



Center on Addiction
and Substance Abuse
at Columbia University

WR - Drugs

PRESS RELEASE

HOLD FOR RELEASE
10:00 a.m., June 27, 1994

158 West 57th Street
New York, NY 10019

phone 212 841 5900
fax 212 868 6030

Contact: Alyse Booth
Communications Director
(212) 841-5260

CASA STUDY FINDS THAT MORE THAN ONE IN EVERY FOUR WELFARE RECIPIENTS ABUSE ALCOHOL AND DRUGS

Washington, DC...The Center on Addiction and Substance Abuse at Columbia University (CASA) released a study today showing that more than 1 million women on welfare—one in every four of the 4.2 million women who receive Aid for Dependent Children (the federal-state welfare program)—abuse or are addicted to alcohol and drugs and that mothers on welfare are three times as likely to be addicted to or abuse alcohol and drugs as mothers who are not receiving welfare.

The CASA study found that at least 37 percent of women on welfare between the ages of 18 and 24—the group targeted for job training and employment by the Clinton Administration welfare reform plan—abuse or are addicted to alcohol and drugs.

"The message is clear," said Joseph A. Califano, Jr., Chairman and President of the Center on Addiction and Substance Abuse at Columbia University. "If the Administration and Congress are serious about 'ending welfare as we know it', then they must provide the funds necessary to treat individuals with substance abuse problems, so they can take advantage of the education and job training essential to get them off the welfare rolls. Otherwise, like so many other efforts at welfare reform, the current attempt will be lots of rhetoric and very little reality."

The CASA study also found that:

- 27 percent of welfare mothers abuse or are addicted to alcohol and drugs, compared to 9 percent of mothers not receiving welfare.
- 27 percent of women on welfare abuse or are addicted to alcohol, marijuana and cocaine, compared to 14 percent of women not on welfare.

—more—

Board of Directors

Joseph A. Califano, Jr.
Chairman and President

James E. Burke
Betty Ford

Douglas A. Fraser
Barbara C. Jordan

Donald R. Keough

LaSalle D. Leffell, Jr., M.D.

Manoel T. Pacheco, Ph.D.

Linda Johnson Rice

E. John Roemer, Jr.

George Rupp, Ph.D.

Michael F. Schulhofer

Frank G. Wells (1992-1994)

- 50 percent of women on welfare smoke, compared to 29 percent of women not on welfare.

Substance abuse is a major impediment to the job readiness of many welfare recipients, according to the CASA report. The report confirms the findings of a study of 25 welfare offices by the Inspector General of the Department of Health and Human Services, which concluded that substance abuse was a major obstacle to welfare recipients completing job training and getting off the welfare rolls.

In addition, the CASA study reveals the high cost and pervasiveness of drug and alcohol abuse and addiction among pregnant women receiving public assistance:

- Medicaid inpatient hospital expenditures for birth complications attributable to substance abuse and addiction may reach \$4 billion in 1994, about 10 percent of all Medicaid inpatient hospital costs.
- The cost of caring for a drug and alcohol-exposed child from birth to the 18th birthday can be as much as \$750,000 for medical care, special education and social services.
- Based on surveys taken in two states, it is estimated that fourteen percent of pregnant women on public assistance in California and 11 percent of pregnant women receiving Medicaid in South Carolina use cocaine.

The Center's study was conducted under the direction of Jeffrey C. Merrill, Vice President for Policy and Research.

The Center on Addiction and Substance Abuse at Columbia University is the only national organization that brings together under one roof all professional disciplines needed to study and combat all types of substance abuse—illegal drugs, pills, alcohol and tobacco—as they affect all aspects of society. The Center's goals are: to inform the American people of the social and economic cost of substance abuse and its impact on their lives; to identify what prevention and treatment programs work, for whom and under what circumstances; and to encourage individuals and institutions to take responsibility to prevent and combat substance abuse. The Center on Addiction and Substance Abuse at Columbia University is neither affiliated with, nor sponsored by, the National Court Appointed Special Advocate Association (also known as "CASA") or any of its member organizations, or any other organization with the name or acronym "CASA".

###

WR-Drugs
DPC Program
Staff

FACT SHEET: SSI BENEFITS FOR ALCOHOLICS/DRUG ADDICTS

On Tuesday night, February 8, 1994, the NBC program Dateline ran a segment about benefits being paid to alcoholics and drug abusers through the Social Security Administration's disability program. The Washington Post ran a story on this topic on February 7, 1994. Below are some key facts regarding this issue.

THE PROBLEM:

- * **Supplemental Security Income (SSI) benefits for drug addicts and alcoholics are mandated by statute.**

Since Congressional enactment in 1972, individuals have received SSI benefits for disabling conditions that will last at least 12 months and will keep them from working. Drug addiction and alcoholism are included.

- * Current law requires substance-addicted SSI recipients to accept treatment and that their benefit be paid to a legal guardian or "representative payee." However, it is often difficult to find decent representatives, or any representatives at all, for some SSI recipients.
- * Recent reports have indicated that some SSI recipients addicted to drugs and alcohol may use benefits to sustain their habits. **This is a serious concern.**

THE RESPONSE:

- * **The Social Security Administration (SSA) has already improved its referrals to treatment programs and its monitoring systems.**

In October, 1993, SSA had referral and monitoring contracts in only 18 states. Today, such systems are in place in 33 states and the District of Columbia. By the end of FY 1995, all states will be involved. These new contracts will require recipients to undergo regular substance abuse testing.

SSA is also working aggressively to find more and better representative payees.

- * **The FY 1995 Budget reflects a determination to solve this problem.**

The FY 1995 budget requests \$36 million for referral and monitoring activities, an 80% increase from the FY 1994 level, and an **800% increase over the Bush Administration figure** of \$4 million in FY 1993.

- * The FY 1995 budget also requests \$345 million for the treatment of hard-core drug abusers.
- * The Administration will work with Congress to make appropriate changes to the program. The public has a right to expect those disabled by substance addiction to take responsibility for themselves, seek treatment and do all they can to cure themselves of their addiction.

DPC Program
Staff

1994 NATIONAL DRUG CONTROL STRATEGY

- The 1994 Strategy targets the problem of hardcore drug use and the violence that surrounds it. This is the heart of the Nation's current drug crisis.
 - It proposes a new \$355 million treatment initiative to get 74,000 hardcore addicts off the street and into treatment where they belong.
 - It calls for passage of a tough and smart crime bill that will help treat at least an additional 64,000 addicts in the criminal justice system.
 - It calls for passage of the Health Security Act to make the first-ever guarantee of drug treatment services available to the more than 58 million Americans who have no coverage at all for some time each year.
 - The Strategy's goal: to reduce hardcore drug use by an average annual rate of 5%.
- The Strategy strengthens our drug prevention efforts and maintains the strong "no use" message required to keep our kids from experimenting with drugs in the first place.
 - It proposes an increase of \$191 million in school-based drug and violence prevention -- Safe and Drug-Free Schools.
 - It rejects the legalization of illegal drugs as a potential answer to the drug problem.
 - It calls for a national meeting of substance abuse prevention experts to help turn around kids who have a new-found interest in certain illegal drugs.
 - The Strategy's goal: to reduce the number of casual drug users at an average annual rate of 5%.
- The Strategy recognizes the need to empower communities with an integrated plan of education, prevention, treatment and law enforcement -- and explicitly rejects the false choice between law enforcement and treatment programs.
 - It proposes a dramatic increase in community policing programs to help neighborhood residents take back their streets.
 - The overall FY 95 budget proposes an increase of more than 300% for state and local law enforcement.
 - The Strategy goes hand-in-hand with the Administration's other community-based efforts -- such as National Service and Empowerment Zones and Enterprise Communities -- to ensure that crime, drugs and violence are addressed at the grass roots level.
- The Strategy expands our international drug control efforts by not simply waiting for drugs to come to our border, but by going right to the source countries where illegal drugs are produced.

TALKING POINTS ON 1994 DRUG STRATEGY

- Today, the President and Lee Brown unveiled the Administration's 1994 Drug Strategy and the largest federal drug budget ever -- \$13.2 billion. It's a realistic, balanced strategy that -- after years of rhetoric -- focuses on the most difficult facet of America's drug problem -- hardcore drug use.

DEMANDING THAT HARDCORE DRUG USERS BE TREATED

- Treating America's drug problem must start with an aggressive effort to break the cycle of hardcore drug use. This won't be easy, but we can't continue to ignore it. Hardcore drug users fuel the demand for drugs in this country and put the great strains on our society in the forms of increased crime and health costs, reduced productivity, homelessness, higher welfare costs and more.
- Heavy drug users consume a majority of the nation's illegal drug supply. Although hardcore users account for only about 20% of all cocaine users, they consume about two-thirds of the available cocaine.
- Most important, hardcore drug use is linked -- directly and indirectly -- to a disproportionate amount of crime and violence. One study found that more than 50% of hardcore drug users not in treatment were engaged in recent illegal activity, and another study revealed that 53% of the murders in New York during a six-month period were drug-related.
- It makes sense to treat hardcore drug users. Not only have countless studies shown that drug treatment reduces criminality, but treatment also has been shown to save money. According to the National Institute on Drug Abuse, for every \$1 spent on treatment, \$7 is returned to society in the form of reduced public spending (\$3) and increased productivity (\$4).
- That's why the 1994 Strategy calls for \$355 million to be spent on a new initiative to treat 74,000 hardcore drug users -- the largest such proposal to date. And that's why the 1994 drug strategy calls for passage of crime legislation that will treat at least an additional 64,000 hardcore users in the criminal justice system.
- If we're going to reduce the harm these addicts impose on society, we must **demand** that they get off the streets and into treatment -- and we'll help them do that. But if hardcore users don't get the message -- we'll use our courts, jails and prisons to make sure they do.

SENDING A STRONG "NO USE" MESSAGE TO OUR KIDS

- After years of a general decline in casual drug use, recent surveys indicate that the use of certain drugs (marijuana, LSD and inhalants) may be on the rise -- along with an increase in the feeling that drugs are "cool" and not that dangerous. We must let our

kids know that nothing could be further from the truth. Our kids must know, in no uncertain terms, that drugs are not only dangerous -- but illegal.

- Recent studies have also shown an alarming level of violence in our schools and suggest that there is a strong link between kids who bring guns to school and drug use. Not only must our kids get a strong "no use" message on drugs, but we must take the opportunity to tell them about the dangers of guns and gangs, too.
- To combat the increasing levels of drug use and violence in our schools, the Strategy redoubles in-school prevention efforts and proposes a \$191 million increase in the Administration's proposed Safe and Drug-Free Schools and Communities Act.
- Increased funding is not enough. We must do everything we can to prevent crime, drug use and violence -- government can't solve this problem alone. Families must take responsibility for their children. Individuals need to take personal responsibility for their own actions. And communities need to challenge their citizens to stand up for common decency, and refuse to accept the unacceptable anymore.

REJECTING THE FALSE CHOICE BETWEEN LAW ENFORCEMENT AND TREATMENT

- Although the 1994 Strategy places a new emphasis on reducing the demand for drugs, it does so without reducing our commitment to law enforcement. In fact, the Strategy includes a 4% increase in drug-related criminal justice expenditures -- and an overall increase in anti-crime spending of 21%, or \$3.2 billion.
- The Administration's overall budget for crime also gets money to those on the front lines -- state and local enforcement. The FY 95 budget proposes increasing aid to state and local law enforcement by more than 300%.
- The 1994 Strategy calls for improvement of our international drug control programs - - a controlled shift from a total emphasis on interdiction to a more balanced approach: working with source countries that have the political will to go after the kingpins and cartels who grew rich from supplying our people with drugs. The Strategy says we're not going to wait for you at the border, we're coming after you at the source.

MAKING THE TOUGH FUNDING CHOICES

- Despite tough fiscal times, the 1994 Strategy is backed by the necessary funds. It includes large increases for treatment of hardcore drug users (14.3%), increased drug education and prevention (28%), and efforts to target international drug trafficking organizations (21.7%).
- The FY 1995 budget demonstrated real fiscal discipline: it cut spending in 7 of the 14 departments; cut more than 300 federal programs; and terminated more than 100 programs. Still, the 1994 Strategy proposes the largest federal drug budget ever -- increasing drug-related spending by almost 9%, or more than \$1 billion.