

Article

The new boundaries: drug addiction or mental illness

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Abstract. The article aims to act as a heartfelt cry of denunciation towards the lack of attention of the current socio-health system towards an alarming condition faced by thousands of young people and adolescents: being affected by double diagnosis. It is a psycho-socio-pathological phenomenon in which the drug addiction dimension is combined with the psychiatric one.

The devastating effects produced by the intake of chemicals, often corroborated by large doses of alcohol, determines a real short circuit of the cerebral cortex. The comorbidity between psychiatric disorders and substance use disorders is commonly referred to as Double Diagnosis (1992, First and Gladis) which concerns in particular three types of patients: patients with primary psychiatric disorder and secondary abuse / dependence; patients with primary abuse / addiction disorder and secondary psychiatric disorders; patients with psychiatric disorders and abuse / addiction disorders both primary.

In addition to reporting the lack of policies to prevent the phenomenon, the author associates a more general analysis of the juvenile reality in which the tendency to implement antinomic and deviant behaviors is increasingly evident. This form of "generational suicide" is opposed by a request for the activation of "network" policies that encourage young people to assume a higher degree of responsibility towards a process of social integration based on the determination of a solidarity structural identity. Socially and therapeutically, it is essential to highlight the importance of that operating discipline which is defined as "integrated treatment", not meaning, by this term, the parallel treatment of both ailments. As the author points out, the current approaches of the doctrine consider the need to work on both and therefore, together with the primary disturbances. In this sense, it is still to be remembered that an authentically integrated treatment allows to modify the prognosis of the double diagnosis, bringing it closer to that of the single disorders. The integration of knowledge, psychiatric and drug addiction must, however, tend overall to support a psychotherapeutic path and to the simultaneous involvement of families in this evolutionary process, in particular intended for adolescents.

Keywords: adolescent discomfort, psychiatric comorbidity, drug addiction, adolescent groups, family values.

The double diagnosis: many people talk about it, but...

In this phase in which Covid 19 seems to have absorbed all the phenomena of social pathology, the spaces of denunciation of alarming situations of marginality, buried by the drama of the moment, are further reducing. And if of the thousands of addicts who have continued to contract heroin, cocaine, crack, mmda etc ... in the historical squares (from Scampia in Naples to Corviale in Rome) nobody speaks, given the media void in which the continuous complaints have fallen specialized bodies such as FICT (Italian Federation of Therapeutic Communities) and CNCA (National Coordination of the Welcome Community); and if the immense difficulties of families in managing the presence of autistic or psychotic children, unable to be followed by communities or rehabilitation centers, no mention is made; and if ... and the list goes on for many other disadvantaged categories, then the concern of those who have sensed the danger of the phenomenon increases exponentially.

Because the cry of alarm that Operators from the SERT or Italian prisons are making in the air due to the difficulties in activating a serious intervention program towards the emergency towards a problem that, starting from the mid-nineties, seems to constitute a real cataclysm for thousands of young people: the condition of "double diagnosis" (The World Health Organization defines the Dual Diagnosis as the coexistence in the same individual of a disorder due to psychoactive substances and another psychiatric disorder). As known, the terms double diagnosis and psychiatric comorbidity² means a situation of co-presence between drug addiction and psychiatric pathology in the same subject.

As stated by the scholar Antonio Floriani³: "the combination of many factors constituted the matrix of a renewed awareness of the different forms of suffering". This allows us to understand why many drug addicts have a more or less serious psychiatric symptomatology, more or less covered by drugs, and why many psychiatric patients abuse drugs. Just drugs contribute to triggering, for example, the onset of young people at risk of psychotic crises. Admissions have become increasingly common, especially the first admissions, of young people who had a psychotic onset in conjunction with the intake of substances also other than heroin: from the so-called new drugs, to cocaine and amphetamines, all usually combined alcohol.

The use of substances has thus become a mass phenomenon especially in the adolescent adolescent groups. In drug addicts with psychiatric comorbidity, substance abuse generally began after the psychic prodromes and shortly before the actual psychotic explosion. It is very probable that young people more vulnerable and at risk of developing a psychotic break down (In the hypotheses on the etiology and environmental origin of psychosis, the psychotic collapse or psychotic break-down is a circumscribed and identifiable event in the history of a person who often precedes the chronicization

of a real psychotic disorder) can establish a more continuous, profound and uncontrolled link with the substances also to try to respond to their suffering or to take on a more calming drug addiction identity. From this observation one of the many theories on the subject arises, namely that for which the use of substances, through various dynamics, is attributable to a self-therapeutic use of these substances, that is to say the preference for an identity of drug addict instead of "crazy".

The strongly shared statements of the important expert on the subject give us a decidedly problematic image of adolescent reality. An image that leads us back to the analysis of the inductive factors of these behaviors.

Inizia con un "soffio" – il primo "vagito"-people born after the war onwards - baby boom (person which contributed to what was a significant demographic increase in those years, known for this reason as a baby boom, generally born in North America or Europe, between 1949 and 1964), for example, "when today instead the new generations – Baumann⁴ underlined - are defined with letters, xoy, unknown mathematicians who are to indicate precisely the unknown of a future that no longer responds to the potential used by individuals".

The dissolution of the cardine values of the family⁵ has been interpreted with further elements according to which a fundamental aspect must be connected to the economic crisis of the nineties.

The economic crisis has brought with it the dissolution of the cardinal values of the system, such as the sense of belonging to society and the family in the first place. "It indicates - Bauman clarified - the data, for example, according to which the percentage of families in the United States who share at least one meal a day has dropped by 40 percent". And today the family is no longer even able to provide their children with help when they enter the world of work. Hence the sense of uncertainty and also of fear of the younger generations for whom Sartre said: "The secret of success lies in having a life plan and then following the instructions". However, this is no longer possible today and the disillusionment and the sense of powerlessness that derive from it accentuate the sense of loneliness that is naturally inherent above all in teenagers, aware that they cannot use their talent and potential on the job market.

"Marketing - explained the Polish sociologist - has been able to capitalize on this weakness since the time of the walkman launched on the market with the slogan "never again alone" and from there it has been an unstoppable race to propose surrogates for the community". This race has undergone, as evidenced by a plurality of sociological analyzes (think of the profound examination that expressed in "The era of access", that superfine mind of Jeremy Rifkin⁶ (born in Denver, January 26th, 1943, is an American economist, sociologist, activist and essayist) a strong surge with the birth of the Internet and social networks media that have simply hidden, but not resolved, the sense of helplessness, inadequacy and above all exclusion of young people. Even at the lexical level, we went from talking about unemployment which implies an element of hope, defined as redundant, which instead underlines a worse fate, that is, the absolute lack of employment opportunities: "If until a few years ago, those who lost their job job was an unemployed, in some way victim of the market - according to Bauman - today the same is called redundant, which means not usable, not even worthy of being treated as a bargaining chip".

A humiliating condition, which is sought after by taking refuge in the social media lair, where the sense of community has been replaced by a fictitious and falsely accommodating community, which if immune from the pressures of the context in which it lives, it also makes it incapable of managing

them once you are inevitably faced with them in reality. " But the overall considerations of the inventor of the "liquid society" result in further disillusioning premises for the future of young people. "What educational" promise "to young people is still valid"? Bauman wonders, "considering that, as educators, we have believed for years (or at least some of us believed it) that the best places were reserved for the people who had studied the most and had committed themselves to work without savings?"

In "Conversations on education", written with Riccardo Mazzeo⁷ (responsible for the press and communication office of the Erickson publishing house, for international literature and for scouting for emerging authors.), the sociologist dedicates a chapter to the unemployed with a provocative title: "The unemployed can always play lotto, can't they?". Bauman writes: "The labor market for holders of high education is shrinking - perhaps more accelerated than those who do not have university degrees to increase their market value.

Nowadays, it is not only people who are incapable of making the right kind of effort and the right kind of sacrifice who see those doors, predictably, closing in their faces; those who did whatever they thought was necessary for success are finding themselves in turn, albeit in this case unpredictably, more or less in the same situation, having been driven out of those empty-handed doors. This, there is to be sure, is a totally different story ... ".

What about young people? Is there still interest in young people as the nation's future political and cultural elite? Or has this interest been clouded by other interests? Bauman comments: «In fact, young people are not fully, unequivocally" empty to lose ". What saves them from final disposal - if nothing else - and assures them of some attention from adults, is their current, and even more potential, contribution to consumer demand. The sociologist concludes: «Just an empty question for our empty times: maybe then the last barrier that stands between young people and their scrapping is this new capacity that they show to act as a reservoir for the excesses of the consumer industry? "

In the course of his analyzes, Baumann says again: the most "talented" are those with the most contacts, both on social networks and on their personal blogs (which are already more than seventy million and are says that "many teenagers feel the strong need to create an enlarged identity like the celebrities they see represented in the national media", reconfirming a widely shared opinion by experts and the general public. "Expanded identity" means above all a wider exposure: more people to watch and be watched by (internet / broadband users), a greater number of internet enthusiasts stimulated / excited / amused by what they see, and urged to the point want to share the event with their contacts. Everyone knows that the probability of becoming famous through a personal blog is slightly higher than the probability that a snowball will resist the heat of hell, but everyone also knows that the probability of winning the lottery without buying a ticket is zero.

Can we perhaps criticize young people for living in a hurry, chasing an illusion? I do not believe. They are, just like us, rational beings and so, not unlike their predecessors, they do their best to react to social challenges in the most reasonable, effective and responsible way, and to draw a reasonable life strategy from the social framework in which they live. They did not choose (let alone create) this "liquid modernity" in which no representation of themselves, even if successful in the immediate term, is guaranteed in the long term; in which what is indispensable today is destined to be worn out tomorrow or the day after tomorrow. In other words, a condition in which keeping one's self-image up to date is a twenty-four-hour-a-day task seven days a week. "

The sociologist's writings impose a multiplicity of reflections that lead to an extremely problematic evaluation of the youthful condition in which the onset of the phenomenon of double diagnosis appears almost as an inevitable consequence.

To date, the term double diagnosis remains still rather ambiguous for the diagnostic complexity of subjects presenting a picture of this type. In fact, in most cases, the two basic psychopathological conditions (the drug addiction and the prevailing psychiatric one) influence each other and the symptomatological pictures are very varied.

A comparative and global analysis of the data published on the double diagnosis allows some conclusions to be drawn⁸:

- Both in the general population and in clinical populations there is a high prevalence of double diagnoses;
- The prevalence of comorbidity is high both in the first diagnosis of substance abuse / dependence and in the first diagnosis of psychiatric disorder;
- The morbidity of the double diagnosis is not accidental and suggests a close relationship between the two groups of disorders;
- The diagnostic association is found between any substance abuse / dependence and any main psychiatric diagnostic grouping but varies in relation to the type of substances and the type of psychiatric disorder. A first attempt at classification with respect to the problem of double diagnosis is proposed in 1993 by First and Gladis; they identify three distinct patient classes⁹:
 1. patients with primary psychiatric disorder and secondary addiction;
 2. patients with primary drug addiction and secondary psychiatric disorders;
 3. patients with psychiatric disorders and drug addiction and both primary.

This classification highlights one of the most controversial and debated questions on the topic of dual diagnosis, that is, on the primary or secondary cause of drug addiction with respect to psychiatric pathology. The factors¹⁰ involved are located, in particular, on the three traditionally identified levels: biological, psychological and social. The intake of substances can be concomitant, especially for children, the cause or consequence of more or less serious psychopathological symptoms associated with the impairment of social, family, school or work functioning. On a psychosocial level, the influence of highly traumatizing life events seems to be demonstrated by the significant presence, in the history of many drug addict patients, of dramatic events, such as chronic conflicts between parents with possible separations, sexual abuse and mistreatment, early abandonments, loss of a parent and mourning.

Dual diagnosis poses a series of psychopathological and clinical problems. These include the possible extension of the dual diagnosis concept to other areas of comorbidity. An increasingly consolidated line of research rightly links drug addictions to other compulsive behaviors, seen as a behavioral and relational form of addiction. Among these, gambling, which has taken on a dimension of considerable influence in the behavior of many children, also presents all the characteristics of addiction. In many young people, substance abuse among pathological players ranges between 25 and 65% and there is also a cross-dependence with other behaviors such as anorexia, bulimia and in general all compulsive behaviors. Still in the context of the analysis of youthful behaviors, another of these areas is that of the simultaneous presence of an eating disorder and a syndromic psychiatric

disorder. All the psychopathological, diagnostic and pathophysiological considerations related to the double diagnosis in the case of substances can also be made with regard to the consumption of food.

Borderline personality disorder within the dual diagnosis¹¹

The case just appears to be highlighted, as prof. Floreani (specializes in cognitive and behavioral psychotherapy and is characterized by the constant reference to scientific research, with the aim of providing people with proven strategies and techniques) as the borderline disorder (Borderline personality disorder - DBP: is a personality disorder characterized by sudden changes in mood, instability of behaviors and relationships) within the double diagnosis belongs above all to the young age groups.

Borderline and antisocial personality disorders seem to predominate among drug addicts. The use of alcohol in borderline patients is between 75 and 90%.

The subjects diagnosed with borderline personality disorder make up about 2-3% of the general population, 25% of the total number of hospitalized patients and 15% of the outpatients. When a patient has a history of heavy substance use and, with this, a history of desperate relationships and self-injurious episodes, the clinician needs to determine whether these typically "borderline-like¹²" relationships are actually evidence of a borderline personality disorder. or are simply a secondary behavioral consequence of drug use. This explains how substance abuse can be primary compared to the evolution of a psychiatric disease, rather than, vice versa, the use of drugs can be a secondary behavioral effect induced by the strong desire to self-medicate, with the aim of reducing the outbursts of anger and the dysphoric moments. Substance abuse is found on average in 35% of subjects suffering from a borderline personality disorder, while alcoholism in about 25%. 10% of drug addicts are diagnosed with borderline personality disorder, while 5% of alcoholics are diagnosed. Borderline personality disorder is frequently associated in comorbidity with other personality disorders and/or psychiatric conditions. These include: depression, dysthymia, bipolar disorder, eating disorders, post-traumatic stress disorder, somatization disorder, narcissistic personality disorder, antisocial personality disorder.

In these subjects, the significant bonds and relationships are a priori characterized by a strong inconstancy, a lack of security and solidity and by a particular type of absolutely dysfunctional affectivity. For this reason the rapid oscillations between idealization and devaluation in relationships are the representation of the repetition of one's internal drama for which the sense of abandonment is continually re-proposed, and which provoke in the person the classic intolerance of emptiness, boredom, but also of separation (even momentary) by significant people. To protect himself from further fragmentation of the personality or from very strong depressive forms that would make him - and often do so - slip into psychosis, the borderline patient uses primitive mechanisms that allow him to divide the world into "good" and "bad", of deny those emotions that reproduce conflicts, to feel omnipotent, to the detriment of the examination of reality which is thus altered even if not completely compromised. This clear division between contrasting and non-communicating parts of one's personality is easily re-proposed also in the human environment around him among those who identify themselves with idealization (the "savior" is one who assumes

an attitude of empathy and understanding) and among those who identify with the devaluation (or "persecutors and villains").

Many of the borderline behavioral excesses can therefore be explained on the basis of the impossibility of integrating contrasting aspects of the personality, and on the basis of the intolerance of the internal and social anxiety which he is the bearer of. Typical of the borderline is the sudden and unpredictable anger, the diffused impulsiveness, the compulsion to fill in any way the sense of emptiness (alcohol, drugs, food, sex), the alternation between phases of anxiety or omnipotent euphoria and phases of despair or depression that can often lead to self-injurious gestures (mutilations, cuts on the body) if not frankly suicidal (demonstrative and otherwise).

As for the etiopathogenesis of borderline personality disorder, it has been shown that there is a wide variety of predisposing conditions; among them: the presence of borderline traits in the parents themselves; discontinuity in care relationships, neglect or lack of affectivity; the conflict between parents; the presence of violent behavior, physical or sexual abuse; emotional and anxious hyper involvement in relationships.

Diagnosing borderline personality disorder or organization can present significant difficulties. A correct diagnosis is the first step for effective intervention. Often the request for advice for borderline patients comes from family members or partners since the subject hardly recognizes the symptoms as part of a problem (syntonic ego disorder). On average, the symptomatic peak is noted between 18 and 26 years.

The diagnostic complexity of the subjects presenting a comorbidity picture is represented by various psychopathological conditions that influence each other. Since, therefore, the causes determining the onset, the trend and the outcome of the disorders related to the use of psychoactive substances are manifold, given the complex heterogeneity of the subjects and the progress made in the psychiatric field in the classification of the disorders, it is surprising the need to evaluate the patient with a "multidimensional diagnosis", which implies a relatively large amount of measurements that provide the information base and data necessary to build one or more "baselines". The latter allow you to check the progress that will occur during the intervention and personalized drug treatment, the cornerstone of the project. But what worries most, in this historical-political moment of the country, concerns the concern that social policies seem to exclude a primary interest in the enhancement of services to the person¹².

In particular, no priority attention is paid to at least four categories that express a high degree of social unease: drug addicts, minors at risk, mentally ill people and the elderly. Not to mention the failure to provide security policies towards women, increasingly victims of male violence.

Cases of double diagnosis are exponentially increasing, especially in large urban centers and, therefore, naturally in Rome.

These statements are almost trivial for those who know the extent of the problem. They are much less so for those who, and among them a rich part of the political world, deal with public health management.

Experts in Italy, above all the well-known psychiatrist Vittorino Andreoli¹³, have drawn public attention to the issue several times. Often without great results. The father of phenomenology, Husserl¹⁴, has often referred to the term "dasein" (being-there) at the basis of the complex relationship between psychopathology and society. The lack of identification process with which young people

relate to the adult world, a substantial configuration of reality that does not seem to contemplate the adolescent universe, sometimes confining it to the limits of invisibility, as already represented, is the basis of a sort of individual revolution and collective in which the only response to malaise appears to be that of self-destruction.

In Rome and throughout Lazio there is an apparently sufficient number of communities.

It must be pointed out that with the exception of CEIS (Italian Solidarity Center) and the communities belonging to CEIS or CNCA (the national Coordination of the host communities) most of them are communities for drug addicts and not specifically for "double diagnosis".

The problem is not, however, only that of strengthening the number of communities. A method intervention, in terms of effective social policies, must be identified in at least two areas: that of prevention, through strong awareness-raising campaigns that can stimulate the interest of young people and that of "networking" work between the public institution, communities and the world of volunteering and school to make the process of value re-appropriation by the adolescent universe functional. As repeatedly denounced earlier, young people need to believe. In the hope of a future that makes sense.

But if the existential and value problem for young people is a cause for serious concern also thanks to the absence of socio-health policies aimed at addressing the extent of the phenomenon, the situation becomes far more complex when it comes to the reality of the " minors at risk ".

Without going into the substance, one aspect to be addressed concerns the scarce attention of the political world towards the exponential growth of a dimension, such as that of the baby-gangs, for example or the wider one of child dissociation¹⁵.

We need an "integrated policy between services", it has been affirmed for years.

This does not happen because of the difficulty in realizing a project that brings together the agencies that deal with "children in difficulty" and "children or adolescents suffering from double diagnosis". We limit ourselves to entrusting to the police forces interventions that do not inevitably have re-educational characteristics. These facts constitute the epicenter of a social alarm that is constantly being amplified, without identifying solutions that cannot be exclusively institutional and repressive. These children, without wanting to hypothesize falsely goodist logic, must be recovered and reintegrated into families, schools, social communities.

A society that decides to abandon its destiny (for some already written)^{12,13,14,15} year olds is aberrant.

Collaboration protocols must be formalized between the relevant departments and the MIUR for constant meetings between families, children, teachers and educators and support psychologists. It is essential to understand the reasons for the discomfort in order to be able to face it together and with a scientific logic.

As revealed by the new index of educational poverty (IPE) contained in the Save The Children¹⁶ report, Lazio is the twelfth Italian region out of the 18 profiles for the educational poverty rate that affects children and young people, depriving them of the opportunities necessary to learn, experiment and cultivate their skills and aspirations. These data are proposed as a real cry of alarm, above all because the existential unease expressed is that of a real inability to know how to identify the opportunities that the family and the school should activate for the harmonious growth of the children. In Rome we are not at the level of Naples. The "spread" and "paranza" are not terms used

by the boys of the capital. But there is one characteristic that children have in common: the lack of desire to live, the unwillingness to give value to the lives of others, being ready to play with death.

All truths that were anticipated by the Antonio Frazzi film "Certi bambini" of 2004 and shot by Michele Santoro with the award-winning "Robinu", but also by the Roman journalist Fabio Venditti with "Socially dangerous", set in the Spanish quarters.

However, the denunciation works are not enough. More is needed. And it is essential that politics has clear the very dangerous extent of the phenomenon.

Again, network strategies are the only winners in order not to leave families alone.

What to do

Needs must be anticipated by intercepting their emergency. We need to work together. Ordinary people and experts. In 1901 Gaetano Salvemini¹⁷ (Molfetta, September, 8th 1873 - Sorrento, September, 6th 1957) was an Italian historian, politician and anti-fascist) said: "the role of intellectuals is to know how to give dignity to those 100 words that the poorest people do not know and that allow the powerful to govern". The situation has not changed. The indifference towards the needs of the groups with fewer resources, with a high risk of social marginalization for certain categories (and that of double diagnosis affects is among the most exposed), is increasing exponentially. And it is increasingly time to foresee knowledge at the service of the community.

"We can not be impartial. We can only be intellectually honest: that is, to realize our passions, to guard against them and to warn our readers against the dangers of our partiality. Impartiality is a dream, probity is a duty ". Gaetano Salvemini.

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