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HEADLINE: Myths About Drugs and Welfare

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BODY:

The National Center on Addiction and Substance Abuse (CASA) at Columbia University employs many distinguished researchers and performs valuable work in drug abuse treatment and policy. Unfortunately, CASA researchers have their work cut out for them in dispelling the myths spread by their own director, former health, education and welfare secretary Joseph A. Califano Jr.

Califano claimed in a Sept. 18 op-ed in The Post: "Today the bulk of mothers on welfare -- perhaps most -- are drug and alcohol abusers and addicts, often suffering from serious mental illness and other ailments." This wildly overstated account reinforces false stereotypes about who is on welfare and makes it harder to address problems of drug abuse and psychiatric disorders among women who receive public aid.

Not surprisingly, welfare recipients are more likely than the general public to have problems with alcohol or illicit drugs. But these problems appear to affect a small minority of welfare recipients. In recent nationally representative surveys, about 19 percent of welfare recipients reported the use of any illicit drug during the previous 12 months, compared with about 7 percent of working-age women who do not receive public cash aid. A far smaller proportion appeared to satisfy screening criteria for dependence on these drugs. Heavy drinking and alcohol dependence were similarly unusual in these data.

The number of problematic drug users receiving welfare declined during the 1990s because of the sharp decline in welfare caseloads and because of a general decline in problematic drug use throughout the society. Moreover, the proportion of welfare recipients who reported recent illicit drug use was lower in the year 2000 than it was in 1990.

Of course, such surveys may understate the extent of the drug problem, because they are based on what welfare recipients report about themselves. Yet other kinds of data yield similar results. For example, three Michigan welfare offices recently required applicants to undergo urine testing. Eight percent of tested applicants, 21 out of 268, yielded positive results for recent illicit drug use. Eighteen of the 21 positive results were for marijuana use alone. States that have targeted drug and alcohol abuse among welfare clients -- for example, by including substance-abuse professionals in the welfare-screening

process -- have rarely found more than a few percent of recipients in need of services.

Drug abuse disorders appear more widespread within especially troubled segments of the welfare population, including mothers who have been sanctioned for breach of program rules, long-term recipients and women referred to the child protection system. Screening and assessment of welfare recipients for substance abuse and psychiatric disorders are therefore essential, as is access to effective programs such as CASAWORKS, an intervention rightly touted by Califano. Yet there is no evidence that drug abuse and addiction affect a large proportion -- let alone the majority -- of the broader population of welfare recipients.

The fact is that if we stopped all drug and alcohol abuse among low-income mothers, we would accomplish a great social good, but we might not have done much to reduce the welfare rolls. Poor job skills, family dislocation, depression and logistical barriers to combining paid work with family obligations are more widespread than substance abuse or chemical dependence.

Califano does a public service by bringing attention to the problems facing welfare recipients with substance abuse disorders. Many policies he promotes -- such as adequate support for long-term treatment when this is medically required -- deserve public support. Yet he does a disservice with inflammatory rhetoric that overstates the problem. Such rhetoric unavoidably, if unintentionally, reinforces widespread suspicions that welfare clients are beyond help and not worthy of our assistance.

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