(1) Picture

(2) Drug Dependence - Family (History) and Globalization – a Journey to an Unknown World

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Ladies and Gentlemen,

1. Introduction

The drug dependencies that have developed across the world and across the cultures, have become an almost 'natural' part of the world. One gets the impression that the existence of drug dependencies and their consequences for individuals and their families is viewed as a fate which has to be accepted as part of life.

The apparent causes of this worldwide epidemic, the conditions specific to the development of the individual and his or her family, as well as cultural and demographic differences have been described in the international literature.

However, this knowledge is only one aspect of the story, an aspect which will be familiar to you.

(3) I should like, today, to undertake with you a journey to the unknown world of this problem – and together with you to study the repressed history and as yet hidden and inexplicable causes of the global drug epidemic.

In the course of this talk I shall discuss whether, in the development of drug dependencies,

- **there is a connection to the drug user's family generation system, and if so,**
- **to what extent aspects of contemporary history have influenced the development of the generations.**

In so doing it will become clear that reasons for the development of drug dependencies are to be found in contemporary history which have long been repressed and which differ from those we have hitherto assumed.

(4) The development of drug dependencies in the modern world is, amongst other causes, the result of the repressed historical globalization strategy pursued by European politics and the European pharmaceutical industry. Fears expressed in the current globalization debate regarding the effects of globalization have long since been exemplified by the dramatic nature of the drug epidemic. This contemporary reality can only be understood if the cultural history which was generally repressed but was a condition for the existence of drug dependencies, is assessed anew. It will become clear that certain historical elements have been broken away from our cultural entity. I do not think that we will be able to understand or overcome the existence of the drug problem in this world unless we overcome this severance.

(5) It is to this, as yet largely enigmatic history, that I would like to introduce you today. We will, then, be dealing with "two histories"

- **with family histories and the repressed elements of these histories**
- **with the history of drugs as an aspect of our cultural history and, again, with the repressed elements within this history.**

It will become clear that the spread of the drug substances which we know today, is the expression of the globalization strategy of European culture, politics and economics from 1826 onwards and that family histories are far more strongly influenced by the effects of both open and hidden globalization processes than we tend to think.

(6) It was events in my life which "seemed to be purely coincidental" which led me to discover this "repressed history"

(7) Coincidence no. 1

In 1990 I experienced a strong desire to travel to the one-time home of my ancestors, the Warthegau region of Poland. I traveled there in May 1990, sailing as skipper of a sailing ship in a regatta from Germany to Gdansk (Danzig)/ Poland. Amongst those who sailed with me was my son, Knut.

In Gdansk/Poland I saw for the first time in my life the ruins of houses bombed during the 2nd World War, I saw the concealed cracks in the churches and other buildings which pointed to the destruction of the 2nd World War – and I felt and saw as a German all the damage caused by my ancestors and the "brown" German culture of the Nazis. This deeply affected me, although I was unable to find words for it. On the way back from Gdansk/Poland to Germany I encountered problems at sea and was stranded in the Bay of Gdansk. There were many ways to explain the accident, yet I sensed as it was happening that something had robbed me of my strength**. (8) I then returned to Germany with my son and "the most important things that we were able to carry".**

(9) It was not until later that I realized that I had traveled almost exactly the same distance to Germany with "the essentials I was able to retrieve" as my parents had covered on their flight from the 2nd World War 45 years earlier.

This experience was the beginning of a long search for the interrelations within the family generation system. I sensed intuitively "my system" of generations, the strength, the unawareness and all that goes with it, but at this stage I had no words for it, no literature, nothing. That was when I began to study the generations system.

The happy end to the story: …

six weeks later my children, a friend and myself returned to Poland and fetched the ship. We sailed back to Germany again in a wonderful wooden ship. Later we were to sail through storms again, but were always successful.

(10) Coincidence no. 2

It was during this period that, while reading a book ("Weltmacht Droge" ("World Power Drug") by Hans-Georg Behr) I suddenly came across a reference which almost made me quiver with anticipation. The sentence I had read was**, (11) "The experts heard in two inquiries in 1893 and 1900 were doctors, pharmacists and two industrialists from the pharmaceutical industry. According to Lewin, of the first two professional groups approximately 50% were addicts. Industry was not alone in its interest in high consumption rates of the toxin; from 1893 onwards there was a tax specifically on opium."** (p ….) ( )

All of a sudden I realized that, if there were already official inquiry Commissions already in existence in the Prussian Parliament (Prussia was a region of Germany) in 1898 and 1904, then there must have been a concealed drug problem of which we had so far been unaware. For, when a Parliament sets up official inquiries this is surely an indication that we are dealing with a matter of social and political significance.

This was the point at which I realized that the drug problem must have a veiled and repressed history, one of which there was as yet no evidence.

I began, then, to search for this repressed history.

In the Federal Archives in Potsdam/Berlin I came across yards of files on the history of the repressed global drug problem. I began to work on these files. Gradually I began to see **(12)** … **that in the generations before me exactly the same drugs featured in the lives of our fathers, grandfathers and great-grandfathers as those which figure today, i.e. codeine, cocaine, heroin, Polamidon (methadone). (13) I realized that there had to be a connection between the past and the present – and that this applied more or less worldwide.**

With this knowledge I began to search for the connections between current drug dependencies and individuals' family generation systems. In so doing I was obliged to realize that the influence of contemporary history has a sustained effect on the development of generations, for the repressed historical drug epidemic and the past five generations must have "encountered" one another.

(14) I should now like to present the scientific part of my discourse, the explanations for the development of the intergenerational conditions leading to addiction and a discussion of the influences of contemporary history.

(15) In 1968 Petzold founded the first European Therapeutic Community, "Le quatre Poids", in Paris. This is generally seen as pretty much the beginning of "theory and practice" in European drug support. In the years before 1968 we learned the professional approach of our founding years from the USA – and as such I also refer here to North American approaches. The Paris scheme focused around humanist psychology, a focus which was later adopted by essential elements of the drug support system as a whole (Petzold 1989,4), thus following an approach which centered on the individual.

Therapy methods which center on the individual are significant in the spectrum of psychotherapy.

(16) Such a focus on the individual, however, obscures in a manner of speaking the view of the microsystem family, and the macrosystem society and culture with its sustained influence on the development of individual life patterns.

For, the way each individual life develops is always part of a family history development, progressing within the context of history and as such becoming a part of tradition and of generations.

(nicht lesen)

(17) "Our form of life is connected with that of our parents and grandparents through a web of familial, local, political, and intellectual traditions that is difficult to disentangle—that is, through a historical milieu that made us what and who we are today. None of us can escape this milieu, because our identities, both as individuals and as Germans, are indissolubly interwoven with it." (Habermas 1986/1, quoted in Heimannsberg 1992, 18)

With these thoughts I refer back to ancient and, as it were, forgotten knowledge regarding the web of connections within the system of the generations **(18)** – **there has been an established form of transgenerational knowledge transfer in European culture since the period of Greek economic science and Roman agricultural teachings.** This was something that might be termed a natural connection between the generations and which is known as "Hausväter-Literatur" ('house literature' - works written for the fathers of (extended) families and dealing with all aspects of running a home and estate) and "the teachings for the Christian household". The authors of these old works assume that children will follow their parents' living example far more persistently and durably than their words.

(19) They rely on the strength of a child's desire and instinct to imitate as something which creates in a child a desire to be "the same" as his parents. […] The parents' example is viewed as a "light", a "rope", a "signpost" or "footsteps". […] The authors are harsh on

parents who do not comply with this. Notwithstanding any other efforts they might make, Fischer accuses them of "murdering their own children". (Hoffmann 1954, 156)

In the course of the Industrial Revolution, from about 1800 onwards, the above-mentioned house literature and the sermons for the Christian household lost their significance as a transgenerational link.

I should like to give you another example.

Lauer, a German medical historian, points out that ancient Arabic medicine required a holistic view of how disorders arise. Medicine was an integral part of a universal historical context; medical and physiological thinking was at all times also part of a cultural, historical and sociological debate.

(20) "Illness always occurs when the just balance of the parts is disturbed, in an organism just as in a state" And, further, "The 'foolish states' include 'bartering states', prosperous and consumer states of all kinds and, last but not least the 'violent state' in which everyone's goal is centered on violence and submission. […], but have lost sight of justice as a goal". (Lauer 1994, p. 182)

Sigmund Freud also dealt with these issues in his work, and he explains, **(~~21~~21) "Thus, it is not in fact emulation of the parents' example but of their super-ego which is instrumental in forming the child's super-ego; it is filled with the same content, and becomes the bearer of tradition, of all the enduring valuations which have been passed down in this way from one generation to the next …(22) Mankind never lives entirely in the present; the past, the tradition of the race and of the people lives on in the ideologies of the super-ego, and only slowly does it give way to the influences of the present, to the new and to change. And as long as it operates through the super-ego the past plays a powerful role in human life, a role which is independent of economic circumstances ". (Freud in: Massing, Reich, Sperling 1999, preface – own translation).**

The significance of this intergenerational knowledge becomes apparent when it is understood that representatives of other theories centering on the individual theories, such as Charlotte Bühler, […] Karl Mannheim, […] Ernest Jones […] have worked on these issues.

(~~22~~23) "What was silent in the father speaks in the son and often I found the son to be the unveiled secret of the father". (Friedrich Nietzsche, a German philosopher, 1883)

At this point I should like to refer to present-day independent generational and contextual institutions of psychotherapy which are of significance for our professional activity today.

(~~23~~24) Intergenerational family therapy

In the 1960s Massing, Reich and Sperling developed an independent multigenerational family therapy in Göttingen, Germany.

They state**: (~~24~~25) "The evident pattern of disorder in the individual is, thus, simply an expression of an intergenerational process in which this "individual patient seeking therapy is no longer able to cope alone with a historical process of a specific sub-culture". (Massing et al 1992, 47)**

(~~25~~26) Conflicts which appear to be current conflicts in the life of individuals are the reproduction of an unprocessed state of conflict which has been passed down unconsciously through the family, the current atmosphere within the family is the reproduction of an earlier condition in the family system. "Basically, the same thing happens over and over again. […] [as] what used to be affects what is today, and the various developmental epochs of the past are still influential in the present" (Massing et al 1992, 21)

Children assume a role in this intra-generational drama without being aware of their task and this veiled family task overtaxes them.

Within the context of this theory the conflicts passed down unconsciously from the grandparent or parent generation are the key to the elucidation of disorders and conflicts in the generation of the children.

The American family therapists, Boszormenyi-Nagy and Spark, complement this intergenerational perspective by pointing out that society as a whole has something which might be described as a justice account, **(~~26~~27) "The entire society of any new upcoming generation may bear the burden of a guilt for which they themselves are not responsible." (Boszormenyi-Nagy/Spark 1990, 88)**

These multigenerational "theories" are, however also substantiated by dramatic occurrences "in life".

(~~27~~28) The holocaust and its consequences for later generations, together with the collective repression of National Socialism teach us to understand the existential dimension of intergenerational processes.

The significance of this period for individuals, and the consequences it had for the following generation of holocaust victims, illustrates intergenerational processes created by the course of peoples' lives.

In the terminology of psychotherapy this generation, the children of the holocaust victims, became known as "the memorial candles" – children who, through their very being, were to give light to the broken souls of their parents in which the memory of the horrors experienced were encapsulated and lived on. The children bore a task which could not be fulfilled. They were practically born into a kind of generational commitment, bound to their parents' trauma and thus restricted in the development of their own life plan. They were to provide a balance to the extreme traumatization their parents had suffered and to lay the foundation for a belief in a new life. These constellations were the beginnings of a transgenerational drama, and the first generation after the holocaust victims became, as de Wind writes, "indirectly traumatized". (1986, 43)

Archie Smith describes similar correlations in North American culture as follows, "The Middle Passage was an horrific event that untoled over a 400 year period. The effects are still with us – invisible, yet helping to determine human existence" (A. Smith)

(~~28~~29) Contemporary history as a factor in the family system of generations

When looking into these findings we are inevitably led to consider the factor of modern history and its effect on the family system of generations. It becomes clear that contemporary history has had a marked influence on the development of generations. **(~~29~~30) This means that the effects of precisely these influences on generational development ought to be understood in therapies. Those involved from a therapeutic perspective are called to take a close look at the historical**

and cultural historical context in which the processes of familial and intergenerational development of the family has taken place.

This way of thinking leads us to a new factor in the search for an explanation of drug dependence

- Consideration of "modern history" in the generation system of drug addicts. This factor is of special importance in explaining drug dependence, being, in my opinion, one of the most heavily denied influences. Medical and scientific publications provide evidence that a collective and near-global drug epidemic, described as such in the publications – became apparent from the 19th century as a result of the globalization strategy of European chemical and pharmaceutical companies. **(~~30~~31) The result was the rise of dependence, amongst other things, on the opiates, such as morphine from 1826 onwards, codeine from 1832, heroin from 1898 and Polamidon (methadone) from 1942 onwards; cocaine from 1860 and LSD from 1943. (…) The existence of identical drug substances in the past and today would seem to justify saying that the current drug epidemic has a history which can be traced back to approximately 1826.** At the latest from 1860 onwards there is a concentration of medical and scientific publications containing references to the spread of morphinism and the abuse of codeine and cocaine. How can the existence of this historical drug problem be explained?

(32~~1~~) It is, thus, evident that the current drug epidemic is not a new one; on the contrary, it is merely an "updated" form of an epidemic which originated in the early 19th century.

If the time plane of familial development processes in family systems today is placed in relation to the history of the drug epidemic, it becomes clear that family history and the history of the drug epidemic may feasibly have crossed one another's paths. Since the drug substances we know today were available as legal substances in the 19th and early 20th centuries, it would appear justified to pose the hypothesis that there must exist unreflected knowledge of psychotropic drug substances in our culture, in our family systems, and possibly in those family systems in particular, which have produced drug-dependent life patterns.

(~~32~~33) ("The misdeeds of the fathers will continue to afflict right down to the third or fourth cohort" (Römer II))

In order to understand this historical drug epidemic it is necessary to take note of certain developments within Europe's cultural history which appear, at first sight to have developed in a manner completely independent of one another**. (~~33~~34) All known drugs and the production of their synthetic derivatives were originally developed and globally marketed in Europe, and here specifically in Germany, and, to a lesser extent, in France.**

I should now like to explain the various lines of development which were, in effect, the basis upon which both the historical and the current drug epidemic were able to develop.

1. **(~~34~~35) In the period after about 1500 Paracelsius (1493-1541) was a major new influence in medicine. It was as a result of his "new" teachings on medicine that the use of chemical-pharmaceutical substances became standard in medical practice. Since this time the alchemists, and later the chemical and pharmaceutical industries, have provided the medical world with the substances it has needed for its work.**
2. **(~~35~~36) In the 19th century, considered in Europe to be the century of the sciences, the drug substances we know today such as morphine, codeine, cocaine and heroine were synthesized and later patented. Due to scientific**

development and the tremendous research drive in this period, new products were developed, manufactured industrially, sold and distributed.

3. **(~~36~~37) In the course of the 19th century the chemical and pharmaceutical industry developed from small pharmacies to a large-scale industry. This meant that the discoveries of the century of science could be directly realized by the chemical and pharmaceutical industry in the form of products, this branch of industry then producing the newly developed drug substances and marketing them worldwide. Around the year 1900 approximately 750 chemical-pharmaceutical factories were founded in Germany alone.**
4. **(~~37~~38) In 1806 the apothecary Friedrich Wilhelm Sertüner of Paderborn, Germany, synthesized morphine, the actual active psychotropic ingredient of opium. This was the "discovery" of the process by which drug substances are chemically or pharmaceutically synthesized; the process was publicized throughout Europe from 1821 onwards.**
5. **(~~38~~39) In 1826 the German apothecary, Friedrich Emanuel Merck of Darmstadt, Germany, read of Sertüner's discovery and set about large scale industrial production of morphine. Only a few years later he had more than 100 customers throughout Europe to whom he delivered morphine; in the years to follow he also supplied them with codeine and other drug substances.**
6. **(~~39~~40) Up until about 1920 drug substances were either**
   - **freely purchasable/available throughout the world**
   - **or were available on medical prescription and thus obtainable through doctors**

   It has been proven that the substances were widely available in pharmacies/drug stores and as additives in other products such as snuff, wine, beer, chewing gum, cigarettes etc.
7. **(4~~0~~1~~)~~ In the 19th century the European chemical and pharmaceutical industries, and German industry played a leading role here, began to produce and market these drug substances worldwide within the scope of a global economic strategy. In the medical literature to which I have access, there is an increase, from no later than 1860 onwards, in the number of unambiguous references to a drug epidemic involving various substances and resulting from the use of these psychotropic substances.**

The significance of this is that as a result of this global strategy and in part due to the lack of knowledge regarding the high addictive potential of these substances, a global drug epidemic broke out which took on enormous proportions in some countries of the world.

A number of other factors also favored the spread of this epidemic. These included

- around 1853 the invention of the Pravaz hypodermic syringe, the well-known means of injection
- and, in particular, the wars across the globe which always brought with them a proven record of abuse of drug substances.

Thus, you can see that it was factors which at the outset had nothing to do with individual or family therapy values which paved the way for the drug epidemic; cultural conditions were created which had a sustained influence on the development of individuals in their generational lifespan. **(421) In other words, these factors went to initiate drug dependencies over the five generations before our own, dependencies which could not but arise as a result of this usage of drug substances and which mark the beginning of the drug epidemic.**

In the following I intend to present some facts from this period to you which will serve as an introduction to the dimensions of the problem. The examples are very varied in nature and are intended to demonstrate the various facets of the problem.

… (4243) The export of coca leaves from Peru developed as follows:

1877	**7 955 kg**	**1899**	**312 000 kg**	**1906**	**2 842 916 kg**
1891	**123 543 “**	**1900**	**566 000 “**	**1911** [12)]	**602 000 “**
1894	**372 360 “**	**1901**	**610 000 “**	**1920**	**453 067 “**
1897	**494 000 “**	**1904**	**901 236 “**	**1921**	**87 849 “**
1898	**407 000 “**	**1905**	**1 315 825 “**	**1922**	**124 357 “**
				1923	**907 335 “**

…“

… (4344) In addition to Hamburg, New York also became a port trading in coca and importing the leaves from Peru

1905/6	**1 183 000 kg**	**1908/9**	**491 000 kg**
1906/7	**676 000 “**	**1909/10**	**316 000 “**
1907/8	**282 000 “**	**1910/11**	**548 000 “**

...“

… (4445) Java’s export (of coca leaves, the author) developed as follows:

1904	**25 836 kg**	**1911**	**747 627 kg**	**1919**	**994 203 kg**
1905	**67 000 “**	**1912**	**1 065 376 “**	**1920**	**1 707 438 “**
1906	**122 000 “**	**1913**	**1 332 311 “**	**1921**	**1 072 673 “ ***
1907	**200 000 “**	**1914**	**1 353 270 “**	**1922**	**1 283 503 “**
1908	**417 000 “**	**1915**	**776 939 “**	**1923**	**907 335 “**
1909	**380 000 “**	**1916**	**136 853 “**	**1924**	**1 118 000 “**
1910	**430 000 “**	**1917**	**179 172 “**	**1925**	**982 765 “**
		1918	**494 184 “**	**1926**	**1 043 613 “**

...“

„...

nach	**1920*)**	**1921**	**1922**	**1923**	**1924**	**1925**
Niederlande	**1 397 820**	**677 000**	**903 290**	**590 073**	**791 000**	**658 850**
Singapore		**5 000**				
Japan	**295 428**	**455 000**	**378 307**	**363 619**	**274 000**	**309 397**
Deutschland			**656**	**8 800**	**53 000**	**14 518**

Spanien			1 250			
Ver. Staaten				25 843		
d. h. insgesamt	1 707 438	1 137 000	1 283 503	907 335	1 118 000	982 765

…“

… (~~45~~46) Import of coca leaves to the USA:

1918	612 000 kg	1921	175 998 kg	1924	94 927 kg
1919	361 000 “	1922	15 005 “	1925	49 958 “
1920	288 000 “	1923	132 200 “	1926	110 383 “

...“

… (~~46~~47) World opium production in 1906 and 1922 shows […] The following quantities were produced:

in 1906 [79]	
Kleinasien und Mazedonien . . .	480 000 kg
Persien	850 000 “
Vorderindien	7 000 000 “
Hinterindien	5 000 “
China	35 300 000 “
Mittelasien	?
Insgesamt	43 635 000 kg

in 1922 [80]	
Bulgarien	10 000 kg
Griechenland	22 700 “
Jugoslavien	107 000 “
Aegypten	2 300 “
Türkei	295 000 “
Persien	205 000 “
Afghanistan	11 750 “
Turkestan	20 000 “
China (wahrscheinlich viel zu niedrig)	1 997 000 “
Indien (einschl. Burma)	887 000 “
Indochina	4 700 “
Japan (einschl. Korea und Formosa) .	5 000 “
Siam	7 000 “
Insgesamt	3 574 450 kg

...“

… (~~47~~48) According to the figures of the German-Turkish Association (Deutsch-Türkische Vereinigung) the following quantities were exported to:

	1923	1924
Deutschland	**31 881 kg**	**54 539 kg**
den Vereinigten Staaten	**20 473 “**	**11 533 “**
Italien	**4 483 “**	**15 208 “**
Frankreich	**100 771 “**	**79 009 “**
England	**19 331 “**	**36 999 “**
Belgien	**--- “**	**5 608 “**
Syrien	**--- “**	**2 005 “**
Holland	**6371 “**	**111 651 “**
Aegypten	**5 169 “**	**6 266 “**
Griechenland	**11 607 “**	**17 635 “**
anderen Ländern	**--- “**	**36 946 “**
d. h. insgesamt	**200 086 kg**	**377 399 kg**

…“

Raw opium imports

to morphine producing countries in kg

(~~48~~49)

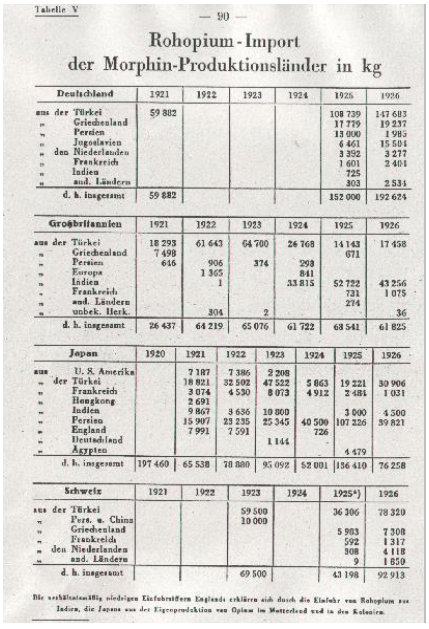

Tabelle V — 90 —

Rohopium-Import der Morphin-Produktionsländer in kg

Deutschland	1921	1922	1923	1924	1925	1926
aus der Türkei	59 882				108 739	147 683
„ Griechenland					17 779	19 237
„ Persien					13 000	1 985
„ Jugoslavien					6 461	15 504
„ den Niederlanden					3 352	3 277
„ Frankreich					1 601	2 404
„ Indien					725	
„ and. Ländern					303	2 534
d. h. insgesamt	59 882				152 000	192 624

Großbritannien	1921	1922	1923	1924	1925	1926
aus der Türkei	18 293	61 643	64 700	26 768	14 143	17 458
„ Griechenland	7 498				671	
„ Persien	646	906	374	293		
„ Europa		1 365		841		
„ Indien		1		33 815	52 722	43 256
„ Frankreich					721	1 075
„ and. Ländern					274	
„ unbek. Herk.		304	2			36
d. h. insgesamt	26 437	64 219	65 076	61 722	68 541	61 825

Japan	1920	1921	1922	1923	1924	1925	1926
aus U. S. Amerika		7 187	7 386	2 208			
„ der Türkei		18 821	32 502	47 522	5 863	19 221	30 906
„ Frankreich		3 074	4 530	8 073	4 912	2 484	1 031
„ Hongkong		2 691					
„ Indien		9 867	8 636	10 800		3 000	4 500
„ Persien		15 907	22 235	25 345	40 500	107 226	59 821
„ England		7 991	7 591		726		
„ Deutschland				1 144			
„ Ägypten						4 479	
d. h. insgesamt	197 460	65 538	78 880	95 092	52 001	136 410	76 258

Schweiz	1921	1922	1923	1924	1925*)	1926
aus der Türkei			59 500		36 306	78 320
„ Port. u. China			19 069			
„ Griechenland					5 983	7 308
„ Frankreich					592	1 317
„ den Niederlanden					308	4 118
„ and. Ländern					9	1 859
d. h. insgesamt			69 500		43 198	92 913

Die verhältnismäßig niedrigen Einfuhrziffern Englands erklären sich durch die Einfuhr von Rohopium aus Indien, die Japans aus der Eigenproduktion von Opium im Mutterland und in den Kolonien.

Germany
Resulat 404 506

Great Britian
Resulat 347 820

Japan
Resulat 701 639

Switzerland
Resulat 205 611

Total resulat 1 659 576

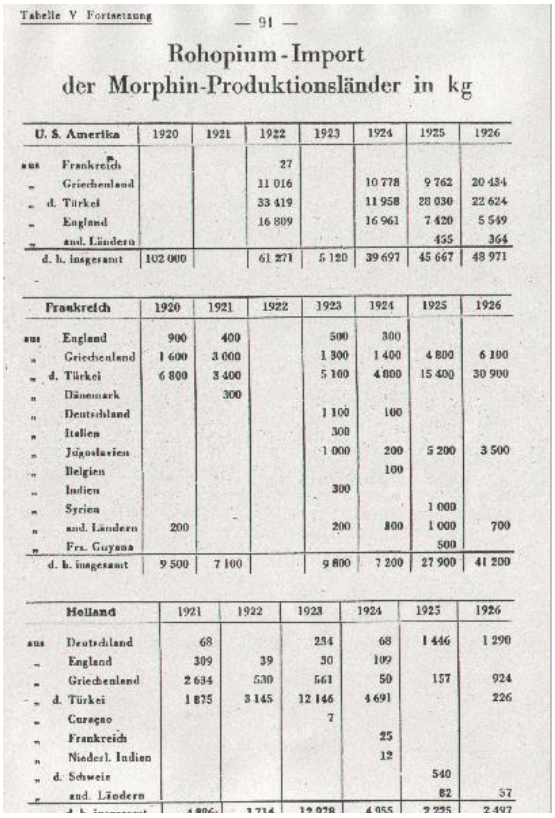

Tabelle V Fortsetzung — 91 —

Rohopium-Import der Morphin-Produktionsländer in kg

U. S. Amerika	1920	1921	1922	1923	1924	1925	1926
aus Frankreich			27				
„ Griechenland			11 016		10 778	9 762	20 434
„ d. Türkei			33 419		11 958	28 030	22 624
„ England			16 809		16 961	7 420	5 549
„ and. Ländern						455	364
d. h. insgesamt	102 000		61 271	5 120	39 697	45 667	48 971

Frankreich	1920	1921	1922	1923	1924	1925	1926
aus England	900	400		500	300		
„ Griechenland	1 600	3 000		1 300	1 400	4 800	6 100
„ d. Türkei	6 800	3 400		5 100	4 800	15 400	30 900
„ Dänemark		300					
„ Deutschland				1 100	100		
„ Italien				300			
„ Jugoslavien				1 000	200	5 200	3 500
„ Belgien					100		
„ Indien				300			
„ Syrien						1 000	
„ and. Ländern	200			200	800	1 000	700
„ Fr. Guyana						500	
d. h. insgesamt	9 500	7 100		9 800	7 200	27 900	41 200

Holland	1921	1922	1923	1924	1925	1926
aus Deutschland	68		234	68	1 446	1 290
„ England	309	39	30	109		
„ Griechenland	2 634	530	561	50	157	924
„ d. Türkei	1 875	3 145	12 146	4 691		226
„ Curaçao			7			
„ Frankreich				25		
„ Niederl. Indien				12		
„ d. Schweiz					540	
„ and. Ländern					82	57

USA
Resulat 302 726

France
Resulat 102 700

Netherlands
Resualt 31 255

Total Resulat 436 681

(~~49~~50)

Source: Redlich “Rauschgifte und Suchten” (Narcotics and Addictions), 1929.

Further dates applicable to the historical drug epidemic:

- **(~~50~~51) 1806 – Sertürner isolates morphine in Paderborn, Germany**
- **1826 – Friedrich E. Merk begins large-scale industrial production of morphines in Darmstadt, Germany**
- **1833 – Codeine is isolated**
- **(~~51~~52) 1856 – First injection of opiates is described in Schlangenbad near Frankfurt, Germany**
- **1860 – Cocaine synthesized by Niemann in Göttingen, Germany**

- **1864 – Eder first publishes a description of physical withdrawal from morphine (Erlenmeyer, 1888).**
- **(~~52~~53) 1874 – Between 2.3 and 5.4 t of morphine are produced annually in Prussia, Germany.**
- **1874 – Prof. Dr. Lewinstein and Dr. Fiedler introduce the concept of "morphine addiction" to the medical and scientific world.**

These were the first recognized definitions of drug dependence in the form of dependence on opiates, in this case morphine addiction as a new and specific disease – explanations of these definitions can be found today in DMS IV. (cf. Kreutel 1988, p.251; Erlenmeyer 1888)

- **(~~53~~54) 1875 – Codeine used as a substitute drug for morphine and cocaine addicts throughout the world.**
- **1878 – Bentley, USA, recommends cocaine as a substitute drug for morphine addicts (Erlenmeyer 1888, p.446).**
- **1885 – Love, USA, warns against using cocaine as a substitute for morphine: "The patient who took cocaine to come clean of morphine became dependent on cocaine"**
- **(54) 1884 – Laurance, France, writes on "Morphinism among children". This is, to my knowledge, the first study on the antenatal effects of drug substances.**
- **(55) 1886 – Dr. Pamberton develops French-Wine-Coca in America. This syrup, which contains cocaine, is sold as a medicine and also advertised as a substitute and withdrawal drug for alcoholics and morphine addicts.**
- **The drink, French-Wine-Coca was re-named "Coca-Cola" in 1886; such is the history of the beverage Coca-Cola.**
- **(56) 1898 – As a result of the drug epidemic in the 19th century the chemical and pharmaceutical industry began to look for effective medicines to deal with drug diseases. In 1898 such a drug was patented in Germany; IG Farbenwerke, Germany, now Bayer-Werke, registered a patent on heroin. (It was this same company which produced Zyklon-B, the gas which was used in the murder of Jews, and Luminal, with which children were killed in the euthanasia program).**
- **(~~57~~56) 1900 – Heroin is used in pediatric practice.**
- **(~~58~~57) 1909ff – The Opium Conferences**
- **As a result of the escalation of the drug epidemic worldwide, the first Opium Conference was held in Shanghai in 1909 and the second in The Hague in 1912. In the course of the third Opium Conference held in Geneva from 1920 ff the availability of heroin, codeine, cocaine and cannabis was severely restricted and sanctioned under international law. It is this agreement which explains the current "illegal status" of drug substances. Up until this date these substances were either sold freely or were subject only to the pharmacy laws.**
- **(~~59~~58) 1911- Luminal is developed by the IG- Farbenwerke, Germany. This is the substance with which the post-natal withdrawal symptoms of children are treated today.**
- **But it is also the substance with which children were killed in the euthanasia program.**

- **(59) 1926 – As early as 1926 the term "aitsch" was used for heroin in the Hamburg (Germany) drug scene – this term is still used today in Germany and the rest of Europe.**
- **1942 – Polamidon (methadone) is synthesized and produced by the IG Farbenwerke, now Bayer Werke/Germany, who also make other products such as Lipobay and Aspirin.**
- **(60) 1945 Drugs and National Socialism**
- **In the immediate post-war period it became evident that the Nazis had produced enormous quantities of drugs, quantities reported in chronicles as being "sufficient for many armies".**
- **Amphetamines (including Ritalin) were developed in the National Socialist state as a substance with which to manipulate the sleeping/waking pattern of, for instance, submarine or flying staff.**
- **(61) 1958 – 1955 Problems of addiction in post-war Germany**
- **"Whilst the morphine group was still clearly prevalent up until 1948 (…) this group is replaced by polamidon in the years which follow; this substance became increasingly popular as it did not originally count as an addictive drug …"**
- **"It is thus that the type of addict evolves who ends up taking an uncontrolled combination of morphine, dolantin, polamidon, eukodal, pervitin and panodrom" (Dobroschke 1955, p.1184)**

(62) In this sense, the "old" generation knows what the "young" of today are doing.

A number of sources provide evidence of the fact that this is not a purely theoretical assumption. I should now like to introduce you to one of these sources.

(63) (Geno 1 – Charlie Chaplin)

This genogram has been developed of Charlie Chaplin's family showing the family after Chaplin's final marriage to Oona O'Neal. If you study the various generations in this genogram in detail, you will see that substances such as morphine and heroin were consumed, and that this led to dependencies in the family history. This genogram can be regarded in a way as "evidence" of the effects the historical drug epidemic has on family histories.

We can see from this how the history of the drug epidemic is closely entwined with the present day situation. The current drug epidemic is merely a renewed version of this culture's repressed drug history. **(64) ("The hat on the crook's head is burning." (Yiddish saying)) Each drug addict of today is inevitably bound up in the history of drug epidemics – just as is everyone who deals professionally with this issue!**

The development of manifest drug dependence has complex multigenerational and cultural causes. **(65) In this multigenerational perspective, connections become apparent which go far beyond the influence of the addict's family of origin (Herkunftsfamilie). The multigenerational growth of family systems has taken place in a social and cultural context which has encouraged the manifestation of drug-dependent life histories!**

(66) It becomes clear how instrumental the activities and the globalization strategy of the European chemical and pharmaceutical industry were in the manifestation of the historical drug epidemic.

The concept of society and culture has for generations been linked to the development of addiction and drug dependence – society and culture are equally as responsible for their actions as family systems.

(67) Drug dependencies develop in a specific relationship to culture and are a part of culture! In order to understand this, these connections must be deciphered. This is the only way in which to deal systematically with this process.

(68) Time for Questions and Discussions

(69) Break

(70) The intergenerational development of drug dependence

If historical facts make it clear that the current drug epidemic is in essence merely the continuation of an old drug epidemic, we must ask whether these complex links can be found in the family systems of today's drug dependents.

In recent years I have carried out therapeutic work with almost 100 family systems within the framework of intergenerational family therapy. That is to say, I have led family therapy sessions in which the various generations were involved "live". This made it possible to obtain a view of the family development through as many as five generations.

I worked out genograms of these family systems which provide a graphic image of these generational links.

(71) (72) Genos

(73) Insights gained

In analyzing the family histories, the complex structure of the generational conditions from which drug dependencies have developed, became apparent. It was impossible to overlook the dominant influence of cultural and historical factors. I intend to discuss this in the following.

(74) The development of drug dependence and the analogy to family (history)

Long development processes preceded drug addiction.

(75) All the clients were socialized in family systems with distinct addictive and/or drug-related problems. This means that the manifest drug dependence was simply an expression of a familial reality which has, as a rule, been repressed.

In this sense the clients experienced addiction as a value in the family system, indeed experienced it as a basic element of their socialization process; all facets of living with addiction were conveyed to them as a value central to the family system – it seemed as if the clients had learnt drug dependence from the persons in the family with whom they identified in a special way.

This connection is also evident in other disorder patterns, such as in eating disorders or Chron's disease, where it has been possible to demonstrate identical patterns over as many as five generations.

(76) These cases provided obvious parallels with the history of the drug epidemic, with clients consuming drug substances which were also consumed in "their generations". So, trans-generational patterns of consumption of identical or pharmacologically similar substances were observed. Here, the link to the history of the drug epidemic became apparent. Clients, in some cases together with their addict- grandparents, have consumed substances which were of relevance in the history of the drug epidemic; that is, substances such as codeine, dilaudid, dicodid, ephedrine, heroin and morphine.

(77) Traumas and family history

(78) In all the therapies an analysis of the genograms and the clients' individual development showed significant traumatic effects in the life development process.

(79) It should be mentioned that there was a predominance of multiple traumas in these biographies, and that no case was observed in which single traumas alone affected a life pattern.

The traumatic situations experienced were, for example, pre-natal experience of rejection by the female client, pre-natal participation of drug substances consumed by the mother (alcohol, narcotic or medicinal embryopathy), the experience of rejection as a result of gender and/or ambivalent acceptance of the client, rapes, parentification, experience of violence, client's own violence, experience of xenophobia and anti-Semitism, severe, in some cases, chronic somatic and psychosomatic reactions, migrations, early separation from parents, sexual abuse and incest.

(80) These traumata, did not affect clients merely as situation-based experiences in a specific phase of development, but were inherent conditions of socialization, and in this sense an expression of the familial climate.

It is, however, important to understand the intergenerational analogy of these traumatic experiences. It became evident that the traumatizations experienced "in an individual life" were replications of traumatization in the family generation system.

(81) Transgenerational and unprocessed traumata and conflicts became apparent in all the family systems analyzed, all forming a pattern in the form of very similar conflicts "repeatedly" re-lived through the generations. The same conflicts and situations with their traumatic effects were repeated in the generation sequence, in some cases, in the very month and at the same age in the next generation. **(82) Here an unrecognized transgenerational drama becomes evident through the repetition of the generation system's unprocessed traumata, with the clients unwittingly living the role of a deuteragonist.**

The links and the "deep meaning" of these links were revealed. Grandmothers, mothers, daughters and granddaughters talked (in very moving moments of the therapy) of their experiences of abuse and incest, and it became clear that, here, no generation was able to protect the generation which followed, precisely because they had not processed the trauma of their own personal violation which, thus, continued to afflict.

(83) (…) History in the generation system

The great desert of multi-generational family therapy is the acceptance and integration of historical influences and their effect on the development of family systems and generations, and the integration of this knowledge into the therapeutic setting.

(84) History was seen to have had a significant influence on all the family histories. Patterns in the family systems became apparent which, in my view, could lead to completely new insight into the intergenerational development of drug dependence.

(85) In the family histories with which I became acquainted it became evident that perpetrator and victim generations of the Second and sometimes even the First World War formed marriage liaisons. Thus, family systems were founded in which the "children" of National Socialist "actors" in turn married the "children" of victims from this period. This was observed as a pattern throughout and includes all possible levels of participation in the National Socialist period on both sides, with the children of important high-ranking Nazis, for example, marrying children of traumatized victims. Men and women begotten in the rapes of the Second World War married children of holocaust victims and perpetrators of National Socialist crimes.

(86) It became clear that incompatible situations were linked to one another in marriage only to re-emerge at a later date causing an escalation in the family's development. In their turn it was the children of these newly founded family systems who became dependent on drugs and who were in therapy.

What is important about this is the fact that it is also true of families whose history evolved primarily in countries outside of Germany, in a wider European cultural context, thus including "children" of migrants from Southern Europe or families from the ex-Soviet Union who have re-settled in Germany.

The repression effected by culture has here been driven into family systems and just as our culture has not been able to come to terms with its past, so have these family systems been incapable of finding words for these incompatibilities within their own system.

(87) It seemed as if some inner truth which was forcing its way into the therapy session was finally to be uttered here. I have often heard fathers of drug dependents say, "How was I supposed to be a father? I had no father myself." I have experienced the mourning of these men for their fathers who died in the 2nd World War, I have heard them wish they had at least been able to see their fathers once, or at least to know where they are buried. And I have experienced old women crying for the lost love of their dead husbands and talking of how sometimes, after more than 50 years, it took such a load off their mind to be able to speak these truths, truths which included the cruelties of war. This also applies to the generation of the perpetrators; the relief they felt when they were finally able to speak of the horrors in their own families. In the course of some of these family therapies we disclosed to relatives information on the family's history, such as bills of indictment or courts' reasons for verdicts, or visited the graves of those condemned to death etc., thus making them a reality in which the family systems learnt for the first time about their own family history.

(88) "In our time anyone who persists in remaining behind the couch joins the army of those who through their inactivity make/made the horrors of this century possible." (Semmi Speyer 1992, 34)

The consequence of this is that, due to the nature of the causes triggering the outbreak of drug dependencies, responsibility for the manifestation of the drug epidemic must be attributed to certain segments of society. In the future, then, therapy of drug diseases is no longer to be described and accomplished exclusively as a therapeutic process in the widest sense of the word, but will require

work involving political, historical, cultural and social explanations for the existence and the true causes of the global drug epidemic.

(89) Drug diseases are the expression of a cultural and not of a sub-cultural process. The sub-culture of the "drug scene" is a part of our culture and must be understood as such.

(90) It is necessary to incorporate political and cultural action into the complex process of therapy. An understanding of the pre-conditions of drug dependency which centers primarily on the person conceals, by definition, responsibilities for the existence of the problem - these lie beyond the responsibility of the multigenerational family system and cannot be mastered by this system alone!

The drug epidemic was not originally consciously initiated as a problem of an epidemiological nature. The drug substances were originally introduced, in accordance with the pharmaceutical and medical principles of the time, as pharmaceuticals which supplemented the range of medicines then available. These substances were and, as the use of morphine as an analgesic shows, still are of significance today. As, however, a new clinical picture emerged, that of dependency on these drug substances, those responsible reacted only very half-heartedly to the development of the drug epidemic. Humanitarian values were subordinated to profit. Contrary to the better knowledge of various scientific disciplines and as a result of the obvious interests of certain groups, the manifestation of the historical drug epidemic was rendered possible and facilitated.

To delegate responsibility for the manifestation of drug dependencies in their midst to the family systems from which these drug problems have emerged, would mean asking, or indeed demanding, of these families that:

1. they work on the solution of these complex and interwoven issues. This means at the same time that they have to break through the collective process of negation. This would be a feat which an entire culture has so far managed to resist attempting.
2. It would also mean that they have to work on finding solutions to the history of the drug epidemic and its existence and influence today; in so doing they would again be compelled to defy the negation tendency.

If the families of drug dependents want to master the drug diseases in their midst, they can only do so if they concern themselves with, recognize and accept their responsibilities. In a parallel process society must begin to clarify the issue, thus putting an end to the denial of this long drug epidemic history and enabling a conscious process in which we come to terms with history. This also means, however, that future drug therapy and generation system therapy must bear this complex synthesis in mind and expose the reaction processes involved.

(91) Furthermore, it must be recognized that the development of drug dependencies is a consequence of both politics and of the global activities of European chemical and pharmaceutical companies – this must be recognized as an example of an uncontrolled globalization strategy.

(92) How can we use the insights gained here to provide synergies for therapy procedures in addiction support programs? I think that they can be of relevance on two levels.

(93) We can and must broaden our explanation for the manifestation of drug addiction problems. This also means that the perspective which centers on the individual must be complemented by, in the broadest sense of the term, contextual explanations. The process in which drug dependence becomes manifest in individual life histories, the significance of the family generation system in these life histories, the negative effect on the person with the symptoms (the client) of repressed addictive and/or dependence behavior within the system of generations, and the consequences of historical events on the intergenerational processes have all had a major influence on the clients' family development and, hence, on their own life histories; in future we will have to consider all these aspects in all their complexity.

(94) New models of prevention are conceivable. For instance, the idea of the therapy chain could be expanded if future therapies, including in-patient therapy, were to involve family systems and generations as soon as it became clear that a patient was developing a drug dependency.

(95) Thank-you very much for your attention so far.

(96)

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