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increase in people receiving treatment for heroin addiction since 2000, with the greatest single percentage increase — almost 40 percent — occurring in the past year.

- Twice as many federal indictments against heroin dealers were obtained in 2013 than in the prior two years, and over five times as many as had been obtained in 2010.
- Nearly double the deaths from heroin and opioids occurred in Vermont last year as in 2012.

Included in Governor Shumlin's proposal to tackle opioids:

- \$200,000 to expand staffing and space at backlogged treatment centers, primarily in Chittenden County, the Northeast Kingdom and central Vermont. The goal is to eliminate the waiting list and ensure treatment services are immediately available to every Vermonter in need. In addition, more than \$8 million in ongoing funding for treatment and recovery will be in the fiscal year 2015 budget.
- \$650,000 for substance abuse and mental health treatment services for Reach Up recipients, a figure that jumps to more than \$1 million when matched with federal funding.
- \$760,000 to implement evidence-based assessments and pre-trial services statewide to move addicted Vermonters who have committed certain crimes to support their habits into treatment when appropriate. The funding will permit State's Attorneys to create intervention programs for those arrested, and will allow judges to review assessments and set conditions before trial that include treatment where appropriate. In both situations, resources to hold defendants

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N.J. case equates methadone treatment by pregnant woman with child abuse

On January 9, 76 experts in addiction treatment and health advocacy filed an amicus curiae brief before the New Jersey Supreme Court in a case in which a lower court held that methadone treatment by a pregnant woman is child abuse.

The women, identified as Y.N., obtained methadone treatment when she found out she was pregnant; she was dependent on opioid pain relievers. Her baby was born healthy, with neonatal abstinence syndrome (NAS), an expected side effect of maternal methadone treatment, that was treated successfully.

However, she was reported to the child welfare authorities, who decided she had committed child abuse or neglect because she followed her physician's recommendations and took methadone as prescribed.

"The New Jersey Supreme Court has been a national leader in recognizing that when cases raise scientific, medical, or other technical issues, the evaluation of these issues must be informed by existing scientific knowledge, including expert testimony," said Lawrence S. Lustberg of Gibbons P.C., co-counsel for the amici. "This case should not be an exception, yet, the decision in the lower court was reached without the input of a single medical expert and without considering the established science addressing the value of methadone treatment to maternal, fetal, and child health, and other key health and social welfare issues in the case."

"As a matter of medicine and health care, it is simply nonsensical to regard methadone treatment as a form of child abuse," said Robert Newman, M.D., one of the experts represented in the brief. "Decades of research unequivocally demonstrate the benefits of treating a pregnant woman's addiction to opioids with methadone, an extraordinarily well-studied medication whose benefits to the mother as well as the baby unquestionably outweigh the treatable and transitory side effects that are sometimes seen in the newborns."

Noting that it is not medically recommended for women to simply stop using opioids during pregnancy, Newman added that "methadone and other related treatments are acknowledged by national and international governmental, academic and clinic authorities to be the best choice for maternal, fetal, and child health, reducing risks of miscarriage, stillbirth, and premature birth."

The lower court did not consider health measures that could have reduced symptoms of NAS, including keeping baby with the mother and encouraging breast feeding, the brief notes. In addition, the lower court ruling could also be applied to any pregnant women who requires medication that may have adverse effects on the newborn, including women with epilepsy, depression, and blood clots.

"Unless the lower court decision is reversed, New Jersey would become the only state in the U.S. to effectively ban pregnant women from receiving methadone treatment," said Lynn Paltrow, executive director of National Advocates for Pregnant Women and co-counsel for the experts filing the brief. Calling the decisions by the state and the lower court "inexplicable and irrational," Paltrow noted that these decisions directly conflict with New Jersey itself, which provides methadone treatment to pregnant women and families in the child welfare system. •

For a full list of amici, go to <http://bit.ly/K7vhNo>.