



TANF Policy Brief

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Random Drug Testing of TANF Recipients is Costly, Ineffective and Hurts Families

Substance abuse and addiction can interfere with parents' ability to get and keep jobs, as well as contribute to child abuse and neglect. While only a small fraction of low-income families receiving cash assistance under the Temporary Assistance for Needy Families (TANF) suffer from these problems, addressing these issues is a legitimate goal for the TANF program. In recognition of this fact, states have developed a range of approaches to identify TANF recipients who abuse alcohol or other drugs and refer them to appropriate treatment services.*

However, one approach has received disproportionate attention in recent years—mandatory drug testing for parents applying for or receiving TANF assistance. In 2013 alone, legislators in at least 30 states proposed bills related to drug screening and testing, with some even extending it to recipients of other public benefits, such as unemployment insurance, medical assistance, and food assistance.¹ At the federal level, there have been proposals to require all states to drug-test TANF recipients and to give states the option to test recipients of unemployment insurance² and the Supplemental Nutrition Assistance Program (SNAP, or food stamps).³

Proposals for mandatory drug testing of TANF recipients raise multiple concerns. First, these proposals are based on stereotypes about the prevalence of substance abuse among recipients—not evidence. Proponents often claim that drug testing will save money, assuming that many applicants will be denied benefits. However, the experience of Florida, the one state that has recently implemented universal testing of applicants, is that very few test positive. During the four months of Florida's mandatory drug testing program, only 2.6 percent of applicants (108 out of 4,086), failed the drug test, with an additional 40 people canceling their applications.⁴ Other states that have imposed screening and testing regimes have found similarly low rates of drug use. Universal testing is a costly, flawed, and inefficient way of identifying low-income parents in need of treatment. Better alternatives exist and are already being implemented to address drug abuse among TANF beneficiaries and ultimately reduce their barriers to work.

Second, universal random drug testing is likely unconstitutional. In 2003, Michigan's drug testing program was struck down as a violation of the Fourth Amendment's protection against searches without reasonable cause. More recently, in 2013, the Eleventh Circuit Court of Appeals affirmed a Florida District court's 2011 injunction halting mandatory drug testing of state TANF applicants.⁵ Finally, and most importantly, sanctions for noncompliance put vulnerable children at risk. In particular, policies that require applicants to travel to testing facilities—and to even pay up-front for testing costs—impose a significant burden on low-income families, who often are in crisis by the time they seek TANF assistance. State and federal policymakers should not create more barriers to a safety net program that protects low-income children and families when there are alternative ways to identify substance abuse that do not risk similar harms.

* See CLASP's companion brief for information on alternatives to suspicionless testing: Elizabeth Kenefick and Elizabeth Lower-Basch, "Helping TANF Recipients Overcome Addiction: Alternatives to Suspicionless Drug Testing," CLASP, October 2012, <http://www.clasp.org/admin/site/publications/files/Helping-TANF-Recipients-Overcome-Addiction.pdf>.

Drug Testing is Expensive and Inefficient

Random or widespread drug testing is an inefficient use of taxpayer money. Testing should be limited to cases where agencies have a specific reason to believe a client is using drugs, or where the client has acknowledged drug use and agreed to participate in a treatment program. As multiple states have determined, it is costly to administer random or widespread drug testing, especially when precautions are taken to prevent false results, and is not cost-effective for identifying true cases of substance abuse. Recently, Governor McCrory (R-NC) vetoed legislation that proposed suspicionless drug testing of TANF recipients, stating that the bill was unfair and fiscally irresponsible with potential operational problems. The Governor was quoted saying, “This is not a smart way to combat drug abuse. Similar efforts in other states have proved to be expensive for taxpayers and did little to actually help fight drug addiction.”⁶

Small Share of Recipients Abuse Drugs

Proponents of drug testing suggest that substance use is widespread among TANF recipients—and a major cause of their poverty. In fact, research finds little evidence that drug abuse is prevalent among TANF beneficiaries. Studies have varied widely, with the portion of TANF recipients suffering a substance abuse disorder ranging anywhere from 4 to 37 percent. That variation is due in part to different definitions and measurement methods. Rates are higher when researchers expand their standard to include drug *use*, rather than just abuse, and/or include alcohol abuse.⁷ When studies examine drug abuse specifically, rates are significantly lower. Most recently, Oklahoma and Utah imposed suspicion-based testing on TANF applicants. After screening and testing, Oklahoma and Utah reported that just 1.2 percent and 0.2 percent of applicants, respectively, failed chemical drug tests.⁸

In 1996, the National Institute of Alcohol Abuse and Alcoholism found that “proportions of welfare recipients using, abusing, or dependent on alcohol or illicit drugs are consistent with proportions of both the adult U.S. population and adults who do not receive welfare.”⁹ Furthermore, Michigan, the first state to have imposed random drug testing on TANF beneficiaries, found that only 10 percent of recipients tested positive for illicit drugs, with 3 percent testing positive for “hard” drugs, such as cocaine.¹⁰ As noted above, Florida, Oklahoma and Utah had even lower rates of positive tests during their recent testing programs. These rates are lower than the estimates of substance use in the general population.¹¹

While the vast majority of recipients do not use drugs, for the small group of TANF recipients that do struggle with substance abuse, it can be a significant barrier to employment. The obstacles are often multiplied as substance abuse tends to co-occur with other barriers to employment, such as mental health issues and domestic violence.¹² Many states recognize this and as highlighted below and outlined in the companion brief, *Helping TANF Recipients Overcome Addiction: Alternatives to Suspicionless Drug Testing*, states already have policies to identify and treat such individuals.

Chemical Tests Do Not Always Identify Substance Abuse Problems

Chemical drug tests, typically conducted by analyzing urine samples, have several significant shortcomings when it comes to identifying substance abuse problems. First, they do not test for abuse, but rather only the specific chemicals the test is designed to report. They do not test for alcohol, which is the most commonly abused

substance. They are also more likely to catch users of marijuana than other drugs because it remains in the urine longer. Moreover, because tests cannot distinguish between the legitimate use of prescription drugs and that of controlled substances, there is a risk of false positives. For example, in Florida, a mother who had recently had surgery was investigated for child abuse because the test detected the prescription painkiller she was taking.¹³ Misclassifications can also occur from mishandling of samples.

Finally, and most importantly, the tests cannot distinguish between occasional substance users and substance abusers. While drug *abuse* may pose a barrier to work and economic advancement¹⁴, occasional drug use alone does not appear to have a significant impact on employment outcomes or receipt of public assistance. In a study of Florida TANF recipients, individuals who tested positively for drug use had earnings and were employed at nearly the same level as individuals who had tested negatively.¹⁵ In another study, drug use was as prevalent among employed TANF recipients as among the unemployed.¹⁶ Studies of the general population confirm that most drug users have full-time employment.¹⁷

It is Costly to Administer Tests That Yield Reliable and Valid Results

Testing all applicants or participants, regardless of whether they show any indications of drug use, is a highly inefficient means of identifying individuals who are using drugs. Since few substance abusers are identified in tests, but many are tested, the cost of catching a drug abuser is much higher than the amount paid for that individual's test. In the early 1990s, the Texas Instruments Corporation and the federal government found after completing drug testing programs that the full costs of a testing program ran between \$20,000 and \$77,000 per diagnosed person.¹⁸

Urine tests for drugs cost anywhere from \$25 to \$150 each.¹⁹ In Oklahoma, for example, screening tests cost \$20, while chemical tests add another \$141 per test.²⁰ These costs are increased by the need to repeat tests to confirm results and avoid false positives. In order to provide due process protections against false positives, guidelines for federal agencies from the Substance Abuse and Mental Health Administration (SAMHSA) include confirmation tests and reserving a portion of the urine sample for repeat tests to confirm results (split samples).²¹ States including Idaho and Utah have noted that human service agencies would need to conduct repeat tests of split samples before imposing sanctions.

The costs of drug testing programs far exceed the savings from denying TANF benefits to individuals who are using drugs. When Florida implemented its universal testing law, the state spent \$118,140 in four months and saw a net cost of \$45,780.²² Oklahoma implemented a suspicion-based law in 2012 that, over four months, cost \$74,000.²³ Based on the reported costs per test and screening rates, this amount would have substantially increased to \$183,300 if every applicant had been required to submit to a chemical test without being screened first.²⁴

The direct cost of the tests is only a portion of the total costs of a testing program. Recent draft regulations issued by Missouri show that a full accounting of costs should include the expense of reprogramming administrative databases, conducting hearings and appeals for recipients who challenge test results, and providing treatment services.²⁵ Similarly, in 2010, the Idaho Legislature directed the Idaho Department of Health and Welfare to study the possibility of implementing a random drug testing program. The Department reported that such a program would not reduce assistance costs by an amount equal to the cost of administering the program, and would therefore require additional funding to be appropriated by the state.²⁶

Screening is an Established Alternative to Random or Widespread Drug Testing

Proven alternatives to chemical tests have been developed and implemented since the early days of welfare reform. As outlined in the companion brief, *Sensible Strategies for Addressing Substance Abuse*, more than half the states responding to a 2012 survey reported formally screening recipients for substance abuse, with other states typically relying on caseworkers to informally identify recipients with substance use issues.²⁷ Most states use a “screen-and-refer” method of detection and treatment promotion, and typically a paper-and-pencil test is administered. One such test, the Substance Abuse Subtle Screening Inventory (SASSI), has an accuracy rate of between 89-97 percent, can distinguish between drug users and abusers, and can detect alcohol abuse.²⁸ The Oklahoma Department of Human Services found that a questionnaire they administered identified 94 out of 100 drug abusers.²⁹ Paper tests and caseworker observation also have the benefit of being less intrusive and costly than drug testing when there is not yet a reasonable basis to require a drug test.

Still, research has shown that this method of detection can be improved. Many of the workers administering drug screening are inexperienced or uncomfortable with the task. As a result, some states have developed more involved alternatives to detect drug abuse, including creating partnerships with other state agencies and employing licensed clinicians to conduct the screens. In addition, screening for substance abuse is best performed as part of an overall assessment of a recipient’s employability and service needs, not as part of the initial eligibility process. (See [companion paper](#) for more details.)

Drug Testing Not Based on Individualized Suspicion is Likely Unconstitutional

Before 2011, only one state, Michigan, had ever required all adult TANF recipients to submit to random drug tests. In *Marchwinski v. Howard*, the ACLU challenged Michigan’s across-the-board testing and the district court ruled in September 2000 that the random drug test requirement violated the recipients’ Fourth Amendment rights against unreasonable searches. The U.S. Court of Appeals for the Sixth Circuit reversed the decision, but then withdrew the reversal in 2003 after rehearing the case and splitting the vote.³⁰

In the past two years, Florida and Georgia also passed bills mandating drug tests for TANF applicants. Signed on May 31, 2011, HB 353 in Florida went into effect on July 1, 2011. However, in October 2011 the U.S. District Judge presiding over *Lebron v. Wilkins*, a legal challenge brought by the ACLU, preliminarily enjoined enforcement of the law on the grounds that it likely violates Fourth Amendment rights.³¹ The state of Florida

appealed the decision, but the U.S. Court of Appeals reaffirmed the lower court's ruling that universal drug testing is unconstitutional. This has led Georgia to postpone implementation of its drug testing law, HB 861.³²

Random searches are only constitutionally justified if they meet a high legal standard. In general, individualized suspicion is necessary to perform a search.³³ States may and do impose drug testing requirements on individuals who have been identified as substance abusers, or as a condition of reinstating benefits for an individual convicted of a drug-related felony. However, simply receiving cash assistance is not a basis for suspicion of drug use and the state must have some reason to believe that a particular individual may be using drugs.

In *Lebron v. Wilkins*, the U.S. District Judge explained that the desire to prevent public funds from potentially being used to fund drug use does not justify suspicionless testing.

[If such a desire] were the only requirement to establish a special need, the State could impose drug testing as an eligibility requirement for every beneficiary of every government program. Such blanket intrusions cannot be countenanced under the Fourth Amendment.

What the Fourth Amendment requires is that such incursions by the Government must be reserved for demonstrated special needs of government or be based on some showing of reasonable suspicion or probable cause. The State has made no showing that it would be “impracticable” to meet these prerequisites in the context of TANF recipients. Any suggestion that it would be impracticable should be based on some evidentiary showing, and any such showing would likely be belied by the fact that other states competently administer TANF funds without drug tests or with suspicion-based drug testing and no other state employs blanket suspicionless drug testing.³⁴

In *Lebron v. Secretary, Florida Department of Children and Family Services*, the court ruling agreed that mandatory drug testing is unconstitutional and emphasized that the simple fact of needing assistance was not a basis for suspicion of drug use..

There is nothing so special or immediate about the government's interest in ensuring that TANF recipients are drug free so as to warrant suspension of the Fourth Amendment. The only known and shared characteristic of the individuals who would be subjected to Florida's mandatory drug testing program is that they are financially needy families with children. Yet, there is nothing inherent to the condition of being impoverished that supports the conclusion that there is a “concrete danger” that impoverished individuals are prone to drug use or that should drug use occur, that the lives of TANF recipients are “fraught with such risks of injury to others that even a momentary lapse of attention can have disastrous consequences.” . . . The simple fact of seeking public assistance does not deprive a TANF applicant of the same constitutional protection from unreasonable searches that all other citizens enjoy.³⁵

Targeted testing approaches, whether based on a validated screening methodology or as a condition of restoring benefits to recipients who have been convicted of drug-related felonies, do not raise the same constitutional issues.³⁶

Sanctions Put Vulnerable Children and Treatment at Risk

Many of the proposals call for denying assistance to anyone who fails a drug test, or who does not complete the testing process. Such penalties will have negative impacts on children. Welfare sanctions and benefit decreases have been shown to increase the risk that children will be hospitalized and face food insecurity.³⁷ Because TANF benefits are so low (below 50 percent of the poverty line in all states and below 30 percent in a majority³⁸), children suffer even when only the “adult portion” of the benefit is eliminated. Without these benefits, families may be unable to meet children’s core basic needs, such as housing and clothing. There is a growing body of evidence that poverty, especially deep poverty, has lasting negative impacts on children’s physical, emotional, and mental development.³⁹

It is important to recognize that drug testing programs may serve as barriers to receipt of assistance for parents who are *not* using drugs, as well as for those who are. Depending on the program design, applicants may have to travel to a different location from the welfare office to be tested. When Florida implemented its law, three counties had no approved testing sites—and the state did not pay for transportation costs.⁴⁰ Florida also requires applicants to pay up front for the tests, with those who test negative receiving reimbursement months later. This may force applicants to choose between paying for the test so they can get TANF assistance and buying gas or other necessities.

Sanctions may also interfere with the treatment process by deterring people from admitting that they are using drugs and seeking treatment. Also, treatment and recovery are not one-time events. Many people require a series of treatment sessions, and relapse rates during and after treatment are high.⁴¹ If TANF recipients are sanctioned, they may lose access to treatment programs that may take time and repeated efforts to show results. No study has shown that denying assistance facilitates substance abuse treatment. To the contrary, transportation, housing, and child care support help parents overcome barriers to successful program completion. Denying access to benefits will increase barriers to economic advancement and family well-being.

Additional Funding and Comprehensive Treatment are Needed

Drug treatment is an efficient use of taxpayer money. A national study of treatment programs serving women found significant employment gains, a modest rise in income, and a modest decline in the number receiving public benefits.⁴² The benefits of treating TANF recipients in California, according to one study, exceeded the costs by more than two-and-a-half times.⁴³ Unfortunately, while some states have seen the benefits of treatment and investing in programs—about 60 percent of states in a 2002 survey said they had invested TANF funds in alcohol and drug treatment in FY 2002⁴⁴—the current dire budget situations in most states could threaten progress. For instance, while California has invested \$50 million a year in treatment, tripling the percentage of CALWORKS parents receiving substance abuse treatment over the last decade,⁴⁵ the state allowed counties to temporarily redirect substance abuse and mental health funding to other employment services in 2011.⁴⁶

Several comprehensive treatment options have also shown positive results. Drug abuse problems tend to co-occur with mental health and other problems, and low-income women with children face significant logistical barriers to completing treatment programs. More comprehensive treatment programs address transportation, housing and

child care needs, as well as provide employment counseling and mental health services. One comprehensive approach to treatment in New York and North Carolina, called CASAWORKS for Families, showed positive results. After 12 months, almost half the participants reported complete abstinence and employment among participants rose from 6 percent to 29.9 percent.⁴⁷ In Louisiana, a demonstration project with an intensive screening, referral, and treatment system slightly raised employment levels and significantly improved wages.⁴⁸

Conclusion

Given the high cost of treatment programs and the waiting lists for services in many areas, mandatory drug testing of all applicants for or recipients of TANF benefits is a poor use of resources. In a time of tight state budgets, it is perverse to spend limited funds in pursuit of the small number of substance abusers who are not identified through screening processes, rather than on providing actual services. Despite the persistence of proposals to impose drug testing at the state and federal levels, these proposals have consistently been rejected because the data do not support the money-saving claims. In the late 1990s, New York, Maryland, Iowa, and Louisiana considered drug testing, but decided it was more cost-effective to use questionnaires and observational methods to detect substance abuse problems. And as previously mentioned, Idaho's Department of Health and Welfare studied the financial sustainability of requiring tests in 2010 and found that doing so would not save any money.⁴⁹

If identified drug users are sanctioned and not provided with treatment services and basic cash assistance, then these parents are less able to adequately care for their children. Thus, what might appear to be savings in TANF actually results in increased costs in child welfare and decreased overall child well-being.

Notes

¹ The number of states is based on proposals tracked by CLASP and the Center on Budget and Policy Priorities in 2013, with assistance by Rochelle Finzel at the National Conference of State Legislatures who also tracks states with proposals, see: <http://www.ncsl.org/issues-research/human-services/drug-testing-and-public-assistance.aspx>. For an extensive overview of bills proposed in previous years, see: Jordan C. Budd, *Pledge Your Body for Your Bread: Welfare, Drug Testing, and the Inferior Fourth Amendment*, William & Mary Bill of Rights, September 6, 2010, Available at SSRN: <http://ssrn.com/abstract=1687871>.

² Elizabeth Lower-Basch, “Unemployment Insurance Drug Testing: A Bad Cure in Search of a Problem,” Center for Law and Social Policy, February 2012, <http://www.clasp.org/admin/site/publications/files/UI-Drug-Testing.pdf>. The final enacted law allows states to require drug tests for individuals who are seeking employment in industries that routinely require drug tests of job applicants.

³ Note that even if Congress were to enact a law allowing states to conduct suspicionless drug testing, the constitutional concerns discussed below would still apply. TANF already has a statutory provision allowing states to require drug testing as a condition of eligibility. “Drug Testing and Public Assistance: SNAP Legislation,” National Conference of State Legislatures, April 17, 2013, <http://www.ncsl.org/issues-research/human-services/drug-testing-and-public-assistance.aspx>.

⁴ Lizette Alvarez, “No Savings Are Found From Welfare Drug Tests,” *New York Times*, April 17, 2012, http://www.nytimes.com/2012/04/18/us/no-savings-found-in-florida-welfare-drug-tests.html?_r=3&ref=us.

⁵ Luis W. Lebron v. Secretary, Florida Department of Children & Families, No. 11-5258 (11th Cir. Feb. 26, 2013), <http://www.ca11.uscourts.gov/opinions/ops/201115258.pdf>.

⁶ “Governor McCrory Vetoes Drug Testing But Mandates Sharing Criminal Information For Work First Applicants,” State of North Carolina Press Release, August 15, 2013, <http://www.governor.state.nc.us/newsroom/press-releases/20130815/governor-mccrory-vetoes-drug-testing-mandates-sharing-criminal>. The legislature overrode the veto, but the Governor has suspended implementation for now.

⁷ Laura Radel, Kristen Joyce, and Carli Wulff, “Drug Testing Welfare Recipients: Recent Proposals and Continuing Controversies,” ASPE Issue Brief, U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, October 2011, <http://aspe.hhs.gov/hsp/11/DrugTesting/ib.pdf>.

⁸ Gene Perry, “In The Know: State Drug Screens For Welfare Applicants Found Only 16 Out Of 1,300 Tested Positive,” Oklahoma Policy Institute, July 3rd, 2013, <http://okpolicy.org/in-the-know-state-drug-screens-for-welfare-applicants-found-only-16-out-of-1300-tested-positive>, and Michelle L. Price, “Only 12 Test Positive In Utah Welfare Drug Screening,” *Associated Press*, August 23rd, 2013, <http://www.ksl.com/?nid=148&sid=26559995>.

⁹ Ann Bradley and Diane Miller, “NIAAA Researchers Estimate Alcohol and Drug Use, Abuse, and Dependence Among Welfare Recipients,” National Institutes of Health Press Release, October 1996, <http://www.nih.gov/news/pr/oct96/niaaa-23.htm>.

¹⁰ Marchwinski v. Howard, 113 F. Supp. 2d 1134 (E.D. Mich. 2000), aff’d, 60 F. App’x 601 (6th Cir. 2003)

¹¹ “National Survey on Drug Use and Health: Comparison of 2009-2010 and 2010-2011: Model-Based Prevalence Estimates for Adults Aged 18 or Older (50 States and the District of Columbia),” SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2009-2010 and 2010-2011, Table 1, <http://www.samhsa.gov/data/NSDUH/2k11State/NSDUHsaeAdultTabs2011.htm>.

¹² Jon Morgenstern, et al., “Improving 24-Month Abstinence and Employment Outcomes for Substance Dependent Women Receiving Temporary Assistance for Needy Families with Intensive Case Management,” *American Journal of Public Health*, February 2009.

¹³ Craig Patrick, “Documents describe ‘debacle’ of welfare drug testing,” *Fox 13*, Tampa, September 16, 2012, <http://www.myfoxtampabay.com/story/19549851/2012/09/14/documents-describe-debacle-of-welfare-drug-testing>.

¹⁴ Research and literature available finds that women on TANF with substance abuse problems exhibit more barriers to employment than women in the general welfare population and recipients with substance abuse problems are less likely to maintain full-time employment over time. For a general overview of the literature see Lisa R. Metsch, Margaret Pereyra, Christine C. Miles, and Clyde B. McCoy, “Welfare and Work Outcomes after Substance Abuse Treatment,” *Social Service Review*, June 2003, http://ssrg.med.miami.edu/documents/Welfare_and_Work_Outcomes.pdf.

¹⁵ Robert E. Crew, Jr. and Belinda Creel Davis, “Assessing the Effects of Substance Abuse Among Applicants for TANF Benefits: The Outcome of a Demonstration Project in Florida,” *Journal of Health & Social Policy*, 2003.

¹⁶ Harold Pollack, Sheldon Danziger, Rukmalie Jayakody, and Kristin Seefeldt, *Drug Testing Welfare Recipients – False Positives, False Negatives, Unanticipated Opportunities*, January 2001, <http://www.fordschool.umich.edu/research/pdf/drugtest.pdf>.

¹⁷ Substance Abuse and Mental Health Services Administration, “Worker Drug Use and Workplace Policies and Programs: Results from the 1994 and 1997,” National Household Survey on Drug Abuse, 1999.

¹⁸ See *Federal Drug Testing Said to Produce Little Benefit Despite its High Costs*, and *Texas Instruments : Employee Input Led to Drug Tests for Every Worker*, published in the National Report on Substance Abuse (Buraff Publications) in 1991 as cited in Mark A. Rothstein, “Workplace Drug Testing: A Case Study in the Misapplication of Technology,” *Harvard Journal of Law and Technology*, Volume 5, Fall Issue, 1991 and *Drug Testing: A Bad Investment*, American Civil Liberties Union, September 1999, <http://www.aclu.org/FilesPDFs/drugtesting.pdf>.

¹⁹ Radel, Joyce, and Wulff, *ASPE Issue Brief*, October 2011.

²⁰ Peter Wright, “Getting testy,” *Oklahoma Gazette*, July 3rd, 2013, <http://www.okgazette.com/oklahoma/article-18660-getting-testy.html>.

²¹ The Office of Compliance Assistance Policy at the US Department of Labor provides guidance to assist in creating a drug-free workplace. In terms of drug testing it recommends private employers follow the standardized procedures established by the US Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA) for federal agencies conducting drug testing in order to avoid legal trouble. The

guidelines include the following procedures: chain of custody, initial screen, confirmation test, and split samples. See: “Workplace Drug Testing,” *elaws@ - Drug-Free Workplace Advisor*, US Department of Labor, <http://www.dol.gov/elaws/asp/drugfree/drugs/dt.asp>, accessed June 26 2012.

²² Lizette Alvarez, “No Savings Are Found From Welfare Drug Tests” *New York Times*, April 17, 2012, <http://www.nytimes.com/2012/04/18/us/no-savings-found-in-florida-welfare-drug-tests.html>.

²³ Wright, “Getting testy,” 2013, <http://www.okgazette.com/oklahoma/article-18660-getting-testy.html>.

²⁴ Over the four months that Oklahoma implemented its suspicion based drug testing law, the state screened a total of 1,300 TANF applicants. Hypothetically, if Oklahoma had implemented a suspicionless based drug testing law, all 1,300 applicants would have had to submit to a chemical test at a cost of \$141; the total cost to the state could have totaled \$183,300.

²⁵ Missouri Department of Social Services, Family Support Division, Proposed Rule published in the *Missouri Register*, Vol. 37, No. 15, August 1, 2012, <http://www.sos.mo.gov/adrules/moreg/previous/2012/v37n15/v37n15b.pdf>.

²⁶ *Drug Testing Public Assistance Program Participants*, Idaho Department of Health and Welfare, February 2011.

²⁷ The surveys had different response rates and participating states, so are just estimates of the number of states that do screening for substance abuse problems. The 2002 study was by Legal Action Center, see: Gwen Rubinstein, *The State of State Policy on TANF & Addiction: Findings from the “Survey of State Policies and Practices to Address Alcohol and Drug Problems Among TANF Recipients*, Legal Action Center, June 2002.

²⁸ Crew and Davis, *Journal of Health & Social Policy*, 2003

²⁹ *TANF: Focus on Substance Abuse*, Oklahoma Department of Human Services, March 5, 1998 as cited in ACLU 2008.

³⁰ *Marchwinski v. Howard*, 113 F. Supp. 2d 1134 (E.D. Mich. 2000), aff’d, 60 F. App’x 601 (6th Cir. 2003)

³¹ “Judge Halts Enforcement of Unconstitutional Law Mandating Drug Tests for Temporary Assistant Applicants,” ACLU, October 24, 2011, <http://www.aclu.org/criminal-law-reform/judge-halts-enforcement-unconstitutional-law-mandating-drug-tests-temporary>.

³² Andy Miller, “Georgia Drug Testing Law Takes an Indirect Hit,” *Georgia Health News*, Mar 5, 2013, <http://www.georgiahealthnews.com/2013/03/georgia-drug-testing-law-takes-indirect-hit/>.

³³ Budd 2010.

³⁴ *Lebron v. Wilkins*, 820 F. Supp. 2d 1273 (M.D. Fla. 2011), <http://www.aclufl.org/pdfs/2011-10-24-ACLUtanfOrder.pdf>, page 23

³⁵ *Luis W. Lebron v. Secretary, Florida Department of Children & Families*, <http://www.ca11.uscourts.gov/opinions/ops/201115258.pdf>.

³⁶ Rubenstein, “The State of State Policy on TANF & Addiction,” 2002. Note that screening programs that are based on subjective criteria may still be subject to legal review, especially if they are implemented in an inconsistent or discriminatory manner.

³⁷ *The Impact of Welfare Sanctions on the Health of Infants and Toddlers*, Children’s Sentinel Nutrition Assessment Program, July 2002.

³⁸ Ife Finch and Liz Schott, “TANF Benefits Fell Further in 2011 and Are Worth Much Less Than in 1996 in Most States,” Center on Budget and Policy Priorities, November 2011, <http://www.cbpp.org/cms/index.cfm?fa=view&id=3625>.

³⁹ Greg J. Duncan and Katherine Magnuson, “The Long Reach of Early Childhood Poverty” *Pathways*, Winter 2011, http://www.stanford.edu/group/scspi/media/pdf/pathways/winter_2011/PathwaysWinter11_Duncan.pdf.

⁴⁰ Patrick 2012.

⁴¹ Dan Bloom, *Comment on ‘Supporting Work for Low-Income People With Significant Challenges,’* Urban Institute, 2009, <http://www.urban.org/publications/411727.html>.

⁴² Dean R. Gerstein, Robert A. Johnson, and C. L. Larison, *Alcohol and Other Drug Treatment for Parents and Welfare Recipients: Outcomes, Costs, and Benefits*, U.S. Department of Health and Human Services, 1997, p. 39 as cited in Rubenstein.

⁴³ Center for Substance Abuse Treatment, *Women In Treatment, National Treatment Improvement Evaluation Study*, Rockville, Maryland, 1997, as cited in Rubenstein 2002.

⁴⁴ Rubenstein 2002.

⁴⁵ *Letter to Assembly Member Jim Beall*, Country Welfare Directors Association of California: March 25, 2008.

⁴⁶ “All County Letter No. 11-34,” State of California, Health and Human Services Agency, Department of Social Services, April 08, 2011, <http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl/2011/11-34.pdf>.

⁴⁷ See the CASAWORKS for Families grant report: Susan Parker, *CASAWORKS(SM) For Families Helps Women Get Off Drugs and Into Jobs*, Robert Wood Johnson Foundation Grant Results, October 2009, http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2009/rwjf70268 and evaluation studies: McLellan AT, Gutman MA, Lynch KG, et al, *One year outcomes from the CASAWORKS for Families intervention for substance-abusing women on welfare*, Eval Rev, 2003; 27:656–680 as cited in Morgenstern 2009.

⁴⁸ *State of Louisiana TANF Evaluation: Year 3 Evaluation of TANF Initiatives Programs*, Department of Health and Hospitals, Office for Addictive Disorders, September 2004.

⁴⁹ *Drug Testing Public Assistance Program Participants*, Idaho Department of Health and Welfare, Feb. 4, 2011.