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To The Attention of the Authority Whom It May Concern:

The following has recently come to our attention: A young woman, 21 years of age who is 3 months pregnant and taking buprenorphine for opioid dependence is being held in Stavanger against her will and being required to stop her buprenorphine treatment. The cessation of opioid dependence treatment during pregnancy is contrary to the known data regarding the appropriate use of buprenorphine and methadone during pregnancy. Withdrawal from medication assisted treatment such as buprenorphine or methadone could result in opioid withdrawal syndrome and ultimately a miscarriage. This also puts a patient at high risk of relapse to heroin use after release from custody, which not only would strain her ability to parent her child but also puts her at high risk of overdose. The latter is well demonstrated by a recent Norwegian study by Clausen et al.

The forced hospitalization of this woman and the requirement that she discontinue an evidenced based treatment that has clear benefit for her and for her child is a clear violation of her human rights.

Since the 1970s, evidence has demonstrated that medication assisted treatment (either methadone or buprenorphine) is the preferred treatment for opioid dependent woman who are pregnant. Multiple studies over the following decades have demonstrated the safety and the overwhelming benefit of methadone/buprenorphine in this population. Indeed, the World Health Organization lists methadone and buprenorphine as essential medications for the treatment of opioid dependence. The end result of this accumulating data is that in some countries, the United States for example, an opioid dependent pregnant woman has priority access to methadone/buprenorphine. It is in this back drop of evidenced based treatments for opioid dependence in pregnancy that we write to the Norwegian medical establishment to modify their current clinical practices in conformity with international standards in the treatment of opioid dependence in pregnancy.

As members of International Doctors for Healthy Drug Policies, a network of doctors from 45 countries who share expertise and good practice in reducing harms caused both by drug use and by the existence of poor drug policies, we call upon the court to recognize her treatment as a valid treatment and to immediately release her from an invalid and unlawful incarceration.

We call upon the medical establishment of Norway to review its practices regarding the treatment of opioid dependence in pregnancy and to bring their practices in line with international standards.

Sincerely,

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Appendix 1

Norwegian law (Google translation)

§ 6-2a. Withholding of pregnant substance abusers

It may be adopted that a pregnant drug addict without their consent should be included in and institution designated by the regional health authorities, 1 Act 2 July 1999 No. 61 relating to specialist health services and more § 2-1a, second paragraph, and held there throughout the pregnancy if the abuse is of such nature that it is highly likely that the child will be born with defects, and if remedial action pursuant to § 1.6 is not sufficient. County Board 2 will also decide whether it should be possible to take urine samples of pregnant women during the institution stay.

Inlet purpose is to prevent or minimize the likelihood that the child be harmed. During the stay should be emphasized that the woman offered adequate help for their substance abuse and to be able to take care of the child.

Social Services shall, in consultation with the institution, at least every three months whether it is still the basis for detention. The detention may only continue if social services decides on it within this time limit.

Social services can not place a decision if the circumstances so warrant. If the decision is not implemented within two weeks, it lapses.

A temporary decision under subsection may be made by social services if the provision is to safeguard the interests may be substantially prejudiced if the decision is not adopted and implemented immediately. Otherwise, the provisions of the Child Welfare Act 3 § § 7-22 and 7-23.

Is it made a temporary decision, the proposed final decision sent to the county board 2 within two weeks. If the case is sent to the County Board within the prescribed period, the decision falls away.