

Drug testing for welfare recipients research paper sample

[Health & Medicine](#), [Drug Abuse](#)



The allocation of tax dollars is an ever-present debate among Americans, both in and out of legislative positions; one priority in particular is the issue of welfare. In the modern political narrative, there is a perception that 'welfare queens,' those who have the ability or capacity to work but simply accept welfare instead, are a drain on the system. In order to curb this abuse of welfare, the proposition has been made in various state and federal legislatures to implement drug testing policies for welfare recipients. The argument is that this screening would weed out drug users who might theoretically abuse welfare money to further their drug habit. Despite the emotionally appealing nature of this proposal, there are far too many problems for it to be effective, and the attitudes behind it are actively harmful to welfare recipients in the first place.

The arguments for drug testing are interesting, and worthy of discussion; there are many common-sense appeals for doing this initiative. For one, drug testing welfare recipients would help to prevent welfare money being given to those who might not use it for essentials, but instead just for drugs (Newell 215). Secondly, it might inspire drug addicts to get clean in order to qualify for needed welfare, thus improving their lives in general (Sulzberger, 2011). This measure is meant to provide accountability to welfare recipients, so as to create further transparency and effectiveness in allocation of tax dollars (Newell 217). The War on Drugs has made it particularly pressing that tax dollars not be used in any way to fund the use of illegal drugs (Guthrie 580).

There have already been substantial attempts to initiate this kind of welfare reform - in 1996, the Personal Responsibility and Work Opportunity

Reconciliation Act (PRWORA) replaced existing policies nationally in order to encourage personal responsibility and search for employment among those who apply for welfare. However, despite these reforms, one of the most pressing issues on a media-centric scale; welfare populations have only recently had this much of an emphasis on mental health issues and substance abuse. In a study in 1999 following the initiation of mandated drug testing in Michigan, 21 out of 258 women (8.1%) in the state tested positive for illegal substances, most hits being of marijuana (Lichter and Jayakody 20). Despite this kind of stipulation for receipt of welfare, however, it is not clear whether or not drug testing actually reduced drug use among mothers on welfare.

Despite the emotional appeals for drug testing, none of these preconceptions are, in fact, accurate (or even helpful) to those who are on welfare. Even in the event that there is a large number of welfare recipients who do abuse drugs, there is no guarantee that drug testing is a successful deterrent for drug users - there is always the possibility of their using drugs during the periods surrounding testing. It also offers absolutely no help for those who are drug addicts in the way of counseling or programs; to that end, it seems a purely punitive measure that does little to actually provide assistance to theoretical drug using welfare recipients in need (Sulzberger, 2011).

Furthermore, by creating these stigmas around being on welfare, it can create further economic ripples by preventing those who need welfare, but do not want to be saddled with the shame associated with receiving welfare, from getting the help that they need. This is a harmful and toxic association that must be prevented (Alvarez, 2012).

The use of sanctions against those who engage in substance abuse by the welfare problem, accomplished through drug testing, can lead to a few problems. It is often argued that the drug testing technology currently available has the capability of producing false positive readings; to that end, welfare recipients may actually be denied benefits because of unfair results in these drug tests (Jayajody, Danziger and Pollack 2). Furthermore, as previously mentioned, these sanctions do not actually provide what is needed for substance abuse victims - health services and treatment for addiction, rather than simple refusal to provide benefits. The actual impact of these sanctions is not truly known, due to the unclear nature of the prevalence and relation of welfare to drug abuse (3). Recently, policy makers and welfare administrators, as well as scholars, have become mired in clinical language and scientific findings to determine those who require treatment and those who do not, attempting to use awkward and unclear criteria to differentiate between drug users and non-drug users (4). Further studies have actually been conducted to demonstrate whether or not drug abuse is a rampant problem among welfare recipients - Grant and Dawson (1996) conducted a study in which a 1992 survey analyzed the alcohol and drug use, abuse and dependence among recipients of welfare benefits, which included the Aid to Families with Dependent Children (AFDC), the Special Supplemental Food Program for Women, Infants and Children (WIC), food stamps, Medicaid and more. According to the results, common perceptions of welfare recipients as being drug and alcohol abusers are relatively overblown - the percentages of those who use drugs other than alcohol never rose higher than 8.2%. Those who are actually dependent on

those drugs did not rise higher than 3.6% (Grant and Dawson 1453). Within these statistics, there are also greater disparities between demographics involved in heavy drug use - the most likely to use drugs are non-Black males between 25 and 34 years of age, the reasons for these differentials being unclear (1453). In order to reach these particular populations, resources would have to be incorporated, at great cost to taxpayers, into the welfare program - the apparent lack of a real drug problem among welfare recipients makes the assertion that those on welfare are more likely to be on drugs relatively misleading, from a political and economic point of view. Many arguments state that the concept of drug testing is unconstitutional. The practice is considered to be an intrusion into the private lives of citizens, something that is not in line with the values that this country was founded upon. In particular, many cite the drug testing program as being against the Fourth Amendment right of citizens against unreasonable search and seizure (Guthrie 580). This kind of "suspicionless drug testing" is viewed with skepticism, and these kinds of searches and seizures cannot be undertaken because of fiscal concerns (the threat of defrauding the government for welfare money) (Newell 245-246). This creates yet another reason why the status of welfare recipients should not be determined so widely by their substance abuse, and why testing in order to get these benefits is unconstitutional. Though some argue it is akin to being drug tested before getting a job or having a job-related accident, in those cases, it requires those who take the test to pay for the test, effectively exacting a toll for drug testing that may be unnecessary. Furthermore, as the funding for government welfare is paid by the people, likely including those who are

attempting to acquire welfare, it should be provided as a government service if they fit the criteria.

The most important point to make regarding drug testing for welfare recipients is that it has already been attempted - and it does not work. One vital example to cite in this debate is Florida, in which a drug testing pilot program was implemented to screen welfare recipients for drug use. The program cost a great deal of money (\$118, 140) and demonstrated that only 2.6% of welfare recipients even tested positive for drugs (Alvarez, 2012). As a result, the program was a massive waste of money, used to track down a subset of the population tested that barely existed in the first place.

Furthermore, in Florida these welfare recipients have had to pay for their own drug tests, leaving enrollment shrinking to incredibly low levels - this creates an insulting and unreasonable pay wall to overcome for those who do not have the money to spare (Sulzberger, 2011).

If these mythic 'drug abusing welfare queens' do not exist, why then is there such a fervor to test welfare recipients for drugs in the first place? The answer to this question is partly cultural; there is a pervading wisdom in American, particularly among those who have not had much exposure to lower-class Americans, that welfare recipients have something wrong with them. Studies of drug abuse and dependence among welfare recipients frequently compare their results negatively to the public perception of welfare recipients being drug addicts - far fewer than the expected percentage are actually proven to be on drugs. To that end, there is evidence to claim that there is a pervasive cultural perception of welfare recipients as being on drugs, stemming from mistaken ideas of what is

involved in being sufficiently low-income in status to require welfare. Many attribute being poor to a number of factors, mostly dealing with a failure for that person to take advantage of opportunities, get the right schooling, not being intelligent or ambitious enough, etc. This does a grave disservice to those who desperately need welfare, regardless of socioeconomic status - many are new to welfare given the recent recession, but are given this additional indignity that deters them from receiving assistance (Sulzberger, 2011).

All of these factors lead to the conclusion that their lower-class status is a failure on their part, and therefore must be punished. There is a cultural image in particular of the drug-addicted minority, living in the inner city, leeching off the government dime and contributing nothing to society; this is what many have in mind when they use the term 'welfare queen' (Sulzberger, 2011). Furthermore, there is also a stigma against single mothers being on welfare and addicted to drugs - studies have indicated that they were "no more likely than the general population to be drug or alcohol dependent" (Danziger et al. 2). Drug abuse has been found to be a relatively low barrier to leaving welfare, with other problems such as mental health issues, domestic violence, lack of transportation and others being greater obstacles in an individual's ability to work.

Many in the population of welfare recipients have more than one of these barriers to work against, making the chief focus on drug abuse somewhat erroneous and ineffective as a deterrent to wasting money on welfare recipients (3). To that end, drug testing welfare recipients seems like a good idea to those who are unaware how inaccurate it is, because these cultural

images have been provided to them by media and their surrounding culture. With these sociocultural factors in mind, it is reasonable to see that granting legislation based on inaccurate and negative cultural stereotypes would be a mistake.

Because of the ineffectiveness of the drug testing program, and the apparent lack of need for it, its use cannot be recommended in any reasonable way. Presuming the common goal is to create a welfare system that is effective and transparent, drug testing has still been shown to be a misguided idea. Pilot programs have already been shown to provide a negligible effect on catching drug addicts signing up for a welfare program, and the program becomes more of a waste of tax dollars than potential welfare fraud would be. In addition to this, the program perpetuates a false impression of welfare recipients as being drug abusers, layabouts, slackers and overall undesirable people. This kind of social stigma is much more harmful to the progress and potential uplifting of low-income Americans than the practically nonexistent threat of drug abuse; to that end, drug testing of welfare recipients should not be implemented. If there were to be a kind of drug testing for welfare recipients, it would need to be proportional in price to its effectiveness; cost-effective and accurate drug testing would have to be perfected in order to actually be an efficient use of taxpayer money. Furthermore, valuable drug treatment and substance abuse initiatives would have to be put in place to get individuals off welfare, instead of simply imposing sanctions and denying those who require help the assistance they need.

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