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Dear Sir or Madam:

On behalf of the American Heart Association (AHA) and over 40 million volunteers and supporters, we appreciate the opportunity to join forces with other public health organizations as part of the Action Collaborative for Countering the U.S. Opioid Epidemic. Research has shown that prolonged opioid use is associated with an increased risk for cardiovascular problems like heart attacks and strokes as well as endocarditis and atrial fibrillation.^{1,2} Furthermore, nearly 15% of out-of-hospital cardiac arrests (OHCA) are overdose-related.^{3,4}

As the leader in resuscitation and community education, the AHA trains over 22 million people annually in cardio-pulmonary resuscitation (CPR). Therefore, AHA can impact overdose-induced OHCA outcomes with the creation of two new opioid e-learning courses for healthcare and laypersons which focus on recognition and treatment of overdoses, and further instruction on opioid treatment, addiction, and prevention. While both courses will focus on the recognition and treatment of overdoses, healthcare providers will be given more detailed instruction on the physiological factors of overdose-induced cardiac arrest.

Second, in recognition of the toll the opioid crisis has taken on employee health and productivity, the AHA and 33 members of its CEO Roundtable [have pledged to embrace](#) the important role that they and business leaders can assume in their communities to tackle the opioid crisis head on. More specifically, the pledge called for employers to partner with health care plans, Pharmacy Benefit Managers and Employee Assistance Program providers to create new and more impactful workplace policies on effective opioid use. Finally, the AHA's Southwest Affiliate and the U.S. Department of Health and Human Services are partnering to apply the U.S. Public Health Service's (USPHS) Prevention Through Active Community Engagement Program to the AHA's CPR in Schools and Community CPR campaigns. This will involve engaging USPHS officers to serve as volunteer trainers for CPR in Schools and Community CPR trainings in the Southwest affiliate's six states. Thus far, the partnership has yielded learnings about NIH-developed opioid response trainings for emergency responders and educational resources and curricula for middle and high schools about opioids.

¹ Dewan KC, et al. (2018). Trends and Outcomes of Cardiovascular Surgery in Patients With Opioid Use Disorders. *JAMA Surg.*

² Stock JD, et al. 2018. Association of Opioid Use With Atrial Fibrillation in a Post-9/11 Veteran Population. *138:A12773-A12773.*

³ Koller AC, et al. (2014). Resuscitation characteristics and outcomes in suspected drug overdose-related out-of-hospital cardiac arrest. *Resuscitation.* 85:1375-9.

⁴ Elmer J, et al. (2015). Recreational drug overdose-related cardiac arrests: break on through to the other side. *Resuscitation.* 89:177-81.

In closing, the AHA is very concerned about the opioid crisis and its impact on public health, and is therefore proud to be a part of the Action Collaborative for Countering the U.S. Opioid Epidemic in the effort to spur action on shared priorities and impactful solutions to help overcome the opioid crisis and improve outcomes for all.

Sincerely,

A.Colby Tiner, MA
Policy Analyst
American Heart Association