

Should We Drug Test Welfare Recipients?

Is the drug testing of welfare recipients an effective method for saving taxpayer money? The results are inconclusive.



Drug testing welfare recipients (and then disqualifying those who fail from collecting benefits) is an effective method for saving taxpayer money.



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In 1986, during the administration of President Ronald Reagan, the federal government began mandating workplace drug testing as part of the War on Drugs. By 1988, any employer who had a contract of \$25,000 or more with the federal government was required to operate a drug-free workplace, and drug testing of employees a mandatory condition of qualifying for that status. Many businesses who have contracts with the federal government soon followed suit, and it is currently estimated that 62% of all large employers in the U.S. have implemented drug testing programs in the workplace.

Although a number of states proposed the drug testing of welfare applicants and recipients following the Welfare Reform Act of 1996, most of these proposals stalled in state legislatures. However, in 2011, welfare drug testing took off when three states — Arizona, Florida, and Missouri — passed legislation that required drug testing for at least some groups of TANF (Temporary Assistance for Needy Families) applicants or recipients. By the end of 2014, 14 states had mandated welfare-related drug testing, and an additional two states enacted similar legislation in 2015. Most of these laws are suspicion-based drug testing, meaning that a state agency must have a reasonable suspicion that the individual is using drugs in order to test the person (rather than random drug testing of all welfare applicants or recipients, an approach which Florida tried until courts ruled it to be an unconstitutional practice.)

The pro-welfare drug testing meme reproduced above appears to present a reasonable approach to many viewers, who reason: “Hey, I have to be drug tested to hold a job at XYZ Corporation. Why shouldn’t welfare applicants have to be drug tested, too? I pay the taxes that fund those lazy bums’ welfare checks, after all.”

Although numerous articles have addressed the issue of whether drug testing of welfare applicants/recipients is a cost-effective use of taxpayer money and whether the results of such programs have actually been effective, many such analyses fail to consider some important factors on both sides of the equation.

Most states that conduct welfare drug testing combine paper questionnaires followed by physical drug testing if an applicant's answers on the questionnaire indicate a strong probability that the applicant is a substance abuser. Based upon the figures shown below, several states count only the money spent on drug testing in the cost of their programs. However, there is a very real cost associated with the personnel time required to administer and interpret those questionnaires, to administer the contract with the testing company, and to follow up with the individuals referred for drug testing. Therefore, the cost of maintaining such programs can be significantly underestimated.

Some of the news articles that have been written about welfare drug testing have cited extremely low percentages of positive test results as evidence showing the ineffectiveness of drug testing programs. However, these articles typically arrived at their figures by counting all of the individuals who went through the screening process rather than the number who actually took drug tests. If we look at the number of positive test results as a percentage of people who actually take drug tests, the percentage of positive results increases substantially.

Drug testing might nonetheless be considered ineffective for other reasons, chief among them that there are numerous ways applicants can game the system. They can lie on their questionnaires about previous drug use, for example. Or they can simply refrain from using drugs for a few days before their scheduled test dates (since these are not randomly-administered surprise tests) by which time most drugs will have cleared out of their systems enough for them to pass urine-based tests. (Alcohol, amphetamines, and barbiturates all clear out of a person's urine after four days or so. Marijuana lingers longest, for roughly 30 days. Hair testing, which is rarely used, would show drug use within the last 90 days.)

The main premise behind drug testing of welfare applicants is that the state will save money by kicking drug addicts off of welfare and thereby denying them benefits (which they will presumably waste on little more than supporting their drug habits.) In addition, there's a moral aspect to drug testing: some states have explicitly said that they don't want welfare dollars to be used to facilitate substance-abusing lifestyles.

Only Arizona and Utah have published any figures on welfare cost savings associated with denying benefits to those who test positive, the former showing a net savings of a mere \$3,500 for 26 individuals who either tested positive or failed to show up for their drug testing appointments, for an overall saving of less than \$135 per person. Although Arizona's TANF benefits are estimated to be only between \$2 and \$3 per person per day (don't expect to get rich off of welfare!), this amounts to little more than two months' worth of savings even at the low end of the range. According to Arizona's Department of Economic Security, the average adult receives TANF benefits for approximately 14 months. Utah claims to have saved \$350,000 during their first year of drug testing. Although only 12 individuals in that state tested positive, an additional 250 were barred from receiving benefits for three months and would have received an estimated \$350,000 in welfare if drug testing had not been in place.

Seven states thus far have active drug testing programs (others are in the process of being implemented or have been suspended due to court rulings questioning their constitutionality):

Arizona has the oldest drug testing program in place. Since 2010, Arizona has screened all TANF applicants via a paper questionnaire and then refers individuals for drug testing if there is a reasonable suspicion that the applicant may be a substance abuser. Over the five year period between 2010 and 2014, Arizona paper-screened 142,424 TANF applicants but referred only 42 for drug testing. Only 19 of 42 applicants completed their tests, and only three of those (15.8%) tested positive. Arizona claims to have spent only \$499 on drug testing — an amount which obviously doesn't include the personnel costs associated with conducting the paper screenings. Using the state's own figures, however, Arizona's program would rank as one of the most cost-effective, resulting in a cost of only \$166 per positive test or (if we count the no-shows) only \$19 per individual who became ineligible for TANF benefits, due either to a positive test result, or because of failure to show up for testing. The Arizona Sonora News Reporter reported in March 2015 that the net savings of withheld TANF benefits for 26 individuals was only \$10,000.

Kansas' drug testing program is fairly recent, having begun in 2014. TANF applicants in that state are tested if there is a reasonable suspicion that they are substance abusers. During the last six months of 2014, the state referred 65 individuals for drug testing, of whom 11 (16.9%) tested positive and 12 (18.5%) failed to show up for their test appointments. Expenses related to the program were approximately \$40,000. Depending upon how the no-shows are counted, this means that Kansas spent \$3,636 per positive result, or \$1,739 per individual who became ineligible for TANF benefits.

Mississippi's drug test program is even newer than Kansas' is, having gone into effect in August 2014. The state conducts a paper screening via questionnaire of all TANF applicants and refers those to drug testing whose answers indicate a probability of substance abuse. During the program's first five months of operation, a total of 3,656 TANF applicants underwent paper screening, with 38 referred to drug testing. Of those, only 2 (5.3%) tested positive. At an estimated cost of \$5,290 for drug testing, this amounted to \$2,645 spent per positive test result.

Those who test positive are denied TANF benefits unless they enroll in treatment programs. Inpatient rehabilitation programs in Mississippi are estimated to cost more than \$16,000 per month — far more than the value of the welfare benefits individuals would receive. State officials say that Medicaid would cover the costs of those drug treatment programs.

Missouri's first full year of drug testing was 2014, during which the state spent \$336,297 to test 446 of the state's 38,970 welfare applicants. Of those tested, 48 (10.8%), tested positive for a cost to the state of \$7,006 per positive test result. A deterrent effect may be in place, however: Between March 2013 and November 2014, 711 applicants refused to take drug tests and were therefore denied benefits.

Oklahoma requires drug screening for all welfare applicants and further chemical testing of those who are suspected of using illegal substances. Over a two year period between 2012 and 2014, the state tested 3,342 welfare applicants and conducted 2,992 follow-up tests. A total of 297 individuals (8.9%) tested positive. The estimated cost of the drug screening program for the two-year period was \$385,872, or \$299 per positive test result.

Applicants who fail their drug tests are referred to drug treatment, although their children can still receive benefits. The adults are suspended from benefits for six months and must prove they are clean of drug use before receiving TANF benefits. At approximately \$3.25 of TANF benefits per person per month and a suspension of six months per person, we could estimate that Oklahoma saved \$173,745 from the suspension of 97 individuals who tested positive.

Tennessee's relatively recent program (began in July 2014) conducts suspicion-based testing on TANF applicants. During the program's first year of operation, the state spent \$11,000 to conduct 468 drug tests, which resulted in 55 (11.8%) positives. Thirty-two people out of the 55 ultimately lost their benefits.

Tennessee residents who test positive can still receive their welfare benefits if they enroll in treatment programs. At \$200 per positive test result, Tennessee's program is one of the least costly of the states studied.

Utah requires a written screening process for all welfare applicants followed by drug testing of those who have a reasonable likelihood of substance abuse. Over a two-year period between 2012 and 2014, the state screened 9,552 welfare applicants and drug tested 838 individuals. Of those tested, 29 (3.5%) had positive results. At a cost of \$64,556, this comes out to \$2,226 per positive test result.

Utah doesn't automatically bar people from receiving benefits if they test positive. Instead, those individuals are required to enter drug treatment in order to receive their welfare checks.

We've seen that the cost of drug testing ranges from a low of \$19 per person denied welfare benefits in Arizona to a high of over \$7,000 per positive test result in Missouri. The amount of welfare cost savings associated with those positive test results appears to be negligible, but accurate information on cost savings is scarce.

One could argue that the savings are higher than shown because simply knowing the testing program exists scares drug abusers away from applying in the first place. We could also contend that people will be motivated to lie on their questionnaires because they need their welfare benefits, thus preventing them from getting the drug treatment they need and simply perpetuating the addiction problem. While most sources decry drug testing as a waste of time and money, better data is needed for an accurate determination.