

## Commentary

October 14, 2011

### *Drug Testing Welfare Recipients: An Important Drug Prevention Strategy*

Recently several states have initiated programs that tie welfare payments to the recipients' successfully passing drug testing screens for illegal drugs. While most of the press reaction has been brief and only regarding a single state, a recent story featured on the front page of *The New York Times* described proposals and programs for welfare recipients being implemented in many states across the country.<sup>1</sup> The article focused on the potentially punitive and negative nature of drug tests and speculated that a positive test would deny support not only to the welfare recipient, but also to any minor children or other dependents living with that individual. The testing was construed as an inappropriate invasion of privacy as well as an attempt by states to cut their budgets by no longer funding addiction.

Drug use is a serious problem for many individuals across all spectrums of society, including those receiving public assistance. Drug use is a significant barrier to joining and remaining in the workforce. Workplace drug testing is common practice and provides a good model for public assistance drug testing programs because such programs function as a meaningful deterrent to drug use and provide an avenue to intervention and treatment for those who test positive. Drug use ruins lives and families; drug testing does not. Ignoring and enabling illegal drug use both disrespects and neglects families in need. States that have implemented drug testing programs ensure that children in need receive welfare benefits if a recipient tests positive on a scheduled drug test. For example, in Florida, a family member or another adult who passes a drug test can obtain the funds for the recipient's children.<sup>2 a</sup>

Some reports suggest that drug use among welfare recipients is less prevalent than among corresponding members of the general population. An article from the Associated Press reported that preliminary drug test data released from Florida's program which tests Temporary Assistance for Needy Families (TANF) applicants show that TANF recipients "are less likely than other people to use drugs, not more." The story compared the 2.5% of the Florida TANF recipients who tested positive for a drug of abuse in July to an estimated 6% of the population aged 12 and older who are current illegal drug users.<sup>3</sup> This conclusion is based on a misunderstanding, or perhaps ignorance, of the testing procedures used in Florida. These are not random, unannounced tests, but rather tests that are scheduled by the TANF recipients ahead of time. These individuals then have plenty of time to take measures to avoid a positive test result.

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<sup>a</sup> Applicants can reapply in six months if they provide proof that they have successfully completed a drug treatment program and pass a new scheduled drug test. They can also apply in one year without evidence of treatment but must pass a scheduled drug test; if they do not pass the second scheduled test they are ineligible to receive benefits for three years from the testing date. Once again, the drug tests are in place to deter drug use and the children in need are provided for.

The state of Florida alerts TANF recipients by mail that a drug test is required to receive benefits and provides a list of drug testing sites. Recipients then schedule a drug test. Drug test panels for TANF recipients include ten substances: amphetamines, methamphetamines, cannabinoids (THC), cocaine, phencyclidine (PCP), opiates, barbiturates, benzodiazepines, methadone, and propoxyphene. Drug tests only determine the use of the specific drugs included on the panel. It is no surprise that the positive rate for these scheduled drug tests of Florida's TANF recipients is low at 2.5%. Scheduled drug tests typically provide a low percentage of positive test results – much lower than self-report drug use rates – because urine drug tests only detect drug use within the past 1-3 days prior to the test. A drug user can generally stop using drugs for a few days prior to a scheduled test in order to obtain a clean result.

Rather than comparing the scheduled drug test results of TANF recipients to the national self-report rate of any illegal drug use in the prior 30 days (8.9% for Americans age 12 and older according to the National Survey on Drug Use and Health, NSDUH), a better comparison can be made to pre-employment urine drug tests which also produce low positive rates. According to Quest Diagnostics' Drug Testing Index, 3.6% of the over 4.5 million pre-employment drug tests conducted among the general U.S. workforce in 2010 were positive, while 5.3% of random tests were positive.<sup>4</sup> Even the random drug test positive results do not match the national self-report rate of drug use in the prior 30 days because drug tests have detection windows of only a few days.

States conducting drug testing of welfare recipients, including Florida, are likely to find higher positive rates if hair tests were used because they detect recent drug use up to 90 days prior to the test, though are more costly. Another better alternative would be to use random, non-scheduled tests to provide a more accurate assessment of drug use. Even scheduled urine tests are useful because they discourage drug use.

A 2.5% positive testing result is serious – serious for the drug users, their families and for taxpayers. Every one of the individuals seeking public assistance who is identified as a recent drug user deserves intervention, including treatment if necessary, and long-term monitoring to ensure that they remain drug-free.

It is not disrespectful or harmful to conduct drug tests of recipients of public assistance. Allowing individuals who receive public assistance to use illegal drugs is not helpful to them or to their families. Drug abuse is an ongoing public health problem that can be prevented, identified and treated.

The Institute for Behavior and Health, Inc. (IBH) supports the policies of states that have implemented strong, compassionate drug testing programs for welfare recipients. These states are showing a commitment to reducing illegal drug use in this vulnerable population with this effective prevention strategy. For more information on IBH, visit [www.ibhinc.org](http://www.ibhinc.org).

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<sup>1</sup> Sulzberger, A.G. (2011, October 10). States adding drug test as hurdle for welfare. *The New York Times*, p. A1. Retrieved October 12, 2011 from <http://www.nytimes.com/2011/10/11/us/states-adding-drug-test-as-hurdle-for-welfare.html>

<sup>2</sup> General information about the Temporary Cash Assistance program's drug testing policy. (2011). Florida Treatment of Children & Families. Retrieved October 12, 2011 from <http://www.dcf.state.fl.us/programs/access/drugtestinggeninfo.shtml>

<sup>3</sup> Associated Press. (2011, September 27). Florida: few drug users among welfare applicants. *The New York Times*, p. A14. Retrieved October 12, 2011 from <http://www.nytimes.com/2011/09/28/us/florida-few-drug-users-among-welfare-applicants.html>

<sup>4</sup> Quest Diagnostics. (2011, September 2). Hawaii, Arkansas and Oklahoma lead the nation for methamphetamine use in the workforce, reveals Quest Diagnostics Drug Testing Index. Drug Testing Index. Retrieved October 12, 2011 from: [http://questdiagnostics.com/employersolutions/dti/2011\\_09/dti\\_index.html](http://questdiagnostics.com/employersolutions/dti/2011_09/dti_index.html)