self-reported drug use, arrestees were also asked to provide a urine sample. (Across the four-year period 2000–2003, an average of 86.4 percent of arrestees who were asked for a urine sample provided one.) These urine samples were immediately sent to an independent laboratory for enzyme multiplied immunoassay testing (EMIT), a technique designed to detect the presence of drugs or drug metabolites in urine. Separate immunoassays were designed to detect one particular drug or class of drugs. Although the ADAM program tested for ten drugs in all, this article focuses on arrestees' use of four of the five

Table 1. Demographic Characteristics of Male Arrestess in ADAM Project Compared with 2000 U.S. Census Data for Anchorage

	Male arrestees in ADAM project, 2000–2003		2000 Census data for Anchorage Municipality	
	Range	Mean	See notes for basis of figures.	
Age	18–59 years	30.8 years		
	N	Percent	N	Percent
Race				
White	511	47.4 %	64,042 [1]	77.0 %
Black or African American	152	14.1	4,900 [1]	5.9
Alaska Native or American Indian	332	30.8	4,843 [1]	5.8
Native Hawaiian or other Pacific Island	25	2.3	617 [1]	0.7
Asian	19	1.8	3,701 [1]	4.4
Other	40	3.7	1,839 [1]	2.2
Multiracial (2 or more races) *	—	—	3,236 [1]	3.9
Total	**1,079**		**83,178** [1]	
Hispanic origin				
No	1,060	92.3 %	78,977 [1]	94.9 %
Yes	88	7.7	4,201 [1]	5.1
Total	**1,148**		**83,178** [1]	
U.S. citizenship				
No	39	3.4 %	—	—
Yes	1,118	96.6	239,005 [2]	91.8 %
Total	**1,157**		—	—
Highest educational attainment				
High school or GED	553	47.8 %	19,731 [3]	24.6 %
Vocational or trade school	118	10.2	— [3]	
Some college or 2-year associate's degree	228	19.7	29,317 [3]	36.5
Four-year college degree or higher	36	3.1	23,681 [3]	29.5
No degree	223	19.3	7,569 [3]	9.4
Total	**1,158**		**80,298** [3]	
Current work status				
Full-time (35+ hours/week)	485	41.9 %	62,429 [4]	71.1 %
Part-time	91	7.9		
Active military	1	0.1	7,073 [5]	7.3
Employed but out due to	12	1.0		
Seasonal work, not working	90	7.8	5,328 [4]	6.1
Unemployed, looking	293	25.3		
Unemployed, not looking	94	8.1		
Full-time homemaker	8	0.7		
In school only	11	0.9	13,201 [4]	15.0
Retired	3	0.3		
Disabled for work	64	5.5		
Other	6	0.5	—	—
Total	**1,158**		**88,031** [6]	
Current legal marital status				
Single, never married	713	61.6 %	32,052 [7]	32.2 %
Divorced	177	15.3	11,102 [7]	11.2
Legally separated	41	3.5	1,768 [7]	1.8
Widowed	16	1.4	1,217 [7]	1.2
Married (including common law)	210	18.2	50,493 [7]	50.7
Other *	—	—	2,862 [7]	2.9
Total	**1,157**		**99,494** [7]	

* Category not included in ADAM statistics.

1. Figures for age and Hispanic origin based on 2000 U.S. Census figures for males in the Anchorage Municipality aged 18–59 years (N=83,178).
2. In U.S. Census data, U.S. citizenship is not broken down by sex. Hence, figures given here represent all U.S. citizens, both male and female, in 2000 U.S. Census, representing 91.8% of the total Anchorage Municipality population (N=260,283).
3. Figures for highest educational attainment based on 2000 U.S. Census figures for males in the Anchorage Municipality over 25 years of age (N=80,298).
4. Figures for current work status (except active military) based on 2000 U.S. Census figures for males in the Anchorage Municipality aged 16–59 years (N=87,851).
5. Figures for active military status based on 2000 U.S. Census figures for males in the Anchorage Municipality 16 years of age or older (N=97,287).
6. Total for current work status based on 2000 U.S. Census figures for males in the Anchorage Municipality aged 16–59 years plus males on active military status of 60 years or older.
7. Figures for current legal marital status based on 2000 U.S. Census figures for males in the Anchorage Municipality 15 years of age or older (N=99,494).

Source of data: *ADAM data; 2000 U.S. Census*

Table 2. Percentage of Drug-Using Male Arrestees Charged with at Least One Offense, 2000–2003

Year	N	Average number of charges	Felony	Violent offense	Property offense	Driving under the influence (DUI)	Drug/all	Traffic	Probation/ parole violation	Bench warrant
2000	**345**	1.53 charges	38.3 %	28.4 %	24.1 %	15.1 %	3.5 %	15.9 %	21.7 %	13.9 %
2001	**320**	1.58	35.9	30.3	21.6	17.5	5.6	18.1	15.9	12.8
2002	**280**	1.73	30.0	37.9	22.5	18.6	6.8	16.8	15.4	6.4
2003	**213**	1.71	31.0	28.6	19.2	14.1	8.0	20.7	15.5	17.8

Source of data: *ADAM data*

drug categories specified by the National Institute on Drug Abuse for routine workplace drug testing, commonly referred to as the "NIDA-5" panel: marijuana, cocaine (both crack and powder), methamphetamine, and heroin (opiates). (The fifth NIDA-5 drug is phencyclidine (PCP).)

ADAM Sample

The sample of arrestees examined here is limited to adult males who reported using one or more of the following illicit drugs within a year of their arrest: marijuana, crack cocaine, powder cocaine, methamphetamine or heroin. Table 1 provides a demographic portrait of this sample.

Age. Respondents in the sample were typically young. The three most frequent ages reported by this group of arrestees were 19 years (5.4% of the entire sample), 20 years (6.1%), and 21 years (5.8%). The average age was 30.8 years. Because the study was limited to adults, the youngest members of the sample were 18 (4.6%); the oldest respondent was 59 years of age.

Race/Ethnicity. A preponderance of arrestees (47.4%) characterized themselves as White; nearly a third (30.8%) reported Alaska Native/American Indian ancestry; one in every seven described themselves as Black or African American. Slightly more than two percent reported Native Hawaiian/ Other Pacific Islander heritage; less than two percent identified themselves as Asian; and slightly less than four percent indicated some other racial group membership. In excess of 90 percent of the sample was non-Hispanic. More than 95 percent claimed American citizenship.

Educational attainment. The data presented in Table 1 reveal significant educational deficits among male arrestees in Anchorage. Nearly one-fifth of the sample had not earned a high school diploma or equivalent degree. An additional 48 percent of the sample had earned a high school diploma or GED, but had gone no further in their formal educational careers. One in ten reported completing some form of vocational training. Nearly 20 percent of the sample reported having some college education or two-year associate degree. A scant three percent of the sample had attained a four-year college degree or higher.

Employment. Only half of the sample were active participants in the labor market. More than 40 percent of the sample were able to work, but were not employed on the day of arrest. Notably, one out of every five of those who were unemployed had dropped out of the workforce entirely, having quit looking for work. Among those able to work, but not working, were small numbers of homemakers (0.7%), full-time students (0.9%), and retirees (0.3%). Just over five percent of the sample was unable to work due to some form of disability.

Marital status. Nearly two-thirds of the sample (61.6%) reported their marital status as *single, never married.* Approximately 18 percent of the sample was married (including common law marriage) on the day of arrest; another 18 percent were separated or divorced. Just over 1 percent of the sample was widowed.

Overall, the demographic composition of the adult male arrestees differed greatly from that of the overall population of adult males residing in Anchorage. Minority group members were disproportionately represented in the adult male arrestee population. This pattern is particularly striking for Alaska Natives, who represent approximately 30 percent of the adult male arrestee population, but less than 6 percent of all adult males in the city. African Americans were also disproportionately represented in Anchorage's adult male arrestee population, as were those of Hispanic background.

Arrestees also demonstrated notable human and social capital deficits when compared to the general adult male population. Those booked into jail were twice as likely to not have earned at least a high school diploma or equivalent degree. They were roughly one-tenth as likely to have completed a four-year college degree or higher. Compared to the general adult male population, arrestees were much less likely to be active participants in the labor force. Fully half of the arrestee sample was not working on the day of their arrest. (Eight percent of the sample had dropped out of the workforce entirely, reporting their work status as "unemployed, not looking for work.") Finally, arrestees were much less likely to be married than adult males more generally.

Criminal Offending

Detailed information for the three most-serious charges leveled against each arrestee was obtained from booking records and charge documents. Table 2 presents descriptive statistics for the seven offense categories most often observed.

In general, drug-using male arrestees were booked into jail for non-violent misdemeanors and other low-level violations (see Table 2). More than half (54.7%) of all adult males booked into jail in Anchorage were charged with a single offense, just over a quarter (27.8%) were charged with two offenses, and 17.5 percent of were charged with three or more. Approximately a third of all arrestees were accused of felonies. Between a quarter and a third were booked into jail for one or more violent offenses, and roughly one-fifth were arrested for at least one property crime. One out of every six arrestees was jailed for violating the terms of their probation or parole. In excess of 15 percent of male arrestees were booked into jail for driving under the influence. A substantial number of arrestees were jailed because a bench warrant had been issued for their arrest (most frequently for failing to appear in court). Notably, only about five percent of this sample of drug users were arrested for committing a specific drug or alcohol offense.

Arrestee Drug Use

Urinalysis results

The results of the EMIT screening results

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for marijuana, cocaine, methamphetamine, and heroin are presented in Table 3. These data depict the prevalence of use for each of these drugs at the time of arrest (see Table 4 for EMIT detection periods for each drug).

Marijuana was the most common illicit drug used by Anchorage's male arrestee population, with more than half of all male arrestees testing positive in 2003. Approximately a fifth of men booked into the Anchorage jail tested positive for cocaine. Less than ten percent tested positive for heroin (or other opiates—see note at bottom of table), and roughly one percent tested positive for methamphetamine.

In addition to illustrated overall prevalence rates, the data presented in Table 3 also show a pattern of increased drug use among male arrestees for each of the four drugs examined. Between 2000 and 2003 the percentage of arrestees testing positive for marijuana increased 41.8 percent, the percentage testing positive for cocaine increased 21.1 percent, the percentage testing positive for heroin (or other opiates) increased 125 percent, and the percentage testing positive for methamphetamine increased by 400 percent (though, importantly, the base rate was very small).

Table 3. Percentage of Male Arrestees Testing Positive for Drug Use, 2000–2003

Year	Total sample	Arrestees providing urine sample N	Arrestees providing urine sample % of total	Marijuana	Cocaine	Methamphetamine[1]	Opiates[2]
2000	595	493	82.9 %	36.3 %	21.3 %	0.2 %	3.2 %
2001	559	464	83.0	37.2	19.6	0.8	4.7
2002	437	394	90.2	49.2	19.2	1.5	4.1
2003	323	291	90.1	51.5	25.8	1.0	7.2

Note: ADAM makes use of enzyme multiplied immunoassay testing (EMIT) to detect the presence of drugs or drug metabolites in urine samples. Each immunoassay is designed to detect one particular drug or class of drugs.

1. To ensure a positive test for methamphetamine, EMIT screens testing positive for amphetamines are subjected to a confirmatory gas chromatography/mass spectrometry (GC/MS) test.
2. A positive EMIT screen indicates only the presence of morphine and/or opiate metabolites. The use of opiates other than heroin (for example morphine or codeine) cannot be ruled out.

Source of data: *ADAM data*

Self-reported drug use

Table 5 presents arrestees' self-reported use for each of the five drugs of interest at four points in time. From left-to-right, the table presents the percentage of the sample that used at least one of the five drugs at least once in their lifetime, in the past year, in the past month, and in the past week. These data demonstrate two empirically distinct drug use patterns. The first is what might be termed the "hierarchy of preference." Marijuana is, by far, the most frequently used drug among adult male arrestees who use drugs. Among those who used drugs in the past year, more than 97 percent reported using marijuana at least once in their lifetime. Between half and two-thirds of drug users reported using powder cocaine at least once. Slightly fewer had used crack cocaine. Roughly a third of drug-using arrestees had used methamphetamine on at least one occasion; about one in every seven had experience with heroin.

Drug use over time

We come now to the examination of arrestees' drug use patterns for the year preceding their arrest. The data presented here come from the drug use calendars administered to all arrestees who reported using illicit drugs within 12 months of their arrest. For each month in the preceding year, arrestees were asked to provide their best estimate of their drug use level ("0"=*No drug* use, "1"= drug use on *1–7 days* of the month, "2"= drug use on *8–12 days* of the month, "3"=drug use on *13–30 days* of the month). Figure 2 presents the average use level for each drug, for each month preceding arrest.

On average, the marijuana users demonstrated the highest average use levels, surpassing even heroin users (except for the

Table 4. Drug Testing: Cutoff Levels and Detection Periods for Urinalysis

Drug	Cutoff level[1]	Detection period[2]
Cocaine	300 ng/ml	2–3 days
Marijuana	50 ng/ml	7 days (infrequent use)
		30 days maximum (chronic use)
Methamphetamine	300 ng/ml	2–4 days
Opiates	300 ng/ml	2–3 days

1. The cutoff level is the amount of the drug below which the amount is considered undetectable and the result is negative; measured in nanograms per milliliter.
2. The detection period is the number of days after ingestion during which the drug can be detected in the body.

Source: *ADAM 2000 Annual Report*

Table 5. Self-Reported Drug Use by Male Arrestees, 2000–2003

		Lifetime	Past 12 months	Past 30 days	Past week
Marijuana					
	2000	96.8 %	85.7 %	68.7 %	59.7 %
	2001	97.5	89.4	74.4	61.5
	2002	97.9	92.5	74.6	63.2
	2003	99.1	91.5	76.1	63.4
Powder cocaine					
	2000	64.6 %	33.3 %	20.0 %	13.0 %
	2001	57.2	22.2	14.4	10.0
	2002	62.9	27.5	13.6	8.6
	2003	63.8	26.8	16.4	8.9
Crack cocaine					
	2000	54.8 %	37.6 %	27.5 %	22.9 %
	2001	40.9	26.3	20.0	15.0
	2002	45.7	27.5	19.6	14.3
	2003	52.6	31.0	22.5	19.2
Methamphetamine					
	2000	37.4 %	7.8 %	3.7 %	1.4 %
	2001	26.3	5.6	3.1	2.5
	2002	31.1	8.6	3.2	1.1
	2003	34.3	8.0	2.3	1.4
Heroin					
	2000	17.1 %	4.9 %	2.9 %	1.7 %
	2001	14.7	3.8	2.8	2.5
	2002	14.3	3.9	1.8	2.9
	2003	15.0	2.8	0.9	0.9

Source of data: *ADAM data*

month of arrest when the average use level for heroin was highest). Crack cocaine users recorded the third-highest average use level, although by the month of arrest they had closed the gap on marijuana and heroin users. Powder cocaine and methamphetamine users had the two lowest average use levels.

The data presented in Figure 2 also show that average use levels increased for all five drugs. Relative to the other illicit drugs examined, marijuana demonstrated the most stable use pattern. Between months 12 and 1 before arrest, there was a 21.8 percent increase in the average use level for marijuana—a substantial increase to be sure. However, the average use levels for powder cocaine, methamphetamine, crack cocaine, and heroin increased by 122 percent, 99 percent, 75 percent, and 55 percent respectively over the same time span.

But these increases in drug use levels did not occur gradually or in a linear fashion. Instead, they accelerated rapidly in a short period of time. After remaining stable for most of the year, arrestee drug use levels grew exponentially in a period of about 90 days prior to arrest. In fact, nearly all of the observed increases in drug use levels over the 12-month period were compressed into this small 90-day window of time. Notably, this pattern appeared for *every* drug, not just one or two of them.

Did this pattern apply to all (or nearly all) arrestees, or was the sharp increase due to only a select few? To address this question, calendar data were used to calculate the percentage of arrestees who experienced an increase in their drug use level from month to month. These data are presented in Figure 3. These data show that for each drug, there was a marked increase in the number of users whose use intensified in the year leading up to their arrest. For all drugs except powder cocaine the increase was particularly pronounced within 90 days of arrest.

Taken together, these data presented in Figure 2 and Figure 3 suggest that it was a limited group of arrestees who experienced dramatic increases in their drug use levels in the weeks immediately preceding arrest, and that it was this group that was largely responsible for pushing up the overall sample averages.

Summary and Discussion

Using data collected in Anchorage for the Arrestee Drug Abuse Monitoring program (ADAM), this article has presented preliminary findings of a developmental study of the drug use-crime connection. Results showed an explosive increase in arrestee drug use approximately 90 days prior to arrest. Importantly, this pattern of increased use was observed for all five illicit drugs examined, not just a few. Further analysis showed that much of the growth in arrestee drug use was likely due to an intensification of use by a relatively small cadre of individuals, rather than a uniform increase in drug use for all arrestees.

How do these findings contribute to our understanding about the relationship between drug use and crime?

Because this study is ongoing, it is premature to make any firm declarations about the significance of this research. With that caveat in mind, I would like to highlight some potential contributions. First, this research demonstrates that there is substantial variation in the frequency of drug use over time among illicit drug users. This straightforward (and seemingly self-evident) finding provides an important

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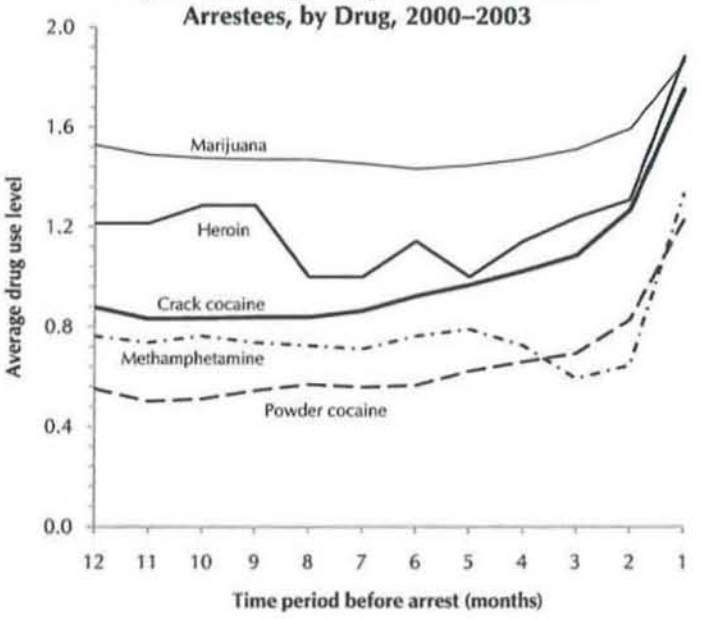
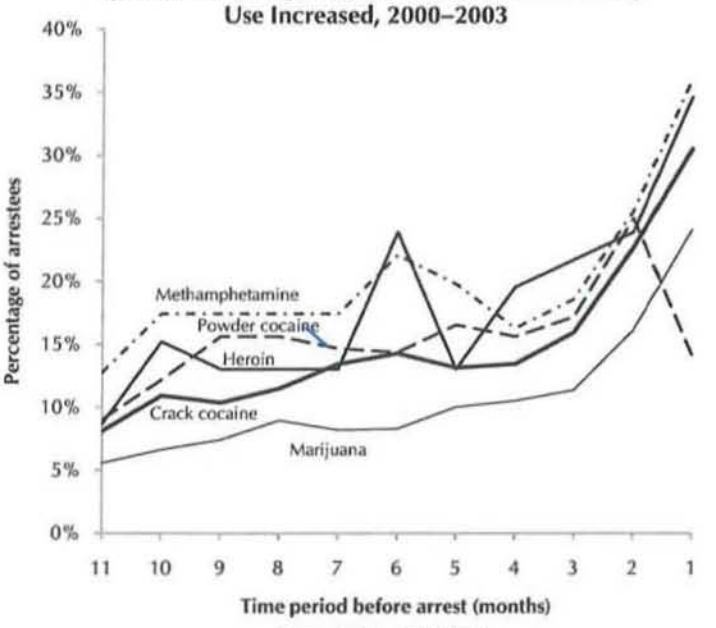
Figure 2. Average Drug Use Level for Male Arrestees, by Drug, 2000–2003



Source of data: *ADAM data*

Figure 3. Percentage of Male Arrestees Whose Drug Use Increased, 2000–2003



Source of data: *ADAM data*

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Drug use

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contrast to a great deal of existing research that, due to its emphasis on cross-sectional correlations between drug use and criminal offending and comparisons between "users" and "non-users," implies invariance in drug use over time. The data presented here suggest that perhaps rather than focusing simply on drug use per se, those who seek to understand the drug use-crime connection should expand their perspective to include the frequency of drug use as well. In addition, this study shows that for roughly one in five arrestees, increases in drug use levels were not gradual or linear; they were sudden, and the magnitudes of the increases in drug use levels were exceptionally large. Related to this are the results pointing to the 90-day window preceding arrest, when drug use levels began their steep incline. This may be a period of particular importance in the development of individuals' drug use trajectories. Finally, this research highlights the potential utility of using the calendar data collected by the ADAM program for advancing research on the drug use-crime connection.

For more information on ADAM, see the *Annual Report 2000: Arrestee Drug Abuse Monitoring* release in 2003 and available at http://www.ncjrs.gov/pdffiles1/nij/193013.pdf.

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