Is evidence for or against drug-testing welfare recipients? It depends on the result we're after

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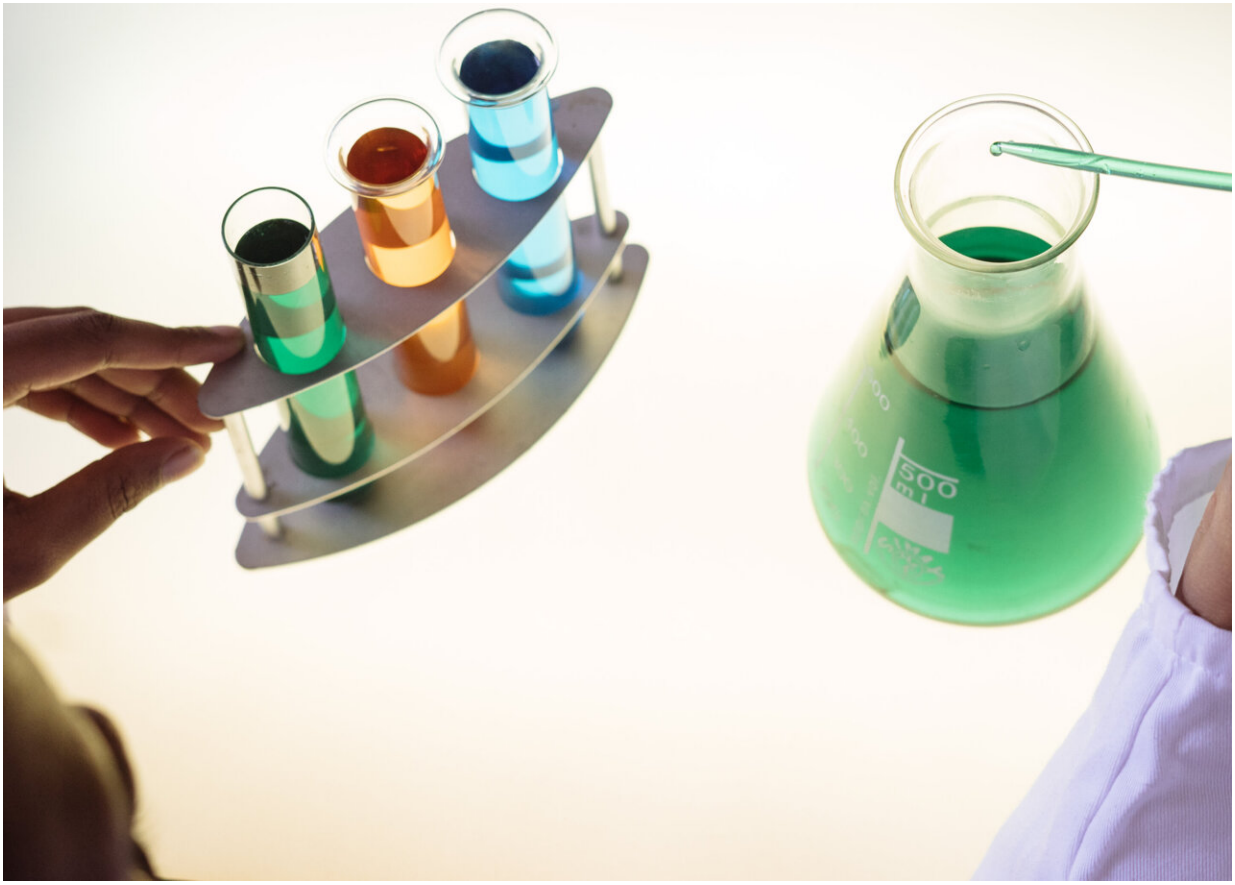

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The government's announcement in the May 2017 budget of a trial of

random drug testing of 5,000 Youth Allowance and Newstart recipients has been almost universally criticised. While the prime minister claimed the program is "based on love", the CEO of Jobs Australia has warned it will be so demeaning as to drive young people to sex work. And the government shows no sign of being overwhelmed by the reportedly "overwhelming" medical evidence that its policy will not work.

There is a certain amount of hyperbole on both sides of this issue, which is skewing the evidence. This makes it difficult to interpret, largely due to the lack of clarity on what the aims of this program are. Is it to help struggling addicts, reduce the number of drug users, or save money by reducing welfare payments?

Most of the evidence drawn on by critics of the trial comes from places that have implemented such programs. While it has been considered in the UK and Canada, variations on testing welfare recipients for drug use have only previously appeared in the US and New Zealand. So, have they worked? And is there a convincing link between welfare recipients and drug use at all?

Drug use and welfare

The most recent estimates from the US found about one in five people receiving welfare had used illicit drugs in the previous year. That makes drug use up to 50% more common in welfare households than the general population.

The impact this drug use has on their lives varies widely, however. Less than 5% of welfare recipients met the diagnostic criteria for having a substance abuse problem, which would make them eligible for withdrawal treatment.

Closer to home, a New Zealand government survey found 32% of

welfare recipients reported using illicit drugs, in comparison to 18% of the general population. The clandestine nature of drug use, and the reliance on self-reporting in these statistics, make prevalence estimates imperfect. Nevertheless, drug use has been treated as a key driver of welfare dependency in the US, where testing has been implemented intermittently since the turn of the century.

Drug testing in Florida

As numbers of such programs grew in the US, one study directly analysed the difference in employment and earnings between welfare recipients who were and were not using drugs in Florida. The study reviewed 6,642 applications as part of drug testing for the Temporary Assistance for Needy Families program. This involves the federal government providing financial assistance to pregnant women and families with one or more dependants.

The authors found a small but insignificant difference between groups, which is a difficult result on which to base conclusions. This study also didn't collect information about the extent of problematic drug use as opposed to recreational use. And it had limited ability to control for related social and demographic factors.

The confounding effect of these other factors is often alluded to as implied evidence against drug-testing programs. For instance, some studies have argued depression, physical health problems and limited education are the most common barriers to improving the conditions of drug-using welfare recipients. Yet this is not a clear argument against targeting drugs, as there is also evidence cannabis and methamphetamine use can exacerbate depression and other health conditions.

Too costly an exercise?

The other argument against the proposed trial, as put forward by the Australian Greens, is that it's an ineffective use of money as detection rates of drug users will be minimal. Indeed, in New Zealand, $1 million was spent on a similar scheme, which detected 22 positive results in a sample of 8,001.

Data have also been released for detection rates in a similar program in Arizona, Missouri, Utah and Tennessee over an 18-month period in 2013-14. With a total of just under 200,000 tests at a collective cost of over US$1 million, these states disqualified 14, 780, 29 and 24 people from receiving benefits, respectively.

The Australian government won't disclose the cost of its current proposal, as it is commercial in confidence. Yet A$10 million has been set aside to support welfare recipients who test positive, presumably to enter treatment or rehabilitation. In the current system, however, less than half of all people seeking drug treatment are able to get access to it. And the most recent reviews of compulsory drug treatment have reiterated it does not improve treatment outcomes.

This A$10 million alone would seem to offset any savings made from withdrawing payments following the very low numbers of positive tests that can be expected. The government has not provided any estimate of potential savings under this policy, so we don't know if this trial will save money.

What about drug-related harms?

No assessment has been made thus far of how drug-related harms – such as emergency department presentations, mental health conditions, or interpersonal violence – changed in response to testing programs. But that doesn't mean we don't have reason to think such programs had no effect.

There is evidence, for example, that prohibition limits drug use. Some studies have found when addicts do enter rehabilitation, they can be motivated by the desire to avoid risk of punishment and frequent interactions with police. This would imply additional hurdles that increase the potential cost of using drugs can effectively reduce levels of use.

Some critics argue this program will penalise people with advanced levels of dependence. But to base policy on this is to ignore the evidence that addicts can and do exercise control over their drug use in response to external factors. The point at which many addicts enter treatment is usually "rock bottom", when the external motivating factors become sufficient to overpower the persistent desire to use. It's not clear how removing these factors will encourage addicts to enter treatment.

What's the ultimate goal?

With regards to the public health argument, the evidence exists but is unsettled and complex. This controversy is not resolved by marginalising the broader picture of relevant research. In terms of the economic argument, there is no reason to expect the costs of this program will be outweighed by the welfare payments that may be cancelled.

It can be said, as some of the architects of this program do say, that the very purpose of this trial is to collect the evidence everyone is clamouring for. The government has committed to ongoing reviews of the program and its outcomes. But this will only be useful if they answer the deeper question of what it is they're looking for.

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