

**Substance Use and Abuse Prevalence among CalWORKs Participants:
Treatment System and Welfare Program Perspectives**

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August 2004

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Acknowledgements

Funding for this White Paper was provided by the California Department of Alcohol and Drug Programs, Contract # 03-00121; the Robert Wood Johnson Foundation Substance Abuse Policy Research Program, Grant #037363; and the California Program on Access to Care, California Policy Research Center, Grant #CNN10K.

We wish to thank the many administrators and staff from the Los Angeles County Department of Public Social Services for their assistance and collaboration in the conduct of the UCLA CalWORKs study. We especially want to acknowledge the support of Sandra Garcia, Henry Felder, Debora Gotts, Michael Bono, Margaret Quinn, Barbara Sullivan, Nadia Mirzayans, Colleen Cunningham, and Elvie Matias.

Thanks also to the UCLA ISAP CalWORKs study research team and to colleagues who participated in the research effort. We especially thank Mary-Lynn Brecht, Michael Prendergast, Rick Rawson, and Darren Urada, and Stacy Calhoun.

Thanks also to Richard Browne from the Los Angeles County Department of Health Alcohol and Drug Program Administration and to Nancy K. Youn, Director of Children and Family Futures.

Substance Use and Abuse Prevalence among CalWORKs Participants: Treatment System and Welfare Program Perspectives

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Introduction

This paper will examine from two perspectives the issue of substance use and abuse by welfare recipients in the California Work Opportunity and Responsibility to Kids (CalWORKs) program. The first perspective is that of publicly funded substance abuse treatment providers that participate in the Department of Drug and Alcohol and Drug Programs' California Alcohol and Drug Data System (CADDs). The second perspective is that of California county welfare department programs that were affected by the federal- and state-mandated welfare reforms enacted in the mid-1990s. For the former group, the primary point of reference is persons in substance abuse treatment, one subgroup of who are CalWORKs recipients with drug use problems. For the latter group, the primary frame of reference is a heterogeneous population of financially needy parents with minor children, one subset of who are involved in drug use to varying degrees of severity. Accordingly, we draw on data from two sources--one focusing on CalWORKs recipients in treatment, the other focusing on welfare participants in a county CalWORKs program--to examine the characteristics of CalWORKs drug users as seen in each of these contexts. We focus on data for the year 2001, approximately four to five years after the adoption of the various welfare reforms enacted. By juxtaposing these two perspectives and comparing the convergent and divergent findings, we hope both to stimulate additional discussion and collaboration between professionals in the treatment and welfare communities and to suggest new avenues of policy development to improve access to substance abuse services for drug-using CalWORKs participants who need such assistance. First, however, we begin with the historical and legislative backgrounds that set the context for the CalWORKs-based substance abuse assessment, referral, and treatment programs that were established in California.

Background

Welfare Reform Legislation

In 1996 Congress enacted and the President signed into law the Personal Responsibility and Work Opportunity Reconciliation Act (P.L. 104-193), which called for major reforms in the nation's welfare system for needy families with children. The law replaced the Aid to Families with Dependent Children (AFDC) program with Temporary Assistance to Needy Families (TANF), a Federal block grant program that provided funding to the states in their establishment of programs in response to the legislation. A central intent of the legislated reforms was to transform welfare from an entitlement program to a time-limited benefit program intended to move welfare recipients into work and financial independence for themselves and their children. At the same time, the law increased the degree of latitude accorded states to develop local program innovations to achieve welfare policy aims.

Consistent with the welfare-to-work objectives of the reform legislation, the federal law required states to meet certain goals and timetables with respect to work participation rates by benefit recipients in order to maintain full TANF block grant funding levels appropriated to the

state. States that failed to meet those goals were subject to penalties. States, in turn, were permitted to sanction welfare recipients for failure to participate in work-related activities by imposing benefit reductions, including the termination of welfare benefits to the entire family. Moreover, states were required to impose a lifetime limit of five years on aid for adult TANF recipients and were subject to additional TANF block grant penalties for failure to enforce the five-year cut-off. In California, the federal provisions were implemented by the Welfare to Work Act of 1997 (AB 1542), which created the California Work Opportunity and Responsibility to Kids (CalWORKs) program, the state's TANF block grant plan. Taken together, these federal and state measures placed welfare recipients and state and county welfare departments under increased pressure to move from a system of welfare-as-entitlement to recipient self-sufficiency.

With the heightened emphasis on work participation and the need for states and counties to meet certain goals or face penalties, the issue of substance abuse as a barrier to employment among TANF/CalWORKs recipients assumed increasing importance.¹ While empirical data on the extent of substance abuse in the welfare population was scarce and arguable,² concern over potentially high rates of problematic substance use among CalWORKs recipients and a sense that substance abuse contributed to long-term or recurrent patterns of welfare dependency led state legislators to require county welfare agencies to provide professional assessment, and, if appropriate, substance abuse treatment services to CalWORKs recipients with barriers to employment as a result of problematic substance use. Mandated substance abuse treatment was seen an effective and efficient way to improve these recipients' chances of obtaining and retaining work and to mitigate the potential adverse impact of welfare reform on this population if substance abuse was to remain untreated.

As noted, state funding for welfare-based substance abuse services reflected policymakers concerns over substance abuse as an impediment to achieving financial self-sufficiency. Between 1998 and 2003, California legislators allocated approximately \$291.6 million to county welfare departments to support CalWORKs-related substance abuse assessment and treatment services. The amounts budgeted were: \$17.0 million in state fiscal year (FY) 1997/98, \$59.7 million in FY 1998/99, \$60.5 million in FY 99/00, \$54.8 million in FY 00/01, \$53.2 million for FY 01/02, and \$46.4 million for FY 02/03.³ As is common in rapidly established programs, in the first two years of welfare reform, the percentage of allocated funds expended for CalWORKs-based substance abuse services was low throughout the state, reflecting slow CalWORKs program implementation by involved systems. By calendar year 2001, however, the period to which the data in this report correspond, the percentage of funds expended increased, averaging about 85% of allocated amounts, although the percentage varied considerably across counties. The budget data suggest, as do the data presented below, that utilization of drug use services has been below what many policymakers and professionals had

¹ Substance abuse was not the only potential barrier to employment of concern to policymakers. Other impediments of concern to legislators included mental health problems, domestic violence, need for childcare services, inadequate transportation resources, and other factors. However, because substance abuse is the focus of this report, we do not address the others here except as they directly affected the substance abuse programs implemented.

² Even as late as October 2002, dueling editorials in *The Washington Post* reflected opposing views over the extent of substance abuse in the welfare population. See Califano, J., To reform welfare, treat drug abuse (September 18, 2002) and Pollack, H. and Reuter P., Myths about drugs and welfare (October 1, 2002).

³ Data on substance abuse appropriations and expenditures are drawn from issues of the California Department of Social Services *Quarterly CalWORKs Report* for fiscal years 1997/1998 through 2002/2003.

projected. Our focus here, however, is not the amount of services provided, but rather what the data, interpreted from the two diverse perspectives, suggest about mechanisms to improve services in the future.

Organizational Contexts for Welfare-based Substance Abuse Services

While the provision of welfare-based substance abuse services created a host of implementation and programmatic challenges, one particularly important element was the development of collaborative and cooperative relationships between welfare agencies and treatment providers, where few if any linkages had heretofore existed. Such inter-organizational cooperation may be complicated by a variety of factors.⁴ Importantly, differences in institutional norms and values regarding substance use, abuse, and its treatment may lead to misunderstandings and undermine optimal collaboration among professionals from different service systems. Feig⁵ cautions that welfare program staff may be skeptical of substance abuse treatment effectiveness. Moreover, she posits that the criteria for evaluating treatment effectiveness may differ depending on professional orientation. That treatment organizations benefit financially from their advocacy on behalf of substance-abusing welfare recipients may also generate skepticism on the part of some in the welfare community. Conversely, lower than expected referrals to substance abuse assessment and treatment by welfare agencies may be interpreted by some providers as evidence of stigma towards substance-abusing welfare recipients and of a lack of concern over the potentially adverse impact of welfare reform on persons who are substance dependent. The absence of strong data on drug use prevalence rates in the welfare population makes it harder to assess substance use related referrals objectively. Thus, while the objectives of welfare reform provide strong incentives towards greater integration between the welfare and substance abuse treatment communities, there are also countervailing factors that impede organizational collaboration. Our review of data on CalWORKs recipients in treatment and of drug users within a county CalWORKs welfare population can perhaps contribute to a better understanding of the perspectives on this issue from both sides. We turn first to CalWORKs recipients in the treatment system.

CalWORKs Recipients in the Treatment System

To provide a frame of reference for treatment providers, we examine the characteristics of CalWORKs recipients in the substance abuse treatment system drawing on California Department of Alcohol and Drug Programs CADDs data for the calendar year 2001. We compare CalWORKs admissions against “Other admissions” (i.e., non-CalWORKs admissions) to examine how they differ from one another. We report first on findings for the state overall. Second, we report on the characteristics of CalWORKs recipients admitted to treatment in Los Angeles County, the most populous county in the state. Because of its greater size, Los Angeles

⁴ Schmidt, LA and McCarty, D. (2000). Welfare Reform and the Changing Landscape of Substance Abuse Services for Low-Income Women. *Alcoholism: Clinical and Experimental Research*, 24:1298-1311; Young, NK and Gardner, SL. (1997). *Implementing welfare reform solutions to the substance abuse problem*. Children and Family Futures, Irvine, CA.

⁵ Feig, L. (1997). The impact of welfare reform on substance abuse treatment: New challenges for services researchers and providers. *Connection*, June 1997.

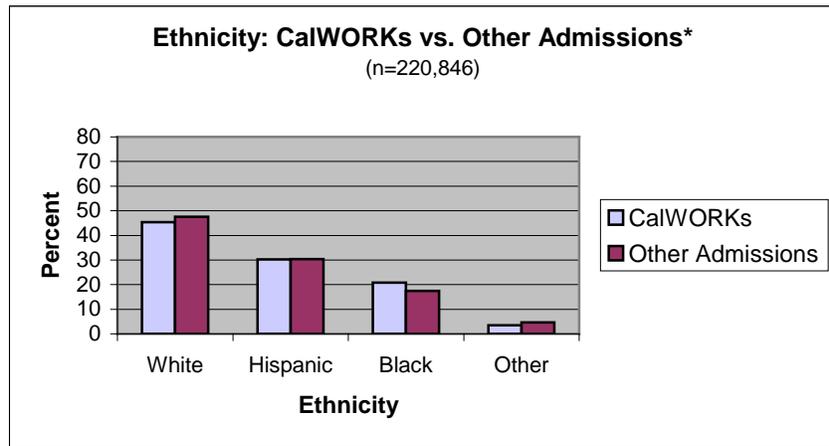
has the largest CalWORKs population in the state, the largest treatment population in the state, and the largest number of CalWORKs recipients who actually entered substance abuse treatment.

Statewide Level Data

During 2001 drug abuse treatment programs in the CADDs data system reported 9,559 admissions statewide by persons who were receiving CalWORKs benefits.⁶ CalWORKs admissions constituted 4.3% of total CADDs admissions (n=221,098) during the period.⁷ Over three-quarters (78.1%) of all CalWORKs admissions were women, representing 9.2% of all female CADDs admissions over the year (n=81,040).⁸ CalWORKs recipients were slightly younger than other recipients with an average age of 33.0 years versus 36.7 years (p<.0001).

The racial/ethnic distribution of CalWORKs admissions was similar to that of other clients in substance abuse treatment. CalWORKs clients were 45.4% White (non-Hispanic), 30.3% Hispanic, 20.8% African-American, and 3.5% other racial/ethnic groups. (See Figure 1.) Rates of disability were comparable to that of other admissions in treatment with 86.4% having no disability, 4.3% having a mental disability and 9.3% having some form of physical impairment.⁹ At admission 8.1% of female CalWORKs admissions were pregnant. Although CADDs does not report data on the family status of treatment admissions, by virtue of their CalWORKs status, most CalWORKs admissions were likely parents of minor children.

Figure 1



*California Alcohol and Drug Data System (CADDs), 2001

⁶ CADDs data on clients' CalWORKs status, welfare-to-work status, and other characteristics are determined by treatment providers. Because data on CalWORKs status are collected in the "coded remarks" section of the CADDs form rather than in the main body of the participant record, they may be subject to underreporting. Data on CalWORKs status may also be subject to error because the definition of who is a CalWORKs recipient may be ambiguous. We accept the CADDs data as entered for purposes of the analyses presented here.

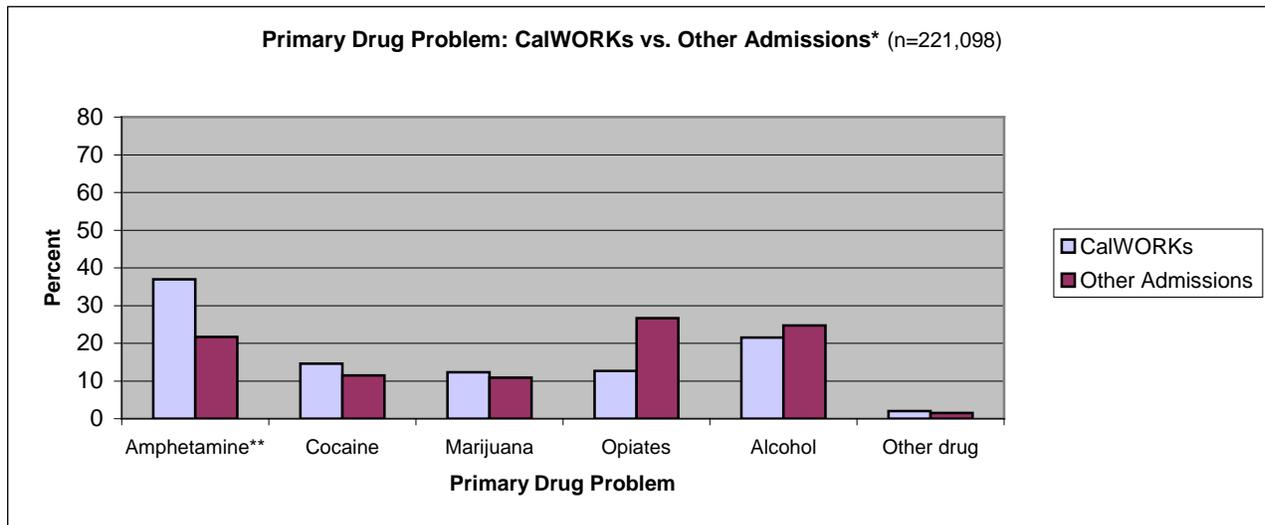
⁷ 10,131 cases were excluded from our analysis for lack of data on client's CalWORKs status.

⁸ When CADDs admissions data are grouped into unique cases, they represent 6,449 CalWORKs clients, which represent 4.2% of all unique CADDs cases (n=153,647) over the period. Because the proportion is similar whether analyzing unique cases or total admissions, we report admissions data so as not to lose available information.

⁹ We define as physical disability the CADDs' categories: visual, hearing, speech, mobility, and other impairment.

In terms of primary drug problem, substantial differences were noted. The most common primary drug problem among CalWORKs admissions was amphetamines, primarily in the form of methamphetamine, ¹⁰ (37.0%) followed by alcohol (21.5%), cocaine (14.6%), heroin and other opiates (12.7%), and marijuana (12.3%). CalWORKs admissions were significantly more likely to have amphetamines as their primary problem than other admissions in the CADDs system, 37.0% versus 21.7% ($p<.0001$) and significantly less likely to have a problem with heroin or other opiates ($p<.0001$). (See Figure 2.) When both primary and secondary drugs are taken into account, 47.8 % of all CalWORKs admissions (52.4% of female CalWORKs admissions) were problematic amphetamine users. Approximately 98% of CalWORKs amphetamine users were users of methamphetamine.

Figure 2



* CADDs, 2001

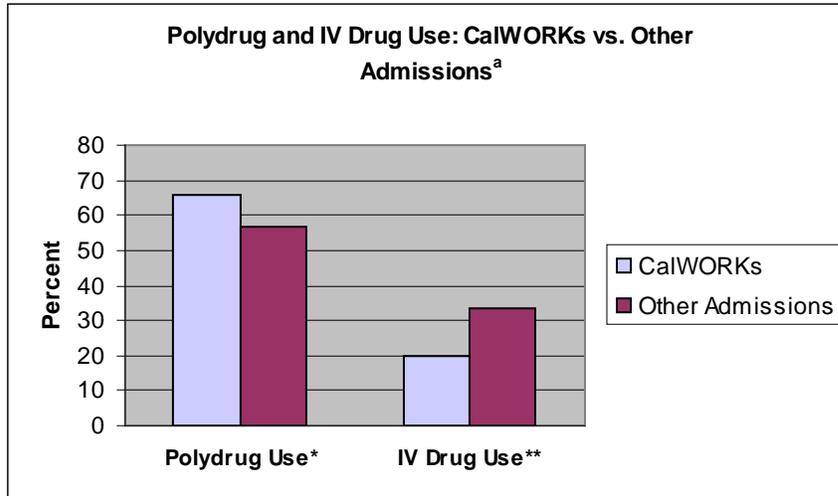
** Amphetamine includes methamphetamine, amphetamine, and other stimulants.

CalWORKs admissions were significantly more likely than other treatment admissions to be polydrug users, 66.0% versus 57.0% respectively ($p<.0001$). (See Figure 3.) Among CalWORKs admissions who were polydrug users, the most common secondary drug problem was alcohol (35.8%) followed by marijuana (27.0%), amphetamines (16.5%) and cocaine (13.9%). Although compared to other CADDs admissions during the same period CalWORKs admissions were significantly less likely to report having engaged in IV drug use during the preceding year, 19.6% versus 33.4% respectively ($p<.0001$), a substantial minority (almost 20%) had engaged in this high risk behavior.

CalWORKs admissions were significantly more likely than other treatment admissions to be relative newcomers to the substance abuse treatment system. Whereas 23.8% of other admissions reported three or more prior treatment episodes, only 14.0% of CalWORKs admissions did ($p<.0001$). Slightly less than half (46.7%) of CalWORKs admissions reported no previous treatment; 39.2% reported only one or two prior treatment episodes.

Figure 3

¹⁰ We define amphetamine use to include the CADDs categories: methamphetamine, amphetamine, and other stimulants. Almost all amphetamine use among CADDs cases, 98%, involved use of methamphetamine.



^a CADDs, 2001 *Polydrug Use, n=220,857. **IV Drug Use, n=221,098.

Although significantly more likely than other CADDs admissions to have been referred by “other community organizations” (a residual category that would include welfare agencies as the likely leading referral source), 35.8% for CalWORKs admissions versus 8.2% for other admissions ($p < .0001$), the percentage is lower than one might expect considering their CalWORKs status. The finding is especially surprising given that 58.8% of CalWORKs admissions report that drug abuse treatment is part of their welfare to work plan. The fact that substantial numbers are being referred through other channels suggests that welfare screening and assessment programs are imperfect vehicles for direct referral to the treatment system. Rather, CalWORKs recipients are frequently referred by other sources and then identified by treatment providers as the treatment programs seek funding sources to pay for services. Indeed, over 50.0% of admissions reportedly referred themselves or were referred by other providers, suggesting that “back-door” referrals (i.e., treatment-system to welfare-system referrals) are common.

Compared to other CADDs admissions, CalWORKs admissions were significantly more likely to be in outpatient treatment for their drug problems, 76.2% versus 52.1% respectively ($p < .0001$). The percentage of CalWORKs clients in residential treatment was 15.7% while the percentage receiving detoxification services was 8.1%. The low utilization of detoxification services (generally not considered treatment) is consistent with the fact that within the welfare context, drug abuse treatment is intended as a long-term vehicle to overcome barriers to employment.

Male versus Female CalWORKs Admissions

Although CalWORKs admissions were predominantly female, almost one quarter, 21.9%, were male. Compared to female CalWORKs admissions, male admissions were significantly more likely to be non-white, 59.9% versus 53.1%, ($p < .0001$); older, mean age of 36.6 years versus 32.0 years ($p < .0001$); and to have a physical impairment or disability, 16.5% versus 7.3%, ($p < .0001$).

Although amphetamine use is by far the most common primary drug problem among CalWORKs women (41.3%) followed by alcohol (20.5%), the most common primary drug problem among CalWORKs men was alcohol (25.1%), followed by opiates (21.6%), and amphetamines (21.5%). Whereas women are almost twice as likely as men to have amphetamines as their primary drug problem, men are twice as likely as women to have a primary problem of opiate use.

Although there is little difference between the percentage of men and women in outpatient treatment (75.6% vs. 76.4%), men are significantly more likely than women to be receiving detoxification services (13.5% vs. 6.6%) and less likely to be in residential treatment (10.9% vs. 17.0%). As would be expected by their higher involvement with opiate use, men are also significantly more likely to have engaged in IV drug use than women, 26.1% vs. 17.8% respectively, ($p < .0001$).

Geographic Variation

There were significant differences between the geographic distribution of CalWORKs admissions and that of other admissions within the drug treatment system. For example, counties where production of methamphetamine is reported to be especially high--San Diego, Riverside, San Bernadino, Kern, Fresno, Stanislaus, and Sacramento¹¹--accounted for 38.9% of the CalWORKs treatment admissions as opposed to 23.3% of other admissions ($p < .0001$). This variation in case geographic distribution may be one contributing factor to the relatively high rates of amphetamine (methamphetamine) use by the CalWORKs treatment group.

Los Angeles County Data

Because it is the biggest county in California, Los Angeles County had the single largest number of both CalWORKs and non-CalWORKs drug abuse treatment admissions in the state: 1,711 CalWORKs admissions and 49,525 other admissions. However, compared to other counties, Los Angeles has a disproportionately lower share of CalWORKs treatment admissions than its proportion of the total treatment population would suggest, 17.9% CalWORKs admissions versus 23.4% other admissions. Because of its size and because the data on drug use prevalence in a county welfare population presented below focus on a sample from Los Angeles, we provide a separate overview of Los Angeles County to provide additional perspective.

During 2001, treatment providers in Los Angeles County reported to CADDs that almost three-fourths (73.4%) of CalWORKs admissions were women, accounting for 7.4% of all female admissions in the county during the period. The racial/ethnic distribution was 21.4% White, 39.5% African-American, 34.1% Hispanic, and 5.1% other racial/ethnic groups. Compared to other admissions in the county during the period, CalWORKs admissions were more likely to be African American (39.5% versus 23.8%) and less likely to be White (21.4% versus 31.5%). At admission, 6.1% of CalWORKs females were pregnant.

In contrast to the statewide pattern, the most common primary drug problem of CalWORKs admissions in Los Angeles County was cocaine, 32.3%, followed by amphetamines,

¹¹ Rick Rawson, personal communication.

24.8%, and alcohol, 20.1%. (CalWORKs admissions in LA were significantly more likely than other CalWORKs admissions in the state to have cocaine as their primary drug problem ($p < .0001$). However, similar to statewide patterns, CalWORKs admissions were significantly more likely than other admissions to be polydrug users, 69.4% versus 54.1% respectively.

Among polydrug users in Los Angeles the most common secondary drug problem was alcohol, 38.5%, followed by cocaine, 24.9%, and marijuana, 22.1%. When primary and secondary drugs are taken into account, 49.6% of CalWORKs admissions reported problematic cocaine use, 46.8% problematic alcohol use, and 39.9% amphetamine use. Rates of cocaine use among men and women CalWORKs admissions were relatively similar (49.2% versus 49.7%). Rates of problem alcohol use were higher among CalWORKs men than women, 55.8% versus 43.6% respectively ($p < .0001$), while rates of problematic amphetamine use were higher among women than men, 33.1% versus 20.9% ($p < .0001$). Rates of IV drug use among CalWORKs recipients were significantly lower than that for other admissions in the county.

Similar to the statewide data, CalWORKs admissions in Los Angeles County were more likely than other admissions to be relative newcomers to the system. Only 18.5% of CalWORKs admissions versus 28.5% of other admissions reported three or more prior treatment episodes ($p < .0001$). Among CalWORKs admissions 36.5% reported no prior treatment and 45.0% reported one or two previous episodes. Only 17.9% of CalWORKs admission in Los Angeles County reported being referred by “other community organization,” the category that would include the county welfare agency. Though low, the proportion CalWORKs admissions referred by this source is much higher than that for other admissions. Only 21.5% of CalWORKs admissions had substance abuse treatment as part of their welfare-to-work plan. Again, back-door access to services was common.

Los Angeles County CalWORKs admissions, as in the rest of the state, were more likely to be in outpatient treatment than other admissions, 65.9% versus 47.2% and less likely to be in detoxification, 5.9% versus 29.0% ($p < .0001$). Slightly over one-fourth of CalWORKs admissions, 28.2%, were in residential treatment, the vast majority of who, 88.4%, were women.

Summary from the Drug Treatment Perspective

In summary, from the frame of reference of treatment providers, CalWORKs drug users are a small but special population within the larger system of clients with severe drug problems. They are primarily women with children, are more likely to be polydrug users than other clients, and are heavily involved in stimulant use, primarily amphetamine (methamphetamine) use, but also in certain areas such as Los Angeles County, cocaine. Notably, although they are users of highly addictive substances and multiple substances, most CalWORKs admissions have had little previous contact with the treatment system. The pattern of referral sources suggests that to the extent welfare reform is encouraging them to access treatment, the mechanisms are primarily operating indirectly. Further, about half who are in treatment (less in Los Angeles County) are receiving treatment as part of their welfare-to-work program. This suggests that there is limited linkage between the two systems with respect to their mutually shared clients. However, these data are collected at admission and the percentage of clients whose treatment is part of their welfare-to-work plan may change over time.

We now turn from the drug treatment perspective to that of the welfare programs initiated under the TANF/CalWORKs reform legislation described above.

Drug use Prevalence in a CalWORKs Program: The Welfare System Perspective

From the perspective of welfare programs, the intersection of the problem of substance abuse and welfare reform presents itself as having to identify potentially problematic substance users within a much larger, diverse population defined primarily by family status and economic need. Traditional welfare workers may not perceive substance abuse issues as within their skill set, or even as an appropriate activity for their positions. Moreover, identification of such users by welfare workers may be made more difficult by the fact that some substance-using welfare recipients may be reluctant to disclose use at any level for fear of losing custody of their children and/or of jeopardizing welfare benefits. We present data from our study of drug use prevalence in a sample of Los Angeles County CalWORKs participants to shed light on recipients' attitudes and behaviors regarding drug use, and, of particular interest within the context of this paper, on patterns of underreporting of substance use by those who are currently using drugs.¹²

Los Angeles County CalWORKs Prevalence Study

The focus of the UCLA Los Angeles County prevalence study was to examine knowledge and prevalence of drug use among participants in the county's CalWORKs welfare population. Research was conducted using face-to-face surveys, supplemented by voluntary urine testing and Breathalyzer tests to validate self-report data on substance use. A sample of 511 persons, 287 probably eligible CalWORKs applicants and 224 CalWORKs recipients, participated in the interview.¹³ Interviews were conducted between November 2000 and July 2001. Of those who participated in the interview 78% percent voluntarily provided a urine

¹² The Los Angeles County CalWORKs prevalence study was funded by the Robert Wood Johnson Foundation Substance Abuse Policy Research Program, Grant #037363 to Podus, D. and Anglin, M.D. (UCLA Integrated Substance Abuse Programs), with supplemental funding from the Center for Policy Research-California Program on Access to Care, Grant #CNN10K. Several additional studies have sought to estimate drug abuse prevalence in CalWORKs populations in other California counties. These include: Reardon, E., Demartini, C., Klerman, J. (2004). *Results from the First California Health and Social Services Survey*, Prepared for the California Department of Social Services, TR-121-CDSS, RAND, Santa Monica, CA; Chandler, D. and Meisel, J. (2002). *Alcohol and Other Drugs, Mental Health, and Domestic Violence Issues: Need, Incidence, and Services*. California Institute for Mental Health, Sacramento, CA; Norris, J. Dasinger, L. Miller, R., and Speigman, R. (2002) *Changes Over One Year (2000-2001) in Economic, Work, Welfare, and Barrier Status, San Joaquin County CalWORKs Needs Assessment and Outcomes Study*, Report #2, Public Health Institute, Berkeley, CA; Green, R., Fujiwara L., Norris, J., Kappagoda, S., Driscoll, A., and Speigman, R. (2000). *Barriers to Working and Summaries of Baseline Status, Alameda County CalWORKs Needs Assessment*, Report #2, Public Health Institute, Berkeley, CA; Weisner C.M. and Schmidt, L.A (1993). Alcohol and drug problems among diverse health and social service populations. *American Journal of Public Health*, 83:824-829. Because these studies are based on self-report data and are primarily concerned with assessing rates of drug dependence and addiction, their use for estimating underreporting is limited. However, because they address substance abuse prevalence in the California CalWORKs population, we cite them here. Additional reports on CalWORKs research by RAND, the California Institute for Mental Health (CIMH), and the Public Health Institute (PHI) can be found on their respective websites.

¹³ Study recruitment was based on a flyer system. Welfare workers distributed recruitment flyers to probably eligible CalWORKs applicants and to CalWORKs participants undergoing an annual redetermination review; individuals who received flyers were then recruited to the study by the UCLA research team.

sample for drug testing and 95% took a voluntary Breathalyzer test. Interviews were conducted in English and Spanish at all 24 CalWORKs district offices throughout the county with the number interviewed at each office proportional to its monthly caseload size. While the data are limited in some respects—participation was voluntary and limited to CalWORKs recipients in a single county—they provide a geographically representative sample of English- and Spanish-speaking CalWORKs participants in the state’s largest county. The sample was 95.9% female with an average age of 32.1 years. The ethnic distribution of the sample was 61.3% Latino, 9.2% white, 26.9% African-American, and 2.6% other ethnicity. Of survey participants 61.6% were interviewed in English and 38.4% in Spanish. The ethnic/language characteristics of the sample did not significantly differ from the ethnic/language distribution of the English- and Spanish-speaking CalWORKs caseload in Los Angeles County based on Department of Public Social Services caseload characteristics data.

Data from our CalWORKs survey indicate that many respondents were concerned about problems related to alcohol and drug use in their communities. When study participants were presented an open-ended question asking them to name the most important local problem in their community, the two most frequent responses were gangs (20.7%) and alcohol and drugs (20.3%). When asked specifically if alcohol and drug use was a problem in their community, 55.7% rated it as a very serious or extremely serious problem. Of six possible problems respondents were asked to rate in terms of severity in their community, alcohol and drug use was the category most frequently rated as extremely serious or very serious. The six categories and the percentage of respondents who rated each category as extremely or very serious are presented in Table 1.

In addition to considering alcohol and drug use as a severe problem in their community, almost 50% of respondents reported having or having had close friends and/or immediate family (including a partner or spouse) who had suffered serious problems to their finances, home life, job and/or personal relationships as a result of alcohol or drug use. About 18% reported that they have both family and friends that have experienced substance use related problems; another 16.9% reported this condition for immediate family (but no close friends); and 11.9% reported it for close friends (but not immediate family).

Community Problem	Percent Rating Problem As Extremely or Very Serious
Alcohol and drug use	55.7%
Lack of recreational programs for children	46.6%
Environmental pollution	40.0%
Crime and violence	36.8%
Poor health care	30.2%
Poor public transportation	24.4%

Moreover, many respondents reported having ever tried or used alcohol, tobacco, or other drugs. The three most common substances participants had used were alcohol (74.1%), tobacco (56.6%), and marijuana (35.8%). Cocaine was reportedly used at least once by 12.0% of respondents, amphetamines by 7.5%, and heroin by 1.6%. As noted, under-reporting may have contributed to minimizing self-report data; this issue is discussed in more detail below.

Although many respondents were concerned about drug use in their communities, and social networks, we found that many of those CalWORKs study participants who were currently using drugs were reluctant to disclose their use despite guarantees of confidentiality.¹⁴ This was particularly the case for users of cocaine, amphetamines, and/or opiates, substances that can be highly addictive and whose use is most likely associated with substance abuse treatment need. Comparison of self-reported drug use data with respondents' urine test results for those persons who volunteered to be tested (about three-quarters of study participants) reveals the extent of underreporting by drug type. Among the nearly 10% who tested positive for marijuana, 27.8% of them denied use of marijuana in the last 30 days. By comparison, among the 6.6% who tested positive for cocaine, amphetamines, and/or opiates, 92.3% of them denied use of those substances in the prior three days.¹⁵ (See Table 2.)

Table 2

	Tested positive (n=393)	Tested positive and denied use last 3 days	Test positive and denied use last 30 days
Marijuana	9.2%	N/A	27.8%
Cocaine/ Amphetamines/Opiates	6.6%	92.3%	84.6%

Using 30-day self-reports and/or urine test results for study participants who provided both types of data, we found that current drug use was significantly associated with multiple risk factors at the bivariate level.¹⁶ Characteristics positively associated with recent use included: a history of involvement in the child welfare system, having minor children living outside the home, having immediate family or close friends who have or have had serious alcohol or drug problems, recent involvement in the criminal justice system, and having one or more emotional problems. Use was significantly lower among Latinos who were interviewed in Spanish and/or were foreign born (used as indicators of acculturation) than it was among whites, African-

¹⁴ We focus here on illegal drug use. Few respondents, 0.6%, reported daily drinking and only one respondent tested greater than zero on the Breathalyzer test. Breathalyzer tests, which only detect drinking within several hours of consumption, were too gross a measure for detecting problem alcohol use in this population. Daily smoking was reported by 19.1%.

¹⁵ Although self-reported use in the last three days is the more appropriate standard to compare against urine test results for cocaine, amphetamines, and opiates, even if we use last thirty days as the cut-off, the percentage of those who tested positive but denied use is high: 84.6%. Urine specimens were screened using EMIT and positive EMIT findings were confirmed using GCMS. All persons who tested positive for amphetamines were also positive for methamphetamine and all persons who tested positive for opiates were also positive for morphine.

¹⁶ Urada, D., Podus, D., and Anglin, M.D., (June 2002). Drug use factors among welfare clients: Preliminary results. Poster presented at the College for Problems of Drug Dependence, Quebec City, Canada.

Americans, and more culturally assimilated Latinos. No association was found between drug use and age, employment history, or whether the participant was newly applying for benefits or had been on welfare for one year or more.

Although the urine positive rates were relatively low, the high rates of underreporting underscore the challenge to welfare agencies of identifying those CalWORKs recipients who are potentially most in need of substance abuse treatment. Moreover, almost a quarter of our sample declined to provide a urine specimen, a rate that creates uncertainty about the true level of drug use. Both underreporting and the refusal to provide objective measures also complicate from a research perspective the estimation of rates of drug use and drug dependence in the CalWORKs population. In the latter case, scales to measure dependence rely not only on self-reported rates of use, but also self-reported frequency of use, both of which are subject to underreporting.¹⁷ Hence, great effort may be expended in assessment efforts with little result to show for it. Below, we focus on the prevalence of cocaine, amphetamine, and opiate use (stimulant/opiate use) to show the impact of underreporting on drug use estimates.

If we base our prevalence estimate exclusively on self-reported data on current use (last three day use), we would estimate that approximately 0.6% of the CalWORKs participants in our sample were involved in stimulant/opiate use. If we base the estimate on the urine test results for the 78% of respondents who provided a specimen for testing, then our estimate of rates of current opiate/stimulant use would be 6.6%, a difference of a factor of ten. However, this estimate excludes those respondents who denied use and declined to provide a urine specimen, a group among whom rates of underreporting are likely to be higher than among those who both denied use and provided a specimen. Both measures are, thus, conservative. A third approach is to estimate prevalence by using data from those who denied use and provided a urine sample to project the likelihood of use among those who denied use but did not provide a specimen.¹⁸ Using this method, we estimate that 10.6% of study respondents were involved in current stimulant/opiate use. Although still a conservative technique, this is our presumed best estimate.¹⁹

Recent drug use alone does not necessarily imply addiction or dependence, which are indicators of need for treatment. However, given the highly addictive nature of stimulants and opiates, it is likely that need for treatment is greatest among this group. We would therefore argue that it is also a reasonable estimate of what rates of CalWORKs referrals to substance abuse assessment should be under ideal disclosure or objective test conditions. The measure is

¹⁷ Morral, A.R., McCaffrey, D., and Iguchi, M.Y. (2000). Hardcore users claim to be occasional users: drug use frequency underreporting. *Drug and Alcohol Dependence*, 57(3):193-202.

¹⁸ We used a two-stage process. First we use logistic regression to estimate the relationship between underreporting and a set of characteristics (predictors) for subjects with self-report and urine test data. Second we apply these predictors to project likelihood of underreporting by those who denied use but for whom we did not have urine test data. See Podus, D., Brecht, M.L., Lu A.T., and Anglin M.D. (June 2002). Drug use prevalence rates among welfare clients: Preliminary results. Poster presented at the College for Problems of Drug Dependence, Quebec City, Canada for a fuller description of the methodological approach.

¹⁹ It is difficult to compare our estimate of stimulant/opiate use to those of studies cited in footnote 13 above because our measures are not comparable. We focus on recent use while they focus on dependence based on self-reported use patterns over the last 12 months. Our data on underreporting suggest that self-report based estimates of stimulant and opiate dependence, and to a lesser extent marijuana dependence, are low.

conservative because it is based only on recent use (last three days). We would expect rates of use over the last month or last six months to be higher. It also does not take into account problematic use of alcohol, marijuana, or other substances.

Summary from the Welfare System Perspective

In summary, from the frame of reference of welfare agencies, drug users are a minority of clients within a large and diverse population of economically distressed families. Many CalWORKs clients live in communities where alcohol and drug use are prevalent, have immediate family and/or close friends who have or have had serious substance abuse problems, and regard use of drugs and alcohol as a serious social problem. Nevertheless, many of those who use drugs are reluctant to disclose their substance use either to welfare workers or to independent researchers, which makes estimation, identification, and assessment of problematic drug users and treatment need difficult. Failure to disclose use is most common among welfare clients who use amphetamines, cocaine, and opiates. Although a small proportion of all CalWORKs participants, drug-using clients tend to be concentrated among persons with multiple problems. Characteristics associated with current drug users include: having one or more emotional problems, having a history of involvement with the child welfare system, being on parole or probation or have been recently arrested, and/or having friends and family (including a partner or spouse) that have or have had a history of substance use.

Discussion

The data presented above suggest that both treatment providers and welfare agencies have different frames of reference with respect to the issue of substance use among CalWORKs recipients. Drug treatment providers see a population with serious problems who are primarily new to the treatment system. Welfare professionals see a population highly reluctant to admit drug use, especially use of the most addictive substances, use of which is most likely related to potential treatment need.

Our own research suggests that while problematic drug use is prevalent, it is probably not epidemic in this population, either statewide or locally. However, while an estimated prevalence rate of 10% for current stimulant/opiate use represents only a minority of welfare recipients, this percentage represents a large number of individuals when applied to the statewide adult population participating in the CalWORKs system. For example, during the last quarter of calendar year 2001 a monthly average of 298,602 adults were enrolled in the CalWORKs welfare to work program.²⁰

Yet, treatment and referral rates within both systems appear much lower than the true need for services. Data from CADDs on the number of CalWORKs recipients admitted to treatment in 2001, which were presented above, and data from the California Department of Social Services for 2001, which indicate that on average only about 0.8% of enrolled welfare-to-work participants (a subgroup of CalWORKs recipients) were referred for substance abuse

²⁰ California Department of Social Services [Quarterly CalWORKs Report](#) for state fiscal year 2001/2002, October through December 2001.

assessment each quarter,²¹ suggest that many who could benefit from the CalWORKs-based substance abuse initiative are not getting access to services. Clients' reluctance to disclose use is one contributing factor.

Despite staff training and staff and professional assessments, the problem of underreporting in the absence of objective testing may be alternatively and partially addressed by increased emphasis on drug abuse prevention programs for adult CalWORKs recipients. To the extent recipients are concerned about alcohol and drug use, such programs may engage their interest and help to keep them and their children off drugs and/or to moderate environmental pressures for them to continue or to increase current substance use. Moreover to the extent that the CalWORKs funding incentives seem to improve access indirectly (via self-, drug treatment program-, or other referrals) rather than through system screening approaches as envisioned, the provision of greater information about available treatment programs through prevention sessions may encourage those in need of treatment to self-refer.

Given the parental status of CalWORKs recipients, greater provision of specialized services for mothers with minor children may further increase treatment-seeking among participants engaged in problematic drug use. The high prevalence of stimulant use among this group also suggests that specially tailored programs focused on methamphetamine and cocaine use may be beneficial. Consistent with the welfare-to-work objectives of the CalWORKs program and in light of the now, time-limited nature of CalWORKs benefits, increased emphasis on vocational issues within such women-centered programs, including greater collaboration between treatment and welfare-to-work professionals, may assist CalWORKs clients in treatment better to meet the increased emphasis on employment initiated by welfare reform.

Our finding that substance-using CalWORKs participants tend to have multiple types of problems, a finding consistent with that of other research,²² suggests that focusing CalWORKs substance abuse assessment efforts on families with multiple problems (e.g., emotional problems, criminal justice involvement, child welfare system involvement, etc.) may be more efficient than broad-based screening of the general CalWORKs population. Close monitoring of multi-problem families by multi-disciplinary teams that include drug abuse treatment providers and welfare professionals, as well as others, could assist efforts to identify and refer those who most need it to substance abuse treatment as well as to other necessary services.

Another area for potential collaboration between welfare workers and treatment providers is in the area of employment placement. Our research indicates that, at least in some geographic areas, pre-employment drug testing of job applicants is not uncommon. In a follow-up interview with CalWORKs applicants who participated in the UCLA Los Angeles County prevalence study, approximately 29% of those who reported looking for work indicated that they had been required to take a urine drug test as part of the job application process. Better communication

²¹ California Department of Social Services Quarterly CalWORKs Report for state fiscal year 2000/2001, January through March 2001 and April through June 2001 and fiscal year 2001/2002, July through September 2001 and October through December 2001.

²² See Chandler, D. and Meisel, J. (2002). Alcohol and Other Drugs, Mental Health, and Domestic Violence Issues: Need, Incidence, and Services. California Institute for Mental Health, Sacramento; and Gutman, M.A., Ketterlinus, R.D., McClellan, A.T. (2003). Characteristics of substance-abusing women on welfare: Findings from the evaluation of CASAWORKS for families pilot demonstration. *Evaluation Review* 27(6):597-628.

between welfare workers and employers on the disposition of CalWORKs clients' job applications and on the job performance of recent CalWORKs placements could assist welfare workers, in conjunction with drug treatment professionals, to address clients' needs when substance use or abuse is an impediment to finding or retaining employment.

Finally, it should be noted that the welfare system and the drug abuse treatment system are not isolated circumstances of agencies where cross-linkages are needed. Other areas in which greater collaboration could help improve access to substance abuse services for those in need of treatment include the mental health system and the drug abuse treatment system and the criminal justice system and the drug treatment system. Better understanding of the contexts and limitations within which professionals in each of these systems operate may improve communication between these institutions and lead to more effective cooperative initiatives to assist those in need of services.