**AP LANGUAGE AND COMPOSITION**

**DEBATE TOPIC 4: SOURCES**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Source A**

Martin, Tim. “Drug Tests for Welfare? Snyder’s Office Says it’s too Early to Tell.” *The Detroit Freepress.* Gannett. 5 January 2012. Web. 6 January 2021.

LANSING -- Gov. Rick Snyder's office says it is too early to tell whether Michigan will push to require drug tests for welfare applicants, an issue likely to be debated in many states this year.

Requiring a clean drug test as a condition for receiving cash assistance would have support within the Republican-led state Legislature. But supporters said they want to make sure the plan would survive a legal challenge, unlike a Michigan plan from more than a decade ago that federal courts derailed.

New legislation was introduced in the state House last month. Alternatives to that proposal are possible.

The Michigan Department of Human Services, under orders from the Legislature, recently prepared a memo related to possible drug testing of welfare applicants and recipients. The department said the testing would be "feasible" and could include a possible pilot program for suspicion-based drug testing of welfare cash assistance applicants and recipients.

Suspicion would be based on the results of drug screening, which could range from questions on welfare applications to "professional screening tools."

The merits of such a plan will be debated and evaluated, but it is not guaranteed to be implemented.

"It's too early and premature at this point in the process for any further speculation," Sara Wurfel, a spokeswoman for the Republican governor, said in an e-mail this week.

Some previous plans to drug test welfare applicants ran up against constitutional protections against unreasonable search and seizure.

Michigan ran a pilot program to drug test welfare recipients in late 1999. The American Civil Liberties Union sued, and a federal appeals court ruled that the drug testing plan violated the Constitution.

Florida approved a law last year requiring drug tests for welfare applicants, but it is being challenged.

Missouri enacted a law that requires the state's social services agency to develop a program for screening welfare applicants and recipients, and then test those for whom there is reasonable cause to suspect illegal drug use. People who refuse to be checked and those who test positive and do not complete a program, will be ineligible for benefits for three years. While participating in a substance abuse program, people could keep their benefits.

Many states are proposing plans to drug test applicants or recipients for programs. The proposals likely will be debated in Alabama, Indiana, Ohio, Tennessee and other states this year.

Republican House Speaker Jase Bolger hasn't taken a position, spokesman Ari Adler said.

Republican Senate Majority Leader Randy Richardville voted in favor of similar legislation when he was a member of the state House, spokeswoman Amber McCann said.

"Many employers require applicants to take a drug test prior to being offered a job, and even go on to test employees routinely," McCann said in a statement.

Supporters of the plan consider it a safeguard of taxpayer money.

Some groups question why the state might single out welfare applicants.

"Why is the state singling out and punishing poor people," said Michael Steinberg of the ACLU of Michigan. "There's a whole range of people who receive government assistance."

**Source B**

Jayakody, Rukmalie, et al. “Substance Abuse and Welfare Reform.” *National Poverty*

*Center*. University of Michigan. April 2004. Web. 6 Jan. 2012.

Welfare reform, the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), redefined the goals and daily operation of cash assistance. This law transformed the traditional entitlement to cash welfare under Aid to Families with Dependent Children (AFDC) into a transitional program, Temporary Assistance to Needy Families (TANF), which requires most recipients to work after two years of receiving assistance, or, at state option, even earlier, with few exceptions. After 60 months of receipt during a lifetime, a recipient is ineligible for federally-funded cash benefits.

**Policy focus on potential connection between welfare, substance abuse**

The welfare reform debate and its aftermath generated substantial discussion about the potential connection between substance abuse and welfare receipt, and about the role of substance abuse in recipients’ ability to leave welfare for work. This was a new development. The primary controversy in the welfare reform debates of the 1980s and early 1990s was the extent to which jobs were available for recipients as opposed to the extent to which recipients were “choosing welfare and rejecting available jobs.”1 The 1996 Act resolved this debate by requiring most recipients to work, although states have some discretion in making a limited number of exemptions from the work requirements.

Several provisions of the 1996 law, and related measures, were targeted at those who use and sell illegal substances. Section 902 of the Act authorized states to use chemical testing to detect substance use among TANF applicants. About a dozen states have provisions allowing drug testing of welfare recipients under certain circumstances. Michigan is the only state that legislated suspicionless, population-based testing of recipients. However, Michigan’s policies have faced continued legal challenges. A federal appeals court halted testing in mid-2003 after an injunction stopped its implementation after only a month of operation.

The 1996 Gramm Amendment imposed a lifetime ban on the receipt of food stamps and TANF by those with felony convictions for illegal drug possession, use, or distribution. Other programs, such as “one strike and you’re out” rules defined by the Department of Housing and Urban Development, allow the eviction of public-housing tenants involved in drug-related crimes. Congress also limited the ability of substance users to obtain federal disability payments for drug-related ailments. In 1996, more than 200,000 individuals received Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) payments based on diagnoses of “drug and alcohol addiction”. This classification was abolished and individuals for whom drug or alcohol addiction was the primary reason for their disability had their benefits terminated. Many individuals with terminated benefits could re-qualify for disability assistance based upon other conditions. However, existing studies indicate that many terminated beneficiaries did not return to the roll.2

As a result of these legislative changes, many researchers and program administrators began to declare that alcohol and drug abuse were widespread and would limit recipients’ ability to move from welfare to work. In 1995, one liberal advocacy group stated “welfare reform is doomed to fail if it does not address the needs of individuals with alcohol and drug problems”.3 Joseph Califano, former U. S. Secretary of Health, Education, Welfare, a prominent advocate for expanded access to treatment services, recently stated that “the bulk of mothers on welfare -- perhaps most -- are drug and alcohol abusers and addicts, often suffering from serious mental illness and other ailments.”4 An additional widespread concern was that drug use among welfare recipients puts children at risk for abuse or neglect.5

**Estimated prevalence of substance abuse among welfare population**

Because substance use is a covert behavior, its true prevalence among the general and welfare population is unknown. Most studies have relied upon self-reports. Deceptive or inaccurate responses are therefore important concerns. Studies also differ in the thresholds used to characterize substance use problems. Some focus on simple use; others use more stringent thresholds such as abuse or dependence. Due to differing definitions and data sources, published prevalence estimates of use vary widely, from 6.6 to 37 percent of those receiving public aid.6

Our estimates using data from the National Household Survey of Drug Abuse (NHSDA) indicate that 9 percent of welfare recipients in 1994 and 1995 were alcohol dependent and that 21 percent had used an illegal drug in the past year (mostly marijuana). (Figure 1) Excluding marijuana, 10 percent of recipients had used some other illegal drug during the past year, with 6 percent having used cocaine or crack.7 Only a small minority of recipients (about 4 percent) satisfied the diagnostic screening criteria for illicit drug dependence (i.e., their drug use impairs their functioning in significant ways).8 Our analyses also document that psychiatric disorders, especially major depression and post-traumatic stress disorder, are more prevalent than drug and alcohol dependence among welfare recipients. About 19 percent of recipients had at least one of the four psychiatric disorders measured in the NHSDA.

Illicit drug use and dependence are more common among women receiving welfare than among women who do not. Illicit drug use remains associated with welfare receipt even after controlling for race, educational attainment, region, and other potential confounders. If all welfare recipients were to stop using illicit drugs, however, the size of the welfare population would show little decline.9

**Figure 1: Substance Abuse, Mental Health, and Welfare Receipt (authors' estimates, from NHSDA data)**



**Substance abuse just one among barriers to self-sufficiency**

Welfare-to-work initiatives implemented by the states, together with an economic boom that generated the lowest unemployment rates in three decades, contributed to rapid caseload declines from the mid-1990s up to 2001, a decline that has slowed but has yet not stopped. Nonetheless, many women who received benefits when welfare was reformed were not able to find steady employment and leave the rolls in the aftermath of reform. As a result, some analysts speculate that substance abuse is now more common among the remaining recipients and that substance abuse poses a greater problem today than it did prior to reform. The logic of this argument is credible: as caseloads have fallen, women with the fewest problems have left the rolls more quickly.

However, analyses using the NHSDA and the Women’s Employment Survey (WES), a panel survey of single-mother welfare recipients in an urban Michigan county, do not support these concerns.10 Although TANF recipients have become more disadvantaged along a number of characteristics related to health and mental health11, substance abuse and dependence is not a major contributor in defining the core group of recipients remaining on the rolls. NHSDA data in recent years indicate that the prevalence of illicit drug use among recipients has remained stable after welfare reform. Among WES respondents who received welfare in early 1997 and were still receiving benefits in late 2001, about 5 percent met the diagnostic screening criteria for drug dependence. In contrast, 22 percent met the diagnostic screening criteria for depression and 38 percent had physical limitations and self-reported “fair or poor” health. Private employers are allowed to test job applicant for drug use as a condition of employment. In the WES, about 36 percent of current and former welfare recipients reported that an employer had required them to take a drug test during the previous two years, but only 3 percent reported they had failed the drug test.

Such findings suggest that policymakers and advocates have likely overstated the extent to which substance abuse contributes to continuing dependence on cash aid. Yet there are still important reasons for concern. Substance users may be at greater risk for reaching their time limits or having their benefits reduced or terminated for non-compliance with work requirements and other mandates. WES respondents who report illicit drug use in multiple years are more likely to accumulate months on TANF, putting them at-risk for reaching the time limit.12 And, welfare agency staff in Utah found that substance use problems were twice as prevalent among non-compliant recipients.13

**Conclusion**

While substance use, abuse, and dependence are barriers to self-sufficiency, so are poor education, lack of transportation, physical and mental health problems, and many other difficulties that are more common than substance abuse among welfare recipients. To date, most welfare-to-work programs have stressed acquisition of job search skills and rapid employment. Because many low-income mothers experience skills deficits and personal problems, including substance use disorders, more comprehensive programs are needed to move and sustain the most disadvantaged recipients on a path to self-sufficiency.

FOOTNOTES
1Danziger, Sheldon. 2001. “Welfare Reform Policy from Nixon to Clinton,” in David Featherman and Maris Vinovskis, eds. Social Science and Policy Making, Ann Arbor, MI: University of Michigan Press, pp. 137-164.
2Swartz J, Lurigio A, Goldstein P. 2000. “ Severe mental illness and substance use disorders among former Supplemental Security Income beneficiaries for drug addiction and alcoholism.” Archives of General Psychiatry, 57(7), 701-7.
3Legal Action Center. 1995. State, local welfare officials see important role for drugs and alcohol treatment in welfare reform. Washington, D.C.: Legal Action Center.
4Califano, J. 2002. “To reform welfare, treat drug abuse.” Washington Post, September 18, p. A29. Pollack, H.A. & Reuter P. 2002. “Taking exception: Myths about drugs and welfare.” Washington Post, October 1, p. A21.
5Wilkins, A. 2003. “Substance abuse and TANF.” National Conference of State Legislatures, <http://www.ncsl.org/statefed/welfare/substance.pdf>.
6Olson, K., & L. Pavetti. 1996. Personal and family challenges to the successful transition from welfare to work. Final report. Prepared for the Office of the Assistant Secretary for Planning and Evaluation and for the Administration for Children and Families. May, 17, Washington, D.C.: U.S. Department of Health and Human Services.
7Jayakody, R., Danziger, S., & Pollack, H.A. 2000. Welfare reform, substance use, and mental health. Journal of Health Politics, Policy, and Law, 25(4), 623-650.
8Pollack, H.A., Danziger, S.A., Jayakody, R., & Seefeldt, K.S. 2002. Drug-testing welfare recipients: False negatives, false positives, unanticipated opportunities. Women’s Health Issues.
9Kaestner, R. 1998. Drug use and AFDC participation: Is there a connection? Journal of Policy Analysis and Management, 17(3): 493-520.
10Pollack, et al. 2002.
11Danziger, S.K., & Seefeldt, K. 2002. Barriers to employment and the ‘hard to serve’: Implications for services, sanctions, and time limits. Focus (newsletter for the Institute for Research on Poverty, University of Wisconsin-Madison) 22(1): 76-81; Lichter, D., & Jayakody, R. (2002. Welfare reform: How do we measure success? Annual Review of Sociology, 28: 117-141.
12Seefeldt, K.S. and S.M. Orzol. 2003. Watching the Clock Tick: TANF Accumulation in a Strong Economy. University of Michigan Program on Poverty and Social Welfare Policy working paper.
13Strawn, J. 1997. “Substance Abuse and Welfare Reform.” Welfare Information Network Issue Note, <http://www.financeprojectinfo.org/Publications/hardtoplace.htm>

**Source C**

“Kick Junkies off Welfare.” *The Washington Times.* Washington Times LLC. 12 Aug.

2011. Web. 6 Jan. 2012.

There’s a growing movement to make sure those on the public dole aren’t also on drugs. The state of Florida is implementing a law passed in May requiring drug testing of all welfare applicants. Missouri enacted a similar law in July. Testing programs are being debated in Kentucky, Oklahoma, Iowa and other states. In these hard economic times, voters don’t want their tax dollars wasted on fueling the habits of junkies.

Americans take a hard line on this dual dependency. A July 2011 Rasmussen poll shows a solid majority favoring linkage between welfare and drug testing. Fifty-three percent believe all welfare recipients should be tested before receiving benefits, 13 percent support random testing, and 29 percent think testing should be used if there was a reasonable suspicion of illegal drug use. The view on penalties was even harder: 70 percent believe welfare recipients who are found to be using illegal drugs should have their benefits cut off; 58 percent want the rule to be one strike and you’re out.

Under Florida’s law, applicants for Federal Temporary Assistance for Needy Families (TANF) who test positive for controlled substances will either have to complete a substance-abuse program or be banned from receiving benefits for a year. Under Missouri’s law, only those reasonably suspected of using illegal drugs would have to undergo the test, but the benefits ban for those testing positive and refusing rehab lasts three years.

These state crackdown efforts are sanctioned by federal law. The 1996 Personal Responsibility and Work Opportunity Reconciliation Act, better known as the welfare-reform law, provided that states could “test welfare recipients for use of controlled substances” and sanction those who tested positive. Michigan enacted a drug-testing initiative in 1999 but a federal court intervened and halted it. U.S. District Judge Victoria Roberts cited potential issues regarding the Fourth Amendment’s guarantee against unreasonable search and seizure, and the Sixth Circuit Court of Appeals upheld the ban. This ruling was particular to Michigan’s law so shouldn’t apply to current efforts nationwide.

In addition to potential privacy concerns, opponents of these measures cite the expense of drug testing. Federal law, however, doesn’t mandate a specific type of test. The American Civil Liberties Union, which opposes testing generally, noted a study from Oklahoma that found that testing by questionnaire (as opposed to by fluid samples) “was able to accurately detect 94 out of 100 drug abusers.” What works best can be left to the experts, but something needs to be done.

Proponents of testing programs focus on the negative effects of drug use on the children TANF is supposed to protect. People in the grip of drug addiction have warped priorities and often spend assistance dollars on their next fix rather than care for their kids. Getting drug abusers into rehab is the state’s best line of defense for children and what the addicts need. The alternative - turning a blind eye to the problem and subsidizing illegal drug use until parents are arrested and sent to jail, with the children placed in foster care - imposes even greater social, economic and moral costs. Narcotics addiction isn’t simply a lifestyle choice, and it shouldn’t be a something junkies can indulge at the expense of taxpayers.

**Source D**

United States Constitution, 4th Amendment

The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no warrants shall issue, but upon probable cause, supported by oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.

**Source E**

“Total Welfare Spending Since 1950.” Graph. *Heritage Foundation.* Heritage Foundation. 24 June 2010. Web. 6 Jan. 2012.



**Source F**

“Applying for Welfare.” *Welfare Information*. n.p. 2012. Web. 6 Jan. 2012.

Many people tend to feel embarrassed when they apply for welfare; however the system was set up with intent of providing benefits to impoverished Americans. This is done by using several different governmental programs such as [Food Stamps](http://www.fns.usda.gov/fns/), [Medicaid](http://www.cms.hhs.gov/home/medicaid.asp), [HUD homes](http://www.hudclips.org) programs and [Supplemental Security Income](http://www.ssa.gov/ssi/) (SSI). When you hear politicians and the public speaking of welfare it is normally referring to Temporary Assistance to Needy Families, or TANF, this was formerly called AFDC (Aid to Families with Dependent Children) and it is a cash assistance setup that is usually directed towards single parents. This type of program is actually a fairly small portion of the entire welfare program. In order to take advantage of these programs you must meet the resource and income limitations. The Food Stamp and HUD programs receive federal funds, while the rest use both state and federal funds.

In the 1990's the welfare program underwent several changes, perhaps the one most well known was replacing the Aid to Families with Dependent Children with TANF. Under the TANF program federal government gives money to states by way of block grants which allows states to have more authority and flexibility when trying to administer welfare programs. This program represents a changed version of the purpose of welfare. Instead of long-term program assistance, welfare is considered a short-term program that will help individuals become better able to support themselves. Meaning the head of the household is required to be working within 2 years of starting to receive benefits, and the families have an imposed limit of no more than 5 years of cash assistance.

It appears that no matter which way welfare assistance is set up, there has always been a tendency for the general public to view those that apply for welfare in a negative light. While work requirements have changed as part of reforming welfare, most Americans continue to see welfare recipients (most often unwed or divorced single moms) with equal parts of impatience and scorn. This, of course, is seen as a highly unfair label to those that desperately need the help that welfare offers.

Fortunately the public support for reforming welfare is evident that even as cynical as we have become, most still feel some type of obligation to help poorer families. Which indicates that while still trying to uphold America's values regarding individualism, community and hard work the desire to help the less fortunate is still going strong.

To fully understand the process of applying for welfare you need to know the general information provided through the government and each state has their own set of requirements that must be met as well. So, familiarize yourself with the basics and then contact the state where you reside to see what specifics may be required before applying for welfare.

For example, to be eligible for Medicaid you do not have to be eligible for welfare as well. Nor can the state limit eligibility for Medicaid to families that are already receiving or entitled to receive TANF benefits. Individual states are required to provide Medicaid to any family that has the following:

a. Dependent child that lives with them;
b. Have the same resources and income that allowed
them to be qualified for AFDC;
c. certain types of deprivation requirements (such as an
absent parent);

All states are required to provide comparable standards, meaning that all regulations have to be the same for all recipients and applicants that apply for welfare. States must also apply the same policies throughout all of the sates subdivisions, in short that means that all of a states regulations and rules are required to be the same for the entire state.

If you have access to the Internet then it is suggested that you visit your states department of health and human services website. There you will be able to find all the forms you will need to complete the application process for your state and information on how to fill out the forms. As well as any other information you will need to bring with you for an interview. If you do not have access to the Internet you can call your local human resources office and they will tell you where to get the forms, help you fill them out if necessary, make sure you understand the whole process and set up an interview. Many states also have a service that can pick you up and take you to the office if you do not have access to transportation.

Perhaps the most important thing to remember is, if you do not know then don’t be afraid to ask. The people are there to help you and will not set out to embarrass you in any way so give them a chance to help.

**Source G**

United States. Dept. of Health and Human Resources. Office of Family Assistance. “Temporary Assistance for Needy Families Sixth Annual Report to Congress.” *US Department of Health and Human Resources.* US Dept. of Health and Human Services. Nov. 2004. Web. 6 Jan. 2012.

*(The following is an excerpt from a government report.)*

**Financial Circumstances**

Of TANF families, 99 percent received cash and cash equivalent assistance, with an average monthly amount of $355.  Monthly cash payments to TANF families averaged $295 for one child, $365 for two children, $435 for three children, and $533 for four children or more.  Some TANF families who were not employed also received other forms of assistance such as child care, transportation and other supportive services.

One in every five TANF families had non-TANF income.  The average monthly amount of non-TANF income was $586 per family.  Fourteen percent of TANF families had earned income with an average monthly amount of $683, while seven percent of the TANF families had unearned income with an average monthly amount of $323.  Of all closed-case families, 34 percent had non-TANF income with an average monthly amount of $866.

Of TANF recipient adults, 22 percent had earned income with an average monthly amount of $678.  Seven percent of adult recipients had unearned income averaging about $355 per month.  Three percent of recipient children had unearned income with an average monthly amount of $184.

As in FY 2001, one in ten TANF families received child support with an average monthly amount of $189.  Twelve percent of TANF families had some cash resources (e.g., cash on hand, bank accounts, or certificates of deposit) of an average amount of $241.  Such family cash resources were defined by the State and used to determine eligibility and also to calculate benefits