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The Lived Experience of Welfare Reform in Drug-Using Welfare-Needy Households in Inner-City New York

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Welfare reform has transformed a needs-based family income support into temporary assistance for persons entering the workforce. This paper uses observations from an ethnographic study covering the period from 1995–2001 to examine the impact on drug-using welfare-needy households in inner-city New York. The analysis suggests that studies may underestimate the extent to which substance use is associated with welfare problems. Nearly all of these already distressed households lost their AFDC/TANF benefits, had difficulty with work programs, and were having more difficulty covering expenses. The conclusion highlights ways to better study this population and policy initiatives that could help them reform their impoverished lives for themselves and their children.

Introduction

This paper describes the impacts of welfare reform as experienced by drug-using welfare-needy households in inner-city New York based on findings from an ongoing ethnographic study. Most prior evaluations of welfare reform have been based on either surveys of the general population or surveys of persons receiving benefits. These studies appear to have established that few AFDC or TANF recipients are active illegal drugs users (no more than 5% to 20%) and that even fewer of them are drug

abusers (Jayakody, Danziger & Pollack, 2000; Podus & Anglin, 2001). Schmidt, Weisner & Wiley (1998) found rates of problem drinking and heavy drug use around 40% among one California county's general assistance recipients but rates among AFDC recipients were much lower (around 15%).

We contend that there are substantial numbers of welfare-needy drug users that are "statistically invisible" to welfare-reform evaluations because 1) they have been unable to maintain continuous AFDC/TANF support; 2) they have been unwilling to respond to surveys; and, 3) they have been unwilling to disclose the full extent of their substance use to casual, one-time surveys. Lil Sty (a 40 year-old mother of two and subject of this study) remarked

[M]ost of the time that I got cut off [welfare] because I was somewhere stuck sniffing coke, cocaine, and getting high, and did not want to go to my face-to-face appointment.

This type of impression management helps assure that impoverished drug users either fall out of official welfare studies or that their drug use goes unseen and uncounted.

This paper focuses on poor inner-city households where illicit drugs (primarily heroin, crack and marijuana) were used by the subject or another household member. We refer to these persons as *welfare-needy* because they lacked long-term stable employment and lacked prospects of obtaining it soon based on their own admission and confirmed by direct observation. Not all of these persons were receiving AFDC or TANF. These households' experiences of welfare-reform have been similar to and even worse than many of the most negative experiences documented in other studies (e.g., Hancock, 2002). We do not know how many drug-using welfare-needy households are out there. Our research suggests there are many and that they are not hard to find if you know where and how to look. The conclusion makes several recommendations regarding methodology that could advance our ability to count these individuals and policies that could better serve their circumstances. The remainder of this introduction briefly reviews welfare reform and some of its prior evaluations.

Welfare Reform

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was enacted in 1996 by the Federal government with the intent to “end welfare as we know it” by reducing dependency upon federal welfare payments and by bringing many poor persons into legal jobs and the mainstream economy. PRWORA changed welfare from an entitlement program (known as Aid to Families with Dependent Children—AFDC) into interim support (known as Temporary Assistance for Needy Families—TANF). Central to this change were various work requirements and a 60-month lifetime limit on receipt of benefits. Welfare reform also focused on drug use. The Gramm Amendment provided that anyone with a felony drug conviction would be banned from ever receiving TANF and Food Stamps. In 1997, New York State passed legislation to opt-out of the Gramm Amendment, as did many other states. The precise stipulations and enforcement of these requirements vary by state and are evolving over time (Riedinger et al., 1999, describes New York State’s experience).

Superficially, PRWORA has been an undeniable success. Welfare caseloads have declined almost 50 percent both nationally and in New York City. Indeed, early evaluations indicate that a majority of those who left welfare were working, often full-time (see Loprest, 2001, for a review). However, those same studies indicate most of these persons receive the low wages typical of disadvantaged groups in the labor market. Edin et al. (1998) observed that the path from welfare to work was a difficult one. Going to work increased outlays and concerns regarding childcare, wardrobe, and transportation. Moreover, the low wages typically obtained were rarely enough to cover basic household expenses. According to Danziger, Heflin and Corcoran (2000), this rough path may have been recently smoothed by new economic incentives and a strong economy. (Their sanguine conclusion predated the 9/11 terrorist attack and economic downturn.) Danziger et al. (2000) still contended that more needs to be done with regard to extending income, childcare, and health-care support to low-wage workers to help improve the quality of life for their families.

Danziger (2001) studied early TANF experiences among recipients in one urban county in Michigan. He found that employment decreased dramatically with the number of barriers faced—including such factors as lack of a high school degree, poor knowledge of work norms, drug dependence, child health problems, and domestic violence. Persons with no barriers on average had worked 82% of the previous year. This rate declined to 75% for persons with 1 barrier, 65% for persons with 2 barriers and down to 7% for those with 6 or more barriers. The subjects in our study were likely much worse off than even Danziger's most distressed subjects and faced additional challenges associated with extensive drug use, crime and violence.

Methods

As welfare reform was being debated, refined and implemented, the authors were studying the cooccurrence of drug use and violence in severely distressed (predominately African-American and black) households in inner-city New York (primarily Central Harlem, South Bronx, and the Brownsville and East New York sections of Brooklyn). Although not the original focus, the project was able in the course of its work to directly observe the impact of welfare reform among some of the most severely impoverished persons.

Focal subjects were initially identified and negotiated through key informant contacts (Dunlap & Johnson, 1998; Dunlap, Johnson & Rath, 1996; Johnson, Dunlap & Maher, 1998). Parents were first interviewed and asked to give informed consent for researchers to talk to their children (who also gave their consent). The sample included 178 subjects of varying ages from approximately 72 households. A precise count of households was complicated by factors such as eviction, relationships ending, families splitting up, families broken up by child protection services, and persons moving out and moving back.

Households representing a range of family compositions and experiences typical of the inner city were selected for the intensive ethnographic study. Originally, some poor households in the neighborhood were selected as a "comparison group" because they reported that no one in the family used drugs. However, once

the project began interviewing significant drug use was observed. In the end, virtually all households recruited were drug using and welfare needy.

Staff regularly visited each household (and at the time of this writing were still making visits), made direct observation and interviewed subjects in their homes. Most households were followed for three to five years and interviewed at least quarterly over that period. As many as ten years of field notes were available for some subjects who had participated in previous studies. Staff also spent a great deal of time participating in the life of the neighborhood, learning about its peer groups, its informal organization, and its social structures as opportunities arose during the course of daily life. Interviews were tape recorded, transcribed verbatim, and stored in an electronic database. Field notes of interpersonal interactions and conversations observed were also stored in the database.

Over time, the field staff developed the type of personal empathic connection into subjects' lives that yields much more than just valid responses to highly-sensitive information. This paper presents syntheses of the extensive qualitative data as well as direct quotations that reveal the dynamics of individuals' experiences. When first quoted, a short description of each subject's family status and drug use as of 2001 is provided in parenthesis. All names used in this paper are pseudonyms.

Findings

The drug-using welfare-needy households studied were heavily affected by welfare reform. They were well aware that they were now expected to find employment. This section documents their awareness, their difficulties in maintaining and in losing AFDC/TANF benefits, their difficulties with jobs and workfare (government directed work for about 18 hours a week that allows participants to continue receiving a welfare check), and the broader impacts in their lives. To this point, their negative experiences are similar to those of the most unfortunate individuals documented in other studies.

However, our long-term association with study subjects allowed us to observe another part of the poverty story. Much

of the welfare-reform rhetoric holds that changing the economic incentives that will entice the welfare-dependent into legal jobs. This economic reductionism presumes the centrality of a false dichotomy. It also discounts the hardship of this incentive/punishment system. Under welfare reform, many of our subjects had become more desperate, turned to informal support that they wished to avoid (family and acquaintances), and often became increasingly dependent on the underground economy (especially selling drugs and prostitution).

Welfare changed

All of the subjects were very clear that the era of welfare as an entitlement had ended. Candy (29 year-old crack, heroin, and methadone-using mother of two) grew up on welfare. Her mother had received welfare, as had her grandmother and great grandmother. She explained that

In the past, it was a free ride and that's over . . . At present, there is workfare. Everyone is expected to work for his or her check on menial jobs . . . They have people cleaning the streets and hauling garbage and only paid welfare benefits, which is less than minimum wage, for permanent jobs . . . There is much more paperwork and red tape. They are actively pursuing missing fathers, they bog you down with appointments, and one is forced to work.

To many poor person, the frustration of seeking benefits amidst a tangle of new and evolving regulations and multiple agencies was experienced as a maze with numerous dead ends. As a result, virtually all of the adult males and a sizable proportion of adult females in our study were *dewelfared*. The following quotes describe some of the administrative activities and practices that frustrated welfare participation. Changes in welfare agency personnel were constant. Caseworker visits to homes ended. New workers were often assigned to cases. Clients could not reach their caseworkers by phone; the latter were often reported doing little behind glass partitions. In 1998, New York City welfare centers were transformed into "job centers." All applicants for benefits were sent on job interviews without any possibility of obtaining financial assistance (other than food stamps or referral to food pantries).

For most of the study subjects, losing welfare typically resulted in losing Medicaid coverage. Medicaid eligibility, under PRWORA, was supposed to be independent of TANF participation, but that was not what subjects experienced. For Jennifer (35 year-old crack-using mother of four), the tangled recertification process ultimately threatened her health. She explained

Yeah. My case is still closed now and the forty-five days has lapsed. It's going on sixty days come tomorrow. I'm tell[ing] you how, okay. Welfare sends you the first letter for face to face [a welfare recertification interview]. I never received that. They send you a second letter and tell you that you have ten days to respond to this letter . . . I went straight there Monday. That was on the nineteenth. My caseworker said she had to leave—10:30 in the morning, bitch gotta leave. So, I called the supervisor . . . She wanted me to come in that Wednesday.

I got sick . . . I'm a diabetic and my pills were, you know, depleted. I went Tuesday to the doctor . . . [But] I didn't have the money to pay the surcharge. They won't give me my medicine . . . I got sick Wednesday and went to the doctor, and had to get a shot of insulin. I'm still sick and woozy. I go home, right. Thursday my case was closed cause I didn't go . . .

I come over here and ask Barbara, cause me and Barbara check date [is on] the same day, for a dollar fifty. That fucking Jamaican snagged, toothless bitch wouldn't give me a dollar fifty. So, I couldn't get there . . . I finally hustled up a couple of dollar and got me some change. I went that [following] Monday. She told me I have to reapply again. So, I called for a hearing two weeks ago. Two weeks past that date, she was like, "You know you're supposed to call us before." I said, "I've been trying to. Sometime didn't have the change to call." So, um, I applied all over again . . .

I didn't know I could get an emergency Medicaid card. So, they gave me one this trip. That shit. They sent me three fucking Medicaid cards, and none of them worked. Do you know how it is to go to a fucking program thinking I'm going to have carfare to get home, and this shit don't work. Or, or, I go in the pharmacy, cause I need my medicine. I haven't had my pills since fucking July cause my Medicaid card does not work. It ain't open. I don't have no ways of getting no fucking place . . . I need my mother fucking Medicaid.

So, I'm going to call Mr. Richardson today. And he, I know his faggot ass. You know what I'm saying.

In this new era of welfare restrictions, illicit drug use places an additional vulnerability on the needy. From 1996–2000, drug-using subjects reported that welfare workers were not inquiring about their drug use, nor were they being cut off welfare explicitly for their use of drugs. In 2001, however, subjects reported a major change. The long-standing welfare recertification interview that previously focused on financial needs only was replaced by a more comprehensive *reevaluation* of the person. The new form explicitly asked about use of illicit drugs and heavy alcohol use. If applicants answered “yes” to the drug-related questions, they may have difficulty obtaining benefits and may be required to attend drug treatment. Initially, this question presented little problem to the study subjects. Most of them simply denied any drug use and drug histories to avoid any potential consequences.

In 2002, the impact of the reevaluation process became clearer. Candy (cited above) was evaluated as currently unemployable. Accordingly, she could receive benefits and did not have to work and was not assigned to a workfare position. Meanwhile, she was identified as having a drug problem and was required to register with Universal Behavioral Associates, a private agency. The agency laid down a number of very strict expectations. Candy was assigned to a drug treatment program. She was required to check in with the agency every week. She also signed a consent form permitting the agency to obtain urinalysis results directly. (In the past, urinalysis results were provided to drug treatment programs, which were not compelled to share findings.) One missed appointment, one dirty urine, or one failure to comply with any other conditions set by Universal Behavioral Associates, and Candy could lose TANF support.

Worklife

As children, the study subjects did not have many of the necessary developmental experiences that would prepare them for entering the mainstream economy. Many did not have adult role models who were legally employed on a steady basis. Moreover, their adult guardians were incapable of helping them with school-

work and the acquisition of literacy, numeracy, and computer skills. Subjects did not acquire many of the conventional life skills essential for stable legal employment (e.g. punctuality, consistent effort, compliance with direction and supervision, avoidance of aggressive language, etc.). In this regard, as young adults most of these subjects lacked the human capital to obtain jobs, particularly the steady well-paying jobs with fringe benefits that could lift them and their families out of poverty (Dunlap, Johnson, Maher 1997). Dropping out of formal education and high school was the norm.

While many of the study subjects engaged in some legal work, their jobs typically had minimal pay and no benefits. Many of these jobs involved day labor or short term employment. Often, they were paid in cash, off the books. Virtually all of the households studied relied upon AFDC/TANF and other benefits (especially housing subsidies) for their housing expenses, utilities, food, and other necessities. Income from legal work and crime was typically too small and too intermittent to cover household expenses. Compounding matters, a commitment to regular and daily use of illicit drugs consumed much of their time and disposable cash income.

Only a few study subjects obtained stable legal employment and/or attended college. Avoidance of regular illicit drug use appeared to be an essential ingredient (but not the only ingredient) for the few who succeeded. Rather, avoidance of drugs was just one way successful subjects applied their personal resolve. Carmen (23 year-old marijuana-using mother of two) was one of the few study subjects who "had made it", was supporting herself long-term through a job that provided benefits. Her road was hard. Carmen's mother was a crack addict. While growing up, her family was frequently homeless. Carmen committed herself to building a better life. She assiduously avoided crack cocaine, having seen how use of this drug was associated with so many of her mother's problems. She prepared for and obtained her GED and she persevered through a succession of jobs.

Yeah. I worked a couple of places here and there . . . I worked as a cashier [at a supermarket] . . . for about four months. I believe it was minimum wage . . . I fell in there and I had a bad thing because

I didn't really hurt myself. So, I tried to go home. And, they told me I could go to the doctor. So after that, I went to the doctor so I wouldn't lose my job. So when the bill came, [I told them,] "You told me to go to the doctor because I fell in your store because the floor was wet." And they didn't wanna pay the bill. It was a bad thing and I just didn't go back there anymore . . .

I worked at McDonalds . . . for about two months . . . I had a job at Banana Republic . . . [for] about four months . . . Then I went to Corporate Express. I was there before too, answering phones, a telephone operator. I made two hundred dollars a week, flat rate, from 9 a.m. to 6 p.m. with a half-hour for lunch. I left there because they told me to handle my appointments and then come back . . . So I left.

At one point, Carmen refused a job assignment. As a result, she lost her TANF support. However, she was able to retain the TANF support designated for her children, which included cash benefits, HUD housing subsidies, and Medicaid. Soon afterward, she began applying for and obtained a series of legal jobs. As of December 2000, Carmen worked full-time as a bank teller for about \$9/hour with fringe benefits and potential for advancement. With this position, she supported a four-year old son, a one-year old daughter, and the baby's father who did not work but did baby-sit.

Many subjects expressed a willingness and even eagerness to work. But they were rarely able to find a job. Many of them ended up in workfare. These temporary part-time positions did not lead to full-time stable jobs. Rather, they tended to end when the short-term subsidy to the employer ended.

Leo (24 year-old male). I just worked for the Parks Department . . . Sweeping the parks. I liked it . . . [But] all we did was three hours a day. And you were just basically working for your check. It wasn't like permanent. I don't know anyone who has received permanent employment as the result of a welfare assignment. Nobody. Nobody that I worked with.

Jennifer (cited above). I used to work for PWP [Public Work Program, workfare's predecessor] . . . As soon as jobs was available, they says no PWP's. And we didn't know that was against the fucking law. So, a lot of us couldn't apply for the jobs.

Bobbie (35 year-old cocaine powder using mother of four). [I worked] over at the Workforce Medicaid Building . . . for about six months. I liked it. It was okay. I liked it there. And I got to know the manager and all of them. It was, you know, I liked it, to do, you know. So, I was looking forward to working there afterwards. And I had a lot of supervisors there. They were gonna vouch for me to stay there. But there was nothing we could do about me being on Public Assistance and didn't grant me that job. Cause that would have been a good job, working in the Medicaid Building. But the welfare people just didn't let you get the job. That's what I was saying. They talk about they want you to work for your check. So, I guess you work six months, and that's it. You go from place to place for six months and that's it.

Several subjects expressed deep resentment at how much the workfare jobs expected of them, how little the jobs paid, and how little stability they offered. These subjects reported that supplementing workfare earnings with income from the underground economy was commonplace.

Diamond (25 year-old mother of three). The headaches that people go through with welfare . . . Like, when you finish that welfare stuff, who's gonna hire you? . . . You still don't get a good job.

Bernice (19 year-old marijuana using mother of one). [Sometimes] they give you jobs where you required to dress up to go to work, or something. How do they expect you to afford these things . . . That's another expense out of \$68.50 [a week's earnings]. So, I mean, they crazy, crazy. Well, my friend even though she was out there. I'm sure she have another source of income, cause she kind of young. Well, most of the time, when there is people on public assistance, they don't resort to selling drugs. But they, that's uh, they resort to like selling drugs out of they house, and stuff like that. So they can, you know, extra money . . . Sometimes, they feel like that's the only way.

Subjects faced a constant risk of losing their jobs due to illicit drug use. Drug use was sometimes the cause for termination, at least officially. Rhonda (46 year-old mother of four and a user of heroin, crack, and methadone) was fired from one of her jobs ostensibly because of her drug use. However, a broader assessment of her experiences would suggest that her connection with any of her jobs was always tenuous.

Well I worked in the Ideal Toy factory. And then after that . . . I worked at a card factory, you know, greeting cards. I picked and packed boxes of the cards. And then I went back to the toy factory. Then I went to the life insurance. I was a file clerk there, in Manhattan. And then I worked at Bell Telephone Company . . . I left [the toy factory] because I didn't like putting the dolls' heads on. I wanted to try to do something better. I left the telephone company because of split shift. I didn't like the split shift.

I worked at Metropolitan Life Insurance over in Manhattan. I worked there for a couple of months and they found out I was on drugs. Because these little white pills . . . I had took one and went to work. And, I was up there doing my work. And, I'm just nodding. They sent me down to give urine and, not thinking, I gave urine and it came back in my system. They let me go.

Then I got pregnant again . . . I didn't trust hardly nobody to watch the kids. So, I just stayed and watched them. Plus I had that drug habit too. So, I know I would have got fired.

Ellen's experience (30 year-old crack-using mother of two) indicates how increased drug use can lead to a negative attitude towards the daily annoyances associated with working. But it is unclear whether the drug use undermined her work career or whether her distaste for work propelled her to drug use.

I've had about five jobs: two of them were fast food, one of them was working with computers, and the other two were security . . . I worked on computers as data entry. That's what it was. I worked there for two years. I left because I started getting high. I quit before they found out anything. I left on my own. I wanted my record to stay good.

Then I worked as a security guard. One I worked at City College. And I worked there for three years . . . I left there because . . . every payday they noticed that after payday I wouldn't show up. The other security job I was working was at Midland Marine Bank . . . I worked there for four years. I got tired of standing on my feet. I got tired. My feet got tired. And then I started getting heavy into drugs and I said, "Fuck this shit."

Getting by

Among subjects aged 22–25, none of the adult male and very few of the adult females were able to maintain their own house-

hold. While most subjects were not homeless, their situations were typically tenuous. Many of them shuttled (frequently with children in tow) between staying with a parent, other relative, boyfriend, girlfriend, or doubling up with another family. A few young women with children qualified for TANF and subsidized apartments by living in the family shelter system for months to establish their "official homelessness". In 1994, Ricochet (36 year old crack-using mother of seven) was in the family shelter system for nearly 12 months before welfare placed her family in a subsidized apartment. Six years later (2000) her oldest daughter, Tushay (age 20) with two children and pregnant with a third, had to reside in a family shelter for 7 months before she qualified for TANF, a housing subsidy, and an apartment of her own. Indeed, many young women (ages 20–25) with children determined that the price of independent living was a minimum of six months in the family shelter system.

Child protective services presented another challenge to these poor women. Several subjects (especially the heavy crack users) had their children removed from their household. Each of Ricochet's four youngest children was taken from her at the hospital soon after birth because tests of her urine detected that she had recently used cocaine. Ricochet's two oldest daughters and a son had temporary periods in foster care in early childhood. However, Ricochet was able to regain custody of them. Ricochet became unable to obtain TANF because of a combination of factors including her youngest child at home turned 18, her repeated refusal to enter drug treatment when directed, and her repeated lack of completion of the treatment program when she went. In the process, she lost her apartment. Her two oldest daughters with children of their own and their own apartments sometimes relied on Ricochet to baby-sit and allowed her to live with them for a while.

Foster care was where children were placed when removed from a parent, but it was also another program that supported poor inner-city families. Many of the children were placed with a relative (as kin foster care) who then received the government support payments for that child. Ricochet was able to place her youngest four children with her Aunt, Fannie Mack. Kin foster care may have become an alternative mechanism (outside

of TANF) by which low-income women (usually older women with stable households) obtain income transfers for assuming the guardianship role for the children of current drug users.

Candy (cited above) had lost her first child to foster care because of her drug use. When her second child, a son, was born, she moved into a family shelter. She began receiving TANF payments for herself and her son. One day, she hit the foster mother of her 3-year-old daughter. As a result, she was arrested. As a further consequence, her second child was taken from her and placed in foster care. Her TANF payments were subsequently cut after they discovered that she was no longer caring for her son. They reduced her allotment even further to recoup the money she had inappropriately received for his care.

In the face of the increased difficulty to obtaining welfare benefits, many of the subjects reported turning to charities, especially food pantries (either private or associated with TANF offices), and modest support from boyfriends. However, these boyfriends were not providing the type of long-term substantial support necessary to raise children. Diamond's experience (cited above) illustrates the tenuous nature of the situation.

Well, I always went to little [food] pantries, you know . . . They give you fruits and vegetables, and little cans that you can use, boxes of cereal, stuff like that . . . They always told us where to go so we can have family stuff. Troy [her boyfriend] helped me out. But you know, basically [I] got to keep begging somebody. It was actually begging. And if he gave me a twenty dollar bill, [he would argue that] that was too much. And a twenty-dollar bill, you know, can't last forever. Like now I really don't have any money. But I mean, thank God I do hair[braiding] on the side. [But that income source] depends on when somebody ask me.

The Underground Economy

In contrast to their skills deficit for legal jobs, most of the subjects were effectively socialized for participation in the underground economy (see Johnson, Dunlap & Maher, 1998; Maher, 1997). Subjects often reported performing sex work (multiple boyfriends, open prostitution, lap dancing, phone sex), drug distribution (sales and assistant roles), and other hustles. Typically, cash income from criminality was expended to support drug

consumption and social activities—and not to support household expenses.

Many of the female subjects wanted a “man in the house,” for a variety of reasons: emotional support, economic support, drugs, food, sex-for-money, etc. Usually, men would provide women with money after having sex. However, they were not perceived as “Johns” or “tricks.” The women typically referred to these men as “boyfriends.” Their money was considered “contributions” to their families, and not “payments” for sexual services. Jennifer (cited above) explained.

I have a friend named Leo. He, he likes me. He wants me to be his woman. [I told him,] “But me and your [former] woman used to be best friends. That’s not going to work.” But he said, “Fuck her. I like you.” I like [am thinking] . . . No. I’m just coming out of a relationship from a man. You know what I’m saying? I haven’t gotten over him, yet. I haven’t put no closure to him. But, he sees me. Gives me a little money. You know, he give me, you know what I’m saying like that [implying payment for sexual relations.] I don’t like doing that.

But, it didn’t matter, cause when Kenny [another “boyfriend” who beats her up] there, I still got. But now I can get a little bit more, you know what I’m saying?

Gino [a third boyfriend and father of her children] buys me groceries and stuff like that, because he got that Quest card, where he gets the food stamp and shit through the supermarket. They got it over here. So, he bought me a couple of bags of groceries and stuff like that. So that, that’s, you know, all right. But this shit is bugging me the fuck out, because I really need, like the cash [for rent].

For Diamond and Jennifer, support from “boyfriends” was a central means of obtaining cash. Indeed, Jennifer stitched together the odd bits from three “boyfriends,” a variety of programs, and her friend Daphne, to assemble a veritable “crazy quilt” of money and goods to cover her family’s needs. These boyfriend relationships implicitly suggest an exchange of sex for money. Candy (cited above) was more open about the nature of her exchanges while waiting for welfare.

I’ve always kept a man around somewhere you know (both laugh). I mean they handy to have around sometimes. It took me thirty

to forty-five days to get [back] on welfare, but I was homeless so they move a little faster in that case. I got emergency food stamps and carfare to go on scheduled appointments. While waiting to be accepted, I lived in the shelter, hustling myself, and got some help from the son's father as well some help from family and friends.

Carmen (cited above as one of the study subjects who had ostensibly "made it") was even more explicit than Candy. She would explicitly tell men that they were expected to pay for services. She was clearly aware that her body was an economic asset.

Well if I'm messing with a guy and he wanna be messing with me, then you can give me money. I was straight out like that! I danced for a while, stripped. But I would rather be on welfare and sit in appointments all day than to strip. Now that's the truth. That life will lead you to smoking drugs, real drugs!

Conclusion

This analysis makes it abundantly clear that welfare-reform is not helping many drug-using welfare-needy households achieve economic independence through employment. The welfare reform "incentives" were actually experienced by our subjects as "punishments" by a harsh system that did not understand their needs, ignored their requests, and held them in contempt. Being cut off welfare caused much hardship and despair as well as increased reliance on the underground economy.

Moreover, there is strong evidence to suggest that the prevalence of drug-using welfare-needy households has been greatly underestimated by the survey literature reviewed in the introduction. Accordingly, the problems described in this paper may be much more common than previously suspected. Many of the most severely-distressed households have been excluded from welfare studies because they are not included in a convenient sampling frame, they may not be on the welfare roles, they may not have a telephone, they may not have a stable address, or they may simply refuse to participate. Even when they do participate, numerous studies of survey methodology have documented that individuals tend to greatly underreport their substance use, espe-

cially for the most stigmatized illicit drugs (Harrison & Hughes, 1997; Magura & Kang, 1996).

Thus, there are two important and interrelated problems to address: improving inner-city lives and improving the research methods used to understand and monitor these experiences. Both welfare reform and its evaluations fail to get sufficiently close to many of the most persistent, most severely-distressed households in inner city neighborhoods in New York and probably across the country. Regarding research, new technologies such as respondent-driven sampling (Heckathorn, 1997) hold out the promise of systematically improving upon the snowball-sampling referral procedures commonly employed in ethnographic research in order to provide a verifiably representative sample from a subpopulation of interest (such as drug-using, welfare-needy households); to estimate prevalence rates of various characteristics among members of the subpopulation; and to estimate the size of the subpopulation (Frank and Snijders, 1994; Spreen and Zwaagstra, 1994). Such procedures may eventually prove much more accurate than traditional survey and evaluation methods.

Regarding welfare policy, a simple policy initiative that transforms disaffiliated inner-city adults into productive self-sufficient employees is not available. Given their poor work records, lack of social capital, persistent substance use, and criminal records (for many), their immediate prospects are not strong. Our research suggests that any additional restrictions on welfare access will probably worsen conditions in drug-using welfare-needy households and do little to bring them into the world of legal work and above-poverty employment. Welfare reform has been effectively punishing formerly disadvantaged youths for their unproductive adulthoods. Meanwhile, their children continue to be neglected, abused and further disadvantaged. The scars of these experiences help assure the production of future generations of drug-using welfare-needy households. Indeed, intergenerational transmission of poverty, drug use, and related problems is common (Dunlap et al., 2002; Hotaling et al., 1988; Widom, 1990). For this reason, we suggest that welfare programs renew their efforts on behalf of dependent children. For these troubled households, welfare benefits (as well as housing, food, and medical benefits) should

not be tied to work requirements, abstinence from drug use, or attendance at drug treatment—unless the welfare system can actually deliver an integrated program of training and entry into above poverty jobs, guaranteed health benefits, and effective drug treatment. Additionally, the arbitrary five-year limit on receipt of TANF benefits should be waived for households like these in recognition of their continued struggles, needs, and family responsibilities.

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