



# Overdose? Let's Call it What it is - a Substance Use Medical Emergency.

**Substance use-related emergencies are complex, and words like “overdose” are no longer appropriate.**

The term overdose has faced growing criticism from service providers. For many, overdose reduces complex situations to a simplistic label, stigmatizing the person it describes, based on a flawed understanding of the emergency, bringing them further away from care.

## Why “Overdose” Doesn’t Work

### **It’s Inaccurate**

Overdose suggests someone took too much of a substance, causing acute brain, respiratory, or cardiac distress. However, this is rarely the whole story—or even the story at all. Factors such as changes in tolerance, poly-substance use, contaminated substances, changes in physical locations of substance use, age, and overall health are often primary contributors to these medical emergencies.

### **It Fuels Stereotypes.**

Public discourse perpetuates several misconceptions about overdoses, including that they only happen to people with substance use disorder (SUD), are linked to suicidal intent, or primarily affect individuals who are unhoused. In reality, overdoses can happen to anyone—whether they use substances rarely, occasionally, or regularly. Research shows that most people who experience a substance use medical emergency haven’t used substances in the past 3–6 months<sup>1</sup>. Additionally, 80% of these emergencies occur when individuals use substances alone in their homes<sup>2</sup>.

### **It Shifts Blame and Prioritizes Punishment.**

The term overdose emphasizes behaviour over the person; it assigns blame instead of focusing on care. This framing often leads to judgments and punitive enforcement measures rather than compassionate, health-focused responses, further removing the person from the care they need. Similarly, terms like “drug poisoning” and “toxic drug supply” focus on the substance rather than the individual. From CAPSA’s perspective, the real crisis – the one demanding urgent attention – is that people are dying.

### **It’s a Professional and Ethical Concern.**

Health professionals are increasingly concerned about using a term they – and those they support – know is only partially true or altogether inaccurate, and causes harm. They don’t want to be part of perpetuating stigma, reinforcing harmful stereotypes, spreading misinformation, or deepening public misunderstanding of substance use-related emergencies.

# A Better Alternative

CAPSA recommends calling this life-threatening event what it is:

## **Substance Use Medical Emergency.**

CAPSA define this as:

**A critical health situation cause by substance use that requires immediate medical attention.**

This includes urgent conditions such as respiratory depression, heart failure, or severe neurological effects, often requiring emergency medical services.

## What You Can Do

### **Use Accurate Language**

Replace “overdose” with “Substance Use Medical Emergency” to focus on care, not blame.

### **Acknowledge the Spectrum**

Recognize that Substance Use Health exists on a spectrum, and emergencies can happen to anyone along that spectrum.

### **Challenge Stigma**

Avoid language that reinforces harmful stereotypes and instead centre the person and their health needs in the moment.

### **Promote Compassionate Policies**

Advocate for approaches that prioritize dignity and support over punishment and blame.

## Why It Matters

The words we use shape how we understand health emergencies and how we respond to them. The term overdose oversimplifies complex medical situations, reinforces harmful stereotypes, and fuels stigma. It leads to misunderstandings in public perception, flawed policies, and care that fails to meet the needs of individuals across the entire Substance Use Health Spectrum™.

By adopting accurate language—like Substance Use Medical Emergency—we can remove the pre-loaded judgments and false beliefs from words like overdose and focus our attention on the person and their current health needs. This approach reflects the complexity of these emergencies, respects the evidence, and upholds the integrity of the medical profession.

Over the past year, our medical partners, including primary care professionals, emergency department physicians, nurse practitioners, and paramedics, have adopted this language with notable receptivity and appreciation for its accuracy.

## References:

1. Martins, S. S., Sampson, L., Cerdá, M., & Galea, S. (2015). Worldwide prevalence and trends in unintentional drug overdose: a systematic review of the literature. *American journal of public health*, 105(11), e29-e49.
2. Fleming, T., Boyd, J., Chayama, K. L., Knight, K. R., & McNeil, R. (2024). Using alone at home: What's missing in housing-based responses to the overdose crisis?. *Harm Reduction Journal*, 21(1), 24.

## For More on this Topic:

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CAPSA & Canadian Centre on Substance Use and Addiction. (2019). *Stigma Primer for Journalists*. Ottawa, Ont.: Authors.

Fisk, S. & Peters, B. (2023). *Compassionate Care: How to Stay Well while Helping Others*. CAPSA. Ottawa, Ont.: Authors.

Mental Health Commission of Canada, Canadian Centre on Substance Use and Addiction, & Community Addictions Peer Support Association. (2023). *Summary report: Experience and expertise of people with lived and living experience on the integration of mental health and substance use health services in Canada*.

Tam, T. (2019). *Addressing stigma: Towards a more inclusive health system*. Public Health Agency of Canada.

## Who We Are

CAPSA is a national organization that dismantles systemic stigma and promotes health across a spectrum of substance use—from non-use to substance use disorder. Our team of health professionals, educators, and researchers combines technical expertise with lived and living experiences to deliver relevant and evidence-based health programs.

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