



# Psychotic City

The combination of mental illness and methamphetamine use plays out on Portland's streets

ISTOCK ILLUSTRATION

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Walking through downtown Portland, it's not unusual to cross paths with some poor soul yelling obscenities into the air while erratically darting among pedestrians.

On the sidewalk outside the Street Roots editorial office in Old Town, the tenor of neighborhood inhabitants speaking to unseen others often varies between incoherent ramblings and highly aggressive shouting throughout the day.

To many people who live or work in areas of the city where homelessness has become increasingly visible in recent years, these sightings are commonplace.

But what exactly are we seeing? An epidemic of severe mental illnesses going untreated or widespread psychosis from drug use, which can occur with heavy or prolonged methamphetamine use in some individuals?

According to police, doctors and service providers, the answer is both. And most often, it's a combination of the two, with methamphetamine acting as a symptom-provoking culprit.

But even for experts, it's nearly impossible to initially distinguish between someone who's psychotic from drug use and someone who's suffering from mental illness.

"Symptoms of methamphetamine-induced psychosis versus symptoms of mental illness

such as schizophrenia or bipolar disorder present very similarly," said Dr. Anne Gross, medical director of psychiatric emergency services at Unity Center for Behavioral Health. "It's very difficult to actually differentiate the etiology of psychosis."

What is clear, however, is that the community isn't addressing its psychosis problem effectively and people suffering symptoms in the streets aren't safe. Downtown Portland's seen at least two fatal incidents during the past month.

Carol Horner, a 70-year-old homeless woman who was known to wander around Old Town talking loudly to herself, was murdered under the Morrison Bridge on Nov. 20. She had been suffering from a diagnosed mental illness.

For Richard Barry, 52, who died in police custody after officers responded to reports of a man yelling and running in the street near Portland State University on Thanksgiving Day, the cause of his behavior was a lethal mixture of methamphetamine and cocaine.

But police didn't know that when they arrived on the scene.

Just as it is for doctors, the cause of a person's psychotic symptoms is often a mystery to law enforcement who come into contact with a person behaving erratically.

"You can't really tell what the driving factor is, and you certainly can't tell chicken and egg," said Liesbeth Gerritsen, who coordinates crisis intervention training for the Portland Police Bureau. "Maybe it

started as a mental illness, undiagnosed, and now the drugs are a way to self-medicate, to relieve symptoms."

Alternately, the individual could have a methamphetamine addiction that has affected their brain in a way that they now also have anxiety, depression and other side effects of drug use, she said.

In some cases, meth-induced psychosis can persist long after a person stops using the drug. Sometimes days, weeks, months or even permanently.

Dr. William Hoffman works at the in-patient psychiatry unit at the Portland VA Medical Center. He said, "We see people, and they're psychotic. They think the FBI is following them, tapping their phone. They think they can hear people talking about them outside their door, that sort of thing, and they are very frightened."

He said once the drugs are out of the patient's system and they've been clean for a few days, they might say, "Whoa, that was crazy! I can't believe I thought those things were happening. I've got to quit using meth."

"And then we see them again a few months later," Hoffman continued, "and it takes a little longer for them to get better. And then we see them again - and sometimes, then, the psychosis never goes away, and they look like somebody who has schizophrenia, basically."

At Bud Clark Commons, a permanent supportive housing complex in Old Town managed by Central City Concern, clinical

supervisor Mike Savara said he's had to call for an ambulance about nine times over the past six months to get help for someone using meth.

Across the U.S., amphetamine-related hospitalizations, primarily from methamphetamine, more than tripled between 2008 and 2015, and western states such as Oregon saw the most drastic increase, according to a study published in the Journal of the American Medical Association in October.

Locally, methamphetamine contributed to 46 percent of deaths among Multnomah County's homeless population last year, according to the county's 2017 Domicile Unknown report. And Portland Police Bureau seized nearly four times more meth than it did heroin in 2017.

As of Dec. 11 at Oregon State Hospital, 48 percent of the psychiatric hospital's 609 patients were listed as having a substance use disorder. That's 8 percent higher than the last time this number was calculated in March 2017.

Savara estimates he comes into contact with someone experiencing meth-induced psychosis on a monthly basis, but said it's far more common for him to see people who already have an underlying mental health issue that is triggered or exacerbated with meth use.

"If someone has a vulnerability to psychosis or extreme states, and then they use meth, they are going to be likely to experience meth-induced psychosis," he said.

Hoffman agrees. "If they come into hospital and have a urine drug screen and it's positive for meth, you can be sure that the meth didn't make the psychosis any better, it almost surely made it worse."

But anyone can experience meth-induced psychosis if they take enough of the drug, said Hoffman, who in addition to being a psychiatric unit clinician is a researcher at the Methamphetamine Abuse Research Center, a program of Oregon Health and Science University and the Portland VA.

"There were actually some experiments done in the '60s where they gave increasing doses of amphetamine to normal college students, and all of them, after you gave them enough stimulants, started becoming hypervigilant and suspicious and started exhibiting the sorts of prodromal effects of someone who is getting psychotic," he said.

At the Methamphetamine Abuse Research Center, investigators are working to develop immune and gene therapies that might help counter methamphetamine addiction.

One researcher is examining a drug that could reduce the brain inflammation that methamphetamine use causes. This inflammation of the brain affects a person's memory and concentration, and it's believed this is one reason people drop out of treatment.

"They feel terrible," said Hoffman, "and if they start using meth again, then that terrible feeling goes away. So if you could reduce that feeling that you can't concentrate, that you can't remember anything, that you feel foggy using anti-inflammatory drugs, people might stay in

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