ASA Committee on Pain Medicine Statement on Naloxone[1]

The American Society of Anesthesiologists Committee on Pain Medicine strongly supports making naloxone more accessible to laypersons who might witness an opioid overdose, including first responders and family members and caregivers of high-risk individuals, as defined below, in order to reduce the incidence of opioid overdose fatalities. Prior to receiving access to naloxone, laypersons who might witness an opioid overdose should be trained on how to recognize an opioid overdose, and on effective resuscitation and post-resuscitation care, which includes administering naloxone and calling emergency services.

The Committee encourages physicians to consider co-prescribing naloxone with an opioid for patients at high risk of overdose. Those at high risk of overdose include individuals who are prescribed a daily dose equivalent to 100 milligrams of morphine or more, have an underlying respiratory condition such as sleep apnea, have a history of a non-opioid substance use disorder or a mental health disorder, or are currently prescribed a benzodiazepine or other sedative/hypnotic. Additional research is needed to determine which other patient populations receiving prescription opioids should be co-prescribed naloxone.

Physicians should determine, or at a minimum be involved in determining, whether opioids are medically indicated. If a physician determines that opioids are medically indicated and co-prescribes naloxone, the physician or the physician's designee should counsel the patient and the patient's family member or friend on managing an opioid overdose and naloxone administration.[2] Physicians should also be educated on the risks and benefits of co-prescribing naloxone with an opioid and providing advice on the management of opioid overdose.

The Committee encourages the federal government and private insurers to provide coverage for naloxone. The Committee believes physicians should be authorized to prescribe naloxone to a third party (i.e. a family member or friend of a patient at risk of an opioid overdose). Health care professionals who prescribe and dispense naloxone should be immune from professional sanction and criminal and civil liability related to that activity. First responders and bystanders should be immune from criminal and civil liability related to administering naloxone to an individual experiencing an opioid overdose.

While side effects of naloxone, such as negative pressure pulmonary edema or extreme high blood pressure, can potentially occur and are severe, the Committee recognizes that these side effects are treatable and preferable to an opioid-related death.

Management of opioid overdose with first responder or third party administration of naloxone is expected to reduce the proportion of witnessed opioid overdoses which result in death, but it does not address the underlying causes of opioid overdose. Expanding access to naloxone is only one step in a positive direction towards preventing opioid overdose fatalities and improving public health.

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[1] This statement has been endorsed by the American Academy of Pain Medicine and the American Society of Regional Anesthesia and Pain Medicine.

[2] Physicians should review the CPT® codes and required criteria for reporting associated counseling services and consider reporting those services if performed and documented and if applicable criteria are met.