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Substance Abuse and Women on Welfare

June 1994

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BACKGROUND

Substance abuse and addiction is Public Health Enemy Number One in America. The grim reality, shrouded for so long in our individual and national self-denial, is that any meaningful reform of our health care, criminal justice or welfare systems must mount an all fronts attack on all substance abuse--legal and illegal drugs, alcohol, and tobacco.

The central missions of the Center on Addiction and Substance Abuse at Columbia University (CASA) are to inform the American people of the social and economic costs of substance abuse and its impact on their lives; to find out what works for whom in prevention and treatment; and to encourage all individuals and institutions to take responsibility for combatting substance abuse.

This study is one in a series examining the costs of all forms of substance abuse to our society. We have already published reports on the costs of substance abuse, to the Medicaid and Medicare programs and the impact of substance abuse on college campuses.' This report examines the extent of substance abuse in the AFDC population and its implications for welfare reform.

THE AFDC POPULATION AND SUBSTANCE ABUSE

The Aid to Families with Dependent Children (AFDC) program provides financial support primarily to low-income women and their children. In 1993, 14.2 million individuals received AFDC, comprising 4.5 million families. Two-thirds, or 9.5 million, of the recipients are children, representing 13 percent of all children in the United States. The AFDC population is 38 percent white and 38 percent black, with Latinos making up most of the remaining 24 percent. Almost 90 percent of the adults on AFDC--more than 4 million--are women?

The total cost of AFDC in 1993 was 22.2 billion dollars, including 12.2 billion federal dollars. AFDC recipients are automatically eligible for Medicaid, and their coverage under this program costs an additional 36 billion dollars. The combined AFDC cash payments and related Medicaid costs approached 60 billion dollars in federal and state expenditures in 1993.

Overall, 28 percent of adult individuals receiving AFDC abuse or are addicted to drugs and alcohol,* a higher rate than the 20 percent of people in a comparable age group not receiving public assistance. Since almost 90 percent of adult AFDC recipients are female, this report focuses on this population.**

- * Women receiving AFDC are nearly twice as likely to abuse or be addicted to alcohol and illicit drugs than women not receiving AFDC (27 percent compared to 14 percent).***
- * 37 percent of AFDC women 18 to 24 years of age abuse or are addicted to alcohol and drugs.

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- ***Alcohol abuse is defined as drinking 5 or more drinks in one sitting, two or more times in a month. Drug use is defined as having used illicit drugs in the past year.***
 - ** ***Among adult male AFDC recipients, 34 percent admit using either illicit drugs or alcohol or both, compared to 27 percent of men not on public assistance.***
 - *** ***The analysis of AFDC “women” includes females 18 years of age and older. The analysis of AFDC “mothers” includes females over the age of 14 with at least one living biological child.***

- Mothers receiving AFDC are three times more likely to abuse or be addicted to alcohol and drugs than mothers not receiving AFDC (27 percent compared to 9 percent).

The substance abuse problem in AFDC is not confined to alcohol or one type of drug. Women receiving AFDC are almost twice as likely to use cigarettes, alcohol, marijuana or cocaine as women not on public assistance. Among women on AFDC:

- 50 percent smoked cigarettes in the last month, compared to 29 percent of non-AFDC women.
- 12 percent consumed five or more drinks in one sitting at least two times in the past month, compared to 6 percent of non-AFDC women.
- 23 percent used an illicit drug in the past year, compared to 12 percent of non-AFDC women.
- 17 percent used marijuana in the past year, compared to 8 percent of non-AFDC women.
- 34 percent of AFDC mothers who abuse illegal drugs also abuse alcohol, compared to 17 percent of non-AFDC mothers.

These statistics provide an overall picture of the extent of the problem. However, two-thirds of the AFDC women who reported using these substances also admitted that they use them regularly. *

- o Of AFDC women reporting two or more binge drinking episodes in the last month, almost 80 percent admitted bingeing at least once a week.
- o Of those who reported using illicit drugs in the last year, more than half (54 percent) admitted that they use drugs at least once a month. Almost one-third admitted weekly use.

The numbers reported here underestimate the extent of the substance abuse problem in two ways: the information is self-reported, and people are generally reluctant to admit to alcohol or drug abuse and addiction; and, even if people do report using drugs or alcohol, they may not want to admit that they used them frequently. Other studies of the AFDC population in specific states confii that substance abuse is a major problem.

Pregnancy and Substance Abuse in AFDC

Drug, alcohol, and tobacco use by a pregnant woman affects the newborn child as well as the mother. The 1993 CASA study of the impact of substance abuse on Medicaid

* ***Regular use is defined as at least one binge drinking episode per week and/or the use of an illicit drug on a monthly or more frequent basis.***

hospital costs estimated that caring for drug and alcohol-exposed infants accounts for more than 6 percent--or 2 billion dollars--of all Medicaid expenditures on inpatient hospital care in 1994.

Several states have conducted urine toxicology screening **on** pregnant women on welfare at the time of delivery. The most extensive data has been collected by the state of California. The California data reveal that 13.4 percent of pregnant women receiving public assistance have positive urine tests for alcohol or drugs (other than tobacco) at the time of their delivery, and 1.8 percent test positive for cocaine.

These estimates are low because alcohol and drugs can only be detected in urine for a period of seven days after use. Thus, if a woman used drugs more than a week before delivery, traces of the drug would not be captured in a urine test. However, new research on meconium--an infant's first stool--can detect the mother's drug use during the prior six to eight **weeks**

In a South Carolina study, both meconium and urine tests were conducted on a sample population. The meconium test found nearly eight times as many women testing positive for cocaine, and three times as many for marijuana, than did the urine test alone. Extrapolating these ratios to results from urine tests done on a larger population in South Carolina--and to the California urine testing results--yields much higher rates of substance use among pregnant women. Using this form of extrapolation, we estimate that:

- o 14 percent of the pregnant women on public assistance in the California study, and 11 percent of pregnant women on Medicaid in the South Carolina study, would test positive for cocaine use.

- o More than 16 percent in South Carolina would test positive for one or more illegal drugs.
- o Nationwide, 200,000 drug-exposed babies would be born annually to mothers on AFDC.

The Impact of Substance Abuse on Welfare

For some AFDC recipients, dependency on drugs or alcohol may have led to job loss and, ultimately, to welfare dependence. For others, drug and alcohol abuse may make moving from welfare dependency to self-sufficiency virtually impossible.

Half of all AFDC recipients spend less than two years on welfare.” For those who are on welfare for longer periods, substance abuse is a major impediment to getting off. A study of 25 state AFDC offices by the Inspector General of the Department of Health and Human Services found substance abuse to be among the most frequently identified functional impairments preventing AFDC recipients from leaving welfare and successfully completing job training program.

It is difficult to determine the exact proportion of the AFDC population that either initially applies for, or continues to receive, public assistance as a result of substance abuse. But, even if AFDC dependence is attributable to substance abuse in ‘only 15 percent of the cases where substance abuse exists, the cost to the AFDC program would be more than 1 billion dollars in cash assistance in 1994.

Substance abuse also has a significant impact on Medicaid costs for treating both women’s health problems and adverse birth outcomes. Forty-two percent of AFDC mothers

continue to smoke during pregnancy. Smoking, as well as cocaine use, results in low birth weight babies, premature delivery, and other pregnancy complications. For adverse birth outcomes alone, if 11 to 14 percent of pregnant women on welfare test positive for cocaine nationwide,* the 6 percent of Medicaid hospital expenditures for birth complications attributable to substance abuse may be closer to 10 percent, or 4 billion dollars, in 1994. These costs are only a small portion of the total dollars spent on alcohol- and drug-exposed infants, many of whom are sentenced to a lifetime of dependence and poverty. The cost of caring for a child seriously impaired by substance abuse from birth to the 18th birthday is estimated at \$750,000 in medical care, special education and social services alone.

CONCLUSION

The most important question in the debate over welfare reform is how to help individuals on AFDC to become self-sufficient so that they can get off the welfare rolls. At least 1.3 million adult welfare recipients currently abuse or are addicted to drugs and alcohol. Welfare agencies identify substance abuse as one of the most serious barriers to becoming a part of the work force. Currently, the Job Opportunity and Basic Skills (JOBS) program (an education, training and employment program to help AFDC clients avoid long-term dependence) requires states to serve only 20 percent of the AFDC population. As a result, states have latitude to exclude identified substance abusers from participation. Indeed, as part of the eligibility process for JOBS, more than half the states ask specifically about substance abuse and view this problem as a barrier to training and employability.

* ***Based on projecting the data from the California and South Carolina studies (see above).***

Job training, literacy skills, and health care are all important elements in making the transition to self-sufficiency. But, in order to reduce welfare dependence substantially, substance abuse treatment, including aftercare, must also be a critical element of any meaningful welfare reform plan. Without this, it will be impossible to train the 1.3 million recipients with drug or alcohol problems so that they can obtain and hold jobs.

References

1. The prior reports are: The Cost of Substance Abuse to America's Health Care System, Report 1: Medicaid Hospital Costs (1993), The Cost of Substance Abuse to America's Health Care System, Report 2: Medicare Hospital Costs (1994), and Rethinking Rites of Passage: Substance Abuse on America's Camouses (1994). They can be ordered from the Center on Addiction and Substance Abuse at Columbia University.
2. U.S. House of Representatives, Committee on Ways and Means, Overview of Entitlement Programs: 1993 Green Book: Background Material and Data on Programs within the Jurisdiction of the Committee on Ways and Means (Washington, DC: U.S. Government Printing Office, 1993).
3. Data on tobacco, alcohol and drug use. in this section generated from: National Household Survey on Drug Abuse: 1991, conducted by the Substance Abuse Data Analysis Center (SADAC) at the Center on Addiction and Substance Abuse at Columbia University.
4. Laurence Slutsker, Richard Smith, Grant Higginson, and David Fleming, "Recognizing Illicit Drug Use by Pregnant Women: Reports from Oregon Birth Attendants," American Journal of Public Health 83, no. 1 (January 1993): 61-64.
5. U.S. Department of Health and Human Services, Office of Inspector General, Functional Impairments of AFDC Clients (Rockville, MD: U.S. Department of Health and Human Services, 1992).
6. Constance Weisner and Laura Schmidt, "Alcohol and Drug Problems among Diverse Health and Social Service Populations," American Journal of Public Health 83, no. 6 (June 1993): 824-829.
7. Susan Zurivan and Geoffrey L. Greif, "Normative and Child-Maltreating AFDC Mothers," Social Casework: The Journal of Contemporary Social Work (February 1989): 76-84.
8. William A. Vega, Amanda Noble, Bohdan Kolody, Pat Porter, Jimmy Hwang, and Anthony Bole, Profile of Alcohol and Drug Use during Pregnancy in California. 1992: Perinatal Substance Exposure Study: General Report (Sacramento: California Department of Alcohol and Drug Programs, 1993).
9. William A. Vega, Bohdan Kolody, Amanda Noble, Jimmy Hwang, Pat Porter, Anthony Bole, and Juanita Dimas, profile of Alcohol and Drug Use during Pregnancy in California. 1992: Perinatal Substance Exposure Survey: Scientific Report (Sacramento: California Department of Alcohol and Drug Programs, 1993).

10. South Carolina State Council on Maternal, Infant and Child Health, 1991 South Carolina Prevalence Study of Drug Use among Women Giving Birth (Columbia, SC: Office of the Governor, 1991).
11. U.S. House of Representatives, Committee on Ways and Means, op. cit.
12. U.S. Department of Health and Human Services, Office of Inspector General, op. cit.
13. U.S. General Accounting Office, Drug-Exposed Infants: A Generation at Risk (Washington, DC: U.S. General Accounting Office, 1990).
14. Ibid.
15. U.S. Department of Health and Human Services, Office of the Inspector General, op. cit.