

THE METH PRESENCE

Frontline experts agree that Portland lags in responding to crisis

by Jaymee R. Cuti

Crystal methamphetamine's effect on gay men has been covered locally and nationwide. Meth was on the agenda at the Center for Disease Control and Prevention's 2005 National HIV Prevention Conference last month in Atlanta and has been the topic of discussion recently by local law enforcement, treatment facilities and prevention organizations.

The media's coverage of the drug and its effect locally is so heavy, one network has even created a "Meth Watch" logo to accompany each meth-related story. And yet with meth on the minds of many gay Portlanders, who acknowledge the drug is responsible for increases of HIV and other sexually transmitted diseases, the drug rages on at "party and play" sessions, where unprotected sex with multiple partners is the norm.

According to literature produced by Cascade AIDS Project, Outside In and Multnomah County, queer men who use meth are twice as likely to be HIV-positive, nearly five times more likely to get syphilis and almost twice as likely to get gonorrhea or chlamydia. CAP has created a new Men's Prevention and Wellness department to address meth addiction, among other topics.

"You have a lot of younger guys falling prey to destructive behavior. Younger people flexing their independence and discovering themselves are naturally more prone to experimentation," said Thomas Bruner, executive director of CAP. "Take some of those guys and put them in a gay subculture that is largely sex, youth and alcohol oriented, and is it any wonder some get sucked in?"

Meth addiction finds its root cause in the myriad vulnerabilities affecting gay men—depression, oppression and homophobia—or perhaps a more simple explanation: Meth feels good, and it's addictive.

Bruner tends to adhere to the latter philosophy.

"I think it would be inaccurate to paint all gay meth users with the same broad brush stroke. Some drug abuse is clearly linked to mental health issues, but for some people, there could be a much simpler reason. Apparently, meth feels incredible, and it's highly addictive. So for some gay meth users, it might be as simple as that."

Conversely, the director of Q-LAND, a gay men's wellness organization, insists something deeper is at work.

"I call it the perfect storm of factors that have come together in the last six years to make meth very popular. One of them at the root is depression," said Bart Church, whose organization has run a successful bar testing campaign.

According to Church, a conservative government breeding homophobia, outdated prevention messages, unusually high percentages of depression and anxiety among gays and the emergence of anonymous hookups via the Internet create a climate for self-medication with meth.

John Motter, a former meth user, says depression played a part in his meth-fueled behavior, which resulted in a fraud conviction that landed him in prison for 13 months. While he was using, Motter reports having frequent unprotected sex with multiple men at Portland's bathhouses and sex clubs without disclosing his HIV-positive status.

"Mine is the typical story. I parted out of control, went to bathhouses and had never-ending sex with multiple partners," said Motter, who is an Oregon spokesmodel for the HIV Stops with Me campaign and co-chairman of the HIV Planning Council. "At the time I didn't disclose I was HIV-positive. Nobody ever asked, I never said, which I think is pretty common."

After a lifetime of drug experimentation, he says his addictive personality combined with the highly addictive qualities of meth are acutely to blame.

Motter's prison stint resulted from white collar theft. He found sobriety while in prison four years ago.

"I did things I never thought I would have done, and I rationalized it away pretty easily," he said.

Industry professionals agree that Portland is a few steps behind the meth epidemic, which is increasing in the city.

Outside In has seen increases in its needle exchange program, though director Kathy Oliver cannot say whether meth is responsible for the increase. When the program opened in 1989, it exchanged less than 50,000 syringes. That number has climbed every year; the agency now exchanges approximately 450,000 syringes annually.

"Cuts in the Oregon Health Plan and cuts in direct treatment programs result in more people in the streets using drugs," Oliver said. "Has there been an increase in meth use among our clients? I can definitely say yes to that."

ASAP Treatment Services runs the Triangle Project, the only queer-specific drug treatment in Portland. Though the program does not specialize in meth, coordinator Val Lawson says meth is responsible for the occurrence of HIV and other STDs in some of her clients.

"In Portland, STDs have increased, as have HIV-positive clients, and much of that is a result of the meth epidemic," she said.

Last month, representatives from local law enforcement, treatment and prevention agencies, along with 23 elected officials, met to create a list of 15 recommendations to better get control of the meth problem. The action plan called for more open jail beds, longer sentences for meth cooks, restoring the number of eligible Oregon Health Plan clients to 110,000 and the commitment from elected officials to take one half-day each year to educate themselves about drug prevention.

According to Church, officials have not met the call from a burgeoning meth crisis.

"What we're doing is wholly inadequate," he said of his own organization's limited reach. "Compared to the problem and how fast it's growing, Portland's response is way behind schedule." ■



Needle exchange depositories are one indicator of rising meth use in Portland.

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