Changing Patterns of Addiction and Public Aid Receipt: Tracking the Unintended Consequences of Welfare Reform

Laura A. Schmidt
University of California at San Francisco

James Wiley
San Francisco State University

Daniel Dohan
University of California at San Francisco

Denise Zabkiewicz
University of California at Berkeley

Laurie M. Jacobs
Alcohol Research Group

Stuart Henderson
University of California at San Francisco

Matthew Zivot
University of Massachusetts at Amherst

Abstract Sharp declines in welfare rolls since the passage of welfare reform legislation have led many to label it a social policy success. Using data from prereform and postreform samples of welfare applicants and recipients, as well as ethnographic data on welfare reform implementation, we examine three hypotheses based on concerns raised during the welfare reform debate about the possible effects of new policies on substance abusers and addicts: First, they would be "scared off," or discouraged from applying to aid by welfare's new requirements surrounding work and treatment. Second, they might be "weeded out," or face discrimination in the application process

This study was supported by grants from the U.S. National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism grants P50–AA-05595 and R01–AA-13136, and a grant from the Robert Wood Johnson Foundation, Substance Abuse Research and Policy Program (I.D. 47653). Previous versions of this article were presented at the twenty-fifth annual meeting of the Research Society of Alcoholism, San Francisco, June 28–July 2, 2003, and at the National Institute of Mental Health Mental Health Services Conference, "Beyond the Clinic Walls: Expanding Mental Health, Drug, and Alcohol Services Research Outside the Specialty Care System," Washington, DC, March 10–12, 2003.

Journal of Health Politics, Policy and Law, Vol. 31, No. 5, October 2006
DOI 10.1215/03616878-2006-013

because of concerns about the difficulty of moving them successfully from welfare to work. Third, they might be "bumped down," or shifted to local aid programs rather than moving from welfare to self-sufficiency. Our empirical analysis finds no evidence of scaring off or weeding out, and some evidence of bumping down. Using ethnographic data, we offer some possible explanations for these findings by placing them in the context of policy change and implementation in the years following welfare reform.

Addiction and Welfare Reform

There is a feeling of optimism about welfare reform in academic and policy circles today, even among some of its original critics (Jencks 2002). A growing body of research suggests that, amid unprecedented declines in the welfare caseload, the employment rates of aid recipients have increased, with little adverse impact on their children (Blank and Schmidt 2001; Karoly 2001). Econometric studies argue that these promising developments are in part consequences of welfare reform policy — that they cannot be fully explained by a strong economy or by policies coinciding with welfare reform, such as increases in the minimum wage and tax credits for the poor (Moffitt and Stevens 2001; Haskins and Blank 2001; Council of Economic Advisers 1997). Consequently, Congress's recent deliberations over reauthorizing the 1996 welfare reform law were largely framed as an effort to build on this social policy success (Blank and Haskins 2001).

In this atmosphere of optimism, it is especially important to reflect back on the mid-1990s' debate that brought us welfare reform and to reconsider some of the concerns raised at the time. This debate was highly contentious and ideologically polarized and gave rise to numerous predictions of the untoward consequences of policy change (Ellwood 1996; Mead 2001; Weaver 2000). One aspect of the debate that was particularly polarizing involved a cluster of new policies to address addiction in the welfare caseload (Jayakody, Danziger, and Pollack 2000). As with other controversial aspects of the welfare reform package — such as provisions to shape welfare mothers' choices about marriage and unwed pregnancy — conservatives and liberals approached the issue of addiction from radically different perspectives, or different "moral politics" (Lakoff 1996). Conservatives openly doubted the deservedness of welfare recipients who used illegal drugs and questioned the wisdom of giving cash aid to people who might use it to support their addictions (Gingrich 1995; Solomon-Fears 1996). They promoted policies to drug test recipients, to sanction or deny payments to recipients who used illicit drugs, and to make eligibility for aid

contingent on abstinence (Feig 1994). In contrast, liberals viewed welfare reform as an opportunity to nurture the work potential of poor people afflicted by addiction. They recommended more palliative approaches that would address substance abuse and addiction as barriers to employment through individually tailored work plans and treatment (Olson and Pavetti 1996; Pavetti et al. 1996; Legal Action Center 1995).

Ultimately, the 1996 welfare reform law, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA, P.L. 104–193), proposed a range of policy guidelines that encompassed both the conservative and liberal approaches to addiction. The most central were (1) a policy to prohibit drug felons from receiving most forms of federal aid—the so-called Gramm Amendment sponsored by conservative Phil Gramm, (2) a policy of imposing economic sanctions that partially or entirely withhold aid from families in which adults use drugs or fail to comply with treatment, (3) measures to promote the drug testing and screening of applicants for substance abuse, and (4) a provision that allows states to exempt recipients disabled by addiction from federal time limits on receiving aid. As with many aspects of the PRWORA, key choices on implementing specific policies were left to the states and localities now put in charge of welfare under the devolution of federal authority.

Debates over the passage and implementation of welfare reform policies targeting substance abuse and addiction gave rise to a number of concerns and predictions of unintended consequences. The objective of this study is to empirically examine evidence that speaks to which, if any, of these policy predictions may have been fulfilled. We present results from an in-depth case study of welfare reform implementation in a large California county. Our analysis combines quantitative data on the welfare population with ethnographic data on the process of implementing reform in local agencies. In 1989 and 2001, we conducted two large, representative surveys of welfare applicants and recipients throughout the study site. This provided two parallel snapshots of the countywide welfare caseload, one captured six years prior to passage of the PRWORA and the other six years after. In both surveys, we performed standard diagnostic assessments to facilitate comparisons of substance abuse before and after reform. In 2002, we also began two years of ethnographic observation and interviews with service providers in welfare agencies throughout the study site. This enabled us to unobtrusively observe and document the day-to-day implementation of new policies targeting substance abuse and to uncover any gaps between official policy goals and the practical realities of policy implementation. In this article, we combine these data

sources to examine empirically whether policy predictions made about the unintended consequences of welfare reform policies targeting addiction have been borne out in a real-world setting.

Predicting the Consequences of Welfare Reform

We pursue three hypotheses about the impact of welfare reform policies that address substance abuse and addiction in the welfare population. These hypotheses are grounded in the specific concerns raised by advocates, policy makers, and academics during the debates surrounding passage of the PRWORA and its implementation at the state and local level.

A first set of policy predictions suggested that implementing welfare reform would discourage impoverished substance abusers and addicts from applying to the new Temporary Aid to Needy Families program (TANF; formerly Aid to Families with Dependent Children [AFDC]). Advocates argued that the more punitive aspects of welfare reform, such as the lifelong prohibition on federal aid for drug felons, would create an inhospitable culture within the welfare system that would inhibit addicts from talking about their problems and seeking help (Young 1996, 1997). Others noted that welfare reform's new work and compulsory treatment requirements would deter substance abusers and other needy applicants who were too impaired to meet stringent demands for program participation (Pavetti et al. 1996). Academics further warned that reducing low-income addicts' access to aid could lead them to pursue alternative channels for generating income, such as drug dealing and prostitution, perhaps increasing government costs in the long run (Gerstein 1997; Gerstein et al. 1994). Still others argued that the children would suffer: addicted mothers would simply not apply to programs that routinely screened or drug tested applicants because of fears that such evidence would trigger scrutiny by child welfare authorities, perhaps leading to the loss of child custody (Legal Action Center 1997; Young and Gardner 1997).

Concerns that welfare reform would lead to reductions in aid seeking among substance abusers and addicts can be subsumed under the following research hypothesis:

> *H1 Scaring off: welfare reform's emphasis on work, abstinence, and treatment will discourage substance abusers and addicts from applying for aid*

We know that nationally, rates of aid seeking and program take-up have precipitously declined since the inception of welfare reform, yet it remains

to be seen whether low-income substance abusers have experienced the same declines as others (Zedlewski 2002a, 2002b). In this article, we consider this issue through a comparative analysis of aid applicants in our study site. We compare rates of substance abuse and addiction among TANF applicants before and after welfare reform, controlling for other factors in the case mix that could influence changes in rates of substance abuse. If this policy prediction has been borne out, we would expect to see lower rates of substance abuse and addiction in the TANF applicant pool following reform.

Critics raised a second set of concerns about the potential for increased discrimination against people with addictions at the point of admission to public aid. The PRWORA established work requirements and time limits that place new pressures on local agencies to move recipients from welfare to work. In this new world of welfare, states stand to lose a portion of their federal TANF funding if they prove unable to move 80 percent of recipients off the rolls within federal time limits; those states that exceed this goal, however, receive special bonuses. Advocates and researchers have argued that within this new funding environment, addicts and others with significant work impairments could be perceived as a liability to welfare agencies—as "harder to serve" and more challenging to place in jobs (Zedlewski and Loprest 2000, 2001; Danziger, Kalil, and Anderson 2000; Strawn 1997; Legal Action Center 1999). The economic incentives driving welfare agencies to move participants into the workforce could encourage the "creaming off" of more work-ready applicants for acceptance onto aid and denials of aid to those deemed less work ready (Holcomb and Martinson 2002; U.S. General Accounting Office 1997; Center on Addiction and Substance Abuse [CASA] 1999).

Therefore a second concern raised about substance abusers in the reformed welfare system has centered on the potential for discrimination in the receipt of public aid. This argument can be summarized as follows:

> *H2 Weeding out: in a context in which welfare agencies face increased pressure to move recipients into jobs, substance abusers and addicts will have reduced chances of acceptance onto aid*

We are aware of no studies that have examined changes in the selection of applicants onto aid before and after welfare reform, yet surveys conducted in the immediate aftermath of reform did indeed suggest that most state and local welfare directors viewed alcohol and drug problems in their caseloads as significant barriers to meeting federal funding requirements

(Legal Action Center 1995; U.S. General Accounting Office 1998b; CASA 1999). Our analysis of this issue develops statistical models of welfare selection. After controlling for standard eligibility criteria, these models quantify the roles that substance abuse and addiction play in differentiating between applicants who receive TANF and those who are denied. We compare these welfare selection models in the periods before and after reform on the premise that, if weeding out is an unintended consequence of reform, substance abuse and addiction will be stronger predictors of aid denial in the aftermath of reform.

A final concern addressed the potential for welfare reform to shift the burden of addicted aid recipients from federal to state and local welfare programs. As noted, new provisions under the PRWORA allow TANF providers to categorically deny federal aid to drug felons. They also impose lifetime limits on receiving TANF and can include sanctioning provisions that remove addicted recipients from aid if they use drugs or fail to attend mandated treatment. State and local policy makers have argued that as these new policies lead to the removal of more and more TANF recipients over time, locally sponsored relief programs, such as general assistance (GA), will experience an influx of former TANF recipients. Local GA programs were set up as programs of last resort for poor individuals who do not qualify for federal aid. Since the early 1990s, states and localities have struggled to keep their GA programs afloat amid rising demand for services (Halter 1994, 1996). As local policy makers have argued, welfare reform policies—especially those that divert hard-to-serve addicted recipients from federal programs—could add to the growing burden on GA programs and could bring about significant cost shifting from the federal to local levels (DeVerteuil et al. 2003; Gresenz, Watkins, and Podus 1998; DeVerteuil, Lee, and Wolch 2002; Goshko 1995; Anderson, Halter, and Gryzlak 2002a, 2002b; Byers and Pirog 2003; Baumohl et al. 2003). Some states have addressed these concerns by establishing "state-only" TANF programs to cover individuals who have lost aid; however, these programs are confined to only a few states. General assistance has also traditionally served as a holding ground for disabled individuals while they await determination of their eligibility for federal disability and Supplemental Security Income (SSI) (Nichols and Porter 1995; Rupp and Stapleton 1995). However, in 1997, as part of the overall thrust toward welfare reform, Congress terminated the SSI program for recipients disabled by drug and alcohol addiction, leaving these individuals with few alternatives other than GA (Hunt and Baumohl 2003; Zelenske and Yates 1996).

Thus local and state policy makers have voiced a final set of concerns. Between the dissolution of the SSI drug and alcohol program and other changes that have reduced substance abusers' access to TANF, local programs could be saddled with growing numbers of former federal aid recipients, among whom a disproportionately high proportion are disabled by addiction. These concerns can be summarized in the following hypothesis:

> *H3 Bumping down: through policies that divert addicted recipients from federal aid, welfare reform will encourage the migration of substance abusers and addicts from federal to local cash aid programs*

Although many have noted the potential for cost shifting, very few studies have empirically examined the unintended consequences of federal welfare reform for state and local systems of aid (Karoly, Klerman, and Rogowski 2001). Our analysis examines the shifting burden on local programs under welfare reform by tracking change in characteristics of the GA population. If aid recipients are more likely to migrate from federal to local programs, we would expect to see higher proportions of former TANF and SSI recipients, as well as substance-abusing and addicted recipients, in the GA population following reform.

Data and Approach

We report results from the Welfare Client Longitudinal Study (WCLS), an in-depth case study that has followed the impact of welfare reform on low-income substance abusers in a large California county. The WCLS includes comparable surveys of the study site's welfare populations in 1989 and 2001, which enable us to map changes in substance abuse while implementing reform. Both surveys include representative samples of the entire county population applying for and receiving cash aid, which includes people seeking federal AFDC (now TANF) and local GA. The WCLS also includes an ethnographic study of welfare reform implementation, which we draw on in this analysis to verify and interpret the results of our quantitative comparative analysis (for similar ethnographies of local welfare reform implementation, see Martinson and Holcomb [2002]; Gais et al. [2001]). The ethnographic data speak to which welfare reform policies are being successfully implemented and which are not. Such data help us to assess whether differences observed in our quantitative analysis could be attributable to policy change, as opposed to reflecting broader changes in the population or the economy.

The WCLS provides a rare opportunity to examine changes in rates of substance abuse and addiction under welfare reform. As a nation, we possess very little reliable data on substance abuse in the welfare population prior to reform, which is needed to track such change. Welfare reform put the "policy spotlight" on substance abuse among aid recipients and generated unprecedented interest in this issue among health policy and poverty researchers (Jayakody, Danziger, and Pollack 2000). However, prior to reform, welfare policy was structured around a philosophy of entitlement that deemed it inappropriate to pry into the private aspects of aid recipients' lives, including their personal choices regarding the use of alcohol and drugs (Bane and Ellwood 1994; Schmidt 1990). This had a chilling effect on substance abuse research in welfare agencies during the prereform era (Schmidt and McCarty 2000). Most studies have consequently relied on national household surveys not intentionally collected for the purpose of mapping changes in the welfare population (Jayakody, Danziger, and Pollack 2000; Pollack et al. 2002; Pavetti et al. 1996; Metsch et al. 1999). Given their national scope, these studies provide an important perspective. However, the data sets used underrepresent poor and nonhousehold populations, leading to the underrepresentation of both aid recipients and substance abusers (Weisner, Schmidt, and Tam 1995; U.S. General Accounting Office 1998a). Moreover, as secondary analyses, these studies also have a limited range of variables available. And unlike the WCLS, they cannot link to regionally specific institutional data on welfare reform implementation to interpret the meaning of the changes observed.

Methods

Study Site

We chose a county for this case study because it is at this level of government that health and welfare services are delivered in most states, including California. The site is a large, diverse Northern California county populated by nearly one million people. It was selected for its wide variation in ethnic groups and affluent, poor, and rural neighborhoods. Characteristics of the welfare system also make it a suitable site for this study. Rates of alcohol and drug problems in the county welfare population are similar to comparable populations studied nationally and regionally (see Schmidt and McCarty 2000; Pollack et al. 2002). Moreover, the county has officially adopted all of the most common welfare reform policies for

Table 1 Study Site, 1990–2000

Population Indicators	1990	2000	% Change
Total population	803,732	948,816	+18
Median age	34.2	37.5	+9
Ethnicity (%)			
White	76	66	–10
African American	9	9	0
Asian	10	11	+1
Other	5	14	+9
Hispanic origin (%)	11	18	+7
Persons in poverty (%)	7	8	+1
Median family income (in constant 2000 dollars)	$68,179	$73,039	+7
Unemployment (%)	4.0	2.7	–1.3
Alcohol and drug indicators (per 100,000)			
Drug-related arrests	502	666	+33
Misdemeanor alcohol and DUI arrests	1,429	772	–46
Welfare indicators			
Average monthly persons receiving AFDC/TANF	33,616	21,973	–35
Average monthly persons receiving GA	4,545[a]	539[b]	–88
AFDC/TANF applications per year[c]	8,511[a]	6,563[b]	–23

Source: Association of Bay Area Governments (ABAG): Regional Data Center; California Criminal Justice Statistics Center 1999, 2000; California Department of Social Services 1999–2002, 1999–2002; Office of Applied Research and Analysis 1991, 2001, Statistical Services Bureau, 1990–1992, no. 9970; U.S. Census Bureau 1990, 2000.

AFDC = Aid to Families with Dependent Children; DUI = driving under the influence; GA = general assistance; TANF = Temporary Aid to Needy Families

[a] Data for fiscal year 1990–1991.

[b] Data for fiscal year 2000–2001.

[c] GA information not available.

targeting substance abuse, including the drug felony exclusion, routine identification and referral for substance abuse, sanctioning for noncompliance with treatment and work programs, and time-limit exemptions for substance-impaired individuals willing to comply with treatment (Henderson, Dohan, and Schmidt 2006; Dohan, Schmidt, and Henderson 2005).

Table 1 provides some context for our analysis by profiling broader demographic, welfare, and substance-related changes in the study site during the period between our 1989 and 2001 welfare population surveys. This period encompassed the 1990s, during which the county population

grew by 18 percent and diversified, with a 10 percent decrease in the percentage of whites and a 7 percent increase in people of Hispanic origin. As in California and the nation as a whole, the local economy was plunged into a recession during the 1990s. It is, however, notable that our two survey "snapshots" of the welfare population occurred at points just prior to and after the deepest parts of the recession. As table 1 shows, census indicators of poverty, unemployment, and income differ only moderately in the census years closest to our surveys, 1990 and 2000 (for a more detailed analysis, see Zivot and Jacobs 2004).

Table 1 also shows that social indicators of alcohol-related problems declined during the 1990s, while rates of illicit drug problems grew. Countywide misdemeanor alcohol and DUI arrests decreased by 46 percent over the decade. Meanwhile, the number of drug-related arrests increased by 33 percent. It is notable that similar changes have been observed in general population surveys of California and the United States. Comparison of rates of drug and alcohol dependence in California, as reported by the National Household Surveys on Drug Abuse (NHSDA), shows a slight increase in the rate of drug dependence (from 1.9 to 2.7 percent) and a decrease in the rate of alcohol dependence (from 4.9 to 3.0 percent) between the early 1990s and 2001 (U.S. Department of Health and Human Services 1996; Hourani, Council, and Shi 2005). Data from the National Longitudinal Alcohol Epidemiologic Survey (NLAES) and National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) also show a slight decline in alcohol dependence over this period, from 4.4 to 3.8 percent (Grant et al. 2004).

Table 1 also shows that over the 1990s, the study site saw a dramatic reduction in the size of its welfare population. The average number of persons receiving AFDC/TANF per month decreased by 35 percent, and the GA caseload declined by 88 percent. The comparatively greater reduction in the GA caseload may reflect significant changes in the benefits offered, which included a dramatic reduction in the size of monthly payments and the imposition of a three-month limit on aid receipt for the able bodied. It is also notable that the magnitude of the county's AFDC/TANF caseload decline is less dramatic than the national average, although similar to California's (MaCurdy, Mancurso, and O'Brien-Strain 2002). As the table suggests, this decline is partly attributable to a decrease in the numbers applying for aid.

Welfare Population Surveys

The 1989 and 2001 WCLS surveys used identical instruments and procedures to ensure comparability, thereby facilitating comparative analysis. In both surveys, adult welfare applicants were systematically sampled, taking every "*n*th" welfare applicant, from the daily intake rosters at all seven of the study site's welfare offices. Applicants to AFDC/TANF and GA populations were sampled proportionate to size. In-person interviews took place either before or after the welfare intake interview and always preceded the final determination of acceptance onto aid. We subsequently followed study participants in departmental records to document which applicants ultimately received aid and which did not.

In the 1989 survey, we successfully interviewed 828 welfare applicants with a response rate of 92 percent. Case records determined that 73 percent ($N = 606$) of the applicants interviewed in 1989 were accepted onto aid. In 2001, we returned to the same local agencies and drew a new sample of 1,786 welfare applicants in an identical manner. Of the 1,786 applicants eligible for the survey, 1,510 were successfully interviewed, yielding a response rate of 85 percent. Of the 1,510 applicants interviewed in 2001, 63 percent ($N = 955$) were accepted onto aid.

Hour-long face-to-face interviews were administered in English and Spanish by trained survey interviewers, using identical instruments in 1989 and 2001. Interviews were conducted in private places within welfare offices or in adjacent locations. As much as possible, we matched interviewers and respondents on gender and racial characteristics, given that there is some evidence that bias on questions about substance use can be reduced in this way (see U.S. National Institute on Drug Abuse 1985). Study participants were also advised that the research team was not affiliated with the welfare department, that participation in the study was voluntary and completely independent of receiving services, and that any information collected would remain confidential from welfare officials. We distinguished interviewers from welfare department staff with photo identification tags worn on the lapel and with a standard verbal statement at the point of introduction. We assured privacy during interviews by locating interviews in private offices and cubicles within welfare offices, or rented trailers and office space nearby welfare offices as needed. All study participants gave informed consent to be interviewed and tracked in agency records, and individuals in the 2001 study are protected by a federal Certificate of Confidentiality.

Ethnographic Study of Policy Implementation

The ethnographic portion of this study took place during 2002–2004 at all seven welfare offices in the study site. This portion of the project replicated an earlier observational study conducted before welfare reform, in 1989 (Schmidt 1990). A staff of five researchers conducted the fieldwork, including two PhD-level ethnographers. The ethnographic team logged over 150 hours directly observing daily work routines and program activities in welfare offices, such as intake processing and welfare-to-work programs. They also conducted semistructured in-depth interviews with forty-four welfare intake and fieldworkers, lasting between sixty and ninety minutes. These interviews documented changes in work routines since welfare reform, particularly those involving policies targeting substance abuse. An additional nineteen semistructured interviews were conducted with policy makers and administrators at the federal, state, and local levels. These interviews documented official rules and goals surrounding welfare reform policies targeting substance abuse and captured the content, politics, and tenor of debates surrounding the passage and implementation of these policies.

Measures

Comparative analyses focus on changes in substance abuse and addiction among welfare applicants and recipients in 1989 and 2001. We incorporate measures of substance abuse and dependence that have been widely used in prior epidemiological studies (Weisner and Schmidt 1993, 1995; Clark and Hilton 1991; Wilsnack et al. 1991). A study participant is classified as a *problem drinker* if he or she satisfies two of the following criteria during the year prior to the interview: (1) consumption of five or more drinks of beer, wine, or spirits at one sitting on a monthly basis or more often; (2) at least one of five alcohol-dependence symptoms; and (3) at least one of five alcohol-related social consequences. *Heavy drug use* is defined as the unprescribed use of at least one of the following substances on a weekly basis or more often during the year prior to the interview: cocaine or crack, amphetamines or crank, sedatives, heroin, other opiates, marijuana or hashish, and psychedelics. *Substance abusers* are classified as individuals who meet criteria for problem drinking and/or heavy drug use.

We measure addiction to alcohol and drugs by using the standard psychiatric diagnostic definition of *psychoactive substance dependence* from the American Psychiatric Association's *Diagnostic and Statistical Man-*

ual of Mental Disorders, Version III (*DSM-III-R*) (American Psychiatric Association 1987). Although DSM criteria were updated midway through this study, we use the older definition, from *DSM-III-R*, for comparability between samples. To be considered *substance dependent*, a study participant must meet three of nine diagnostic criteria, as well as additional duration and severity criteria, during the twelve months prior to the interview. A welfare applicant or recipient in this analysis is considered *dependent* if he or she meets *DSM-III-R* criteria with respect to the use of cocaine or crack, amphetamines or crank, sedatives, heroin, other opiates, marijuana or hashish, psychedelics, polysubstances, and/or alcohol.

In addition, we include standard measures of demographic characteristics (i.e., age, ethnicity, and gender), family structure (i.e., single parent status, a child age three or younger in the household), and human-capital characteristics (i.e., income, high school education, and current employment status). Our measure of income below $10,000 per year is based on the 1989 federal poverty-level guidelines for a family of three. Study participants who reported their current employment status as being unable to work due to disability were classified as such. Participants were classified as being unemployed during the past year if the last time they worked at a job for pay was more than twelve months prior to their interview. Participants were also asked whether they ever received any type of public assistance or welfare. Those who reported a prior history of AFDC/TANF or SSI were classified accordingly. Study participants whose welfare department records indicated that their application for aid was accepted were classified as having received aid.

Data Analysis

The analysis begins by testing our three hypotheses using quantitative analyses that compare aid applicants and recipients before and after welfare reform. This is followed by an exploration of how the day-to-day implementation of welfare reform unfolds within welfare agencies, which is used to inform the interpretation of the results from hypothesis testing.

For the purposes of this comparative analysis, we merged data from the 1989 and 2001 surveys into a common data file, incorporating an indicator variable to identify the survey year. All analyses use sampling weights to adjust for unequal selection probabilities arising from survey design and nonresponse. The analysis begins by examining secular changes in substance abuse and dependence among applicants to AFDC/TANF to

examine our hypothesis that welfare reform policies discourage substance abusers from applying for aid. First, we use bivariate cross tabulations with chi-squares and then logistic regressions to observe prereform versus postreform differences after controlling for covariates known to influence change in substance use and abuse over time (e.g., age and gender). Next, we consider the hypothesis that substance abusers have reduced access to aid following reform. Here we use logistic regression to discriminate between characteristics of applicants who do and do not receive AFDC/TANF, comparing these welfare selection models in our 1989 and 2001 samples. A third set of analyses examines changes in the characteristics of GA recipients over the course of federal welfare reform to document the shifting burden of substance abusers on local aid programs in the study site. Here we develop a series of logistic regression models that compare GA recipients in 1989 and 2001 on demographic characteristics that influence eligibility for aid (e.g., family structure, income), human capital, prior federal aid receipt, and substance abuse and dependence.

We position our quantitative analyses within the context of our ethnographic research on the daily implementation of welfare reform policies targeting substance abuse. Data collection, coding, and analysis for this portion of the study took place contemporaneously. We analyzed professionally transcribed recordings of interviews and field notes by using qualitative data management software Folio Views and NVivo. To enhance reliability, multiple analysts worked on separate copies of the database and collectively coded and interpreted results.

Methodological Limitations

By conducting a case study in a single California county, we are able to examine welfare policy change through detailed studies of aid recipients and the organizations that serve them. Although such an approach can provide an in-depth perspective on the potential impact of new policies, it has a more limited capacity to generalize findings to other settings. Indeed, under the PRWORA's policy of devolving federal authority to lower levels of government, there is growing diversity in local welfare systems throughout the United States, making local case studies both more compelling and also more difficult to generalize from. To maximize generalizability, we took special care to select a large study site that captured the full demographic diversity of the U.S. population, where welfare policies pertaining to substance abuse are typical of those most commonly

implemented by local systems. By directly observing how specific policies have affected daily work routines and organizational practices within welfare agencies, we are able to characterize how welfare reform policies are actually being implemented. Such ethnographic detail can be used to assess whether our results are applicable to other places where welfare reform policies are being implemented in similar ways.

A second issue involves potential limitations in our ability to attribute changes in the characteristics of populations on aid over time to welfare reform policies, as opposed to other changes occurring in the population or economic environment. To make strong causal claims about the role of welfare reform, one would at a minimum require control groups of people in the study site who were eligible for public aid but did not apply. In the absence of such data, our approach is to examine our surveys for evidence of changes that are consistent with the hypothesized impacts of welfare reform on substance abusers, to use multivariate techniques to control for potentially confounding changes in demographic and human-capital characteristics over time, and to draw on our direct observations of policy implementation to confirm our understandings through the triangulation of findings. As noted, our before–welfare reform and after–welfare reform surveys were timed in such a way that countywide poverty and unemployment rates did not differ dramatically (see table 1). This increases confidence that economic trends may not seriously confound this analysis.

A final limitation is that our analysis is confined to the processes of applying to, and being accepted onto, aid. There are good reasons to suspect that welfare reform policies may also impact the amount of time that substance abusers and addicts are able to secure welfare benefits once they are accepted onto aid. Indeed this, and the related concern that local departments would not be adequately able to meet the needs of substance abusers, were important policy predictions raised in the original debates over welfare reform. Existing studies suggest that substance abusers may be particularly vulnerable to welfare reform policies that sanction or remove recipients from aid for failing to fulfill program requirements, such as attending work programs and mandated treatment (Dunlap, Golub, and Johnson 2003; Nakashian 2002; Loprest and Zedlewski 2002; Schmidt, Weisner, and Wiley 1998; Schmidt et al. 2002). The impact of new sanctioning policies is best assessed through panel designs that follow cohorts of aid recipients over time to observe the process of leaving welfare. Such analyses are beyond the scope of this article but are included within the broader scope of the WCLS (see Schmidt et al. 2003).

Results

Prewelfare and Postwelfare Reform Differences in Substance Abuse among TANF Applicants: Scaring Off

The first hypothesis guiding this analysis argued that more punitive federal reform policies directed against alcohol and drug use would discourage substance abusers and addicts from applying for TANF. If this prediction were accurate, we would expect to see lower rates of substance abuse problems among AFDC/TANF applicants following the implementation of welfare reform, after controlling for other changes in the characteristics of aid applicants over time.

Table 2 compares the characteristics of applicants in our 1989 and 2001 surveys for AFDC/TANF. The comparisons reveal a number of significant differences in the demographic characteristics of aid applicants, as well as in levels of human capital. In keeping with broader changes in the study site's population (see table 1), the welfare applicant pool was significantly older and more ethnically diverse in 2001 than in 1989. In particular, Hispanics are more prevalent in the aid applicant population in 2001. The gender, family characteristics, education, and prior history of aid receipt of AFDC/TANF applicants appear unchanged. However, applicants in 2001 were more likely to report yearly incomes below $10,000 and were more likely to be single parents. Following reform, AFDC/TANF applicants also have higher levels of workforce engagement than they did prior to reform: applicants in 2001 were significantly less likely to have been unemployed for the year prior to applying for aid and were less likely to report being unable to work. Finally, contrary to our hypothesis, there were no significant differences in overall rates of substance abuse or dependence in the AFDC/TANF applicant pools between 1989 and 2001. Although rates of drug problems, on the whole, did not significantly change, there were some changes within specific categories of drug abuse: the prevalence of cocaine dependence decreased between 1989 and 2001, whereas amphetamine dependence became more prevalent during this time.

Differences in the demographic and human-capital characteristics of welfare applicants could confound changes in substance abuse over time. To assess this, we conducted multivariate analyses in a merged 1989/2001 data file to examine differences in substance abuse and dependence in the 1989 and 2001 data after controlling for these other characteristics. As the logistic regressions in table 3 illustrate, after controlling for background

Table 2 Characteristics of AFDC and TANF Applicants, 1989 and 2001 (in percent)

Covariates	1989 AFDC	2001 TANF
Age		
18–24	33	32**
25–34	46	37
35+	21	30
Ethnicity		
White	44	29**
African American	36	35
Hispanic	13	23
Other minority	7	14
Gender		
Male	7	6
Female	93	94
Single parent	60	75**
Child age three or younger	39	41
Prior history of AFDC/TANF receipt	57	58
Income below $10K	50	35**
Unemployed for past year	38	25**
High school dropout	30	31
Unable to work	20	14**
Substance abuse	21	22
Problem drinking	10	10
Heavy drug use	14	16
Substance dependence	9	12
Alcohol dependence	4	4
Amphetamine dependence	4	7*
Marijuana dependence	3	4
Cocaine dependence	5	3*
Unweighted *N*	465	1,171

Note: Results are weighted for sample design and nonresponse. Percents may not sum to 100 due to rounding error.

AFDC = Aid to Families with Dependent Children; TANF = Temporary Aid to Needy Families

* $p \leq 0.05$; ** $p \leq 0.01$

and human-capital characteristics, the effect of survey year on substance abuse and dependence becomes statistically significant. However, the direction of effect is opposite to what was predicted by our hypothesis. These analyses suggest that applicants to TANF in 2001, following welfare reform, were slightly *more* likely to meet criteria for substance abuse and dependence than were AFDC applicants in 1989. Further analyses, not

Table 3 Logistic Regressions Predicting Drug and Alcohol Problems among AFDC/TANF Applicants

Covariates	Substance Abuse OR	Substance Dependence OR
Male	2.08**	1.43
Age (continuous)	0.97**	0.99
Ethnicity (vs. white)		
African American	0.69**	0.47**
Hispanic	0.42**	0.28**
Other minority	0.64*	0.91
Married	0.68*	0.82
Child age three or younger	0.72*	0.98
Income below $10K	1.29*	1.23
Unemployed for past year	1.45**	1.36
High school dropout	1.26	0.94
Prior history of AFDC/TANF receipt	1.64**	1.79**
2001 year of application (vs. 1989)	1.35*	1.78**
Unweighted *N*s	1,588	1,580
Model X^2, *df* = 12	75.30**	52.14**

Note: Results are weighted for sample design and nonresponse.
AFDC = Aid to Families with Dependent Children; OR = odds ratio; TANF = Temporary Aid to Needy Families
* $p \leq 0.05$; ** $p \leq 0.01$

shown in the tables, revealed that this change was largely driven by rising rates of illicit drug abuse and dependence, while rates of alcohol problems remained stable. This proved consistent with wider changes throughout the study site, where indicators of illicit drug problems increased over time and alcohol problems did not (see table 1).

Prereform and Postreform Differences in TANF Receipt: Weeding Out

Our second hypothesis suggested that increased pressure on TANF providers to move recipients into jobs after welfare reform could put substance abusers and addicts at a disadvantage in being accepted onto aid. We argued that, if weeding out were an unintended consequence of welfare reform, our before/after comparisons would reveal that substance abuse and addiction are stronger predictors of aid denial in 2001 than in 1989.

We approached this issue by specifying a series of logistic regression models that use substance abuse and dependence to predict aid receipt

Table 4 Logistic Regressions Predicting Receipt (versus Denial) of AFDC/TANF

Covariates	Model 1 1989 and 2001 OR	Model 2 1989 only OR	Model 3 2001 only OR
Age (continuous)	0.97**	0.94**	0.98**
Ethnicity (vs. white)			
African American	0.99	0.85	1.06
Hispanic	0.57**	0.58	0.57**
Other minority	0.95	1.20	0.93
Married	0.76*	0.45**	0.90
Child age three or younger	0.97	0.78	1.02
Income below $10K	1.21	2.11**	0.98
Unable to work	1.49**	2.16*	1.31
Prior history of AFDC/TANF receipt	1.90**	2.20**	1.78**
Substance dependence	1.24	1.09	1.30
2001 year of application (vs. 1989)	0.42**	—	—
Unweighted *N*s	1,574	437	1,137
Model X^2	147.32**	54.99**	51.10**
Df	11	10	10

Note: Results are weighted for sample design and nonresponse.

AFDC = Aid to Families with Dependent Children; OR = odds ratio; TANF = Temporary Aid to Needy Families

* $p \leq 0.05$; ** $p \leq 0.01$

(versus denial of aid), controlling for standard eligibility characteristics for AFDC/TANF, such as income, marital, and parental status, as well as survey year. Model 1 in table 4 shows the overall impact of year (1989 versus 2001) on selection onto aid over the course of welfare reform. After controlling for aid eligibility characteristics and other factors influencing aid receipt, such as a prior history of receiving AFDC/TANF, applicants in the survey year 2001, following welfare reform, were significantly less likely to be accepted onto aid (odds ratio [OR] = 0.42) than applicants in 1989.

Within this context of a marked decline in the overall probability of acceptance onto AFDC/TANF, there were some similarities and some differences across particular groups that were accepted onto AFDC in 1989 (model 2), as compared to TANF in 2001 (model 3). For example, younger applicants were uniformly less likely to receive aid across both survey years. Prior aid receipt was a strong predictor of acceptance onto aid in both periods as well. There were, however, some changes in the

characteristics that predicted aid receipt before and after welfare reform. Consistent with new welfare reform policies that encourage marriage, being married diminished the probability of AFDC acceptance prior to reform, yet had no impact on TANF acceptance after reform. Need-based eligibility criteria appear to have played a stronger role in selection onto aid prior to welfare reform. Whereas having an extremely low income (under $10,000 per year) in 1989 was associated with acceptance onto aid, extremely low income had no significant impact on aid receipt in 2001. Similarly, while being unable to work increased the probability of acceptance onto aid prior to reform, it had no statistically significant impact on aid acceptance following reform.

We hypothesized that, after controlling for aid eligibility characteristics, applicants with substance abuse and dependence in 2001 would have a significantly lower probability of acceptance onto TANF, as compared to AFDC applicants in 1989. However, models 2 and 3 fail to provide evidence supporting this hypothesis. After controlling for background and eligibility characteristics, substance dependence does not have a statistically significant impact on the probability of acceptance onto aid in either 1989 or 2001. We also tested for the possibility that substance dependence might have indirect effects on the receipt of aid through its effects on marital status and work readiness. To do so, we reestimated models 1–3, omitting these covariates. There were virtually no changes in the ORs pertaining to substance dependence or any of the remaining predictors. Similar analyses revealed that substance abuse, as well, was not a significant predictor of aid receipt in either survey year (results not shown in the tables).

Prereform and Postreform Differences in the Characteristics of Local GA Recipients: Bumping Down

Our final hypothesis argued that new policies designed to remove substance abusers from TANF and SSI would shift the burden of low-income substance abusers to locally funded GA programs. We argued that, if welfare reforms fostered the bumping down of federal aid recipients to local programs, we would expect that being a former TANF and/or SSI recipient, as well as being a substance abuser and addicted recipient, would be associated with being a GA recipient in 2001 as compared to 1989.

Table 5 shows the results of a series of analyses that document the changing burden on local GA programs in the study site. The analyses

Table 5 Logistic Regressions Comparing Characteristics of General Assistance (GA) Recipients in 2001 (vs. 1989)

Covariates	Model 1 OR	Model 2 OR	Model 3 OR	Model 4 OR
Male	0.73	0.61	0.78	0.82
Age (continuous)	1.12**	1.12**	1.12**	1.12**
Ethnicity (vs. white)				
African American	1.80*	1.75*	1.71*	1.50
Other minority	4.83**	4.94**	4.51**	4.88**
Single parent	0.28**	0.31**	0.25**	0.35*
Child age three or younger	0.41	0.44	0.43	0.40
Income below $10K	0.69	0.66	0.70	0.65
Unemployed for past year	1.49	1.49	1.59*	1.60*
Prior history of AFDC/TANF receipt	—	0.64	—	—
Prior history of SSI receipt	—	5.82*	—	—
Substance abuse	—	—	0.63*	—
Substance dependence	—	—	—	0.48**
Unweighted *N*s	478	476	467	469
Model X^2	137.53**	142.73**	140.01**	147.55**
Df	8	10	9	9

Note: Results are weighted for sample design and nonresponse.

AFDC = Aid to Families with Dependent Children; OR = odds ratio; SSI = Supplemental Security Income; TANF = Temporary Aid to Needy Families

* $p \leq 0.05$; ** $p \leq 0.01$

are conducted on a pooled sample of GA recipients in 1989 and 2001, and the dependent variable in these regressions reflects being a GA recipient in 2001 versus 1989. Results are presented as a sequence of similar logistic regression models, rather than in a single model, to avoid multicollinearity. Overall, this analysis lends partial support to the bumping-down hypothesis. Model 1 shows how background and eligibility characteristics distinguish between GA recipients in 1989 and 2001. In keeping with broader demographic changes in the study site, the GA population appears, on average, slightly older and more ethnically diverse in 2001. Contrary to our hypothesis, though, GA recipients in 2001 were less — not more — likely to possess the eligibility characteristics of TANF recipients, such as being a single parent. As model 2 shows, in 2001, former SSI recipients were significantly more likely to appear on the GA rolls than prior to reform, in 1989. However, being a former TANF recipient does not distinguish between 1989 and 2001 GA recipients. Finally, models 3 and 4 reveal that, contrary to the hypothesis, study participants with

substance abuse and dependence were significantly less likely to be 2001 GA recipients.

Implementing Welfare Reform

Let us now position the results of our quantitative analysis within the context of our ethnographic data on welfare reform implementation. Throughout the study site, we observed that welfare reform engendered a broad shift in the orientation of TANF providers — one that moved away from AFDC's philosophy of welfare entitlement and toward a new philosophy that promoted self-sufficiency by moving clients from welfare to work. This overarching shift in program philosophy was reflected in the county department's name, where Employment Services came to replace Social Services. Among staff, Eligibility Workers became Employment Specialists, and daily work routines shifted away from simply managing cash aid and detecting fraud to the new tasks of monitoring cases for time limits and compliance with welfare-to-work programs. We found that most welfare workers embraced the changes brought about by welfare reform, feeling that this new approach was more consistent with their own, and wider American, values. Before reform, workers often described feeling conflicted about giving open-ended entitlements to addicts, as if they were enabling substance abuse (Schmidt 1990). After reform, they experienced less conflict, often noting that new sanctioning and treatment-referral policies gave them tools to address substance abuse in a more aboveboard, proactive manner (Dohan, Schmidt, and Henderson 2005).

Even though we observed a significant change in the overall philosophy of TANF programs following reform, we found very few changes in the practical day-to-day management of substance abuse problems. On the whole, new policies targeting substance abuse appeared to be having little impact on agency work routines. New applicants to TANF were seldom screened for alcohol and drug abuse despite an official policy of identification and referral, and the use of special training seminars in assessment for intake workers (Henderson, Dohan, and Schmidt 2006). Moreover, because substance abuse and addiction problems often went undetected at admission, welfare fieldworkers could not take this information into account in assigning clients to work programs and granting time-limit exemptions. Most recipients with alcohol and drug problems were placed in standard work programs, where they would "sink or swim" depending on their ability to comply with program requirements. Referrals to addiction treatment were also extremely rare. State welfare regulations

mandated that the county have "a plan for the provision of substance abuse treatment services," and the state had set aside $50 million in special funding for counties to cover program costs (California Welfare and Institutions Code 11325.8). Yet county administrative and budget reports showed that fewer than 4 percent of TANF recipients had actually been referred to addiction treatment and that practically none of the county funds set aside to pay for such care had been spent (California Budget Project 2001; Jacobs, Schmidt, and Wiley 2003).

TANF eligibility workers gave several explanations for why alcohol and drug problems so rarely cropped up during the intake process. First, having embraced the philosophy of welfare reform, workers viewed themselves as primarily concerned with assessing applicants' work potential, not their health status. Appealing to the new ethic of client self-sufficiency, they argued that it was incumbent on the applicant to self-identify as a substance abuser and to request assistance with this problem. Moreover, in their view, even if asked, applicants were unlikely to disclose that they had problems with alcohol or drugs, either because this seemed too personal or because they feared being referred to child welfare as an unfit parent.

Finally, welfare reform had made an already complex and hurried intake process even more so. There was very little time in the new TANF case-processing routine to address substance use and abuse. Furthermore, because workers rarely identified substance abusers, they came to assume that such problems were rare, thus justifying their neglect of this issue. Identification of drug felons under the Gramm Amendment proved a case in point. Implementation of this policy appeared to largely proceed on the basis of "don't ask, don't tell." The identification of drug felons depended on the applicants' willingness to disclose this information voluntarily in response to one question buried in the thirteen-page TANF application form. When asked whether applicants couldn't easily lie on the application, intake workers generally concurred, but also sometimes argued that a client's history of felony arrest might be picked up later, during fraud investigations. Besides, as one worker commented, "I don't get the impression it's that overwhelming of a problem. You know, you get one [applicant with a drug felony] every so many months, you know, and I think everybody gets one every so many months. It's not a tremendous amount of our clientele."

On the whole, then, our observations of TANF providers revealed considerable evidence of gaps between official welfare reform policies targeting substance abuse and their daily implementation. This was starkly

contrasted by the implementation of substance abuse policies in local GA programs. GA intake workers actively screened applicants for substance abuse by using formal assessment instruments and routinely referred suspected cases to specialists for backup confirmation of the diagnosis. Once identified, a substance abuse problem had far-reaching ramifications for the GA recipient: the client was referred to a local addiction program for compulsory treatment and actively monitored for treatment compliance. Upon evidence of failure to comply with treatment, GA fieldworkers removed recipients from aid, and reinstatement often required a formal hearing.

Our interviews with local GA managers and staff provided some insight into why these local agencies were so aggressive in implementing their substance abuse policies. For one thing, GA workers were experienced with the issue because of the historically high prevalence of addiction among GA applicants, but their approach also reflected concerns about the impact of federal welfare reforms on their local programs. GA providers perceived that the fate of their local system was inextricably linked to changes in the larger, better-financed federal TANF system. Since the early 1990s, GA programs in the study site, and throughout California, had suffered from growing fiscal problems caused by increased demand. County officials had lobbied the state legislature for protections, leading to several new state laws that facilitated some drastic changes. GA programs in the study site had shifted to a three-month limit for the able bodied, reduced the size of the average monthly check, and imposed strict compulsory treatment requirements for addicts, as well as GA's own version of the federal drug felony exclusion.

Local officials viewed these policies as a necessary safeguard to avoid federal cost shifting. As one county welfare director argued, just because TANF providers had decided to exclude drug felons from aid, "they weren't going to go away" and "the counties were still going to have to deal with them." Taking a larger view, one staff member for a California legislator recalled the reaction among county officials to California's adoption of the federal Gramm Amendment in TANF:

> There was suddenly a concern on the part of the counties: "Well, wait a minute. If you're not going to serve them, why should we have to serve them?" . . . There was a big concern that somehow . . . the counties were going to be responsible for paying drug felons when the state and the federal government didn't have to. . . . They saw it as a cost shift issue because GA is 100 percent county funded. . . . They didn't want

to get stuck. . . . [As GA officials argued,] "all of these people are going to shift right off of your dime and right onto ours."

Discussion

To an unprecedented degree, the mid-1990s welfare reform debate put a spotlight on substance abuse and addiction in the welfare population. Welfare reformers set about to address this issue through a heterogeneous cluster of new policies to screen and refer addicted recipients to treatment, to provide them with time-limit exemptions, and to deny aid to those deemed less deserving, such as drug felons. During the controversy over these new measures, advocates, academics, and local policy makers raised a variety of concerns about the potential for unintended consequences, yet this study's efforts to empirically track the consequences of new welfare policies found little support for most of these policy predictions. Indeed, in the few instances where our analysis uncovered significant changes in substance abuse and aid receipt under welfare reform, the results differed markedly from the forecasts made during the national debate.

Critics of welfare reform had argued that the more punitive policies targeting substance abuse—such as provisions to randomly test applicants for drugs and to categorically exclude drug felons—would create an inhospitable atmosphere, one that would discourage needy people with alcohol and drug problems from seeking aid. Indeed, as welfare caseloads have plummeted in the years since passage of the PRWORA, there has been growing concern about vulnerable groups that may lack access to aid (Haskins and Blank 2001). Our empirical analysis of changes in the characteristics of applicants to AFDC/TANF, however, yielded no evidence consistent with these concerns. On the contrary, those seeking TANF following welfare reform were slightly more, not less, likely to meet criteria for substance abuse—a result that is in keeping with broader population changes in drug and alcohol problems. Although we found little evidence to support the scaring-off hypothesis, a stronger research design incorporating a relevant comparison group of non–welfare recipients would be needed to reject this hypothesis with confidence. Moreover, our analysis is confined to a single "snapshot" of the TANF population in 2001, which means that we have no way to determine whether relevant changes in the applicant pool are occurring as implementation continues to unfold over time.

Although we found little evidence that low-income people with substance abuse problems were being discouraged from applying for aid

by new policies, we did observe other changes in the characteristics of AFDC/TANF applicants that are suggestive of other forms of scaring off. In the aftermath of reform, we noted significant declines in the percentages of AFDC/TANF applicants who report being unable to work and being unemployed for the past year. Thus, in 1989, 20 percent of AFDC applicants reported that they were unable to work, as compared to 14 percent of TANF applicants following reform in 2001 (see table 2). These changes could, in part, reflect the impact of new welfare "diversion" programs designed to deter applicants from seeking aid by signaling the higher expectations and work-first message of welfare reform (Moffitt 2003; Gais et al. 2001); for related findings, see Holcomb and Martinson (2002), Zedlewski (2002a, 2002b), Zedlewski et al. (2003), Zedlewski and Alderson (2001), and Moffitt (2003). However, we also found that the proportion of Hispanic applicants to AFDC/TANF significantly increased in the aftermath of reform, and disproportionately so, relative to their growing presence in the study site's general population. This is reassuring in light of concerns that Hispanics may be deterred from aid seeking by recent initiatives that target immigrants for the denial of public services (Fix and Haskins 2002; Zedlewski 2002a, 2002b; Borjas 2001).

Another concern raised by critics of welfare reform was that new pressures on TANF providers to move clients into the workforce would encourage discrimination against applicants with significant work impairments, including those with substance abuse problems. Here our empirical analysis of differences in the selection of applicants onto aid did reveal a drastic decline in the overall acceptance rate onto AFDC/TANF following reform. Today, TANF applicants in the study site are 58 percent less likely to receive aid than they were prior to reform. However, even within this context of plummeting acceptance rates, we found no evidence that substance abusers and addicts are being selectively denied aid under welfare reform. After controlling for overall changes in eligibility characteristics, substance abusers and addicts were no more or less likely to receive aid following welfare reform than they were before.

Our ethnographic observations of welfare reform implementation provide some insights into why our quantitative analysis produced so little support for predictions made during the welfare reform debate. Although we found that TANF providers generally embraced the philosophy behind new policies toward addiction, we observed profound gaps in the day-to-day process of implementing them. New applicants to TANF were seldom screened for alcohol or drug abuse on the assumption that these problems were rare and that, if asked, applicants would deny them anyway. Ironi-

cally, intake workers appealed to the new ethos of personal responsibility in arguing that clients themselves should be the ones to raise such issues, thereby demonstrating self-sufficiency. Therefore, one probable reason we saw so little evidence that welfare reform is scaring off substance abusers is because the new policies targeting this population are rarely being enforced. The failure to identify substance abusers also makes it unlikely that welfare workers are able to discriminate against—or weed out—substance abusers during the intake process, even if they wish to do so.

Although our observations of welfare reform implementation have been confined to the TANF offices in a single locality, it is notable that the wider literature points to similar gaps in policy implementation elsewhere in the United States. Reports from many states and localities implementing welfare reform have noted difficulties with training welfare workers to conduct accurate assessments of substance abuse, as well as difficulties with overcoming discomfort about addressing these issues and finding time to do so (Morgenstern 1999; California Institute of Mental Health 2000; U.S. General Accounting Office 1998b). More generally, initiatives to develop substance abuse screening and referral programs across a wide range of social service and primary health care settings have faced similar challenges and failures at the implementation stage (Rush et al. 1995; Rush and Timney 1983; Babor 1990; Babor, Kranzler, and Lauerman 1989).

On the whole, then, we observed remarkably little change in the management of substance abuse and addiction in TANF programs under the new welfare policy regime and little confirmation that substance abusers in these programs are experiencing the adverse consequences of new policies cited by critics of welfare reform. Our observations of local GA programs, however, suggest a rather different picture—one of significant changes both in the way welfare agencies are handling substance abuse problems and in the population they serve. Following passage of the PRWORA, we observed that local officials and GA program administrators came to define federal policies targeting substance abusers in TANF and SSI as a direct threat to their already cash-strapped programs. To preempt the possibilities of federal cost shifting and client dumping, local officials set about to implement some welfare reforms of their own. GA programs imposed a three-month limit, reduced the size of monthly checks, and began implementing a more aggressive system of substance abuse screening and compulsory treatment, as well as their own version of the federal drug felony exclusion. Our ethnographic data suggested that workers actively implemented these new measures, making GA overall a less hospitable program for low-income substance abusers in need of aid.

Our analysis further suggested that these new policies had an impact in shaping the population served by GA programs. Persons in the GA caseload following reform were not more likely to be former AFDC/TANF recipients though they were more likely to be former SSI recipients. Overall, the presence of substance abusers and addicts on the GA rolls declined significantly. After controlling for other aid eligibility characteristics, substance abuse and substance dependence predicted being a GA recipient in the prereform period, not postreform. It is notable that the tensions and retrenchment we observed in GA programs are not limited to our study site, but have been documented in many localities throughout the United States (Byers and Pirog 2003; Zelenske and Yates 1996; Nichols and Porter 1995; DeVerteuil, Lee, and Wolch 2002; Coulton, Crowell, and Verma 1993; Halter 1994; Anderson, Halter, and Gryzlak 2002a, 2002b). This suggests that needy substance abusers and addicts beyond our study site could be experiencing similar changes in the accessibility of local aid.

Implications

There is a spirit of optimism today about welfare reform, and some results from this case study seem to give added cause for such optimism. Critics of welfare reform had predicted that new policies would have a variety of adverse consequences for impoverished substance abusers and addicts seeking aid from AFDC/TANF. But we found little empirical evidence that any of these undesirable consequences have come to fruition in our study site. Despite concerns that welfare reform policies would create a more forbidding aid system for people with alcohol and drug problems, we found no evidence that they are being deterred from applying for TANF in the aftermath of reform. Nor did we find any evidence that TANF providers in this new policy environment are discriminating against addicts or, for that matter, even taking substance abuse into account much in evaluating eligibility for aid.

This optimistic picture, though, applies only to our observations of the federal welfare program, TANF, and only to welfare systems that are doing a poor job at implementing new policies targeting addiction. Amid the debate and controversy over ending "welfare as we knew it," other programs, including local GA and federal SSI, have quietly undergone transformations as well. Research on the consequences of welfare reform has focused far less attention on the spillover effects of federal reforms on these other strands in the variegated safety net of government programs in America. This study, however, documents some important unintended

consequences of federal reform for the "last resort" program, General Assistance — a program that has historically served large numbers of needy substance abusers and addicts who would otherwise be ineligible for government assistance. As the reforming TANF system began positioning itself to reduce its caseload and restrict aid to addicts, local GA officials grew concerned about federal cost shifting and took similar steps of their own. In what could be characterized as an intergovernmental "race to the bottom," local GA programs ratcheted down monthly payments, imposed time limits, and passed their own versions of the federal drug felony exclusion and compulsory treatment policies. In keeping with this, our quantitative analysis revealed significant declines in access to local aid for substance abusers and addicts in the aftermath of welfare reform.

What is ironic about the restructuring of GA under welfare reform is that, ultimately, the anticipated influx of addicted former TANF recipients seems to have never materialized. As our data suggest, TANF providers' failure to effectively implement new policies targeting addiction meant that very few substance abusers in the community needed to seek local aid alternatives; thus very little bumping down occurred. We did, however, observe a significant increase in former SSI recipients in the GA population. Although it is unlikely that the majority of these recipients have addiction-related disabilities, for those that do, the option of returning to SSI was closed off by Congress in the mid-1990s, during the welfare reform debate. It is, therefore, ultimately the case that, for the most needy substance abusers and addicts, welfare reform has opened up vast new gaps in the social safety net.

The political response to these unintended consequences of reform does not engender much confidence that these problems will be resolved anytime soon. In our interviews with state policy makers, we observed some awareness of the fact that only a small percentage of TANF recipients are being identified and referred to addiction treatment, yet so far the political response to the problem seems largely one of "wait and see." Thus the California state officials with whom we spoke were aware that counties throughout the state had failed to use much of the funding set aside to treat TANF substance abusers. But they tended to view this as an understandable — and hopefully short-term — problem that stemmed from an unrealistic time line for the "roll out" of welfare reform:

> We saw [that], as a matter of fact, in the first year or so, because the biggest problem was that we had workers who couldn't identify or didn't want to identify somebody with a drug problem. . . . And so referrals

> weren't made. This was a huge gap. . . . Nothing was happening and we're sitting on all this cash. . . . Now if you think back, hindsight's a wonderful thing. . . . To have assumed that something was going to happen overnight was incredibly naïve. . . . It wasn't going to happen and it didn't happen. And so we discovered [that] quite early on, as did many other states probably.

Similarly, at the federal level, although advocates have voiced concerns about the unmet economic and treatment needs of substance abusers, there has been little action by policy makers. During the recent welfare reform authorization debates, advocates promoted proposals for new federal guidelines that would increase incentives for participation in addiction treatment, for example, by allowing hours in addiction treatment to count against mandatory work requirements. However, so far, Congress has taken no action on such measures. Even if steps are taken to improve access to treatment for TANF recipients, such measures will have little impact on GA caseloads where the need for services is greater.

In the final analysis, this case study of unintended consequences has broad implications for researchers and policy makers who wish to better understand the impact of omnibus federal legislation packages like welfare reform. Above all, it underscores the importance of tracking the consequences of federal policy across all levels of government. In a federated system of government, it is almost inevitable that local programs will take their cues from the larger federal programs that dominate the scene. And these local organizations may be both better able to change, because of their small size, and more willing to change, because of their more fragile resource base and heightened concerns over survival. If other TANF providers are like the ones we observed, it may well prove the case that, in the long run, the debate surrounding addiction and TANF will have largely been a symbolic one. Yet welfare reformers' image of an addict buying drugs with a government check is a powerful symbol that has helped set changes in motion throughout entitlement programs—changes that go well beyond the federal level and TANF. We can now see some of the unintended consequences of welfare reform unfolding at the local level in programs not directly touched by federal policy.

References

American Psychiatric Association. 1987. *Diagnostic and Statistical Manual of Mental Disorders*. 3rd ed., rev. Washington, DC: American Psychiatric Press.

Anderson, S. G., A. P. Halter, and B. M. Gryzlak. 2002a. Changing Safety Net of Last Resort: Downsizing General Assistance for Employable Adults. *Social Work* 47: 249–258.

———. 2002b. When Social Program Responsibilities Trickle Down: Impacts of Devolution on Local Human Services. *Journal of Sociology and Social Welfare* 29: 143–164.

Babor, T. F. 1990. Alcohol and Substance Abuse in Primary Care Settings. In *Proceedings of Primary Care Research: An Agenda for the 90s*, 113–123. Washington, DC: U.S. Department of Health and Human Services, Agency for Health Care Policy and Research.

Babor, T. F., H. R. Kranzler, and R. J. Lauerman. 1989. Early Detection of Harmful Alcohol Consumption: Comparison of Clinical, Laboratory, and Self-Report Screening Procedures. *Addictive Behaviors* 14: 139–157.

Bane, M. J., and D. T. Ellwood. 1994. *Welfare Realities: From Rhetoric to Reform*. Cambridge, MA: Harvard University Press.

Baumohl, J., R. Speiglman, J. A. Swartz, and R. Stahl. 2003. Substance Abuse and Welfare Policy at the New Century. *Contemporary Drug Problems* 30: 501–537.

Blank, R., and R. Haskins, eds. 2001. *The New World of Welfare*. Washington, DC: Brookings Institution Press.

Blank, R., and L. Schmidt. 2001. Work, Wages and Welfare. In Blank and Haskins 2001: 70–102.

Borjas, G. 2001. Welfare Reform and Immigration. In Blank and Haskins 2001: 369–390.

Byers, K. V., and M. A. Pirog. 2003. Local Governments' Fiscal Responses to Welfare Reform. *Public Budgeting and Finance* 23: 89–107.

California Budget Project. 2001. *TANF and CalWorks: How California Spends the Money*. Sacramento: California Budget Project.

California Institute of Mental Health. 2000. *The CalWorks Project: Six County Case Study—Alameda, Kern, Los Angeles, Monterey, Shasta, Stanislaus*. Sacramento: California Institute of Mental Health.

Center on Addiction and Substance Abuse (CASA). 1999. *Building Bridges: States Respond to Substance Abuse and Welfare Reform*, 148 pp. New York: Columbia University, CASA.

Clark, W., and M. Hilton, eds. 1991. *Alcohol in America: Drinking Practices and Problems in a National Survey*. New York: State University of New York Press.

Coulton, C. J., L. Crowell, and N. Verma. 1993. How Time-Limited Eligibility Affects General Assistance Clients. *Public Welfare* 51(3): 29–37.

Council of Economic Advisers. 1997. *Explaining the Decline in Welfare Receipt, 1993–1996*. Technical Report No. 8. Washington, DC: Executive Office of the President.

Danziger, S., A. Kalil, and N. J. Anderson. 2000. Human Capital, Health, and Mental Health of Welfare Recipients: Co-Occurrence and Correlates. *Journal of Social Issues* 56: 635–654.

DeVerteuil, G., W. Lee, and J. Wolch. 2002. New Spaces for the Local Welfare State? The Case of General Relief in Los Angeles County. *Social and Cultural Geography* 3: 229–246.

DeVerteuil, G., H. Sommer, J. Wolch, and L. Takahashi. 2003. The Local Welfare State in Transition: Welfare Reform in Los Angeles County. In *New York and Los Angeles: Politics, Society, and Culture—A Comparative View*, ed. D. Halle, 269–288. Chicago: University of Chicago Press.

Dohan, D., L. A. Schmidt, and S. Henderson. 2005. From Enabling to Bootstrapping: Welfare Workers' Views of Substance Abuse and Welfare Reform. *Contemporary Drug Problems* 32: 429–455.

Dunlap, E., A. Golub, and B. Johnson. 2003. The Lived Experience of Welfare Reform in Drug-Using Welfare-Needy Households in Inner-City New York. *Journal of Sociology and Social Welfare* 30(3): 39–58.

Ellwood, D. T. 1996. Welfare Reform as I Knew It: When Bad Things Happen to Good Policies. *American Prospect* 7: 22–29.

Feig, L. 1994. *Trends toward a Denial of Safety Net Benefits to Substance Abusers*. Washington, DC: U.S. Department of Health and Human Services.

Fix, M., and R. Haskins. 2002. Welfare Benefits for Non-citizens. In *Welfare Reform and Beyond: The Future of the Safety Net*, ed. I. V. Sawhill, R. K. Weaver, R. Haskins, and A. Kane, 205–212. Washington, DC: Brookings Institution Press.

Gais, T., R. Nathan, I. Lurie, and T. Kaplan. 2001. Implementation of the Personal Responsibility Act of 1996. In Blank and Haskins 2001: 35–69.

Gerstein, D. 1997. Caldata Study Shows Benefits of Treatment among Welfare Recipients. *Connection: A Newsletter Linking the Users and Producers of Drug Abuse Services Research*, June.

Gerstein, D. R., R. A. Johnson, H. J. Harwood, D. Fountain, N. Suter, and K. Malloy. 1994. *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA): General Report.* Fairfax, VA: National Opinion Research Center at the University of Chicago.

Gingrich, N. 1995. *To Renew America*. New York: HarperCollins.

Goshko, J. M. 1995. U.S. Mayors Ask for "Seat at the Table." *Washington Post*, January 26.

Grant, B. F., D. A. Dawson, F. S. Stinson, S. P. Chou, M. C. Dufour, and R. P. Pickering. 2004. Trends in the Twelve-Month Prevalence of *DSM-IV* Alcohol Dependence by Age, Sex, and Race-Ethnicity: United States, 1991–1992 (NLAES) and 2001–2002 (NESARC). *Drug and Alcohol Dependence* 74: 223–234.

Gresenz, C. R., K. Watkins, and D. Podus. 1998. Supplemental Security Income (SSI), Disability Insurance (DI), and Substance Abusers. *Community Mental Health Journal* 34: 337–350.

Halter, A. P. 1994. Chipping Away at General Assistance: A Matter of Economics or an Attack on Poor People? *Social Work* 39: 705–709.

———. 1996. State Welfare Reform for Employable General Assistance Recipients: The Facts Behind the Assumptions. *Social Work* 41: 106–110.

Haskins, R., and R. Blank. 2001. Welfare Reform: An Agenda for Reauthorization. In Blank and Haskins 2001: 3–32.

Henderson, S., D. Dohan, and L. Schmidt. 2006. Barriers to Identifying Substance Abuse in the Reformed Welfare System. *Social Service Review* 80: 217–238.

Holcomb, P. A., and K. Martinson. 2002. *Implementing Welfare Reform across the Nation*. Washington, DC: Urban Institute.

Hourani, L. L., C. L. Council, and W. Shi. 2005. *Substance Abuse and Mental Health in California, 2001*, ed. Substance Abuse and Mental Health Services Administration, O. o. A. S., 26. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Hunt, S. R., and J. Baumohl. 2003. Drink, Drugs, and Disability: An Introduction to the Controversy. *Contemporary Drug Problems* 30: 9–76.

Jacobs, L., L. Schmidt, and J. Wiley. 2003. Burying the Problem? The Welfare System's New Response to Addiction and Mental Illness. Paper presented at the National Institute of Mental Health Mental Health Services Conference, "Beyond the Clinic Walls: Expanding Mental Health, Drug and Alcohol Services Research Outside the Specialty Care System," Washington, DC, March 10–12.

Jayakody, R., S. Danziger, and H. Pollack. 2000. Welfare Reform, Substance Abuse, and Mental Health. *Journal of Health Politics, Policy and Law* 25: 623–651.

Jencks, C. 2002. Liberal Lessons from Welfare Reform. *American Prospect*, July 15. www.prospect.org/web/page.ww?section=root&name=ViewPrint&articleId=6376.

Karoly, L. A., J. Klerman, and J. Rogowski. 2001. Effects of the 1996 Welfare Reform Changes on the SSI Program. In Blank and Haskins 2001: 482–499.

Karoly, L. A. 2001. Estimating the Effect of Work Requirements on Welfare Recipients: A Synthesis of the National Literature. Santa Monica, CA: RAND.

Lakoff, G. 1996. *Moral Politics: What Conservatives Know That Liberals Don't*. Chicago: University of Chicago Press.

Legal Action Center. 1995. State, Local Welfare Officials See Important Role for Drug and Alcohol Treatment in Welfare Reform. Washington, DC: Legal Action Center.

———. 1997. Making Welfare Reform Work: Tools for Confronting Alcohol and Drug Problems among Welfare Recipients. Washington, DC: Legal Action Center.

———. 1999. Steps to Success: Helping Women with Alcohol and Drug Problems Move from Welfare to Work. Washington, DC: Legal Action Center.

Loprest, P. J., and S. R. Zedlewski. 2002. Making TANF Work for the Hard to Serve. Washington, DC: Urban Institute.

MaCurdy, T., D. Mancurso, and M. O'Brien-Strain. 2002. Does California's Welfare Policy Explain the Slower Decline of Its Caseload? Research Brief Issue No. 83. San Francisco: Public Policy Institute of California.

Martinson, K., and P. A. Holcomb. 2002. *Reforming Welfare: Institutional Change and Challenges*. Washington, DC: Urban Institute.

Mead, L. 2001. The Politics of Conservative Welfare Reform. In Blank and Haskins 2001: 201–220.

Metsch, L. R., C. B. McCoy, M. Miller, H. McAnany, and M. Pereyra. 1999. Moving

Substance-Abusing Women from Welfare to Work. *Journal of Public Health Policy* 20: 36–55.

Moffitt, R. 2003. *The Role of Non-financial Factors in Exit and Entry in the TANF Program*. Madison, WI: Institute for Research on Poverty.

Moffitt, R. A., and D. W. Stevens. 2001. Changing Caseloads: Macro Influences and Micro Composition. *Economic Policy Review* 7: 37–51.

Morgenstern, J. 1999. Why Are Screening and Treatment Referral Rates Lower Than Expected in the New Jersey Substance Abuse Initiative? Paper presented at the Improving the Identification and Referral Process between the Welfare and Substance Abuse Systems, Washington, DC, December.

Nakashian, M. 2002. Substance Abuse and Welfare Reform. *Journal of the American Medical Women's Association* 57: 36–38.

Nichols, M., and K. Porter. 1995. *General Assistance Programs: Gaps in the Safety Net*. Washington, DC: Center on Budget and Policy Priorities.

Olson, K., and L. Pavetti. 1996. *Personal and Family Challenges to the Successful Transition from Welfare to Work*. Washington, DC: Urban Institute.

Pavetti, L., K. Olson, N. Pindus, M. Pernas, and J. Isaacs. 1996. Designing Welfare-to-Work Programs for Families Facing Personal or Family Challenges: Lessons from the Field. December 30. Washington, DC: Urban Institute.

Pollack, H., S. Danziger, K. Seefeldt, and R. Jayakody. 2002. Substance Use among Welfare Recipients: Trends and Policy Responses. *Social Service Review* 76: 256–274.

Rupp, K., and D. Stapleton. 1995. Determinants of the Growth in the Social Security Administration's Disability Programs: An Overview. *Social Security Bulletin* 58(4): 43–70.

Rush, B. R., and C. Timney. 1983. The Detection and Assessment of Alcohol-Related Problems in Health and Social Service Agencies. *Canadian Journal of Public Health* 74: 270–275.

Rush, B. R., L. Y. Powell, T. G. Crowe, and K. Ellis. 1995. Early Intervention for Alcohol Use: Family Physicians' Motivations and Perceived Barriers. *Canadian Medical Association Journal* 152: 863–869.

Schmidt, L. A., and D. McCarty. 2000. Welfare Reform and the Changing Landscape of Substance Abuse Services for Low-Income Women. *Alcoholism: Clinical and Experimental Research* 24: 1298–1311.

Schmidt, L. A., J. Wiley, D. Dohan, D. Zabkiewicz, L. Jacobs, E. A. Lown, and S. Henderson. 2003. Substance Abuse and Service Dynamics in the Welfare-Reform Era. Paper presented at the American Public Health Association 131st Annual Meeting, San Francisco, November 15–19.

Schmidt, L. A. 1990. Problem Drinkers and the Welfare Bureaucracy. *Social Service Review* 64: 390–406.

Schmidt, L. A., D. Dohan, J. Wiley, and D. Zabkiewicz. 2002. Addiction and Welfare Dependency: Interpreting the Connection. *Social Problems* 49: 221–241.

Schmidt, L. A., C. M. Weisner, and J. A. Wiley. 1998. Substance Abuse and the Course of Welfare Dependency. *American Journal of Public Health* 88: 1616–1622.

Solomon-Fears, C. 1996. Supplemental Security Income (SSI) Drug Addicts and Alco-

holics: Welfare Reform in the 104th Congress. Washington, DC: Congressional Research Service.

Strawn, J. 1997. Substance Abuse and Welfare Reform Policy. *Welfare Information Network* 1: 1–6.

U.S. Department of Health and Human Services. 1996. *Substance Abuse in States and Metropolitan Areas: Model Based Estimates from the 1991–1993 National Household Surveys on Drug Abuse Summary Report*, ed. Substance Abuse and Mental Health Services Administration, P.H.S. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Public Health Service.

U.S. General Accounting Office. 1997. *Welfare Reform: States' Early Experiences with Benefit Termination*. Washington, DC: U.S. General Accounting Office.

———. 1998a. Drug Abuse Treatment: Data Limitations Affect the Accuracy of National and State Estimates of Need. Washington, DC: U.S. General Accounting Office.

———. 1998b. *Welfare Reform: States Are Restructuring Programs to Reduce Welfare Dependence*. Washington, DC: U.S. General Accounting Office.

U.S. National Institute on Drug Abuse. 1985. *Self-Report Methods of Estimating Drug Use: Meeting Current Challenges to Validity*. Rockville, MD: U.S. Institute on Drug Abuse, Department of Health and Human Services.

Weaver, R. K. 2000. *Ending Welfare as We Know It*. Washington, DC: Brookings Institution.

Weisner, C. M., and L. A. Schmidt. 1993. Alcohol and Drug Problems among Diverse Health and Social Service Populations. *American Journal of Public Health* 83: 824–829.

———. 1995. The Community Epidemiology Laboratory: Studying Alcohol Problems in Community and Agency-Based Populations. *Addiction* 90: 329–342.

Weisner, C. M., L. A. Schmidt, and T. Tam. 1995. Assessing Bias in Community-Based Prevalence Estimates: Toward an Unduplicated Count of Problem Drinkers and Drug Users. *Addiction* 90: 391–406.

Wilsnack, S. C., A. D. Klassen, B. E. Schur, and R. W. Wilsnack. 1991. Predicting Onset and Chronicity of Women's Problem Drinking: A Five-Year Longitudinal Analysis. *American Journal of Public Health* 81: 305–318.

Young, N. K. 1996. *Alcohol and Other Drug Treatment: Policy Choices in Welfare Reform*. Rockville, MD: U.S. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

———. 1997. Alcohol and Other Drugs: The Scope of the Problem among Pregnant and Parenting Women in California. *Journal of Psychoactive Drugs* 29: 3–22.

Young, N. K., and S. L. Gardner. 1997. *Implementing Welfare Reform: Solutions to the Substance Abuse Problem*. Irvine, CA: Children and Family Futures and Drug Strategies.

Zedlewski, S. R. 2002a. Are Shrinking Caseloads Always a Good Thing? Washington, DC: Urban Institute.

———. 2002b. Left Behind or Staying Away? Eligible Parents Who Remain Off TANF. Washington, DC: Urban Institute.

Zedlewski, S. R., and D. W. Alderson. 2001. Before and after Reform: How Have Families on Welfare Changed? Washington, DC: Urban Institute.

Zedlewski, S. R., and P. Loprest. 2000. How Well Does TANF Fit the Needs of the Most Disadvantaged Families. Washington, DC: Urban Institute.

———. 2001. Will TANF Work for the Most Disadvantaged Families? In Blank and Haskins 2001: 311–334.

Zedlewski, S. R., S. Nelson, K. Edin, H. L. Koball, K. Pomper, and T. Roberts. 2003. Families Coping without Earnings or Government Cash Assistance. Washington, DC: Urban Institute.

Zelenske, E., and T. Yates. 1996. Recent Legislation Eliminates Drug Addiction and Alcoholism as a Basis for Social Security and Supplemental Security Income Disability Benefits. *Clearinghouse Review* 30: 401–414.

Zivot, M., and L. Jacobs. 2004. Welfare Client Longitudinal Study—Demographic Changes in Our Study County, 1989–2001. Technical Report No. 8. Berkeley, CA: Alcohol Research Group.