

SNAPSHOT: THE WAR ON DRUGS MEETS THE PUBLIC BENEFITS SYSTEM

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Everyone should have the resources to obtain basic necessities such as food and clothing. For many, public benefits provide a lifeline to ensure they can afford these necessities for themselves and their families. For example, the Temporary Assistance for Needy Families (TANF) program provides financial assistance and related support services to achieve economic stability, and the Supplemental Nutrition Assistance Program (SNAP) provides benefits to help families purchase food. These programs have helped many families out of deep poverty and improved numerous health and social outcomes.¹

Even though public benefits help families with low incomes improve their circumstances and better meet basic needs, states have limited access to these programs. Because of the social and structural inequities that result in more Black, Latinx, and Indigenous people and other people of color living in poverty, limits on access to public benefits disproportionately harm these communities.² The war on drugs provided a rationale for states to limit access in the name of deterring drug involvement. The assumptions behind this rationale are that some people deserve help while others do not (i.e., people who use drugs do not deserve basic necessities); people are just trying to game the system and squander public money (e.g., the “welfare queen” stereotype); and people who use drugs are not and cannot be responsible community members.

One of the ways the war on drugs has infiltrated public benefits has been through drug screening and testing requirements. Over a quarter of states require people to undergo screening for drug use and, depending on

the result, submit to a drug test prior to receiving TANF benefits.³ Some states require that the TANF applicant pay for the drug test out of their own pocket, which can deter many who, by the nature of their application for benefits, have limited disposable income.⁴ If the drug test indicates drugs are in the person’s system, they can be denied benefits or required to attend abstinence-based drug treatment (possibly paid out of the applicant’s pocket) in order to get the benefits.⁵ Because drug tests can only determine presence of a drug in someone’s body, not whether they have a substance use disorder, people may be required to attend treatment even if they do not need or want it. Refusal to submit to the drug screening or test can in itself be grounds for denial of benefits.

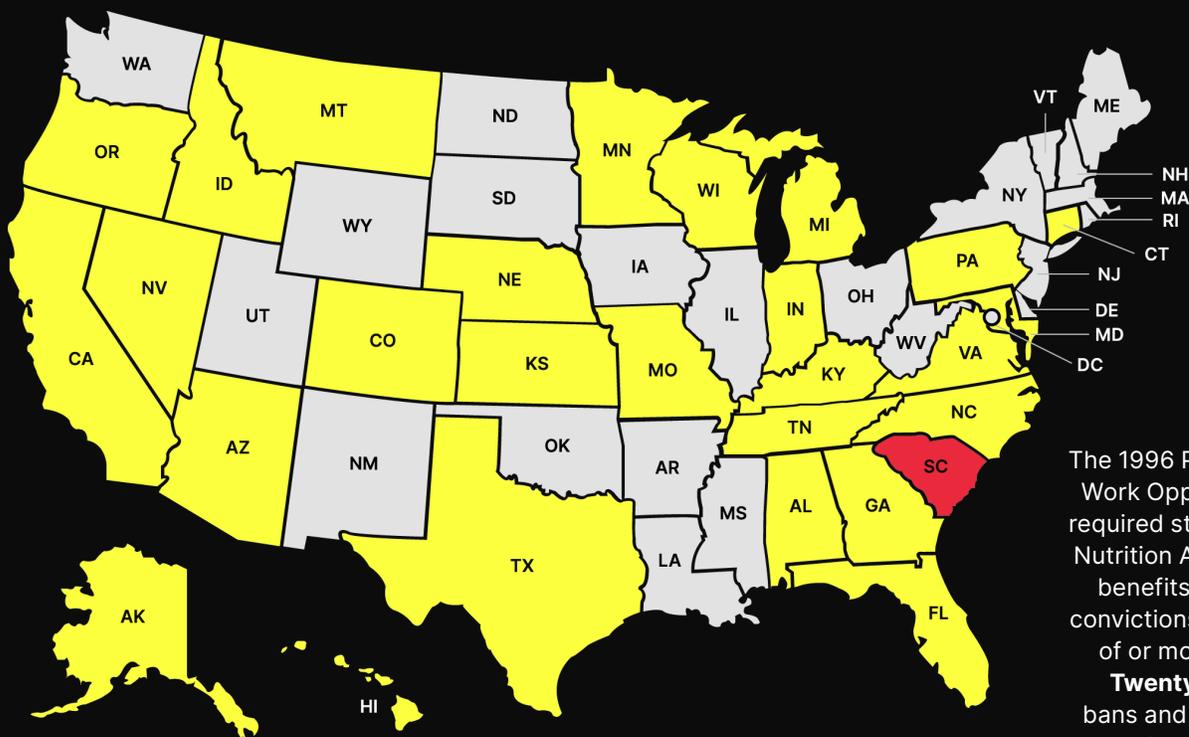
In addition to violating privacy and autonomy rights, drug testing TANF applicants is ineffective, expensive, and harmful to families in need. In 2016, less than one percent of people applying for TANF in states that require drug screening and testing ultimately tested positive.⁶ These states collectively spent more than one million dollars enforcing these policies in that year; this is money that could be used for more supportive services.⁷

On the other hand, these policies deter people from applying and completing the enrollment process.⁸ People who are afraid of testing positive may not apply and may not know that they can apply on behalf of their children. Even if they do apply for their children, the lack of benefits for the adult may mean that there is not enough support for the family.⁹ The cost of paying for a drug test can be too big of a hurdle for families with low incomes. Attending and paying for treatment, which may

not be necessary because the applicant may not have a substance use disorder, poses a major barrier for people struggling to provide basic needs for their families. With all these obstacles in the way, many people decide not to apply or finish enrollment and forgo the benefits that would help their family gain financial security.

Despite the cost, ineffectiveness, and harm, many states have tried to make all TANF applicants submit to drug testing in order to receive benefits but have been forced to stop due to court rulings that these policies would be unconstitutional.¹⁰ More recently, states have tried to extend drug testing requirements to other public benefits programs like SNAP, Medicaid, and Unemployment Insurance. States have not been that successful with implementing drug testing in these other programs, but many continue to try.¹¹

Another way that states deny access to benefits is through disqualifications based on felony drug convictions. Federal law requires states to deny TANF and SNAP benefits to anyone with a felony drug conviction (which can be for simple possession in many states) or to affirmatively opt out of or modify the ban.¹² Nine states permanently bar people with felony drug convictions from TANF benefits and one does so for SNAP benefits.¹³ Over half of states have instituted modified bans to limit TANF and SNAP eligibility for people with felony drug convictions.¹⁴ These policies can require TANF and SNAP beneficiaries to submit to regular drug testing or complete treatment programs, regardless of need, in order to maintain benefits. These policies disproportionately harm people of color, who due to targeted enforcement of drug laws in their communities, are more likely to have felony drug convictions.¹⁵



STATE BANS ON SNAP BENEFITS FOR PEOPLE WITH FELONY DRUG CONVICTIONS

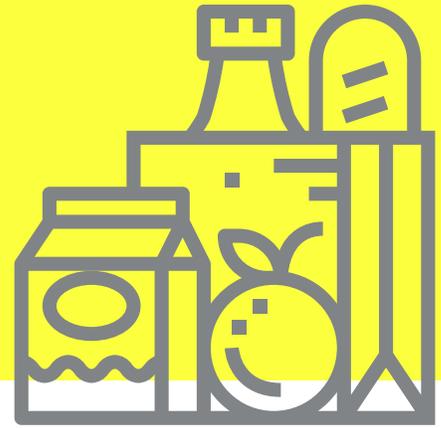
- Partial ban
- Full ban

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act required states to deny Supplemental Nutrition Assistance Program (SNAP) benefits to people with felony drug convictions or to affirmatively opt out of or modify the federal SNAP ban.

Twenty-seven states have partial bans and **one state** has a full ban on people with felony drug convictions receiving SNAP benefits. Eligibility policies that target people with drug convictions and people who use drugs make it harder for families to meet basic needs. Indeed, removing benefits has been shown to impact families through compromised nutrition, housing, and health.

Source: *The Network for Public Health Law* (as of April 2020)

By denying benefits that can help people out of poverty, our policies may actually contribute to increased substance use disorder rates, in addition to negative health and education outcomes that contribute to generational poverty.



When people do not have basic resources like food and clothing, there are negative impacts on their nutrition, housing, and health.¹⁶ The effects are especially hard on children who, without adequate support, are at higher risk of food insecurity, decreased academic achievement, and a host of negative health consequences.¹⁷ Public benefits are effective at helping families out of poverty, if accessible and sufficiently funded.¹⁸ Efforts to reduce poverty and economic inequality are also important to reducing the prevalence of substance use disorders. Living with low or no income is associated with an increased risk for developing a substance use disorder.¹⁹ By denying benefits that can help people out of poverty, our policies may actually contribute to increased substance use disorder rates, in addition to negative health and education outcomes that contribute to generational poverty. Public benefits also help people reduce the risk of returning to jail or prison after incarceration.²⁰

The war on drugs has limited access and deterred many people from accessing public benefits that could help support their families and improve health, safety, and wellbeing. **Instead of shutting people out based on a drug test or drug conviction, we should ensure that everyone has the basic resources they need to achieve financial stability. In particular, we should prioritize:**

- Ending drug testing requirements for TANF and SNAP benefits.
- Eliminating mandatory drug treatment requirements for TANF and SNAP applicants and recipients.
- Removing TANF and SNAP bans for people who have felony drug convictions.
- Adequately investing in public benefit programs to ensure they provide enough assistance for families.
- Providing supportive services for recipients who desire additional assistance, including appropriate, non-abstinence-based substance use disorder treatment.

Endnotes

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