

 the
**Drug Policy
Forum**
of hawai'i

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February 12, 2009

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To: Senator Suzanne Chun Oakland, Chair
Senator Josh Green, Vice Chair and
Members of the Committee on Human Services

From: Jeanne Y. Ohta, Executive Director

Re: SB 1177 Relating to Prenatal Exposure to Controlled Substances
Hearing: February 12, 2009, 1:45 p.m., Room 016

Position: STRONG OPPOSITION

I am testifying today in strong opposition to SB 1177 Relating to Prenatal Exposure to Controlled Substances. The proposal would make health care providers, law-enforcement officials, and others mandatory reporters of possible drug or alcohol abuse by a pregnant woman.

Most troubling is a provision which would allow the involuntary emergency admission of a woman to a hospital if she refuses voluntary treatment. Although this measure does not call for a jail sentence, this involuntary admission is similarly punitive. Punitive measures are counterproductive. Many medical organizations oppose such punitive policies. "Pregnant women will be likely to avoid seeking prenatal or open medical care for fear that their physician's knowledge of substance abuse or other potentially harmful behavior could result in a jail sentence rather than proper medical treatment." (*American Medical Association*)

This proposal, rather than encouraging women to seek prenatal care, alienates them from health care providers and the treatment that they need. Not receiving prenatal care may lead to pregnancy complications and pre-term labor which are more costly to Hawai'i and increases risks to the new-born.

The involvement of DHS implies that their babies will be taken from them; the fear of CPS involvement serves to keep women from not only prenatal care, but also from drug treatment services.

The bill does not add any further safeguards to children than already exist. The state Child Abuse Prevention and Treatment Act already mandates that children are identified at delivery if they are affected by an illegal substance; and that CPS be notified.

P.O. Box 61233
Honolulu, HI 96839

Phone: (808)-988-4386
Fax: (808) 373-7064

Email: info@dpfhi.org
Website: www.dpfhi.org

In 2007, there were 19,000 live births in Hawai'i. The potential for the number of assessments and investigations which DHS would be required to conduct is enormous, diverting the department from other urgent services.

There is a better way to address the issue of pregnant women with substance use disorders. The legislature established the PATH Clinic which provides prenatal care and substance abuse assessments, education and counseling. The clinic also offers a continuity of care with parenting classes, skill building and substance abuse education. This clinic is the right approach. Women receiving services at the clinic have successfully been drug-free at the time of their child's birth. The only woman who was not entered a residential treatment program after the birth of her child. This type of successful outcome is achievable if we place the emphasis where it should be: on encouraging women to seek prenatal care where they will receive positive and encouraging care.

Instead of fear-based proposals, we ask the Legislature to support programs like the PATH Clinic. It is a more effective approach to substance use problems. We urge the committee to hold SB 1177. Thank you for the opportunity to provide testimony.