

5 MYTHS AND FACTS

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This chapter takes a look at a few of the many myths surrounding drug use and overdose that circulate among groups of users and in the general community. Remember that the person telling you something 'for a fact' may sincerely believe it is true ... but it's always safest to cross-check any information you hear with a reliable source.

overdose myths

It won't happen to me: If you use it can happen to you. In fact, experienced long-term users are more likely to experience fatal or non-fatal overdoses than novice users.

Let them sleep it off: If someone is really stoned, you may be leaving them to a slow drift into death.

Put them in the shower or the bath: This can rapidly change their core body temperature, which could put them in shock — extremes of temperature tend to shut your body down. It can also result in drowning.

Don't call for an ambulance because the cops will turn up: Statistics show the police attend less than 15% of overdoses — the ambos won't call the police unless they feel threatened at the scene. Even if police do attend, their interest is in helping the ambos to save lives, not to bust people for drug-related offences. If you really want to avoid grief with the law, make sure no-one dies: call an ambulance!

If they don't respond, walk them around: If they aren't responding they need urgent help — trying to walk them around will just waste time.

If you've had Narcan you're fine and can use again / Narcan will protect you so that you can have a whack immediately after: The Narcan will wear off in an hour or two and it's easy to drop again, even if you don't have more.

If I'm on buprenorphine I can't OD: You can still OD even when you're on buprenorphine.

Most ODs happen because the purity changes: Purity change can lead to OD, but most ODs are a result of polydrug use: alcohol/pills + smack = OD.

Usually new users overdose: Some new users OD, but most people who OD have been using for years. This sometimes happens to users who are trying to stop using or who have been in prison or rehab. This is because tolerance levels change over very short periods of time — even in a couple of days. One of the most common OD scenarios is when people use even small amounts of heroin when they have been taking pills and booze.

Suicide is the most common reason for ODs: Most ODs are accidental.

Give them stimulants (caffeine/speed): The only drug that will help is Narcan.

If they are snoring or gurgling they are OK: These sounds mean they are having trouble breathing — *not* OK.

Once they are breathing again they'll be OK: Most people who OD lapse in and out of unconsciousness for some time.

Stick ice cubes up their arse: Will give them a cold arse. If nothing more useful is done, soon their whole body will be cold.

If I'm with friends I'll be okay: Your friends may be too out of it to help, or may not know what to do. Make sure they *do* know what to do!

ODs happen quickly — you keel over 'Trainspotting' style: Some ODs happen quickly, but most people who fatally OD take a while to die — their breathing gradually slows and then stops.

other myths

We've (partners) both got Hep C so there is no further risk to us: There are at least six genotypes, or strains, of hepatitis C, which means that you could still infect your partner with a different strain.

Cigarette filters are harmless to use as a filter: Safe filtering has to take account of the way in which filters are used, as well as their properties and materials. The Australian Drug Foundation (the ADF) and VIVAIDS have produced a useful guide to filtering for illicit drug use, which is available from the ADF website at <http://druginfo.adf.org.au/article.asp?ContentID=filtering_licit_and_illicit_dr>.

the 'stereotypical user' myths

- *People who inject drugs do so because of troubled childhood or family problems.*
- *All drug users resort to crime to feed their habit.*
- *All drug users are scumbags, deadshits, losers, irresponsible, bludgers etc.*

Most drug users are people who live in our community. They are our friends, brothers, sisters, children and parents. They are friendly, sad, happy people who shop and work alongside us. Most people who are not drug users treat people who are users in a discriminating and judgmental fashion because they fear the stereotype. Drug users who fit the above stereotypes account for less than 10% of the total — and even people who fit the stereotype respond very well to a bit of respect.

But remember, if we treat people like shit and expect them to act like shit, don't be surprised when some of them eventually come to believe it themselves.