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Anxiety and depression in addiction: investigation at a Ser.D center

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ABSTRACT

Background: Drug addiction is one of the main public health problems in the world. The present work was born because of the training activity carried out at the Ser.D center in Polistena (RC) in the A.A. 2017/2018. Through this survey, we tried to identify the levels of anxiety and depression in drug addicts.

Methods: The method chosen for the following work is the investigation of the clinical literature and the analysis of various scientific articles in order to support the levels of anxiety and depression in drug addiction. Subsequently an accurate quantitative evaluation of the data collected by the operators between 1997 and 2017, that is the type of substance of abuse, social status, employment, marital status and the result of self-report on a sample of 730 subjects. Since the third interview with the psychotherapist of the center, patients have been subjected to the administration of the Zung scale for the assessment of depression (Zung, 1965) and of the ASQ scale (Krug et al., 1978) for the evaluation of anxiety disorder.

Results: The subjects obtained medium-high level of anxiety and depression. In particular, in depressed drug addicts and alcoholics showed a high depressive symptomatology in which the somatic and emotional area is more compromised. The anxiety symptoms are generally high, especially in subjects who are both drug addicts and alcoholics.

Conclusions: The results obtained could help to extend the current clinical studies on this phenomenon and encouraged various operative treatments, especially of a cognitive behavioral approach.

Keywords: *Drug Addiction; Anxiety; Depression.*

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Introduction

According to current statistics, dependence on substances is a problem both of social and clinical interest, compared to the psychopathological manifestations that often follow. The data on the European Drug Observatory 2018 confirm a large number of substances of abuse and consumption, especially among adolescents. In the clinical literary field, the term "addiction" refers both to the traditional dependence on substances and to the different forms of behavioral dependence. This term also refers to any form determined by the inappropriate use of a substance, an object or a behaviour. It is good to keep in mind that today talk of drug addiction necessarily involves a distinction between the various psychopathological conditions of dependence that do not refer only and exclusively to substance abuse, but also determine types of behavioral addictions. Disturbances caused by substance abuse are distinguished in: Substance use disorders and substance induced disorders. As argued Lingiardi & Gazzillo (2015) and in according to the Statistical Diagnostic Manual DSM-V, we speak of behavioral addictions or new addictions. In those forms of "addiction" there is no intake of psychoactive substances, but an excessive frequency to a habit or a behaviour, which although often occurs in a socially accepted form, it can cause discomfort, mental suffering and make social and family relationships quite problematic. Clinical studies have also shown that behavioral addictions share with them by substance, following their implementation, the ability to reduce emotional - affective states perceived negatively by the individual and a positive perception of self and the world, a difference, as Rigliano & Bignamini (2009) maintains, of the process of self-medications that takes place following the intake of substances by subjects who try to cure their depressive and dysphoric state or antisocial subjects who try to experience positive states. In according to Pinamonti & Rossin (2009) they appear to be similar to substance dependencies due to the high frequency of poly-dependence, therefore the presence of one or more dependencies and addiction transference, or the passage from one dependency to another over the life span, probably due to the similarity of the main risk factors such as impulsiveness, sensation seeking, narcissistic vulnerability, difficulty in emotional regulation, familiarity. Vassoler, Byrners, Pierce (2014) say that to keep in mind, due to the substantial overlap of the neurobiological correlates, that the activations and neural modifications that aggravate the form of dependence and determine it, occur in the same way both in the forms of addiction and in dependence on substances of abuse. Then Drug addiction can be diagnosed as a behavioral disorder, characterized by its central effects on the neurobiological mechanisms of emotional processes, motivational and cognitive. Di Chiara, Acquas & Carboni (1992) and Graziano et al. (2012) argue that the substances following their assumption in most cases because pleasant effects called "hedonistic" inducing and reinforcing the subject to

repeat the experience. Their prolonged use induces dependence that will be characterized by a compulsive behaviour of research and consumption (craving) with tolerance and inability to control the intake. In the past the definition of drug addiction mainly depended on the clinical observation of a physical dependence characterized by abstinence crisis, a strong need for drugs to alleviate physical suffering, derived from abstinence. The "craving", literally translated "craving" is defined as impulsive desire for a substance, food or other. According to Nizzoli and Pissacroia (2006), the "craving" from substance represents the desire to take a psychotropic substance, the effects of which have already been tried before. This desire can take on the characteristics of urgency and compulsiveness, especially in the presence of internal or external stimuli and reinforcements. Subsequent to acute or chronic intake the processes involved, which undergo complex adaptations are physiological, motivational and rewarding belonging to areas in the mesolimbic system. Scientific literature such as Juczyński et al. (2016) has amply demonstrated that it is associated with a wide range of psycho-pathological conditions, ranging from "organic mental disorders, mood disorders (seasonal depression), to disorders of the nutrition (bulimia), to impulse control disorders (pathological gambling, etc.) but the field in which it is most studied is the clinic of pathological drug dependencies. In this case, with reference to mood disorders, Caroti et al. (2007) confirm through their study that through their study the existence of the relationship between depressive symptoms and cannabis use and the characteristics of their relationship.

Drug addiction can be diagnosed as a behavioral disorder, characterized by its central effects on the neurobiological mechanisms of emotional, motivational and cognitive processes. It is important to consider the risk factors that according to Cattellino et al. (2013) induce a greater probability to the condition of drug addiction, these characterized by a complex relationship between distal and proximal social factors. Currently in the clinical field the drug addiction in its various expressions, represents a significant medical-social problem and some important data concern the concomitant presence of one or more psychopathological disorders, partly due partly to the consequence of the substance taken. Through this investigation it was also possible to confirm the condition of drug addiction and/or alcohol abuse prevalently present in the male gender, observing a sample composed of 95% males and 5% females, also detecting the prevalence of the type of substance of abuse such as cannabis and alcohol, data that maintain the observations and clinical studies carried out over the years. The present work aims to understand drug addiction in a multi-factorial perspective. The behaviors and practices that lead and induce drug addiction are an indicator of the discomfort of today's society and generate phenomena of social apprehension with a high emotional impact. This phenomenon mainly affects the social youth groups. The figures relating to the phenomenon of addiction and drug addiction indicate an incidence of 0.04% on the mortality of the

world population. Over 10% of the world population suffers from disorders related to the consumption of the aforementioned substances with percentages that vary according to the countries. In the United States of America, it is estimated that over 15% of the population receives at least one diagnosis of a psychopathological disorder related to the abuse of psychotropic substances and alcohol. Specifically, with the present work carried out at a Ser.D Centre, an attempt was made to identify levels of anxiety and depression in drug addicts and their variability over the years. Through this investigation it was also possible to confirm the condition of drug addiction and/or alcohol abuse prevalently present in the male gender, observing a sample composed of 95% males and 5% females, also detecting the prevalence of the type of substance of abuse such as cannabis and alcohol, data that maintain the observations and clinical studies carried out over the years. We therefore set ourselves the objective of demonstrating the correlation and interdependence between several factors linked to the phenomena of addiction and drug addiction.

The experience gained in the clinical field as widely discussed in the clinical Psychology literature highlights that the phenomenon of substance dependence is not exclusively determined by the sole assumption of the substance (cocaine, alcohol, etc) but can also be influenced by a wide range of etiologies such as supported by MacLeod et al (2004). A high level of association between several factors that determine the phenomenon could be found in those who use the substance frequently or who are dependent on it. The hypothesis of the common risk factors that predispose to use or abuse of substances or to their maintenance has been explored by studies by Manna & Ruggiero (2001) and Caliendo, Senese & Cantone (2017) and Miji, Hershberger & Cyders (2018). These studies were based on various types of analyzes including multivariate statistical analysis and evaluated the influence of predisposing factors on the observed relationship. From these surveys over the years it has emerged that, when variables such as: the use of other substances, personality characteristics, genetic vulnerability, environmental factors, different factors were able to make a significant contribution to the relationship between anxiety depression and addiction. But it also seems that the factors investigated alone are not sufficient to justify the relationship. The current literature also in the clinical field brings out an important distinction between those who have a "substance use disorder" in which there are all the cognitive, behavioral and physiological symptoms, subjects that despite the significant problems and risk factors related to the substances continue to use them, those who have "substance induced disturbance", manifest intoxication, abstinence and mental disorders induced by substances or drugs such as psychotic, bipolar, depressive, anxiety disorders etc. It is essential to investigate the phenomenon and the possible factors both social and clinical that predispose to the use or abuse of substance, caused by a condition of pre-existing malaise or by the abuse of the same substance.

Method

Participants: 784 subjects, of which 693 males and 91 females with an age ranging from a minimum of 14 to a maximum of 81 years ($M = 38.25$; $SD = 12.01$) with a low cultural and occupational average level and with residence in Calabria in 91.4% and regions scattered in the remaining 8%. The diagnosis results with a value of 46% for the condition of drug addiction, 48% alcoholism, 6% diagnosis of drug addiction and alcoholism. The most commonly used substances over the years are heroin 23%, alcohol 48% and a low percentage (4%, 3%) of other substances used singularly or concomitantly. The most common pharmacological treatments are, respectively, 18% alcover, 24% methadone, 6% psychopharmaceuticals, 9% alcover and antabuse. These patients were followed with an outpatient or residential program in the therapeutic community of the same province. The subjects were selected at the center to which they are sent by legal means or are addressed directly or by request of a family member to start a therapeutic path.

The condition of the subjects was investigated and confirmed through the clinical interview, the administration of self-report questionnaires and the biochemical laboratory analysis of the biological fluids that confirmed the diagnosis.

Procedures and tools

The administration was carried out in individual form, inserting the anamnestic data and the results to the tests in the appropriate medical record. The administration took place from the third clinical interview in the center where the patients are in treatment, with the presence of the psychotherapist. Before proceeding with the analysis of the data, a revision was made with respect to the completed items. Two questionnaires were administered: the first Zung Scale based on the evaluation of depression, this is considered the prototype of the self-evaluation scales for its simplicity, the Zung Self-Rating Depression Scale (Zung, 1965) was put to point to get a quick quantitative assessment of psychological symptoms (10 items), affective (2 items) and somatic (8 items) in depressed subjects. Compared to other tests such as the Beck Depression Inventory has a broader spectrum of symptoms, giving much weight to the anxiety and the accessory symptoms. The items were obtained by subjecting to a factorial analysis a set of symptoms collected from the literature and supplemented by interviews with patients. A total score in the standard, however, shows significant values in the subscales, emotional area with a score lower than or equal to 13 represents mood in the norm, from 14 to 19 an average depressive state, from 20 to 28 severe depressive state, in the cognitive area a lower score or equal to 6 represents mood in the norm, from 7 to 11 average depressive state, from 12 to 16 severe depressive state, finally the somatic area with score less than

or equal to 17 mood in the normal, from 18 to 22 average depressive state, from 23 to 36 severe depressive state. A cut-off score of 50 leads to a correct diagnostic classification in 88% of cases (sensitivity = 88%, specificity = 88%) (Shafer, 2005).

The second tool used is the ASQ test (Krug, et al., 1978), a quick and standardized tool that obtains information about anxiety. Composed of 40 questions from which the total score is drawn, a division of the score into manifest anxiety and latent anxiety and finally a division of the score for each of the five factors present in anxiety, factor "O" apprehension, factor "Q4" tension, factor "Q3" lack of control, "C" factor instability, "L" factor suspiciousness. The average of the raw scores is subdivided according to age and gender, to show the symptomatology a score of 33/50 average score is taken into consideration, 50/80 significant high score, indicative of anxiety.

Results

Statistics and data analysis

The program used for the analysis of this research is the SPSS (Statistical Package for Social Science). The analysis of the proposed data is aimed at evaluating and comparing the average scores (and the relative SD) obtained in the two instruments used, the "Zung scale" self-report questionnaire and the "ASQ scale". It emerged that the 364 subjects diagnosed with drug addiction had a minimum of 45 and a maximum of 72 ($M = 57.63$; $SD = 5.11$) in the 376 subjects diagnosed with alcohol abuse, had a minimum of 50 and a maximum of 74 ($M = 59.17$; $SD = 4.70$) and finally, the 44 subjects diagnosed with drug addiction and alcohol abuse, had a minimum of 52 and a maximum of 71 ($M = 61.02$; $SD = 5.33$). (Table 1).

Diagnosis	N	Min	Max	M	SD
TD Total Anxiety	364	47	63	55.22	3.205
Lack of self- control	364	8	14	11.94	1.228
Emotionalinstability	364	8	11	9.48	1.027
Suspiciousness	364	2	5	3.48	0.766
Apprehension	364	13	20	17.40	1.681
Voltage	364	10	15	12.91	1.428
A Total Anxiety	376	47	63	55.74	2.968
Lack of self-control	376	10	16	12.38	0.999
Emotional instability	376	8	11	9.44	1.007
Suspiciousness	376	2	5	3.49	0.800
Apprehension	376	13	22	17.50	1.633
Voltage	376	10	15	12.94	1.378
TD+A Total Anxiety	44	47	63	55.77	3.802
Luck of self-control	44	10	14	12.11	1.224
Emotional instability	44	8	11	9.59	1.085
Suspiciousness	44	2	5	3.50	0.762
Apprehension	44	13	19	17.50	1.759
Voltage	44	10	15	13.07	1.561

Table 1. Descriptive statistic of Anxiety scoring

There are 693 male subjects in the depression survey with a minimum of 45 and a maximum of 74 ($M = 58.56$; $SD = 5$) and 91 females with a maximum of 50 and a minimum of 72 ($M = 59.40$; $SD = 4.93$). From the results obtained to the second "ASQ scale" instrument, a minimum of 47 and a maximum of 63 with a diagnosis of drug dependence ($M = 55.22$; $SD = 3.21$) are to be found. In the 376 subjects diagnosed with alcohol abuse a minimum of 47 and a maximum of 63 ($M = 55.74$; $SD = 2.97$). Finally, the 44 subjects diagnosed with drug addiction and alcohol abuse had a minimum of 47 and a maximum of 63 ($M = 55.77$; $SD = 3.80$). From the total of the analyzed outcomes, 693 male subjects were presented with a minimum of 47 and a maximum of 63 ($M = 55.50$; $SD = 2.96$). From the results obtained according to the SS percentage, the cut off the scores is medium-high, especially in those diagnosed with alcohol abuse in the "Zung scale" test. On the second "ASQ scale" instrument, the subjects in the three diagnoses showed an SS percentage with a medium cut off. Regarding the subjects under investigation, we should note that they are divided into subjects with a diagnosis of drug addiction, alcohol abuse and drug addiction and alcohol abuse with the results obtained between the manifestation of anxiety and depression disorder. As reported in table 2. In the subjects of drug addicts and alcoholics, a high depressive symptomatology has emerged in which the somatic and emotional area, especially in males, are more compromised.

Diagnosis	N	Min	Max	M	SD
TD Total Depression	364	45	72	57.83	5.110
Emotional area	364	15	27	20.52	1.976
Cognitive area	364	7	16	11.81	1.327
Somatic area	364	20	33	5.49	2.844
A Total Depression	376	50	74	59.17	4.698
Emotional area	376	17	27	21.48	1.633
Cognitive area	376	9	15	12.13	1.090
Somatic area	376	19	34	25.56	3.036
TD+A TotalDepression	44	52	71	61.02	5.329
Emotionalarea	44	17	27	22.11	1.883
Cognitive area	44	11	15	12.43	1.108
Somatic area	44	20	32	26.48	3.288

Table2. Descriptive statistic of Depression scoring

Anxious symptomatology is generally high, especially in subjects who are both drug addicts and alcoholics. The lack of self-control is the anxious aspect that most differentiates alcoholics and drug addicts. No significant gender differences emerged.

Discussions

Previous studies have extensively discussed the relationship between anxiety depression and drug addiction. The first objective of this research project was to verify the extent of the presence of anxious and depressive symptoms in the three diagnoses under investigation. Following the analyzes carried out relevant results emerged with respect to the symptomatology and the type of

diagnosis. The presence of a diagnosis of drug addiction and alcoholism has revealed an overall high depressive symptomatology, slightly higher was found in drug addicts especially if they are also alcoholics and males. The somatic and emotional areas seem to be the most compromised, the less compromised the cognitive area has been. Regarding the anxiety symptomatology was overall high. Mildly higher in addicts especially if they are also alcoholics and males. Apprehension, tension and lack of self-control appear to be the most important aspects, both in males and females. Differences in the diagnosis were found in which the highest scores of both anxiety and depression were obtained by drug addicts and drug addicts with alcoholism. In all cases, depression is significantly more present than anxiety. The prevalent impairment of the somatic and emotional areas compared to the cognitive one in the field of depressive disorder is statistically confirmed. The lack of self-control is the anxious aspect that most differentiates drug addicts and alcoholics. Finally, from the statistical analysis carried out with respect to the highlighting of a possible and differentiated vulnerability between males and females in the condition of drug dependence. Not statistically significant gender differences emerged. In line with the literature, as claimed for example by Macchia (2004) and Garofano, et al (2014). It is possible to confirm the presence of high levels of anxiety and depression in drug addicts and alcoholics especially in which both dependencies are present in the same subject.

Conclusions

The results obtained from this study stimulate further research and bring out a recommendation with respect to the methodology used. The same is not exempt from the limits with respect to the use of only the two instruments administered and compared to the circumscribed sample as it was obtained only within the Ser.D. It could be useful in the subsequent studies of this phenomenon to propose the administration of additional questionnaires, aimed at investigating the style of adult attachment and family and social relationships as it emerges from the literature that they represent a risk factor for the onset of addictions. In addition, the investigation of choosing a larger sample to make it more representative is essential. It would also be advisable to investigate the activity of thought and daily behavior and with respect to the intake of the substance. These two aspects could be investigated through weekly diaries to be completed daily that can be given to the subjects during the therapy and to be returned to the next interview to obtain valuable information during the course. In conclusion, the results of this study although partial and limited underline the need to highlight some particularly compromised aspects in the subjects examined. The outcomes obtained with respect to the anxious manifestation reveal a compromise in the aspects of tension, apprehension and lack of self-control components that are connected to the onset of emotional states

linked to the excitement in the research of the substance. The depressive component, on the other hand, appears to be compromised in the somatic and emotional area in which the subjects are found to have difficulty falling asleep feel tired during the day, have difficulty making decisions, are irritated and agitated more than usual. Following the results obtained a particular and complex condition of drug addicts emerges. My proposal with regard to the interventions to be implemented is that they are aimed at curing that is working continuously on the construction of the care setting in which the therapeutic relationship can also be contained. In the difficult phases of drug addiction often characterized by abandonment or removal. It would therefore be necessary to create a facilitating environment that could promote gradual change. For example, the therapeutic community is a place to take refuge building a new lifestyle through rules and organization.

The environment of the therapeutic community offers a structured and predisposed treatment to also face a persistent problem that involves the behavioral intrapsychic and relational areas. The cognitive-behavioral approach to drug addiction, used in the community allows to frame a problematic situation in operative terms allowing to build a good relationship and containment of the addict. It is important to bear in mind that the family is involved in the operative activities proposed to the addict precisely because it is the context in which relationships, affections, values and behaviors are born and can provide information on the maintenance and the possibility of recovery of drug addiction. The systematic observation included in these programs allows the assessment of cognitive, behavioral and relational aspects of response both for operators and for the user. The language used is clear and simple and favors the subject since the entry into the community of some of the proposed objectives. The addict will learn through some cognitive-behavioral coordinates that will be provided to verify daily the progress of their rehabilitation.

The operative interventions that favor and suggest to propose in the dependencies with cognitive-behavioral therapy are the learning processes determined in part by the conditioning mechanisms responsive and operative, that in the field of drug addiction finds its example in the intake of substances. The addict learns to use certain substances to obtain gratifying results, in which they try to avoid a painful situation reaching a psychophysiological enjoyment (operant conditioning). It would also be possible to modify previously acquired behaviors or create new ones through dis-learning and relearning strategies such as flooding or shaping techniques. Learning and change are favored or not by some self-control strategies: such as relapse prevention therapy (RPT), (Marlatt & Barret, 1998) self-observation and behavioral programming. Relaxation are also useful techniques to increase the ability to control anxiety, which in addition to being an objective in itself is also instrumental in the use of the covert technique and the most representative is the systematic desensitization, based on the counter-conditioning mechanism.

Following the methodology used and the results obtained. the use of only two self-reports, the Zung scale and the ASQ scale can be considered as a limitation of the research. to be proposed then the assessment of further aspects in order to obtain a more complete picture with respect to the condition of drug addiction. It would be useful to propose further investigations aimed at verifying for example, cognitive, affective, emotional-motivational social and relational skills in subjects with similar types of addictions and the presence of further behavioral disorders or other forms of addiction.

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