

**SUBSTANCE ABUSE AMONG WELFARE RECIPIENTS**

**By**

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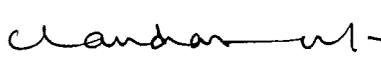
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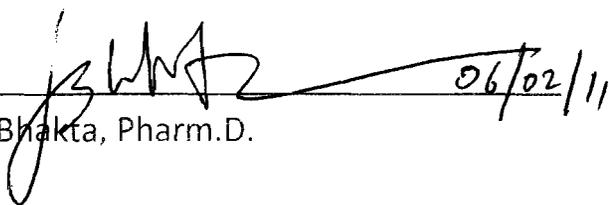
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## Abstract

The concern of this research is that the welfare system is frequently abused and more specifically abused by individuals with drug abuse problems. According to research presented in *Drug Use Among Welfare Recipients in the United States* “Drug Use is 50% higher in households with welfare recipients than in nonwelfare households.” The issue with individuals with drug abuse problems receiving welfare is that it enables them to find employment and contribute to society. If welfare recipients are unable to pass a drug test for employment their chances of ever getting off welfare are slim to none. To better analyze and understand the severity and impact of drug abuse on the welfare system previous research will be examined concerning the number of individuals on welfare that have drug abuse problems. Also, to be examined is the impact of substance abuse programs on drug and alcohol use and what types of programs have higher success rates. Choosing the right substance abuse program will be critical to the over all success of this welfare reform. With the creation of a substance abuse program within welfare, caseworkers would have an appropriate place to send “troublesome substance-abusing clients.” Implementing a substance abuse program within welfare would be the best solution to this problem. Welfare recipients would periodically be drug tested. The key to transitioning people from substance abusing welfare recipients to employed and self-sufficient members of a community is a substance abuse treatment program. The at risk welfare clients would be identified with a mandatory drug test. Drug abusers are unemployable.

## **Chapter I – Introduction**

### **Section I: Background**

The United States has created a safety net of benefits to provide for those who have fallen on hard times. The specific safety net that this paper is concerned with is welfare, or monthly checks given to those who qualify as low income. The intended purpose of welfare is to provide monthly income for a struggling family or individual for a period of time until they are able to take care of themselves. “In 1996 President Bill Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act. Under the act, the federal government gives annual lump sums to the states to use to assist the poor. In turn the states must adhere to certain criteria to ensure that those receiving aid are being encouraged to move from welfare to work” (welfareinfo.org). This act emphasized that welfare was never intended to be a way of life, its more of an emergency back up plan to hold people over until they are able to provide for themselves again. The concern of this research is that the welfare system is frequently abused and more specifically abused by individuals with drug abuse problems. According to research presented in *Drug Use Among Welfare Recipients in the United States* “Drug Use is 50% higher in households with welfare recipients than in nonwelfare households.” The issue with individuals with drug abuse problems receiving welfare is that it enables them to find employment and contribute to society.

### **Section II: Problem Statement**

The welfare program is intended to help people, for a period of time, who have fallen on hard economic times. Unfortunately, it is being abused by people who have drug abuse problems and that are unwilling or unable to return to the work force. The key idea to keep in mind is that most employers require a drug test for employment. If welfare recipients are unable to pass a

drug test for employment their chances of ever getting off welfare are slim to none. Welfare was not implemented to be a way of life.

### **Section III: Methods and Procedure**

To better analyze and understand the severity and impact of drug abuse on the welfare system previous research will be examined concerning the number of individuals on welfare that have drug abuse problems. Also, to be examined is the impact of substance abuse programs on drug and alcohol use and what types of programs have higher success rates. Choosing the right substance abuse program will be critical to the over all success of this welfare reform. If a successful program is not chosen vital resources will be wasted, such as funding, time, and support from political actors.

The information that this research will provide will be beneficial because it will create a road map for successful welfare reform. The public should be interested in welfare reform because it is funded by tax dollars. If the government could save money directed towards welfare, those funds could benefit different areas. Welfare case workers have previously had the attitude to “pass troublesome substance-abusing clients on to other public programs, or they defined addicted recipients as employable and allowed them to sink or swim in the department’s standard work and job search programs” (Dohan 2005). With the creation of a substance abuse program within welfare, caseworkers would have an appropriate place to send “troublesome substance-abusing clients.”

#### **Section IV: Significance of the Problem**

The government continues to provide monthly income to drug abusers that have no incentive to overcome addiction and provide for themselves. Implementing a substance abuse program within welfare would be the best solution to this problem. Welfare recipients would periodically be drug tested. If their test came back positive it would be mandatory for them to attend a program to overcome their barrier to employment. For program participants additional drug tests would be given, for those who still test positive their monthly welfare check would continue to decrease until it is completely taken away or if the individual no longer tests positive, in that case full benefits would be reinstated. The alternative option, to do nothing, does not benefit anyone. Government money would continue to be spent on supporting drug abusers. The individuals in question (substance abusers) would continue with their self-destructive behavior and welfare case works would still not have an adequate program to place substance abusers into.

Providing resources for substance abusers on welfare to overcome their addictions and contribute to society could provide a positive ripple effect throughout public assistance programs. For instance, children are often removed from unfit homes due to substance abuse by parents or guardians. These children that are currently in foster care could be placed back into parental custody, ultimately saving public funds. People on welfare typically do not have private insurance and rely on publicly funded health care. The more people that are shifted from welfare to the work force the more likely they are to have private insurance and depend on government programs less. This ripple effect could possibly be seen in every government assistance program.

*Alcohol and Drug Use, Abuse, and Dependence among Welfare Recipients* points out an important fact that “Education programs, screening efforts, and provisions for treatment of

alcohol and drug problems could be incorporated into the welfare system of social services, just as provisions currently exist for training and employment services for AFDC (Aid to Families with Dependent Children) recipients and nutrition education for WIC (Women, Infants and Children) recipients.” This shows that some government programs have already realized that simply handing out money and services is not enough. In some cases people need to be shown/taught the appropriate way to use such services and that providing for your self is a much more efficient way of life.

## **Chapter II – Literature Review**

### **Section I: Introduction**

In the public administration arena the idea of welfare reform is constantly being spoken about. One topic within welfare reform that should be looked at more closely is the amount of welfare benefits that are distributed to individuals with drug abuse problems. Substance abuse problems creates a barrier that prevents individuals from reentering the work force and becoming self-sufficient. The key to transitioning people from substance abusing welfare recipients to employed and self-sufficient members of a community is a substance abuse treatment program. The at risk welfare clients would be identified with a mandatory drug test. The individuals with positive results would then be referred to mandatory treatment programs and their success or failure within the program would directly effect their scheduled welfare disbursements. The idea is to give someone all the tools they need to succeed. Job placement programs that help train and find work for welfare recipients are wonderful but if the individual can not pass a drug test upon employment all the job training in the world is not going to make a difference. Drug abusers are unemployable.

### **Section II: The significance of drug use among welfare recipients**

Delva (2000) reports that “drug use is 50% more common in households with welfare recipients than in nonwelfare households.” The high percentage of drug use among welfare recipients should be a concern for policy makers because drug use directly affects employment opportunities. The goal of welfare is to provide for people until they can financial sustain themselves. If people choose to participate in activities, such as drug use, that directly affect their employment options then something should be done to prevent the further waste of government

funding. Delva (2000) urges policy makers to notice and take action on the “evidence of higher drug use among our society’s most economically disadvantaged families.”

Pollack (2006) who also found that drug use among welfare recipients was 50% higher than nonwelfare recipients found that in “2002 data, only 7.1% of women who satisfied criteria for substance abuse dependence or abuse reported that they has received substance-abuse treatment services during the past 12 months.”

Not only does substance abuse create a barrier to employment it also is a costly habit that takes away from more important things that welfare money should be used for, such as shelter, food, and clothing. Anderson (2002) conducted research on welfare recipients and found that:

“Fourteen percent of respondents reported that drugs, alcohol, and cigarettes were their number one expense in the past 30 days . . . Another 13 percent of respondents reported that alcohol, drugs, and cigarettes comprised their number two expense in the past 30 days . . . 41% believe they currently need treatment for drug or alcohol abuse.”

A total of 28% of respondents to the survey are admitting that drugs, alcohol, and cigarettes are consuming the majority of their welfare check. Forty-one percent of respondents are admitting that they need a substance abuse program. How can policy makers ignore the direct acknowledgment from welfare recipients themselves that they need a new program to help with substance abuse.

### **Section III: Support of drug testing and treatment programs for welfare recipients**

Providing drug treatment programs to welfare recipients and making welfare checks contingent on being drug free or attending treatment programs is a productive way to manage the abuse of welfare by substance abusers. Delva (2009) believes in making:

“ . . .welfare eligibility contingent on the recipient’s willingness to seek drug treatment services. This strategy provides an opportunity to encourage recipients to work toward a drug-free lifestyle. . . There is no easy solution to the problem of drug use in society in general and particularly among the poor, who face tremendous difficulties meeting such basic needs as securing employment, shelter, and food. Programs that make benefit eligibility contingent on individuals working toward a drug-free lifestyle deserves scrutiny.”

Scrutiny which often has a negative context, should not push people away from the proposed idea, Delva is ushering policy makers to take a closer examination of the prospect of drug treatment programs for welfare.

The importance of the drug treatment plan is to remove a barrier to employment. Most places of employment have a required drug test that must be taken before a new employee can start. The concept of addressing barriers to employment is discussed by Dohan (2005), “ . . .state reforms emphasized the need to create a new culture of self-sufficiency and accountability among clients, one that meted out aid to clients who sought work and addressed personal barriers to employment.” Dohan emphasizes personal responsibility for welfare recipients and the requirement that they become self sufficient at some point.

Dohan also goes on to address the power and key role of the welfare caseworker. Without substance abuse programs caseworkers, “ . . .pass troublesome substance-abusing clients on to other public programs, or they define addicted recipients as employable and allow them to sink or swim in the department’s standard work and job search programs.” Drug testing welfare recipients would give caseworkers “authority that empowers and encourages local welfare offices to directly address clients’ substance abuse problems-along with other formerly personal problems-that might stand as barriers to employment,” (Dohan 2005). The implementation of drug test and drug abuse program would allow caseworkers to effectively identify the underlying

issues of why their client is not able to become self-sufficient. Without a legitimate drug test caseworkers can only speculate at substance abuse. However, with a drug test caseworkers can directly address the problem at hand and make referrals to appropriate programs.

Republican Craig Blair from the West Virginia Legislature created a website called [notwithmytaxdollars.com](http://notwithmytaxdollars.com). On the website he makes statements defending his position that “Nobody’s being forced into these assistance programs . . .if so many jobs require random drug test these days, why not these benefits?” His position is that if the welfare recipients do not like the idea of being drug tested then should don’t enroll in the program. Blair also defends the position that substance abuse is a barrier to employment and that employment and self-sufficiency should be the goal of all welfare recipients.

According to Grant (1996) other government programs already have provisions set before clients can receive benefits. “Provisions currently exist for AFDC recipients and nutrition education for WIC recipients.” Why are only some government programs being allowed to set standards and others not? Grant agrees saying that, “Education programs, screening efforts, and provisions for treatment of alcohol and drug problems could be incorporated into the welfare system of social services.”

#### **Section IV: Arguments against drug testing welfare recipients**

Michigan was the first state to pass a law requiring welfare beneficiaries to pass a drug test to receive welfare benefits. According to CNN.com (2003) “the program instituted in 1999, ran for only 5 weeks before the American Civil Liberties Union took a stand against the invasion of privacy.” They claimed that it was a violation of the Fourth Amendment which protects citizens from unreasonable search and seizure. Other critics believe that if the government is

allowed to drug test for welfare benefits, what will it be next? For example, will a drug test be required to receive a drivers license? One welfare recipient feels that drug testing for welfare should be thrown out on constitutional grounds, “Just because we are low income, we are being singled out . . .it makes me feel like I’m doing something wrong and I’m constantly being watched,” (Cannon 1999).

## **Chapter III - Substance Abuse Programs**

### **Section I: Drug use among prison and parolee populations**

In 2003 70% of adult males arrested in the United States tested positive for at least one illicit drug, “in 2006 drug law violations accounted for 27% (approximately 4.2 million) of all adults on probation and 37% (approximately 300,000) of parolees,” (Patra, 2010). The United States is not the only country to make the connection between drug use and crime. Canada has developed a drug treatment court that allows drug-involved offenders to make the choice between a court supervised treatment program and a traditional criminal punishment, (Patra, 2010).

Studies showing the effectiveness of Drug Treatment Court (DTC) verses traditional criminal punishment have been limited. One problem with DTC is that the completion rate is as low as 47% in some areas. One test group in Maricopa, Arizona found the recidivism rate of DTC participants to be 33% compare to a rate of 44% of those that did not participate in DTC. Other test sites in Baltimore and New South Wales, Australia found no significant difference in recidivism rates between DTC participants and non-participants (Patra, 2010). However, other studies have found that “drug courts are an effective approach for improving offender outcomes such as: reduced drug use, increased drug abstinence, decreased participation in illegal activities, and increased employment, and reducing societal costs by lowering expenditures associated with incarceration,” (Zanis, 2009). If drug treatment programs have provided cost benefits for law enforcement, welfare can certainly benefit from similar programs. Also to be considered, law enforcement and welfare often serve the same population. Law enforcement’s approach to drug treatment is to “promote rehabilitation, reduce prison overcrowding, and to maximize that cost benefit of public funding,” (Zanis, 2009).

Factors that contribute to an unsuccessful completion of the a DTC program include: “non-substance related criminal involvement, substance use severity, living situation, poor family and social functioning, few opportunities for employment, low motivation for treatment, and lack of post treatment support,” (Patra, 2010). The only factor that has been identified as key to a successful program completion is treatment engagement. Treatment engagement has been described as “consistent attendance, abiding by program rules, active participation in therapeutic sessions, and, in some cases, remaining substance free and subject to random urine testing,” (Patra, 2010). Also, to help insure a successful completion of the program Drug Treatment Courts, or other government programs trying to elevate drug dependency problems, should consider:

“social stability as a priority for the participants before taking them into the program . . . having stable housing would ensure and motivate participants to engage in the program longer. Expanding partnerships and support systems for participants for better access to housing, job training, and treatment services for women, youth, and minorities is important, although one needs to be realistic that great demand for these resources exists from many ends, especially in the context of large urban center(s) . . . “ (Patra, 2010).

Regardless if a program is trying to prevent drug related crimes and incarcerations or reduce the amount of drug dependent welfare recipients the same principals exist for success.

## **Section II: Factors to successful drug treatment programs**

The DTC takes an active role in recognizing why most of the participants chose DTC and what will prevent the participants from being successful. Most participants admit that the main reason they have chosen DTC is to be released from custody or to prevent being incarcerated. “However, they also recognize that it was time to change their lives and to accept the help that the program offers,” (Patra, 2010). The participants wanting to change their life habits is key to successful program completion. Trying to avoid incarceration will only get participants so far.

Without a personal motivation to succeed and the other needed support systems drug dependant individuals will not have the needed tools to over come addiction and preserve in life. If the program can show participants that staying committed to being drug free will offer solutions to some central problems in their life such as: staying out of jail, resolving family problems, and providing stable housing more participants are able to stay motivated to complete the program. “Obstacles that affect commitment and ultimately successful completion include lack of affordable housing, few family supports, limited employment opportunities, and personal histories of trauma and abuse. Recognizing these factors can allow us to accommodate for this in some fashion,” (Patra, 2010).

“In a study of 171 clients of drug treatment programs located in Los Angeles County found when programs matched clients’ expressed need for housing, childcare, transportation, and vocational services, this was associated with more days in treatment . . . studies have found reduced drug use and better psychosocial functioning when clients are in treatment longer. Another predictor of status after treatment has to do with the range of medical and mental health services clients receive. In a quasi-experimental study of enhanced substance abuse treatment for women who were clients of the public child welfare agency in Illinois, found when clients used more social services, this was associated with reduced drug use. Services could include parenting, reproductive health care, education and job training, assistance with legal, housing, and public aid matters as well as HIV, STD, birth control, domestic violence and family counseling,” (Walker, 2009).

For example, a person with limited family support could be offered family or parental counseling while in the program. An individual with limited employment opportunities could be enrolled in a vocational or trade school so that in the future their employment opportunities can improve.

Regardless of the motivation to succeed a drug treatment participant is only as successful as the program that they are enrolled in. “Many treatment centers struggle with weak organizational infrastructures, staffing instability, limited financial resources, and limited capacity to collect and organize data.” Also, six dimensions of care should be present to insure

the best possible outcome for patients, “care should be safe, effective, patient centered, timely, efficient, and equitable,” (McCarty, 2009).

### **Section III: Four Phase Treatment Plan**

This successful model for drug treatment, provided by “Predictors of Drug Treatment Completion Among Parole Violators,” consists of four 90-day phases to treat drug addicted parole violators. The same four phases could easily be applied to a drug treatment program for drug dependent welfare recipients.

Phase one consists of a 90-day stay at an inpatient facility, patients must participate in five group therapy sessions per week, daily seminars on alcohol and other drug issues, weekly individual counseling sessions, and daily self help meetings. Other counseling services are offered as needed. The probation department is involved with supervising patients, participating in group meetings regarding patient care, and discharge planning. Program participants are not allowed to work during this phase of treatment.

Phase two consists of 90-days of outpatient program located near the participants home. Expected participation includes: 10 to 20 hours of counseling per week, four group therapy sessions per week, one individual counseling session per week, weekly urine samples, electronic monitoring and curfew enforcement, and monthly visits from parole officer.

Phase three consists of a continuation of another 90-days in the same outpatient treatment as phase two. Expected participation includes: 5 to 10 hours of counseling per week, two drug and alcohol group counseling sessions per week, one individual counseling session per week, weekly urine samples, and monthly visits from parole officer. At this phases participants are allowed to look for employment.

Phase four is the final 90-days in the same outpatient treatment as phases two and three. Expected participation includes one group and one individual counseling session per week, weekly urine samples, and community reintegration.

## **Chapter IV - Summary**

### **Section I: Summary**

Welfare recipients should be subject to a drug test in order to receive benefits. The purpose of welfare is to provide income until individuals/families are able to support themselves. If welfare recipients choose to participate in drug use they are creating a barrier to employment that is enabling them from coming off welfare dependency.

### **Section II: Recommendations**

I recommend that the four-phase treatment program outlined in chapter three be utilized and implemented into the welfare department. It has already shown successful outcomes within the parole department and has provided cost saving benefits for the department by lowering the prison population and costs associated with incarceration.

Politicians need to stand behind welfare reform acts in order to save taxpayer dollars and/or redirect funding to other important areas such as education. Welfare reform that requires drug testing and treatment programs need to be presented to the public in a way that does not emphasize the initial costs of the implementation but the long term positive effects on a community with less drug use and eventually less funding spent on welfare.

Non-profit organizations and churches can play a huge role in welfare reform by elevating stress on government programs. Many non-profit organizations offer the programs that are needed to assist with the successful transition from drug abuser to productive citizen. Non-profits and churches can help with issues such as family counseling, housing assistance, childcare and job skills.

### **Section III: Conclusion**

Requiring welfare recipients to be drug tested would provide a great service to everyone. First, it would reduce the amount of drug users in communities. Leading to lower crime rates and improving safety for everyone. Second, it would save money by providing drug abusers with the tools to overcome their addictions and become employable.

### **Section IV: Future Studies**

Future studies to expand the research regarding the impact of substance abuse treatment on welfare recipients will be extremely important in future policy. Politicians wishing to create and/or expand services to welfare recipients can use data regarding drug use and treatment in other populations as evidence of successful transformations. Studying drug treatment programs in prisons and used for parolees provides an outline of what treatment programs for welfare recipients should resemble.

Also to be studied should be the impact that drug treatment programs for welfare recipients would have on all public assistance programs. Many individuals that receive welfare also depend on other programs to meet basic survival needs. If a barrier to employment was removed, reducing the amount of people on welfare, the stress on many government funded programs would be reduced.

# Appendix A



## CSU Bakersfield

Academic Affairs

Office of the Grants, Research, and Sponsored Programs (GRaSP)

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Research Ethics Review Coordinator  
and IRB/HSR Secretary

**Date:** 03 June 2011

**To:** Megan Pratt, MPA Student

**cc:** Paul Newberry, IRB Chair  
Chandrasekhar Commuri

**From:** Steve Suter, Research Ethics Review Coordinator

### Subject: Protocol 11-111: Not Human Subjects Research

Thank you for bringing your protocol, "**Substance Abuse Among Welfare Recipients**" to the attention of the IRB/HSR. On the form "*Is My Project Human Subjects Research?*" you indicated the following:

I want to interview, survey, systematically observe, or collect other data from human subjects, for example, students in the educational setting. **NO**

I want to access data about specific persons that have already been collected by others [such as test scores or demographic information]. Those data can be linked to specific persons [regardless of whether I will link data and persons in my research or reveal anyone's identities]. **NO**

Given this, your proposed project will not constitute human subjects research. Therefore, it does not fall within the purview of the CSUB IRB/HSR. Good luck with your project.

If you have any questions, or there are any changes that might bring these activities within the purview of the IRB/HSR, please notify me immediately at 654-2373. Thank you.

A handwritten signature in blue ink, appearing to read "Suter".

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Steve Suter, University Research Ethics Review Coordinator

## References

- Anderson, T., Caitlin Shannon, Igor Schyb, and Paul Goldstein, 2002. "Welfare Reform and Housing: Assessing the Impact of Substance Abusers" *The Journal of Drug Issues* 22: 265-296.
- Cannon, Angie, (1999). "Just Saying No to Tests" *U.S. News and World Report* 127: 34.
- CNN.com. (2003) *United States: Federal Court Repeals Welfare Drug-Test Program*.
- Delva, J., Yehuda N., Carolyn D. M. Furr, and James C. Anthony, 2000. "Drug Use Among Welfare Recipients in the United States." *Drug Alcohol Abuse* 26(2): 335-342.
- Dohan, Daniel, Laura Schmidt, and Stuart Henderson. 2005. "From Enabling to Bootstrapping: Welfare Workers' View of Substance Abuse and Welfare Reform." *Contemporary Drug Problems* 32: 429-455.
- Grant, Bridge, Deborah A. Dawson, 1996. "Alcohol and Drug Use, Abuse, and Dependence Among Welfare Recipients." *American Journal of Public Health* 86: 1450-1454.
- McCarty, Dennis, David Gustafson, Victor A. Capoccia, and Frances Cotter, 2009. "Improving Care for the Treatment of Alcohol and Drug Disorders" *The Journal of Behavioral Health Services and Research* 36: 52-60.
- Notwithmytaxdollars.com. (2009) *States Consider Drug Tests for Welfare Recipients*.
- Patra, Jayadeep, Louis Gliksman, Benedikt Fischer, Brenda Newton-Taylor, Steven Belenko, Michel Ferrari, Stephanie Kersta, and Jurgen Rehm, 2010. "Factors Associated with Treatment Compliance and its Effects on Retention Among Participants in a Court Mandated Treatment Program" *Contemporary Drug Problems* 37: 289-313.
- Pollack, Harold, Peter Reuter, 2006. "Welfare Recipients and Substance-Abuse Treatment Among Low-Income Mothers: The Impact of Welfare Reform." *American Journal of Public Health* 96: 2024-2031.
- Walker, Melissa, 2009. "Program Characteristics and the Length of Time Clients are in Substance Abuse Treatment" *The Journal of Behavioral Health Services and Research* 36: 330-343.
- Zanis, David, Donna Coviello, Jacqueline J. Lloyd, and Barry L. Nazar, 2009. "Predictors of Drug Treatment Completion Among Parole Violators" *Journal of Psychoactive Drugs* 41: 173-180.