



November 13, 2020

VIA ELECTRONIC FILING

The Honorable Chief Justice Tani Gorre Cantil-Sakauye
and Honorable Associate Justices
California Supreme Court
350 McAllister Street, Rm. 1295
San Francisco, California 94102-4792

**Re: Amicus Curiae Letter in Support of Petition for Review in
In re Becker, Supreme Court Case No. S265210 (Court of Appeal
No. F081362, Superior Court No. 19CM-5304 (Kings County))**

To the Honorable Chief Justice and Associate Justices of the California
Supreme Court:

Pursuant to California Rules of Court Rule 8.500(g), *amici* submit this
letter respectfully requesting the Court grant Chelsea Becker's petition for
review of the denial of writ of habeas corpus in *In re Becker*, Supreme Court
Case No. S265210.¹

¹ *Amici* have also submitted a letter in support of review in a separate, related matter in
Chelsea Becker v. Superior Court (S265209).

STATEMENTS OF INTEREST

The American Medical Women's Association (AMWA) is a national, non-profit organization of over 10,000 women physicians and physicians-in-training representing every medical specialty. Founded in 1915, AMWA is dedicated to promoting women in medicine and advocating for improved women's health policy. AMWA strongly supports treatment and rehabilitation of women who use alcohol or drugs during pregnancy, and opposes the arrest, jailing and/or prosecution of pregnant women as a method of preventing or punishing chemical dependency during pregnancy. AMWA encourages all pregnant women to seek prenatal care and believes that breaching the medical confidentiality of these women or otherwise hindering their ability to establish a relationship of trust with their treatment providers will deter women, especially those that may be at high risk for adverse pregnancy outcomes, from receiving prenatal care.

The Association for Multidisciplinary Education and Research in Substance use and Addiction (AMERSA), founded in 1976, is a national non-profit organization composed of academic addiction professionals from numerous disciplines, including physicians, nurses, pharmacists, social workers, psychologists, dentists, and public health experts. AMERSA's mission is to improve health and well-being through interdisciplinary leadership in substance use education, research, clinical care and policy. AMERSA is particularly concerned about the exponential harm caused by criminal justice actions pursued against women who use drugs during pregnancy and is committed to supporting and advocating for the rights and protections of pregnant persons and their families.

California Latinas for Reproductive Justice (CLRJ) is a statewide organization committed to honoring the experiences of Latinas to uphold our dignity, our bodies, sexuality, and families. CLRJ builds Latinas' power and cultivate leadership through community education, policy advocacy, and community-informed research to achieve Reproductive Justice.

The California Nurse-Midwives Association is the California affiliate of the American College of Nurse-Midwives. There are approximately 1000 Certified Nurse-Midwives (CNMs) in California, acting as the birth attendant for 50,000 births per year in the state. The kind of care nurse-midwives provide is rooted in a "trauma informed" approach. The association believes that efforts to penalize pregnant women and individuals or implementing negative consequences for substance use during pregnancy will prevent

patients from seeking prenatal care and other preventive health care services, resulting in poorer outcomes and undercutting efforts by prenatal and primary care providers in California to improve outcomes for mothers and babies exposed to substances.

The California Women’s Law Center (CWLC) is a statewide, non-profit law and policy center dedicated to breaking down barriers and advancing the potential of women and girls through transformative litigation, policy advocacy and education. CWLC’s issue priorities include gender discrimination, economic justice, violence against women and women’s health. For 30 years, CWLC has placed a particular emphasis on fighting for reproductive health, rights, and justice by ensuring pregnant women have access to the health care opportunities they need, free of discrimination or penalty.

Citizens for Choice is a nonprofit that was formed to promote and defend reproductive rights. Citizens for Choice is opposed to the very idea of charging a pregnant person with a crime based on the stillbirth of her newborn and believes a person’s status as a pregnant person should not be used to impose criminal responsibility over the outcome of her pregnancy.

Drug Policy Alliance (DPA) is a 501(c)(3) nonprofit organization that leads the nation in promoting drug policies that are grounded in science, compassion, health, and human rights. Established in 1994, DPA is a non-partisan organization with tens of thousands of members nationwide. DPA is dedicated to advancing policies that reduce the harms of drug use and drug prohibition, and seeking solutions that promote public health and public safety. DPA is actively involved in the legislative process across the country and strives to roll back the excesses of the drug war, block new, harmful initiatives, and promote sensible drug policy reforms. The organization also regularly files legal briefs as amicus curiae, including in other cases pertaining to pregnant women who use drugs.

If/When/How: Lawyering for Reproductive Justice is a legal organization that, for more than a decade has built a powerful network of thousands of lawyers law students and former reproductive justice fellows who work for a future when all people can self-determine their reproductive lives free from discrimination, coercion, or violence. If/When/How transforms the law and policy landscape through advocacy, legal support, and organizing so all people have the power to determine if when and how to define, create, and sustain families with dignity and to actualize sexual and reproductive

wellbeing on their own terms. This vision of reproductive justice includes a right to access to comprehensive, voluntary, and non-punitive health care during pregnancy, and to be free from stigma and criminal penalties based on the circumstances or outcome of a pregnancy.

Legal Action Center (LAC) is a national public interest law firm, with offices in New York and Washington, D.C., that performs legal and policy work to fight discrimination against and promote the privacy rights of individuals with criminal records, substance use disorders, and/or HIV/AIDS. LAC has done a tremendous amount of policy advocacy work to expand treatment opportunities for people with substance use disorders and to oppose legislation and other measures that employ a punitive approach, rather than a public health approach, to addiction. LAC has also represented individuals and substance use disorder treatment programs who face discrimination based on inaccurate and outmoded stereotypes about the disease of addiction.

Maternal and Child Health Access (MCHA) works through direct support, individual advocacy, policy change, and health care workforce transformation to build a California where women and families are supported, and everyone has the opportunity to be healthy. MCHA is located in Los Angeles where it operates two reproductive/perinatal support programs with over 3,000 pregnant individuals annually, a nutrition support and an oral health support program, as well as classes and support groups and trainings. We work statewide on policy change that improves health and social service programs and outcomes for low-income families and individuals.

Movement for Family Power works to end the Foster System's policing and punishment of families and to create a world where the dignity and integrity of all families is valued and supported. Our Areas of Work include: Building out a loving, healthy community with and amongst people working to contract the Foster system; Raising social consciousness around the harms of the Foster System and forced family separation; and Dismantling systems that surveil, control, and destroy families.

NARAL Pro-Choice California is the California chapter of NARAL Pro-Choice America, an organization whose network of state affiliates and chapters are dedicated to protecting and expanding reproductive freedom for all people. NARAL Pro-Choice California represents more than 265,000 members statewide. For more than 50 years, NARAL has worked to

guarantee that every person has the right to make personal decisions regarding the full range of reproductive choices, including preventing unintended pregnancy, bearing healthy children, and choosing legal abortion. Ensuring that pregnant people can make these decisions free from criminalization is a critical piece of its mission.

The National Women’s Health Network (NWHN) was founded in Washington, DC, in 1975 to improve the health of all women by developing and promoting a critical analysis of women’s health issues. NWHN works to defend women’s sexual and reproductive health and autonomy against threats that seek to undermine women's ability to make the best decisions regarding their own health.

Our Bodies Ourselves (OBOS) provides clear, truthful information about health, sexuality and reproduction from a feminist and consumer perspective. OBOS vigorously advocates for women’s health by challenging the institutions and systems that block women from full control over our bodies and devalue our lives. OBOS is noted for its long-standing commitment to serve only in the public interest and its bridge-building capacity. OBOS is dedicated to the autonomy and well-being of all women.

GROUNDINGS FOR REVIEW

Review is “necessary to secure uniformity of decision” and “to settle an important question of law.” Rules of Court, Rule 8.500(b)(1). Trial courts have generally rejected prosecutions of women who have experienced pregnancy loss under Penal Code §187. *See People v. Jaurigue* (Super. Ct. San Benito County, 1992, No. 18988); *People v. Jones*, No. 93-5 (Super. Ct. Siskiyou County, 1993, No. 93-5). Penal Code §187 has never been interpreted by to authorize prosecution of a woman in relationship to her own pregnancy or any outcome of a woman’s pregnancy.

Yet, Petitioner Chelsea Becker has been incarcerated in pretrial detention for over a year because she is unable to afford bail on the murder charge she faces under Penal Code § 187 for experiencing a stillbirth that the District Attorney claims was caused by methamphetamine use during pregnancy. Ms. Becker’s conduct cannot be the basis for a homicide conviction under California law. She is entitled to reasonable bail as a matter of right under Penal Code §1271, but particularly given that no crime has been committed, she should be released immediately. Review is needed in this case

to ensure uniformity and resolve the question of whether Penal Code § 187 authorizes prosecutions of women for the results of their pregnancies.

Despite amendments, the California legislature has never expanded Penal Code §187 in the manner suggested by the prosecution, in keeping with the scientific evidence and recommendations of medical societies and medical and public health experts who have counseled policy makers nationwide against the establishment of criminal sanctions related to pregnancy and substance use.² The unequivocal consensus among *amici* and every other medical or public health organization to address the issue in the United States is that use of controlled substances during pregnancy is a medical and public health issue, not an issue that should be subject to criminal intervention and control. For the reasons set forth below, the undersigned respectfully urges the Court to grant the petition for review.

I. MEDICAL AND PUBLIC HEALTH EXPERTS UNEQUIVOCALLY OPPOSE PUNITIVE RESPONSES TO PREGNANCY AND SUBSTANCE USE BECAUSE THEY THREATEN WOMEN’S AND CHILDREN’S HEALTH

Major medical and public health organizations in California and throughout the country oppose criminally prosecuting pregnant women who use controlled substances. Authorities agree that criminal law approaches are inappropriate and can harm the health of women, fetuses, and newborns by detaining pregnant women, separating them from their homes and families, subjecting them to stress, incarcerating them, denying them prenatal and medical care and access to appropriate treatment, and eroding the doctor-patient relationship.

A. Punitive Criminal Justice Responses to Women in Relationship to Their Pregnancies Directly Inflict Substantial Harm on Women and their Children

Facing threat of and being subject to arrest, prosecution, and incarceration is associated with negative health outcomes, both physical and

² Sue Holtby et al., *Gender issues in California’s perinatal substance abuse policy*, 27 Contemporary Drug Problems 77, 89 (2000) (Since the late 1980s, California’s Legislature has debated the need for criminal penalties for pregnancy and substance use and has not amended the law to include criminal sanctions against “substance-using mothers”).

psychological.³ These harms are exacerbated for pregnant women, who must contend with the physical aspects of pregnancy and added concerns for pregnancy outcomes, autonomy to make medical decisions for themselves and their pregnancies, and prospects of retaining parental authority.⁴ Stress, both chronic and acute, is associated with increased rates of infant mortality, low birthweight, preterm birth, hypertension, developmental delays, and congenital heart defects.⁵

The adverse effects of criminally prosecuting women for purported risk of harm to their pregnancies continue to affect parents, their newborns, and their other children long after the pregnancy ends, especially where parents remain incarcerated or lose temporary or permanent custody of their children.⁶ Young children separated from their parents experience traumatic stress with lifelong consequences, even if they are eventually reunified.⁷ Throughout the United States children of incarcerated parents have increased risk of mental health conditions, higher rates of chronic disease, decreased success in school, and increased likelihood of drug use, criminal

³ Barbara A. Hotelling, *Perinatal Needs of Pregnant, Incarcerated Women*, 17 J. OF PERINATAL EDUC. 37 (2008); April D. Fernandes, *How Far Up the River? Criminal Justice Contact and Health Outcomes*, SOCIAL CURRENTS (2019); Robert R. Weidner, Jennifer Schultz, *Examining the relationship between U.S. incarceration rates and population health at the county level*, 9 SSM POPULATION HEALTH (2019).

⁴ Hotelling, *supra* note 3; Elena Hontoria Tuerk & Ann Booker Loper, *Contact Between Incarcerated Mothers and Their Children: Assessing Parenting Stress*, 43 J. OF OFFENDER REHABILITATION 23, 28 (2006) (threat of incarceration to mother's authority as parent causes stress).

⁵ See March of Dimes, *Issue Brief, Stress and Pregnancy* (2015), available at <https://www.marchofdimes.org/materials/Maternal-Stress-Issue-Brief-January2015.pdf>; Michael T. Kinsella & Catherine Monk, *Impact of Maternal Stress, Depression & Anxiety on Fetal Neurobehavioral Development*, 53 CLINICAL OBSTET. GYNECOL. 425 (2009); Lydia M. Sagrestano & Ruthbeth Finerman, *Pregnancy and Prenatal Care: A Reproductive Justice Perspective*, in *Reproductive Justice: A Global Concern* 211 (Joan C. Chrisler, ed., 2012).

⁶ Human Rights Watch & Am. Civ. Liberties Union, *You Miss So Much When You're Gone: The Lasting Harm of Jailing Mothers Before Trial in Oklahoma* (2018), available at https://www.aclu.org/sites/default/files/field_document/jailing_mothers_before_trial_in_ok_final_report.pdf; Michigan Family Impact Seminars, *Briefing Report No. 2002-1 What About Me? Children with Incarcerated Parents* (2002) (Eileen Trzcinski et al., eds.).

⁷ Women in Prison Project of the Correctional Ass'n of New York, *When "Free" Means Losing Your Mother: The Collision of Child Welfare and the Incarceration of Women in New York State* (2006), available at https://repositories.lib.utexas.edu/bitstream/handle/2152/15159/When_Free_Rpt_Feb_2006.pdf?sequence=2.

justice involvement, homelessness, and poverty.⁸ Thus, the direct harms of criminalizing pregnant women are serious and apparent.

B. The Threat of Prosecution Deters Pregnant Women from Securing Treatment and Prenatal Care

Access to early and comprehensive prenatal care is one of the most effective tools for improving birth outcomes, whether or not the pregnant woman has a substance use disorder.⁹ However, pregnant women who desire drug treatment and prenatal care are dissuaded from seeking it when faced with the threat of prosecution and its attendant harms for themselves, their pregnancies, their future children, and their families.¹⁰ Studies consistently show that “fear of being reported to the police or child welfare authorities [is] related strongly to a lack of prenatal care.”¹¹

Women who do seek prenatal care are likely to be discouraged from truthfully discussing their drug use by fear that they will be prosecuted.¹² Open communication is especially critical for women who do seek, or who

⁸ Annie Gjelsvik et al., *Adverse Childhood Events: Incarceration of Household Members and Health-Related Quality of Life in Adulthood*, 25 J. HEALTH CARE FOR THE POOR & UNDERSERVED 1169 (2014); Dorothy Roberts, *Prison, Foster Care, and the Systemic Punishment of Black Mothers*, 59 UCLA L. REV. 1474, 1481-82 (2012); Kristin Turney, *Stress Proliferation across Generations? Examining the Relationship between Parental Incarceration and Childhood Health*, 55 J. OF HEALTH AND SOCIAL BEHAVIOR 302 (2014).

⁹ See, e.g., Southern Reg'l Project on Infant Mortality, *A Step Toward Recovery: Improving Access to Substance Abuse Treatment for Pregnant and parenting Women* 6 (1993); Paul Moran et al., *Substance Misuse During Pregnancy: Its Effects and Treatment*, 20 FETAL MATERN. MED. REV. 1 (2009); Andrew Racine et al., *The Association Between Prenatal Care and Birth Weight Among Women Exposed to Cocaine in New York City*, 270 J. AM. MED. ASS'N 1581, 1585-86 (1993); Ayman El-Mohandes et al., *Prenatal Care Reduces the Impact of Illicit Drug Use on Perinatal Outcomes*, 23 J. PERINATOLOGY 354 (2003); see also Mishka Terplan et al., *Methamphetamine Use Among Pregnant Women*, 113 OBSTET. & GYNECOL. 1290 (2009).

¹⁰ See Southern Reg'l Project on Infant Mortality, *supra* note 9, at 6; Sarah C. M. Roberts & Amani Nuru-Jeter, *Women's Perspectives on Screening for Alcohol and Drug Use in Prenatal Care*, 20 WOMENS HEALTH ISSUES 193 (2010).

¹¹ Ashley H. Schempf & Donna M. Strobino, *Drug Use and Limited Prenatal Care: An Examination of Responsible Barriers*, 200 AM. J. OBSTET. GYNECOL. 412.e1 (2009); see also Rebecca Stone, *Pregnant Women and Substance Use: Fear, Stigma, and Barriers to Care*, 3 HEALTH AND JUSTICE 1, 2 (2015); Terplan et al., *supra* note 9.

¹² See Stephen R. Kandall, *Substance & Shadow: Women & Addiction in the United States* 278-79 (1996); Am. Coll. Obstetricians & Gynecologists, *Comm. on Health Care for Underserved Women, Comm. Opinion 473: Substance Abuse Reporting and Pregnancy: The Role of the Obstetrician-Gynecologist*, 117 OBSTET. GYNECOL. 200, 2 (2011) (reaffirmed 2014).

would otherwise seek, treatment for a substance use disorder.¹³ By contrast, threats of criminal sanctions have been shown to increase women’s stress and thereby increase their risk of relapse.¹⁴

The District Attorney’s prosecution disregards the medical evidence and scientific research on this issue. These types of prosecutions directly threaten pregnant women’s physical and psychological wellbeing, as well as the pregnancy itself, and indirectly discourage women from obtaining prenatal care. They would also exacerbate economic and racial disparities that are already pervasive in health care, criminal justice, and child welfare systems by increasing scrutiny of negative pregnancy outcomes, which vary widely by race and socioeconomic status.¹⁵

II. NO MEDICAL OR SCIENTIFIC EVIDENCE JUSTIFIES A PUNITIVE, NON-THERAPEUTIC APPROACH TO PREGNANT WOMEN WHO USE DRUGS

Preeminent health care organizations agree that drug use during pregnancy is a medical and public health issue that calls for non-punitive and family-centered responses and, if necessary, voluntary treatment. Science does not support the assertion that drug use during pregnancy results in unavoidably devastating consequences. It does, however, support treating substance use disorders as chronic health conditions where relapse is to be expected.

A. Medical and Scientific Evidence Does Not Show that Substance Use During Pregnancy Causes Uniquely Certain or Severe Harms

Medical consensus does not identify a safe level of use of alcohol and other substances during pregnancy, but scientific studies have failed to prove

¹³ See Rosemary H. Kelly et al., *The Detection & Treatment of Psychiatric Disorders and Substance Use Among Pregnant Women Cared for in Obstetrics*, 158 AM. J. PSYCH. 213 (2001).

¹⁴ See Danielle E. Ramo & Sandra A. Brown, *Classes of Substance Abuse Relapse Situations: A Comparison of Adolescents and Adults*, 22 PSYCH. ADDICTIVE BEHAVIOR 372, 377 (2008); see also Michael S. Gordon et al., *A Randomized Clinical Trial of Methadone Maintenance for Prisoners: Findings at 6 Months Post-Release*, 103 ADDICTION 1333 (2008).

¹⁵ See Am. Coll. of Obstetricians & Gynecologists, Comm. On Health Care for Underserved Women, *Comm. Opinion No. 649: Racial and Ethnic Disparities in Obstetrics and Gynecology* (Dec. 2015) (reaffirmed 2018), available at <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/12/racial-and-ethnic-disparities-in-obstetrics-and-gynecology>; Elizabeth Howell & Jennifer Zetlin, *Quality of Care and Disparities in Obstetrics*, 44 OBSTETRICS & GYNECOLOGY CLINICS OF N. AM. 13 (2017).

that *in utero* exposure to controlled substances, including methamphetamine, is the clear cause of any severe or certain harms.¹⁶ Many pregnancy complications and adverse outcomes experienced by women who have used substances during pregnancy may be attributable to risk factors other than the substance use, including social determinants and environmental factors such as poverty, lack of access to medical care, malnutrition, or chronic stress, each of which may cause fetal and maternal harm.¹⁷

Courts are now recognizing that prosecutions based on alleged harm to pregnancies due to drug use cannot be sustained by untested, and now disproven, assumptions about the harms of drug use during pregnancy. For example, the Supreme Court of South Carolina unanimously overturned the conviction of a woman charged with causing a stillbirth based on evidence of cocaine use. *McKnight v. State*, 661 S.E.2d 354 (S.C. 2008). The court held that the woman’s counsel provided ineffective assistance of counsel when she failed to educate the jury about “recent studies showing that cocaine is no more harmful to a fetus than nicotine use, poor nutrition, lack of prenatal care, or other conditions commonly associated with the urban poor.” *Id.* at 358 n.2. The conviction could not stand given the “reasonable probability” that the jury relied on “apparently outdated scientific studies” suggesting that cocaine use caused the death of her fetus, which the defendant’s counsel had failed to rebut. *Id.* at 360-61.

Drug use during pregnancy is a medical and public health concern requiring the attention of medical providers. Extraordinary law enforcement measures, which risk harm to pregnant women, their pregnancies, and family, cannot be justified on the unfounded belief that drug use causes universal and uniquely devastating harms to fetal development.

¹⁶ See Ctr. for the Evaluation of Risks to Human Reproduction, *Report of the NTP-DEHHR Expert Panel on the Reproductive & Developmental Toxicity of Amphetamine and Methamphetamine*, 74 BIRTH DEFECTS RESEARCH PART B DEVELOPMENTAL & REPRODUCTIVE TOXICOLOGY 471 (2005); Am. Coll. Obstetricians & Gynecologists, *Committee Opinion 479: Methamphetamine Abuse in Women of Reproductive Age*, 117 OBSTET. GYNECOL. 751 (2011); Mishka Terplan & Tricia Wright, *The Effects of Cocaine & Amphetamine Use During Pregnancy on the Newborn: Myth versus Reality*, 30 J. OF ADDICTION DISEASES 1, 1-5 (2010).

¹⁷ See e.g., Am. Pub. Health Ass’n, *Transforming Public Health Works: Targeting Causes of Health Disparities*, 46 THE NATION’S HEALTH 1 (2016) (“at least 50% of health outcomes are due to the social determinants . . .”); Marleen M. H. J. van Gelder et al., *Characteristics of Pregnant Illicit Drug Users And Associations Between Cannabis Use and Perinatal Outcome in A Population-Based Study*, 109 DRUG & ALCOHOL DEPENDENCE 243 (2010).

B. Substance Use Disorders are Chronic Health Conditions

Substance use disorders are chronic health conditions influenced by sociocultural, economic, biological, and psychological factors.¹⁸ Studies have increasingly found that, even when a person experiencing a substance use disorder pursues treatment, relapses are a normal part of recovery.¹⁹ Due to the nature of addiction, even women who seek out treatment for substance use disorders during pregnancy, and who achieve abstinence, often cannot do so totally and immediately. In one study of women receiving treatment for substance use during pregnancy, the average amount of time needed to achieve abstinence from cocaine and marijuana was approximately five months.²⁰

As a matter of both law and medicine, people suffering from a substance use disorder “may be unable to abstain even for a limited period.” *National Treasury Employees Union v. Von Raab*, 489 U.S. 656, 676 (1989). “[T]he inability to control drug use regardless of consequences is a key feature of substance and alcohol use disorders.”²¹ People grappling with addiction may “compulsively have urges to abuse and they are remarkably unencumbered by the memory of negative consequences of drug taking.”²² An instance of drug use by a pregnant woman therefore does not necessarily reflect a decision about how to treat her own body or her pregnancy but should instead be understood to reflect a symptom of a chronic health condition that can and should be managed as such.²³ Therefore, criminal interventions are inappropriate and ineffective. Negative health outcomes are most effectively avoided or diminished with medical and public health strategies.

¹⁸ Ass’n of Women’s Health, Obstetric & Neonatal Nurses (AWHONN), *Optimizing Outcomes for Women with Substance Use Disorders in Pregnancy and the Postpartum Period*, 48 J. OF OBSTET., GYNECOL., & NEONATAL NURSING 583 (2019).

¹⁹ Christian S. Hendershot et al., *Relapse Prevention for Addictive Behaviors*, 6 SUBSTANCE ABUSE TREATMENT, PREVENTION, AND POL’Y 2 (2011).

²⁰ Ariadna Forray, *Perinatal Substance Use: A Prospective Evaluation of Abstinence and Relapse*, 150 DRUG & ALCOHOL DEPENDENCE 147 (2015).

²¹ AWHONN, *supra* note 18.

²² George F. Koob & Michel Le Moal, *Drug Addiction, Dysregulation of Reward, and Allostasis*, 24 NEUROPSYCHOPHARMACOLOGY 97, 98 (2001).

²³ Am. Soc’y of Addiction Med., *Definition of Addiction* (Sep. 15, 2019), <https://www.asam.org/resources/definition-of-addiction>; U.S. Dep’t of Health & Human Servs., Office of the Surgeon General, *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health* (2016); World Health Org. et al., *Substitution Maintenance Therapy in the Management of Opioid Dependence and HIV/AIDS Prevention* 7 (2004).

CONCLUSION

For the foregoing reasons, *amici* request that this Court grant the petition for review in *In re Becker*, Supreme Court Case No. S265210 (Court of Appeal No. F081362, Superior Court No. 19CM-5304 (Kings County)).

DATED: November 13, 2020

Respectfully submitted,



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DECLARATION OF SERVICE

I, Kellen Russoniello, declare that I am a citizen of the United States and over eighteen (18) years of age, employed in the County of Los Angeles, and not a party to the within action; my business address is 533 Glendale Blvd., Suite 101, Los Angeles, CA 90026.

On November 13, 2020 I served the within Amicus Curiae Letter in Support of Petition for Review by mail to the addresses below:

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I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 13, 2020, in Brea, California.



Kellen Russoniello