

Mono symptomatic therapeutical group for chemsex addiction to MDPV

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Introduction

- In 2019 ASA Milano has been the first association in Italy to foresee the potential damage inherent to the abuse of chemsex and has put in place a the most effective tool to fight any addiction: a small therapeutic group.
- We made sure group is a welcoming space, tailored on the needs of the target population, free from stigma and medicalization. It is aimed mainly but not exclusively to HIV+ population. In the past, It has been advertised on the association magazine and website, fliers in gay venues in the Milan area, in HIV clinics, and on grindr. Nowadays many patients reach our association by word of mouth through or are referred by their doctors. Until last year our group could be defined as monosymptomatic with respect to chemsex in general, from September 2023 we realized that all the participants were addicted to specifically to MDPV. MDPV increases sexual desire and proprioception, i.e. it enhances the sensations felt during the act, it also disinhibits and generates a - false - sense of empathy. Undesirable effects include anxiety, paranoia, hallucinations, aggression, panic attacks, self-harming behavior which can ultimately lead to suicide. It must be kept in mind that those who use it often continue it for several days, giving up sleep for several nights, a terrible stress for the nervous system.

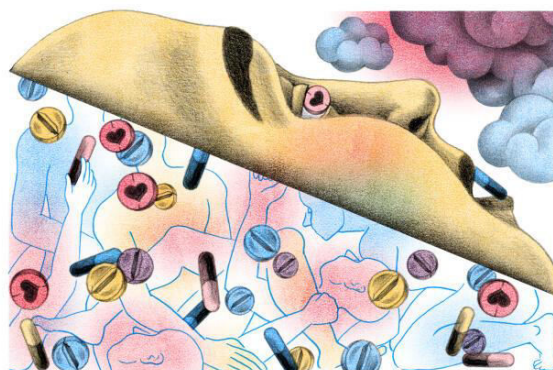


Background

The mono-symptomatic therapeutical group is a precious tool that has been used since the 1990s to cure different kinds of addictions, from eating disorders to gambling.

Wilfred Bion's group therapy focuses on group dynamics rather than on individuals. Bion theorized that groups operate on two levels: the "work level", where specific tasks are performed (in our case, the exchange of information's and the mutual support) and the "basic assumptions" level, where unconscious dynamics like dependency, fight-flight, and pairing emerge. The therapist observes these dynamics without directly intervening, allowing the group to become aware of and explore its unconscious processes. This approach helps members develop greater understanding and cohesion. The group as a tool has turned out to be very effective with this specific addiction.

Chemsex addiction is different from other drug addictions: for the heroin addict, drug addiction was in some way egosyntonic: they were people who recognized themselves as marginalized and their drug addiction was in some way an expression of their own discomfort, a public denunciation of the failure of society, written on their bodies. Most chemsex users find it difficult to recognize their addiction, identify with other «addicts», and they are partly right, in the sense that the drugs used and the consuming habits are very specific to a specific group inside the MSM community. Most of our users are usually smart, resourceful MSM men who have climbed the social ladder, have fulfilling jobs and have stumbled on this addiction unexpectedly, the consequence is that many users reach out for help only when the situation is really serious, they have lost their job, many friendships, their social network is at risk.



It is particularly difficult for them to confront not just with their addiction, but also with the trauma of losing control over their lives for the first time. The sexual substratu of this addiction is particularly strong to fight, and the stigma associated to gay sexuality (let alone the chill culture) often stops users from expressing their needs to institutional structures, general practitioners or even psychiatrics for fear of being judged. An important part of the group's work is to guide our patients to in redistributing their sense of guilt.

According to Deleuze and Guattari society bears the responsibility of creating conditions that enable individuals to flourish and express themselves freely. By fostering a society that values diversity and and multiplicity they believe we can reduce the occurrence and severity of psychological disorders. As Chemsex addiction is so specific to the MSM community, we must find the roots of this weakness in the way MSM sexuality is still stigmatized.

Internalized homophobia refers to a conscious or subconscious belief by LGBTQ+ individuals that same sex attraction and relationships are wrong or unacceptable.

Thanks to the progress of civil society today it is easier to come out, and this will certainly be an advantage for those who are twenty years old today, but those who grew up in the years of stigmatization still carry within themselves obscure beliefs: the feeling of being unworthy, or the belief in the impossibility of building a long lasting relationship, along with feelings of self deprecation. Very often chemsex addiction is actually the only possible (although wrong) solution to an incomprehensible malaise: many of our users have been able to deal with a sporadic and recreational «use» of substances until they have been confronted with the end of a love story, or the death of a relative, an event that has brought them to face their main weaknesses.

Method

It is a weekly semi-open group, composed of a varying number of participants, (generally between 8 and 12) aimed mainly but not exclusively to HIV+ population – as a matter of fact, in case our participants are not in treatment, we address them to our local Checkpoint and suggest they go on PrEP.

Trough peer confrontation, where common experiences are shared, the participants are given the opportunity to confront their fears and the traumatising experiences they had either with the substances (hallucinations, depersonalization, loss of consciousness) or with other users (violence, rage, lack of consent).

They can share practical tips on how to deal with triggering events and find a forgiving audience to discuss their relapses.

The «experiences in group» introduce participants to new ways of perceiving unknown and unspeakable emotions, the "unthought known" to use C. Bollas words. Their feelings find a mirror in the experience of other participants and can finally be felt, described, understood... and worked on in order to move on to a more consistent and satisfied subjectivity.

More than half of our participants also undergo individual psychotherapy, others start one after attending the group; but they all agree that some of the topics discussed in the group are too specific to be dealt with counsellors lacking a specific training.

