



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
Senate Committee on Ways and Means

April 4, 2006

by
Dr. Gary K. Ostrander
Vice Chancellor for Research and Graduate Education
University of Hawai'i at Mānoa

HB 2045 HD2 – RELATING TO PERINATAL CARE

Chair Taniguchi, Vice Chair Tsutsui, and Members of the Committee:

Thank you for the opportunity to testify on HB2045 HD2, which proposes establishing a perinatal substance use clinic through the clinical arm of the University of Hawai'i John A. Burns School of Medicine (JABSOM).

While the University of Hawai'i understands the need and support the establishment of such a facility, we feel that it is not best administered by the School of Medicine, and we ask that the committee reconsider that recommendation. We request that this allocation and program be housed elsewhere in the state government.

Hawai'i has one of the highest rates of crystal methamphetamine use in our nation. Of these users, a substantial number are women of childbearing age, and a smaller but significant percentage of these are pregnant women. Studies have shown that 6-12% of women use methamphetamines while pregnant. Despite this high prevalence, little is known about the effects of methamphetamines during pregnancy. While methamphetamine use receives a great deal of attention, a far greater threat is probably from the use of legal drugs – primarily tobacco and alcohol - during pregnancy. This clinic aims to support women during pregnancy, providing prenatal, delivery, postpartum, psychiatric, and substance use counseling to the woman, and routine pediatric and developmental care to her children. All women with a past or present difficulty with substance use would be eligible for its services.

Many studies have shown substance use treatment to be cost-effective in terms of reduction in crime and burden on the criminal justice system. This is especially true when looking at treatment of pregnant women, which not only helps prevent pregnancy complications in the woman, but also in her newborn. Many women with a substance-use disorder don't present for prenatal care out of fear of being prosecuted or having her children removed from her custody. This lack of prenatal care only further increases her risk of having a pregnancy complication, such as preterm birth or small for gestational age. By providing this prenatal care in a safe and supportive environment, we could prevent these complications and their associated costs.

Thank you for this opportunity to testify.