euroTC Symposium and Training Session 2010,
Learning from Each Other – Integration through Cooperation
Berlin, 9.-10.12.2010

Substitution, Pregnancy, and Therapy

Substitution, Pregnancy, and Therapy

- State of science and discussion

- Current state of science

Dear colleagues,

- → I thank you very much for the opportunity to be a part of this Euro-TC conference here in Berlin
- → I've often read the Euro-TC conference publications in the years of my scientific work
- → and some of these articles helped me immensely to develop the subject I'm talking about today

→ exemplary I'd like to quote the works of Verena Schäfer and of E. Assmy for Euro-TC „Addiction without borders“ 1993 and for Euro-TC 1996

Verena Schäfer explained at that time

→ "It is the freedom of each single human being to decide for drugs, but the child that
cannot yet perform this process has a right to live,
therefore it is our duty to take care
of the child getting his right, that is the right to a decent life.

→ (...) All this can only be secured in a drug free environment. It is our fundamental responsibility never to forget this basic condition."

SCHÄFER, 1993, 133

- → on the one hand, the subject "substitution, pregnancy, and therapy" is a subject we know a lot about ...
- → and on the other hand it has the connotation of "feelable" pressure, of open questions, and partly of suppressed aspects ...
- → it is a subject which is not easy to seize

→ the question of „substitution and pregnancy“ is closely connected to „addiction and pregnancy and therapy“, because a substitution is a professional act in consequence of a drug addiction

- → the pharmacological substances on unborn life, be it in drug addiction, in substitution, or in substitution with parallel consumption of other drugs – have almost the same consequences on this unborn life
- → therefore, in the following I will use "substitution, addiction, pregnancy" as a synonym

the body of acquired knowledge

- → addicted adult clients tell us in the therapies about their lives, their own history, and about the development of their addiction
- → and there the "child's soul" of each individual is speaking, too
- → each adult client is always telling the history of his childhood and his family, too

our research results show:

- → the addicts of today are extremely often children from addict families themselves
- → they are "children" from addiction-affected pregnancies, and "children" of addicted mothers and fathers

- → often enough, their parents already consumed those pharmaceuticals and drugs which they afterwards consumed themselves, being adult and addicted "children"
- → from 1945 on, these were the pharmaceuticals we use for substitution today
- → as for instance opiates like Methadone, Polamidone, and Subutex which in the past has been called "Fortal" and "Temgesic"

- → so, if we want to know something about the relations between substitution, pregnancy, and therapy, we can ask adult clients for their lives
- → to understand their "lives" and their "being as they are"

On the other hand ...

- → this field is marked by immense uncertainties and nescience, and by suppression and concealment
- → we still do not **definitely** know today "What happens in pregnancies and substitutions?" and "How can therapies be successful?"

In the next 25 minutes, I will

- → introduce you into the important and suppressed history of this issue
- → talk about the science and expertise of today
- → talk about the relation between "pregnancy, substitution, and therapy"
- → name the open questions of the issue
- → present research results of the developments of substituted pregnancies and the life development of the children
- → talk about support opportunities
- → show possible solutions

The history of this topic

- → about the development from 1803/1806 until approximately 1960 ...
- → and about the development from 1960 until nowadays, 2010

1. About the important and suppressed history of this topic

I 1803/06 – ca. 1960

- → talking about the "suppressed history", there is a scientific justification for discussing this theme in the year 2010 of history in this predestined place
- → current life development is the expression of a multi-generational process
- → we can learn a lot from the family history of the affected people – more than through individual-centered perspectives.

→ the life development of a person is an expression of his or her individual life and familial development

→ and it is an expression of a multi-generational process which becomes visible in the individual development of this life

Horst Eberhard Richter, one of the great German family therapists, said to this topic:

→ "Although we might want to disagree, we have to explore the history of fathers and grand-fathers, which they had concealed. We can't know who we are and what we want, not until we know who they were and that they wanted. We don't want to hurt them, but we will feet unclear and dependant as log as we don't get rid of their ambiguity."

(Richter 1992, 30)

... and the Bible says:

→ "God threatens to visit the iniquity of the fathers upon the children unto the third and fourth generations ..."

Romans II

- → an essential historical factor of the development of the current drug epidemic. This factor is at the same time a fundamental part of the history of our issue "substitution, pregnancy, and therapy" ...
- → ... there has been a drug epidemic in European history from about 1826 on
- → to a much larger extent in quality and quantity than the epidemic we have today

- → from about 1826 on, the topic "substitution, pregnancy, and therapy" has a certain significance – since then children have been born "generation for generation" who have been participating in their mothers' drug consumption during their prenatal phase
- → to a large extent, the drugs they consumed were the same we know today
- → the subject of my lecture is a "multi-generational subject", and its history has been widely suppressed.

Drogen-Substanzen

Jahr d. Isolierung/ Synthese	Internationaler Freiname	Entdeckung / Isolierung durch	Zitiert nach
1806* (1)	Morphin	Sertuerner	III : 596
1817	Emetin	Pelletier	I : 462
1819	Coffein	Runge	II : 745
1826	Brom		III : 596
1829	Nicotin	Posselt-Reimann	II : 745
1832	Narcein	Pelletier	II : 745
1833	Codein	Robiquet	II : 745
1833	Atropin	Geiger-Hesse-Main	III : 596
1860	Cocain	Niemann, Göttingen	
1874	Salicylsäure synth.	Kolbe	III : 597
1875	Codein wird als Husten-sedativum angewandt		III : 598

Drogen-Substanzen

Jahr d. Isolierung/Synthese	Internationaler Freiname	Entdeckung / Isolierung durch	Zitiert nach
1884	Cocain wird in die augenärztliche Anästhesie eingeführt		III : 598
1887	Ephedrin T	Nagai	I : 461
1887	Amphetamin synth.	Edelano	III : 598
1888* (5)	Dionin/therap. Anwendung		III : 598
1889* (6)	Sulfonal	Raumann/Kast	III : 598
1893	Migränin		RMI 10.391
1895	Barbitursäure Synthese	Fischer	III : 599
1896	Eucaine	Vinci/Harries	III : 599

Drogen-Substanzen

Jahr d. Isolierung/ Synthese	Internationaler Freiname	Entdeckung / Isolierung durch	Zitiert nach
1898* (7)	Heroin/Diacetyl-morphin T	Dreser	III : 599
1898	Mescalin	Heffter	III : 599
1899	Aspirin/Anti-Pyreticum	Dreser	III : 599
1903* (8)	Veronal T/ Einführung in die Therapie		III : 599
1904	Novocain/Procain, Lokalanästhetika		III : 600
1906* (9)	Eukodal	Freund	I : 386
1907* (10)	Bromural		III : 600
1908	Pantapon		I : 387
1910-1918	Dilaudid T Dicodid T	Knoll Knoll	I : 387 I : 387

Drogen-Substanzen

Jahr d. Isolierung/Synthese	Internationaler Freiname	Entdeckung / Isolierung durch	Zitiert nach
1912* (11)	Trivalin		
1912	Luminal		III : 600
1920	Ephedrin/Synthese T		III : 601
1922	Barbitursäuren/synth. und symmetrische		III : 601
1938	Pervitin		
1940	Dolantin	Schaumann	
1942	Polamidon/ Methadon		III : 605; III : 605
1943	Dexedrin/ Appetithemmer		III : 605
1943	LSD T	Hoffmann	III : 605
1948	Antabus/Alk.- Entziehung		III : 606

- → for substitution is not an invention of our modern times since 1990. It has its origins in the historical drug epidemic
- → from 1860 onwards - as a medically accepted method of curing the many addicted people of the period
- → we have documents of high value related to the topic „substitution and addiction, pregnancy and therapy“, handed down from this time of the suppressed historical drug epidemic of 1860

→ Some important figures about substitution, addiction, pregnancy and therapy of this drug epidemic

Académie des sciences zu Paris.
Sitzung vom 11. Januar 1886.

Vors.: Jurieu de la Gravière

1) Feltz: Untersuchungen über die Abschwächung des Milz-

Académie des sciences du Paris.
Sitzung vom 11. Januar 1886

terres vaccinales antichartonneuses).

2) Cadéac und Malet: Der Uebergang des Morphium von der Mutter auf den Foetus.

Vortragende haben, um die überaus wichtige Frage der Uebertragbarkeit des Morphium von der Mutter auf den Foetus zu entscheiden, eine Reihe von Untersuchungen angestellt, welche sich auf 3 Thierspecies erstreckte: nämlich Pferde, Hunde und Meerschweinchen. Was die ersten beiden (

2) Cadéac und Malet: Der Uebergang des Morphium von der Mutter auf den Foetus

die an 10 weib

esultat ergaben

ium von der Mutter aufgenommen, obwohl sie anscheinend gesund waren, während 4 säugende Thiere das Morphium nicht auf die Jungen übertrugen. Es ergab sich also von den 15 Versuchen nur bei zweien ein positives Resultat, so dass der Schluss berechtigt erscheint, dass Kinder morphiumsüchtiger Mütter nur selten an Morphiumintoxication leiden.

Der Morphinismus d. Kinder
Allgemein produziert Opium d. einen
gewissen Grad an Erregung gefolgt von
Schlaf (Müdigkeit); die Wiederholung der
Dosis verbraucht den narkotisierenden Effekt
[illegible]
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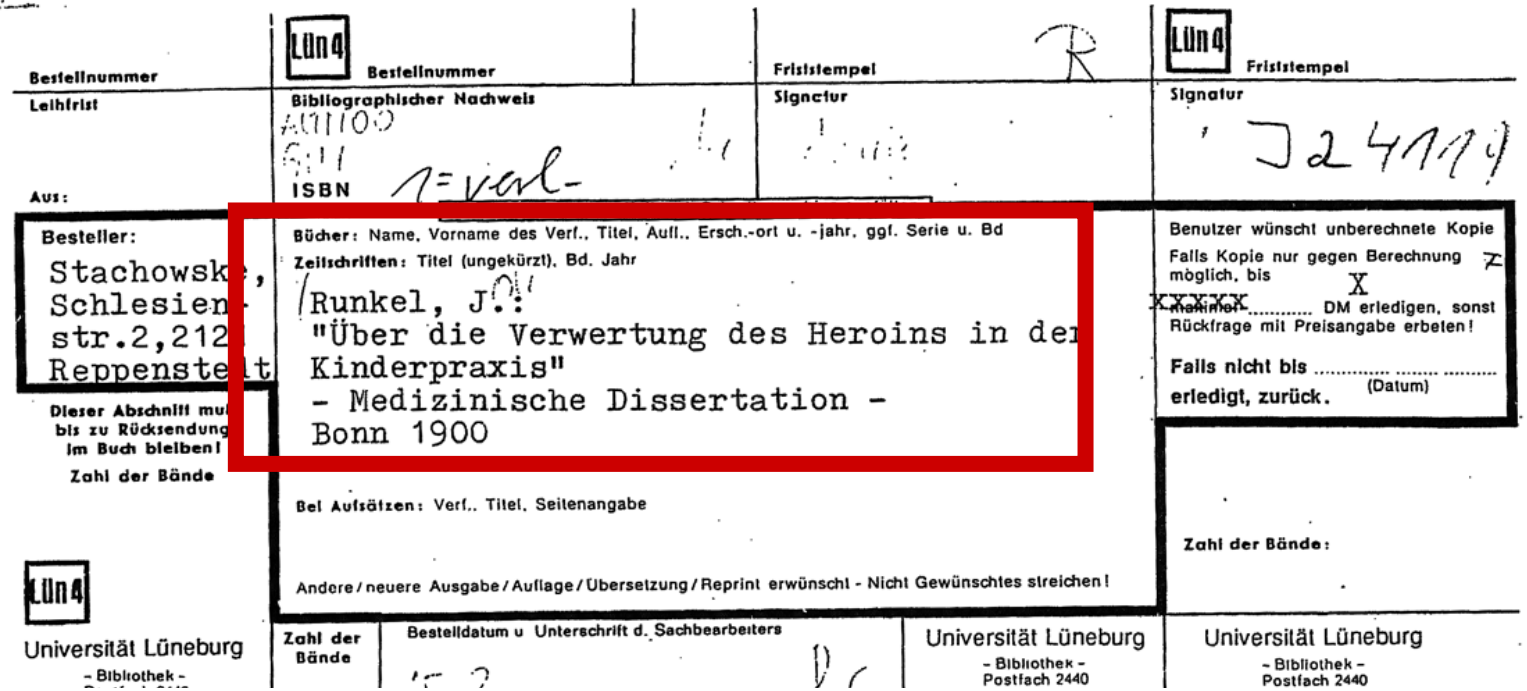

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Über die Verwendung von Opiaten im Kindesalter.

Von **Dr. E. Döbeli,** Dozent für Kinderheilkunde in Bern.

(Bei der Redaktion eingelaufen am 25. Dezember 1912.)

Die Ergebnisse meiner Untersuchungen über die Empfindlichkeit verschieden alter Tiere gegen die Opiumalkaloide (sieh Monatsschrift für Kinderheilkunde, Bd. IX, Nr. 8) lauteten wie folgt:

1. Saugende Kaninchen, die sich nur von Muttermilch nähren, sind gegen Tinct. Opii, Pantopon und Morphium auf das Kilogramm Körpergewicht berechnet, mehr als doppelt so empfindlich wie die ausgewachsenen Tiere.

Etwas ältere Kaninchen dagegen zeigen diesen Medikamenten gegenüber genau die gleiche Empfindlichkeit wie ausgewachsene.

2. Für das Codein ist die Empfindlichkeit aller Altersstufen die gleiche.

Eingangs der gleichen Arbeit habe ich auch einen Auszug der wichtigsten Literatur über die Morphiumtherapie im Kindesalter angeführt; diese war aber nicht imstande, einen klaren Begriff von dem Werte dieser Medikation zu geben, dagegen konnte ich aus der Zusammenstellung der toxikologischen Literatur über Opiate zu

Die dämonische Macht des Morphins ist auch bei Tieren erweislich. Ich habe Tauben tagelang immer zu einer bestimmten Tageszeit mit Morphin versehen und feststellen können, daß die Wirkung nach Stunden abklang und die Tiere dann, kaum Nahrung aufnehmend, in einem Depressivzustand im Käfig hockten, aber flügelflatternd herankamen, wenn ich mich mit der Spritze näherte.

Eine Katze erhielt längere Zeit hindurch täglich Morphin eingespritzt. Nach einiger Zeit zeigte sie sich regelmäßig vor der Injektion apathisch. Durch die dann erfolgte wurde das Benehmen stets in das Gegenteil umgewandelt. Das Tier ging nach 34 Tagen durch Ernährungsstörungen unter Abmagerung zugrunde. Die leidenschaftliche Begierde nach Opium wurde auch bei einem Affen festgestellt. Weit in das Tierreich hinunter, bei Ratten usw. und sogar bei Bienen nahm man ein starkes Begehren nach Opium bzw. Mohn wahr. In Ländern, in denen Opium geraucht wird, atmen Katzen, Hunde, Affen, sobald ihr Herr die Opiumpfeife anzündet, begierig die Dämpfe mit ein, die jener ausstößt, ja, Affen sollen sogar das nicht verbrauchte in das Bambusrohr durchsickernde Opium verzehren.

Gewöhnung an Opium können auch ganz kleine Kinder aufweisen. Ein viermonatiges Kind, das zur Beseitigung von dauernder Schlaflosigkeit Abkochungen von Mohnköpfen in steigenden Mengen von der Pflegerin erhalten hatte, jedesmal nach dem Erwachen aus dem Schlaf munter war und gern die Saugflasche nahm, verfiel, als die Entziehung vorgenommen wurde. Man war genötigt, den Trank weiter gebrauchen zu lassen. Nach weiteren 2½ Monaten trat der Tod ein. Die physische und geistige Entwicklung hatte inzwischen nicht die geringsten Fortschritte gemacht. Der Gehör- und Gesichtssinn war kaum feststellbar, das Kind erkannte niemand, der Blick war stier.

Die Unsitte — wenn es nicht mehr ist — Kindern solche Mohnkopfabkochungen oder Opiumtinktur in schließlich

erforderlichen sehr großen Mengen auch nur zur Ruhighaltung zu geben, ist weit verbreitet und schafft viele Opfer.

In den im Jahre 1896 erschienenen, viel Falsches und unrichtig Aufgefaßtes enthaltenden, mehrbändigen Untersuchungsberichten der „Royal Commission on opium" wird nicht nur behauptet, daß der mäßige Gewohnheitsgenuß von Opium, der in Indien bei 5—7% der Bevölkerung in Tagesmengen von 0,15—0,8—2,5 und mehr Gramm üblich ist, keinen schädlichen Einfluß auf die Gesundheit und die Volkswohlfahrt ausübe, weil die Indier eine sehr starke Resistenz gegen das Mittel besäßen, sondern daß auch der in den Staaten Rajputana, Malwa und in der Präsidentschaft Bombay herrschende Gebrauch, Kindern zum Ruhighalten Opium zu geben, damit die Mutter ungestört arbeiten könne, keine ungünstigen Folgen habe. Man beginnt dort schon in den ersten Lebenswochen oder -monaten mit 3—5 mg und steigt allmählich auf 15—30 mg, ja, bis auf 0,12 g ein- oder zweimal täglich. In Bombay werden Kinderpillen (Bala-Golis) mit 0,01—0,02 g Opium verkauft. Nach 2 bis 5 Jahren werden die Kinder vom Opium entwöhnt. Wie dies bewerkstelligt wird, erfährt man nicht. Todesfälle durch zu hohe Dosen kämen bei Indierkindern nicht vor, mitunter „nur" Dysenterie, während europäische, dort von ihren Wärterinnen ebenso behandelte Kinder dadurch sterben könnten. In diesen Mitteilungen sind die Gebrauchstatsachen richtig, die Schlußfolgerungen aber falsch.

Morphinistische Mütter gebären Kinder, die morphinistisch sind, sich schlaflos und erregt zeigen und nur ruhig werden, wenn sie etwas Opium erhalten. Auch das Stillen mit der Milch einer morphinistischen Mutter kann den Säugling in verhältnismäßig kurzer Zeit zu einem morphingewöhnten machen. Das Morphin geht in die Milch über.

Besonders tragisch ist der familiäre Morphinismus, die Verführung der Ehefrau und sogar auch noch der Kinder

- → the significance of the drug epidemic in the postwar period of the Second World War gets understandable if we have a look at the "suppressed history" of the pharmaceutical Subutex
- → in 1967 Subutex has been developed and sold as "Fortral"
- → and from 1980 on it has been distributed as medicament under the changed name "Temgisic"
- → from 1990 on it was re-launched as "Subutex" – a supposedly new medicament

- → there are three, four or even five generations with suppressed stories of the topic „Chemical-Pharmaceutical Substances in Pregnancy/Substitution and Therapy"
- → the addicts of today and their families and generations are in their pregnancies and their early childhoods much more involved into this subject than we can imagine

2. Current History of the Topic „Substitution, Pregnancy, and Therapy“

II 1960 - 2010

- → the scientific description of the topic and the specialist concepts have a traceable history from 1960 on
- → the first big international congress related to the topic "addiction and pregnancy" took place in November 1981 here in Berlin in the FU
- → I brought you some copies of the congress volume of that time

just one quote ...

- → "In the history of the addicted mother herself we find in many parts a lack of positive experiences with her own primary psychological parent – something she relives in the symbiosis with the own child ..."
- → „COPOLILLO 1975[...] In short: The addicted mother is in danger of making her children addicts, too. Not in the sense of an organically passed addiction, but by exposing them to exactly the same traumata that created the basis for her own addiction."

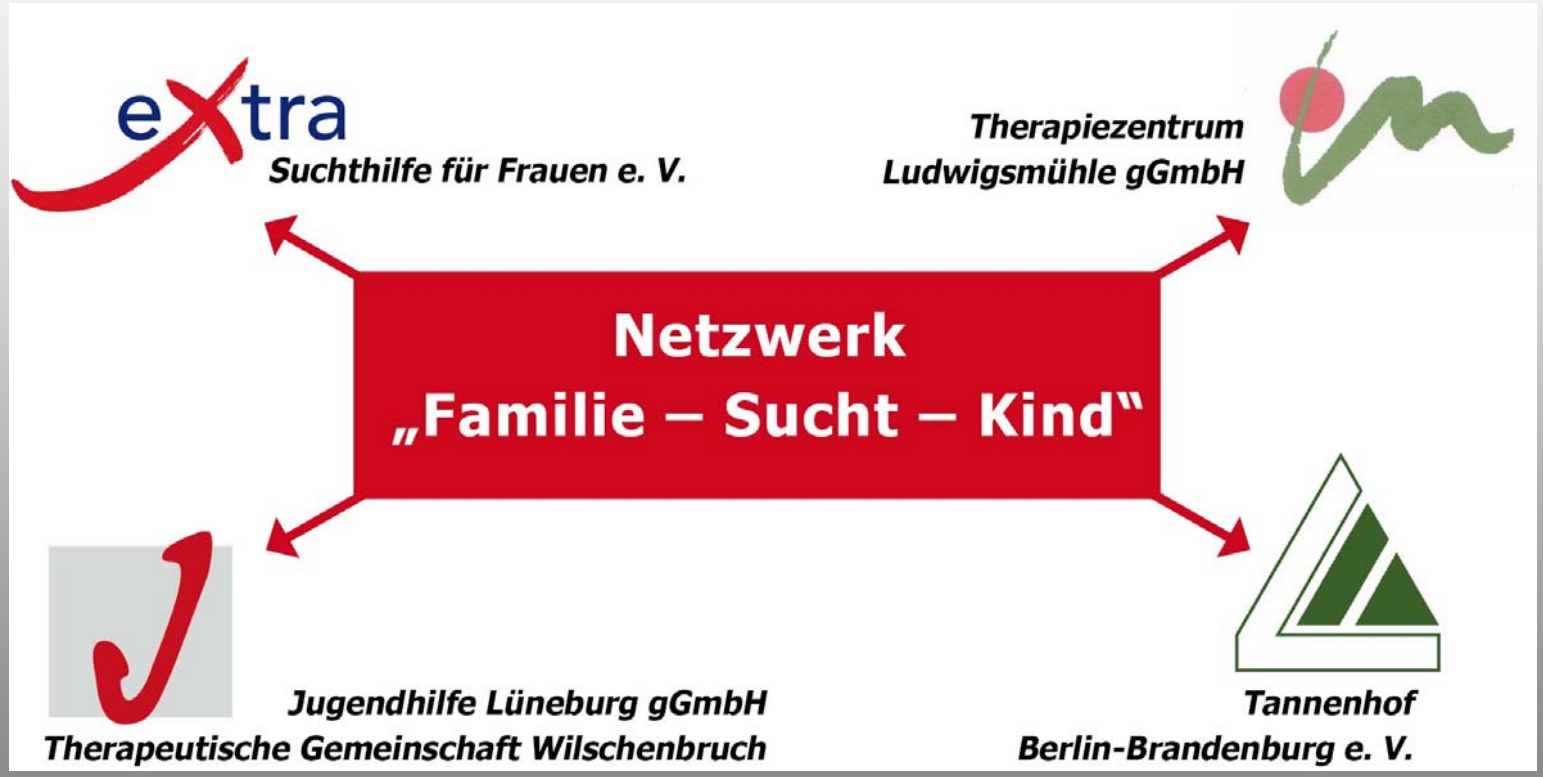
- → in Germany, the "Föderation Jugendhilfe" ["Federation Youth Aid"] has been founded in 1981
- → as a pool of facilities accepting parents together with their children
  - "Tannenhof" here in Berlin
  - Therapy Center Hohehorst in Bremen
  - Therapy Center Tübingen

→ These facilities „accepted“ pregnant women and also their children, but without having developed explicit therapies or treatment programmes for children

- → from about 1990 on, there were new foundations of facilities where explicitly the children have been recognised as an independent client group – also those having had an addiction-affected prenatal phase
- → at that time, science began to increasingly deal with a knowledge review of the context "drugs, pregnancy, children, and family"

the then founded facilities were ...

- → "Therapy Center Ludwigsmühle" (Helmut Schwehm is here today)
- → Therapeutical Community Wilschenbruch 1993 [Therapeutische Gemeinschaft Wilschenbruch, in German].
- → Tannenhof here in Berlin
- → as well as the Help and Information Center "Extra" in Munich belong to those institution that offer very special help for children


eXtra
Suchthilfe für Frauen e. V.
Therapiezentrum
Ludwigsmühle gGmbH
Netzwerk
„Familie – Sucht – Kind"
Jugendhilfe Lüneburg gGmbH
Therapeutische Gemeinschaft Wilschenbruch
Tannenhof
Berlin-Brandenburg e. V.

So we asked the following questions ...

- → how can the prenatal psychic development of the children be explained?
- → what effect have chemical-pharmaceutical substances during pregnancy?
- → what are the consequences for unborn and born life?
- → what happens in pregnancies of women with multi-drug addiction pattern

The body of knowledge we can safely resort to today

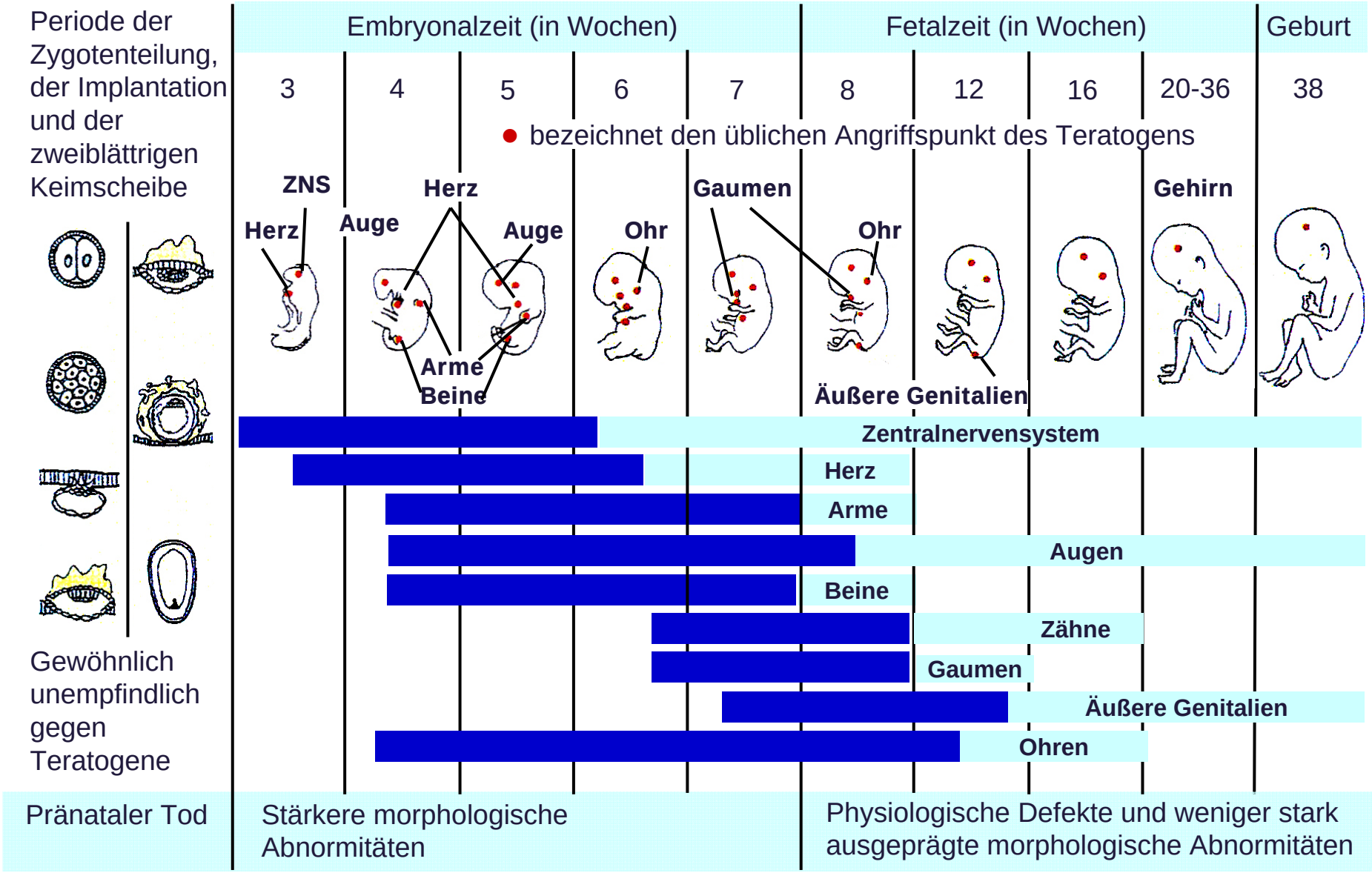
- → but first some basic groundwork
- → let's have a look at the complex correlations between pre- and postnatal life

About the prenatal psychic and physical development

→ ít is important for the understanding of these complex correlations and especially of the interrelations between addiction, substitution, pregnancy, and therapy to know about the different levels of prenatal development and postnatal reaction of the children

The (psychic) development of the unborn life

→ In the period of pregnancy, a viable human being is growing – also with his or her "soul"



aus Mutschler: Arzneimittelwirkung

- → there is a symbiotic bond between mother and child
- → through the mother and through own perceptions, the child is in constant contact with the outside world
- → Through the placenta the child gets nutrients, hormones, antibodies for immune defence, oxygen, but also harmful substances, medicine, and so on. It moves together with ist mother, both sleep, eat or "smoke" together. (cp. Mietzel 2002, S.77).

- → in the mother's womb, the unborn child can see, hear, make first experiences, taste, and even learn – (...) it can already feel, and that it even has a memory
- → all its experiences in the nine months between conception and birth have a decisive impact on the postnatal development of the child's personality, on its dispositions and ambitions

→ "From the moment of procreation on, all positive but also traumatic incidents are perceived and memorised in some way by the ripening child. They can be recalled after birth – unconsciously or preconsciously.(...) there is constant interaction between the child and its environment, especially its mother"

(cp. http://www.haus-samaria.de/vortrage/3__Vortrag/3__vortrag.html)

→ "The child drinks with its mother, it smokes with her, loves with her and hates with her, it is happy with her, and it suffers with her. It perceives its mother's heart sounds, it is frightened when she is frightened, it worries about her because it cannot live without her, its life depends on her and her life."

Freyberg, 1997, quoted after Krens/Krens 2006, p.26, engl. translation

Krens/Krens explain that

- → "the prenatal experience is the first and basic experience with relations in the life of a human being (...)
- → It is the basis of our being, it is the origin of our emotional life (...)
- → it supports the feeling of coherence and entirety of our organism. It conveys a feeling of safety which is based on the experience of a constant emotional bond. It allows deep relaxation and emotional openness, and a basic feeling of confidence and hope towards life."

Krens/Krens 2006, 53, engl. translation

→ "If, for example, the expectant mother is afraid, stress hormones like adrenalin and cortisol are increasingly released (...)

→ All substances pass without problems the placental barrier and stimulate the foetus biochemically – the physiological reaction to exactly this feeling of angst and fear."

Hüther/ Krens 2008, 97, engl. translation

→ "Prenatal traumatic incidents are in our opinion situations that are perceived as perilous by the prenatal child. These can be toxic, viral influences, as well as a malfunction of the food and oxygen supply, survived abortion attempts or other violence against the child – like chronic, hate-filled denial of the pregnancy by the mother. We can also include situations that the mother perceives as perilous or psychically threatening."

Krens/Krens 2006, 47, engl. translation

Hüther explains:

→ "It is the acquisition of language that enables us to remember experiences in the form of inner pictures and to communicate them so that other people understand them. Therefore all those experiences that are already made in infancy or even in uterus, are saved in the memory of the cells, of single organs, of single brain-areas, or of the whole body. But they cannot be memorised or communicated in a conscious and explicit way. Later they can sometimes be expressed in an implicit, for example physical way."

Hüther 2005, 61 , engl. translation

Introduction to the development of unborn life and the risk of pharmacological factors of influence

→ In the basic conditions of prenatal maturation we find the reasons for the unborn child's participation in the different pharmacological substances that are consumed by the pregnant woman during the months of pregnancy

- → the circulations of mother and child are separated – they influence each other through the placenta. Here natural toxins are filtered through the permeable membrane
- → but all known legal and illegal pharmacological substances are able to cross the placenta: The function of the permeable membrane does not work any more against these substances
- → so they reach the unborn child almost unfiltered, and the natural protection of the child against toxic and teratogene influences (that is: influences that cause abnormities) is lost (cp. Mutschler 2001, 96)

We will understand the risk for the child better when we realise that

all known legal and illegal solids/substances have either...

a highly toxic

and/
or

teratogene

potential

This means that the unborn child participates

- → in the toxic potential of the drugs and so gets passively addicted and/or
- → it will be irreversibly impaired by the teratogene potential

(cp. u.a. Mutschler 2001, 95, et alii.).

Pharmacology and Pregnancy

Pharmacological scientific sources confirm that the substances

- → nicotine
- → hashish
- → heroin
- → polamidone
- → and the different legal pharmacological substances, that means medicaments
- → have at least a toxic potential

The teratogene potential of

- → alcohol
- → amphetamines
- → barbiturates
- → cocaine
- → crack
- → LSD
- → and - depending on the consume pattern - also of those substances which have „only“ a toxic potential

  is proven

(cp. Mutschler 2001, p.95 et sqq.)

Children of Addicted Mothers and Substitution

- → often, addicted women consume – also during their pregnancies – drugs whose toxic and teratogene potential has been described in pharmacology
- → also in medical drug therapies the risk for the unborn child is not sufficiently taken into consideration, when the pregnant mother gets substitutes and has a multi-drug pattern

We must always ask ...

- → which substances have influenced the unborn life?
- → all pharmacological substances we know are able to cross the placenta
- → the unborn life participates in them
- → and gets addicted.

→ The question if those substances are „legal“ or „illegal“ is therefore subordinate

→ it is not interesting for the unborn life if it has been impaired by legal or illegal substances

- → addicted women's pregnancy progresses and their specific consequences are still reason number one of hanidcapped children in the FRG
- → about 4500 children are born who are irreversibly impaired by alcohol
- → and about 2250 children with severe impairments because of drugs
- → this is a total of about 6750 children a year
- → as a consequence of the Contergan disaster, approximately 5400 children were born with handicaps

- → a multi-drug pattern with substances whose teratogene and toxic potential is described in pharmacology is a typical pattern of everyday life
- → the unborn life is harmed every day by these pharmacological substances; we know their teratogene and toxic effects
- → and there is not even a remote chance to protect this life
- → the same happens in cases of multi-drug patterns in medical addiction therapy!

→ Under those medicaments consumed by addicted pregnant women (I‘m talking about the substitutes Methadone, L-Polamidone und Subutex) is *not even a single one* with an unlimited market authorisation for being applied in pregnancy!

"What happens really in pregnancies of multi-drug addicted mothers with and without medical addiction therapies?"

- → since 1993, we, scientifically working colleagues, and the section "Parents, Child, and Drugs" of the FDR ("Association Drugs and Intoxicants" inc.) have been occupied by the question:
- → how the unborn life is developing in pregnancies if these children are carried out to term by multi-drug addicted mothers

→ We've analysed 100 pregnancies of that kind:

- 69 mothers were multi-drug addicts without medical therapy
- and 24 mothers were multi-drug addicts and medically attended to

One first result:

→ mothers in medical treatment consumed a significantly higher amount of some of the substances than addicted mothers without treatment

Substance-Dependence & Multiple Drug Abuse (68P.) ICD 10. F10.24, F11.24, F12.24, F14.24, F17.24, F19.24		Substitution with surplus consumption (24 P.) ICD 10: F19.22, F17.24
Methadon/Polamidon	**13,2 %**	**100 %**
Heroin	**38,2 %**	**87,7 %**
Kodein	**10,2 %**	**4,2 %**
Kokain	**32,3 %**	**91,7 %**
Benzodiazepine	**17,6 %**	**62,5 %**
Barbiturate	**2,9 %**	**8,3 %**
Cannabis	**72 %**	**58,3 %**
Trizyklische Antidepressiva	**1,47 %**	**8,3 %**
Antidepressiva	**5,9 %**	**4,2 %**
LSD	**5,9 %**	**4,2 %**
Nichtopioide Analgetika	**10,2 %**	
Alkohol	**76,4 %**	**37,5 %**
Nikotin	**92,6 %**	**100 %**
Crystal	**1,5 %**	
Crack	**1,5 %**	
Subutex	**2,9 %**	
Halluzinogen Psylocybin	**2,9 %**	
Amphetamine	**16,1 %**	
Ecstasy	**5,9 %**	
Cortisol + Asylfidine; ärztlich notwendig	**1,5 %**	
Opioidantagonist Nemexin	**1,5 %**	

- → I asked the producers of the medicaments/substitutes Hexal, Sanovi Aventis and Essex pharma to certify the harmlessness of their medicaments L-Polamidon, Methadon and Subutex with regard to the therapeutical usability in cases of pregnant women with multi-drug pattern, that means in cases of substitution with parallel consumption of other drugs – during pregnancy and lactation
- → all three producers warned of the enormous risks such a proceeding entails, and they named exclusion criteria

- → after that I presented pregnancy anamnesis with these consumption patterns to three of the leading German chairs of pharmacology and asked them to analyse these patterns after their "own" state-of-art
- → all three chairs considered themselves incapable to define the consumption pattern "multi-drug addicted"
- → this means that the effective spectrums of these patterns cannot be explained after the state of the pharmacological science

About the lives of the children after "multi-drug addicted pregnancies"

→ We asked for the syndroms respectively characteristics of those children who experienced these pregnancies and the socialisation in homes with addicted parents

- → it became evident that these children are disordered in such a complexity that an age-appropriate development is barely possible.
- → school readiness, social behaviour and the chance to be socially integrated are hardly possible because of the severe damages and syndroms the children have
- → these children are heavily burdened and unprivileged – either in consequence of the prenatal impact or because of the postnatal conditions of socialisation in the context of addicted parents
- → the future of these children is highly predisposed – and we need urgently a positioning of the addiction aid so that we can help as fast as possible

Postnatal Disorders of children and adolescents

Substance-Dependence & Multiple Drug Abuse (56) ICD 10. F10.24, F11.24, F12.24, F14.24, F17.24, F19.24			Substitution with surplus consumption (23) ICD 10: F19.22, F17.24	
1. Neonatale abstinence syndrom	18*	32,1%	22	95,7 %
2. Up 3 months after withdrawal	13	23,2 %	22	95,7 %
3. Premature Birth (37th W.o.P.)	6	10,7 %	5	21,7 %
4. „Floppy-Syndrom“ (P94.2)	4	7,1 %	1	4,3 %
5. Disorder of cognitive, social and physical development	44	78,6 %	16	69,6 %
6. Hypotension	7	12,5 %	7	30,4 %
7. Behavioral and emotional disorder	49	87,5 %	22	95,7 %
8. Hypertension	5	8,9 %	2	8,7 %
9. Hyperkinetic Disorder (ADHS)	5	8,9 %	6	26,1 %
10. Restricted vision	7	12,5 %	8	34,8 %
11. Heart defect	4	7,1 %	2	8,7 %
12. Disorder of feeding babys and kids	29	51,8 %	9	39,1 %
13. Alcoholembryopathy	11	19,6 %	0	0,0 %
14. Reactive Attachment disorder	41	73,2 %	11	47,8 %
15. Psychosocial Deprivation	53	94,6 %	18	78,3 %
16. Disorder of social behaviour	24	42,9 %	6	26,1 %
17. Enuresis N= / diurna/nocturna (older than 4)	10	17,9 %	4	17,4 %
18. Encopresis (if dry for a while)	3	5,4 %	2	8,7 %
19. Disorder of development of school abilities	18	32,1 %	1	4,3 %
20. Physical abuse of a child	32	57,1 %	2	8,7 %
21. Sexual abuse of a child	7	12,5 %	2	8,7 %

(*presumably unrecognized 22/38 percent)

Therapy - Parents and Children

- → important is that parents and children attend therapies together and that they start their long development towards a drug-stable life together
- → parents need more support than "single" clients because such a therapy and the following phase of life is always a highly stressful period of life
- → parents have to take care for their therapy, their clean life development, their job, and their partnership
- → and they have to accompany their children's therapy, they must learn to educate them to become „mother and father" in a way that they generally do not know from their own childhood
- → and in a way they do not have any model for, nor an "inner orientation".

- → in this process they will also realise which consequences their „drug-addicted life“ actually had for themselves, for their families, and especially for their children – and these are difficult phases of the therapy where the parents need help!!
- → even more important is to help the children – and here we do not have any developed standards. Therefore I will in the following name the basic values which are significant in each therapy of a child – and which have to be applied in different therapeutic settings.

- → again and again we have seen in the therapies how children that have lived under the influence of heaviest burdens during pregnancy and during their infantile phase developed in a way we often could not imagine.
- → and when we asked what was useful for these children, the answer was: first of all apparently "simple" support factors, help which is also described in the UN Convention on the Rights of the Child
- → already the realisation of these "rights of the children"has an enormous positive and fast effect on them

- → if we collect and analyse all data we know about pregnancy, birth, and the children's development, we will get a lot of knowledge and insights for therapy and above all for a better understanding of the children
- → I am talking about the data we usually know from gynaecology, from neonatology and from paediatrics. They show something like a picture of the child that we should try to understand
- → so we can manage to comprehend the child and its special life development so far – and this is the elementary precondition for the organisation of therapy processes

→ the therapy of these family systems and of the children needs interdisciplinary help

→ It needs networking in a complex system between paediatrics over a long period

- → it is necessary to talk to the teachers in school and to tell them that the children are not unmotivated
- → but that they – as a consequence of a participation in alcohol/drugs during the pregnancy of their mothers - are not able to learn in certain areas
- → that it is not possible for them to make certain neuro-biological connections
- → that the movements of these children are different from that of others, that they are more agitated

→ but if we are able to arouse understanding for this special consequence of the pregnancy development and of the highly difficult socalisation conditions, if we manage to protect the children professionally, to support them, then they have a chance to create their own life - independent of the generational patterns

- → we have seen a lot of children living their lives in a really admirable way
- → we could see that with all that I just have been talking about, a constructive and – as I said - sometimes even admirable development of the children has become possible

Thank you very much for your attention

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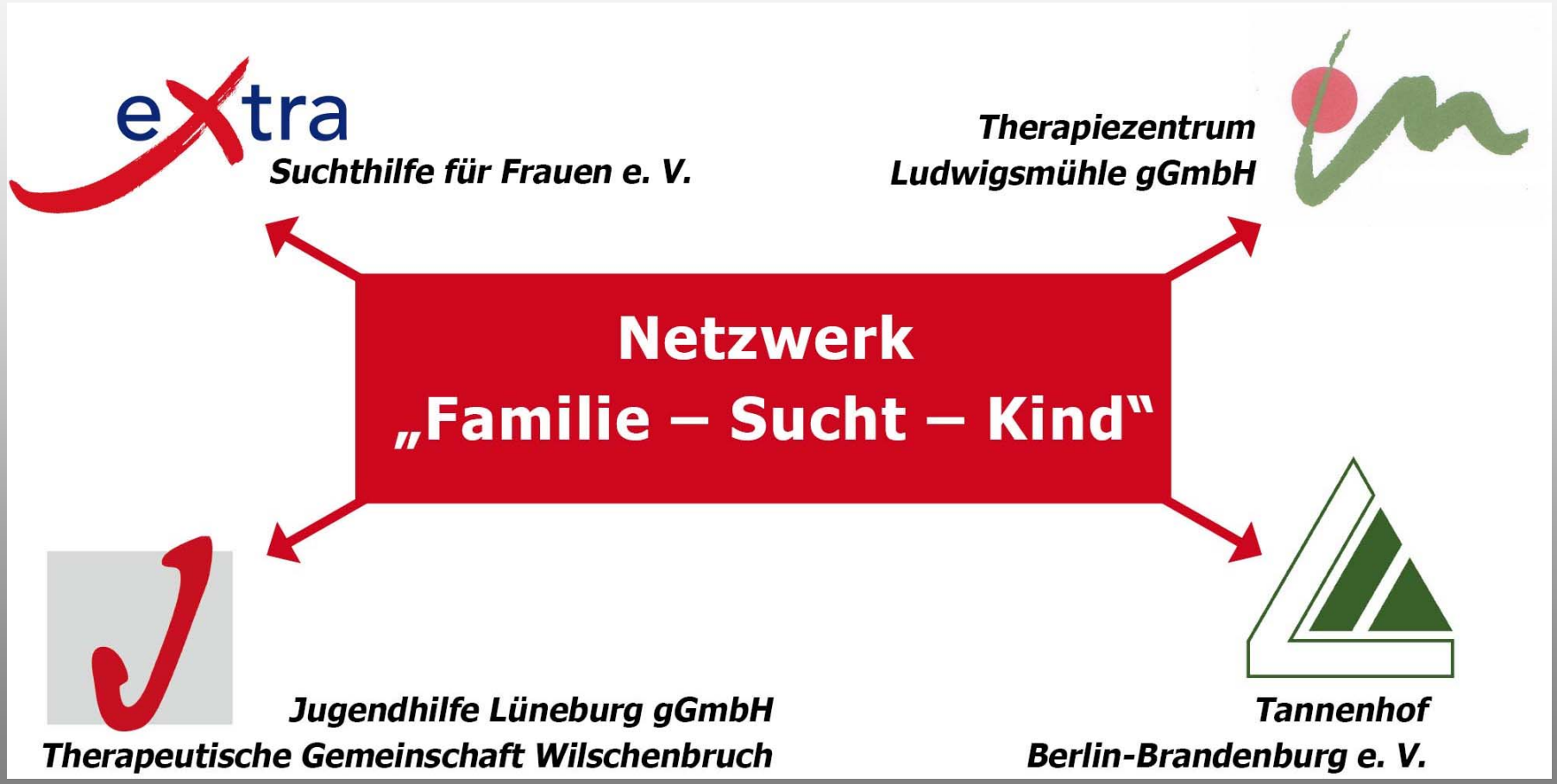
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