



UNIVERSITY OF HAWAI'I SYSTEM

TESTIMONY

SB 2132 SD1

Testimony Presented Before the
SENATE COMMITTEE ON WAYS AND MEANS

February 24, 2006

by

Gary Ostrander, Vice Chancellor for Research and Graduate Education
University of Hawai'i at Mānoa

Testimony Presented Before the
SENATE COMMITTEE ON WAYS AND MEANS

February 24, 2006

By

Gary Ostrander, Vice Chancellor for Research and Graduate Education
University of Hawai'i at Mānoa

SB 2132 SD1, RELATING TO PERINATAL CARE

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

Thank you for the opportunity to testify on SB 2132 SD1, which proposes establishing a perinatal substance use clinic through the clinical arm of the University of Hawaii John A. Burns School of Medicine (JABSOM). I am pleased to offer my support for the intent of this measure.

Hawaii 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.

While we understand the need and support the establishment of such a facility, we feel that it is not best administered by the School of Medicine.

Thank you for this opportunity to testify.