

Rob Bossarte: Welcome to OOMPH! What is 'OOMPH!' you ask? 'OOMPH!' is an informal discussion with injury control researchers to help our listeners think about this particular topic, in a brand new way. I'm Doctor Rob Bossarte, Director of the West Virginia University Injury Control Research Center. It's a beautiful day in Morgantown. I'm joined by a couple of good friends who are going to help me talk to our special guest of the day, the first of them is Doctor Dan Shook. Dan may be known to our listeners and viewers on social media, of which we have a very large presence, as "Safety Dan" and he, well I'll let you describe yourself or introduce yourself.

Dan Shook: Well, thank you Rob. I'm the Director of the Mountain Safe Outreach Injury Prevention Program, we're part of the Injury Prevention Control Research Center and we like to work with communities to help make them safer and reduce injuries and deaths.

Rob Bossarte: It's good you like that.

Dan Shook: I like that stuff.

Rob Bossarte: Good. I'm also joined by Doctor Cara Stokes.

Cara Stokes: Hi.

Rob Bossarte: Go ahead.

Cara Stokes: Hi, this is Cara Stokes, I am a PHD Postdoctoral fellow here at the Injury Control Research Center.

Rob Bossarte: And? What do you work on?

Cara Stokes: So, I will be working on a clinical trial for depression treatment for rural patients.

Rob Bossarte: Ah, that sounds exciting, I hope that works, yeah.

Cara Stokes: I mean it is exciting, actually.

Rob Bossarte: Who's doing that?

Cara Stokes: You.

Rob Bossarte: That's right! It's going to work then. We are really excited that three of us, and then Denal, who's over there cheering, about our special guest of the day. She's known to many of you who have listened to the podcast before, she's certainly known and loved by us. She's loved by recent Doctoral candidates in

Epidemiology at Portland State University and people all around the globe. I would like to introduce the recently anointed Doctor Sara Warfield. Hey Sara!

Sara Warfield: Oh, wow, what an introduction. Yeah, yeah. Thanks for having me.

Rob Bossarte: You're welcome.

Sara Warfield: My name is Sara Warfield, I am now a postdoctoral fellow with the ICRC, working on a Medicaid funded project to better understand treatment outcomes for people with Opioid Use Disorder but I was a student working through the ICRC on Opioid related projects because that's my research interest.

Rob Bossarte: Well, thank you for taking some time to talk to us. The first thing I want to do is thank you for mentoring the next generation of doctoral candidates, I know they appreciate your guidance as they work their way through this process.

Sara Warfield: Yeah, no problem I know they do, they really enjoy it.

Rob Bossarte: Yeah, the feedback is really positive. So, I want you to talk a little bit about how you landed here at West Virginia University, and why. I mean obviously there are a lot of opioid overdose and overdose prevention is a big topic right now, it's something that's increasing rates in our country. But, you've been doing this for a while so, how did you land here? Everyone listening, particularly our listeners in Italy, should know that Sara is widely recognized as the continent area expert not just among our graduate students, but among the school public health and larger health sciences effort here at WVU in general. You've been involved in everything. You found Waldo.

Sara Warfield: I did. We found Waldo in multiple places, yep.

Rob Bossarte: You helped other states, you've done an amazing dissertation, so how did you arrive here, at such an important time?

Sara Warfield: That's a really good question, and I have to say that it really comes from my previous mentor and-

Rob Bossarte: Who's that?

Sara Warfield: -everything I did at East Tennessee State University with Rob Pack. He's an excellent mentor, and he's doing so much in the field of opioid abuse and misuse. So when it comes to knowledge and understanding the field he trumps me and always will.

Rob Bossarte: I'm not sure about that I know Rob he's, he's alright.

Sara Warfield: So, when I was in my MPH I got the chance to work with him and an interprofessional team which was really exciting. For me as a student to learn about research and I really loved it, they inspired me to look at opioid abuse since that was really the issue that's happening, especially in Appalachia, but across the nation we're experiencing an opioid crisis. So, when I was looking at doctoral programs, I really looked at everywhere that was addressing this and where it was hitting the hardest, and I found WVU.

Sara Warfield: Specifically, the Injury Control Research Center. With all their work on overdose prevention, and I figured what better way as a student to come to WVU which is the heart of the epicenter. Given they have the highest overdose death rates in the nation, and have since 2010. And so I got accepted and I came and I've been on so many projects, and have had so many opportunities that I know I wouldn't have had anywhere else thanks to being mentored by Rob Bossarte and others at the Health Scientist Center. And now here I am, I'm done it's weird.

Rob Bossarte: Yeah, it comes to an end. And you have shared an office with this other doctor to my right, Doctor Stokes for several years now. It has been an amazing sort of experience every time I walk in the office there's always a food of the moment.

Cara Stokes: This is very true! We like to keep-

Sara Warfield: Food of the hour!

Cara Stokes: Yeah, food of the hour!

Rob Bossarte: Food of the hour? Of which there's always fun to see that quantity of food moving through the office and-

Sara Warfield: And variety!

Rob Bossarte: And variety, and just the overall dialogue between the two of you. So, maybe I'll hand off to Cara for a moment and let her ask a question.

Cara Stokes: Sure, so I've known Sara for obviously quite some time and you know I feel like we'll probably hit on her academic journey quite a bit throughout this podcast. So, one thing that Sara and I have talked about quite a bit, is the topic of opioids and whether or not that actual substance will be and something else will come up. So what are your thoughts on that these, you know, these crises that come and go, and come and go, and not necessarily what may be next but, you know where do you think this is going? Because it's not just opioids right?

Sara Warfield: Right, right and that's a really good question and something that I've tried to focus on and really make sure that I hit on when I'm talking about the current quote unquote opioid crisis because so much is targeted towards this specific substance opioid, but it's really larger than that, it's more than just the opioid

substance it's more than multiple substances, it's really a mental health issue that the US is really experiencing and that we're experiencing right now.

Sara Warfield: So, I think it's important to look at opioids but we, I think we really need to make sure that we don't focus the lens too much on opioids or even just substances. And we really look at the mental health of our communities and the people that are struggling with opioid use disorder or substance use disorders. So I think that's a really good question.

Rob Bossarte: So, yeah that was a good question well done. Seriously. I love that you say it, but I just wanted, I suppose call attention to the language you're using and ask you to talk about it a bit more. I noticed you said opioid crisis, not opioid epidemic, and I hear that a lot of people run around using the term "opioid epidemic" which I think connotes a very different thing.

Rob Bossarte: And I also think it's important that you help me understand why you said quote unquote opioid crisis right? Because it feels like when you talk to people either in the sort of general public or even general academic settings, or public health settings, there's this opioid epidemic terminology and a very panicked feel to a lot of the discussions. It doesn't sound from your language that, I'm sure there's urgency, but maybe you're looking at it a little bit differently. And maybe you could help us understand that.

Sara Warfield: Yeah and that's a really good question because I think there have been some people or there's a movement towards a crisis feel for the opioid epidemic or opioid crisis.

Rob Bossarte: She's making finger quotes. It's like little bunnies in the air.

Sara Warfield: And while we know that the opioid overdose death rates quadrupled since 1999 or more than quadrupled, we also know by looking at national surveys that people are not misusing opioids at a higher rate. That there is something else going on and this is really a function of many things.

Sara Warfield: And when we in public health address something, we really need to understand the multi-faceted approach that is needed and the potential unintended consequences. So when we implement programs like prescription drug monitoring data bases, or anything like that we understand how it could potentially be impacting the crisis. So we're taking away prescription opioids, we understand where they maybe going that we have correct treatment for people, and what else could be influencing this, because some studies will say and have found that the US has less than 5% of the world's population, but we consume 75% to 80% of the world's opioid prescription pain relievers. Why is that? What's different about us? I think that there is a lot to be address as far chronic pain but specifically with mental health disorders as well. I think we need to make sure we broaden the horizon, and the research.

Rob Bossarte: This is my favorite thing about being in a pact with the member and in working with graduate students. You get to work with really smart people who make you look good, when they are done. Because that was a brilliant answer and I think important for people to think about, is they can think about how they can textualize this or understand what is going on. More importantly how they begin to frame their response or those things that they support and response. I particularly liked that you talked about the potential for unintended consequences, because I think I agree that far too often we are in such a rush to do something. Because we see a crisis in front of us and inappropriately so, that perhaps we don't take as much time to think about the negative consequences of our actions are going to be with us. They are going to make things better or worse in a suddenly different way.

Sara Warfield: Yeah, absolutely

Rob Bossarte: So, you did your dissertation?

Sara Warfield: I did

Rob Bossarte: And you're done with your dissertation?

Sara Warfield: I am

Rob Bossarte: That probably feels good, and I'm sure it was stress free because you had wonderful support in the form of an office mate. Who I am sure was warm and affectionate-

Sara Warfield: Provided sex.

Cara Stokes: I was warm and affectionate.

Rob Bossarte: -I said I'm sure you were. And warm and affectionate, provided snacks.

Sara Warfield: Yes.

Rob Bossarte: You got Dr. Dan, down here.

Sara Warfield: Safety Dan [inaudible 00:10:26]

Rob Bossarte: Safety Dan, who probably greeted you every morning with a word of encouragement and love.

Dan Shook: With bated breath

Rob Bossarte: That can be encouraging, in a really weird twisted way.

Sara Warfield: [inaudible 00:10:39]

Rob Bossarte: So, maybe you can tell people just very quickly about your dissertation. What you did for your dissertation? Why your dissertation was important. The big high level stuff, yeah.

Sara Warfield: Oh, yes. I actually focused on opioid for my dissertation, I was really interested in understanding the factors that are associated with overdoses. And to do that I used the best database that was available or data that was available, which is actually the Veteran Health Administration Data. Which has the largest amount of medical information, around million people per year. You get to see pharmacy data, claims data, multiple things from around the nation to understand the differences between people who over dose just once and don't overdose again. You have multiple reported overdoses or who unfortunately have a fatal first overdose. Because I really wanted to understand is there a difference between those that overdose just once and die or overdose multiple times. And what about those people who overdose once and don't over again? Truly understand how we need to frame and implement different public health interventions, we need to understand the differences between those people and are they the same or different risk factors that we should be addressing.

Rob Bossarte: Soo,

Sara Warfield: I can ramble on forever, about this. But I won't

Rob Bossarte: There's a lot there, what did you learn?

Sara Warfield: I learned-

Rob Bossarte: But if I could [inaudible 00:12:15]

Sara Warfield: Yeah

Rob Bossarte: I think we all believe we know something about this, right? We all carry around in our heads the assumption of the characteristics of people who are likely to overdose or what the process looks like, or what the relationship is between certain risk factors and overdose risk. Did anything that you learned, challenge any of those preconceived notions that many of us probably have or that popular narrative, that I'm sure many people will have come to mind almost immediately.

Sara Warfield: I would say the one thing that was challenged, what's currently known in literature is repeat overdoses in mental health disorders. The number of mental health disorders that people have who experience more than one overdose, is significantly higher among that population vs those who just have one overdose, whether it is fatal or not fatal. So really addressing that is important, also the biggest thing I would say is that among the overdoses that are documented 98%

of the people who died, died on their first one. That is really telling to me as a public health researcher, that we really need to be expanding our overdose prevention efforts to those that may not be known in these different systems, health care systems and networks. And also to be implementing and targeting those who have health needs of people who are experiencing overdose, nonfatal overdoses and maybe at risk for experiencing more than one overdose.

Rob Bossarte: So, I'm dominating the microphone here but, I just wanted to ask the question because, I'm sure many people listening will find that statistic you just threw out there is sort of shocking. Right? 98% of the people who die, die on their first known overdose and I'm taking what you mean by that is known to the health care system-

Sara Warfield: Yes

Rob Bossarte: - And known in the medical record right? So, that means to me that 100% right? If you're going to die you're going to die on your first. What does that mean for prevention? What are the answers here? How do we begin to address something at the first time we learn about it among the people who died, is when they die?

Sara Warfield: Right, I think there still needs to be a lot of research but, I think we need to be really targeting or addressing the potential contextual factors or environmental factors that maybe putting a person at risk. Are they experiencing homelessness or are there other social economic factors that are putting somebody at high risk for experiencing overdose. I think there is still a lot to be known, in research that needs to be done.

Rob Bossarte: That's good, yeah. It sounds like crime rate prevention, so if you are going to stop it you are going to stop all episodes and not necessarily wait for someone express risk is what I hear you saying-

Sara Warfield: Yes

Rob Bossarte: - Rather than taking affirmative steps to try to prevent anything from happening.

Sara Warfield: Yes, Yeah absolutely

Rob Bossarte: All right, so I dominated. Dan. What do you got?

Dan Shook: Yeah, my turn-

Rob Bossarte: Yeah, please

Dan Shook: - This kind of goes for Carol too, I'm a little bit sad that this journey is going to end because, I remember meeting you guys just about 3 years ago. I specifically remember Rob bringing you down to the office and meeting me, you know you guys are two bright young women that will really contribute and make a difference. And I hope that's what you want to do and I think you do and I think you have.

Rob Bossarte: Wait, I would just like to mark that moment as being the most appropriate thing you ever said

Dan Shook: Well, once I get done-

Rob Bossarte: A round of applause everybody.

Dan Shook: I'll have to go beat my head on the wall, this is, I'm having arrhythmias by talking this way.

Rob Bossarte: And, I agree, I'm sorry

Dan Shook: Well you know it is nice to be smart, I'm not that smart. I'm learning from you guys but what I care about is the quality of people, and I know when I met you guys, you were people who. Two women that cared, and I think that, that really matters when you are working in any field but in this particular one. I'm not smart enough to ask an opiate question, this is going to be more about your journey-

Rob Bossarte: The academic journey

Dan Shook: An academic journey-

Rob Bossarte: An act of life journey

Dan Shook: Yes, And you haven't had time. Yeah you better take a drink of water. You haven't had time to think about this but, what have you learned about yourself over the past three years?

Cara Stokes: Good question, really good question.

Rob Bossarte: Oh, I like that question, it's very reflecting, very philosophical

Dan Shook: We will give you a couple of minutes, while I tell knock knock jokes.

Sara Warfield: That sounds great.

Rob Bossarte: Could you? Does one of them star with if you are [inaudible 00:16:52]



- Dan Shook: And don't even think about it too much, just kind of like,
- Rob Bossarte: Yeah, just throw it out there. How have you grown as a person?
- Sara Warfield: I've grown a lot, I think I will continue to grow I may understand certain aspects of the field and public health in this specific arena of overdose prevention but, I think that there is so much more that plays into it that I look forward to learning more. I think even though I am done with a PHD in it and even though we hit certain milestones or markers, I think that it's important at least for me to keep going and to keep learning. Because there is so much that needs to be done with this research. I am passionate about addressing those gaps and understanding what is going on to really inform public health interventions and potentially clinical interventions as well but, I think just to keep ongoing. What I learned and what I need to do.
- Dan Shook: I think you a modest, if someone asked me this question, when I got my doctorate. I would've said, I don't know as much as I thought I know
- Sara Warfield: Yeah, please go on
- Dan Shook: It makes me feel like I don't know and I need more.
- Sara Warfield: Yes, Yeah.
- Rob Bossarte: I was never dumber than the day I graduated.
- Dan Shook: I feel the same way
- Rob Bossarte: All I know is, actually I am dumber now. So, I'm not going to let you off the hook that easy because I think it was a brilliant question and you gave us a wonderful answer about what you are going to do-
- Dan Shook: It was wishy washy
- Rob Bossarte: Yeah it was, yeah but the question was about-
- Sara Warfield: Me?
- Rob Bossarte: Yeah, you. So, for those of you who are listening around the world, particularly in Germany
- Dan Shook: [inaudible 00:18:30]
- Rob Bossarte: Were, hence the appropriateness. So, that the decision to get a dissertation is not one that should be taken lightly, you know. It's a lot of work and a lot of sacrifice and we talked about it a little bit this morning. We sacrifice time and

mental health, family and friends and a lot of things. It often forces people to really consider a lot of things about their personal professional lives and they sacrificed a lot as well. So, I like Dan's question because really, what have you learned about yourself through this that is going to stick with you as you move forward? We are just going to keep asking question, until you answer it.

Sara Warfield: Until I answer it the right way

Rob Bossarte: Yeah, Yeah, yeah.

Sara Warfield: So there is an answer

Rob Bossarte: Well, well answer it yeah

Dan Shook: Answer it my way

Sara Warfield: I do have, I mean if you don't want it

Rob Bossarte: [inaudible 00:19:19]

Dan Shook: Yeah, you guys are twins, the twins going to answer for her.

Cara Stokes: Let me tell them what I observed from you.

Rob Bossarte: Oh, this should be fun.

Cara Stokes: Yeah, So Sara starting out came to WVU-

Rob Bossarte: That's just jokes everyone

Cara Stokes: - and she was the only person interested in opioid user or opioid use or misuse at all. She was the first person, first student. There weren't really that many faculty members who were involved in this area, the subject area. Since then, so 4 years ago everyone has jumped on the wagon and I think when you first started here. So many things were thrown at you, and you were very overwhelmed in the beginning. And I would say that even more things have been thrown at you for now, from then until now. I think that your ability to cope with the demand of the problem the demand of people who know how to address the problem appropriately because, they have the informational background to actually know how to ask the right questions. How to look at the data in the correct way, know where to pull the correct data, to even address the questions that you have, the good ones. I think that your ability to cope with stress and the demand on your time and your intelligence has, you know, not improved that's not the correct word but you've been able to deliver every single time.

Rob Bossarte: I agree

Dan Shook: You know that they had a West Virginia mentor of mine, he was the head of the Health Psychology Department that I used to work at. And he says, you know people think that they are smarter because they get their degree but what it means is that you are able to endure

Cara Stokes: Yeah right

Dan Shook: And that's kind of what I think Cara was kinda describing.

Cara Stokes: Right, you do it very gracefully now, whereas before you were. You know, nervous and scared. And that's normal because there is just so many people want a piece of you.

Rob Bossarte: This is why we need friends, they help us when we are sort of stuck.

Dan Shook: I feel like we should break into a song.

Rob Bossarte: Yeah, I do right. It's like a group hug is coming. Which is going to be awkward for everyone

Cara Stokes: But, it's the truth, I wouldn't say that if it wasn't.

Dan Shook: Oh, sure.

Rob Bossarte: So, you agree?

Sara Warfield: Oh, absolutely.

Rob Bossarte: So, I got a question but maybe you got a question I know you just gave an answer.

Sara Warfield: No

Rob Bossarte: So, one of my favorite things to do when I take Denal Boltman who is our Director of Education in Outreach Core and Deputy Director for the Injury Control Research Center. And also the one monitoring the board while we do all this.

Dan Shook: She's everything

Rob Bossarte: She is everything, she is really like the every person. Even when we go out in the field, we talk to people we say what got us to this point when speaking about the opioid crisis and what's it going to take to fix it. I know you are going to continue doing work in this area. Thankfully you are going to continue doing

work with us for a while. Any thoughts on where we go from here? Either as a, I mean pick your [inaudible 00:22:00] right? Either as a community, as a nation, as a public health discipline, as a university, as an habitual researcher, what do we do?

Sara Warfield: I, Oh that's a really loaded question

Rob Bossarte: You're Welcome

Dan Shook: Well, that's true

Sara Warfield: Not necessarily an easy one.

Rob Bossarte: I mean I could have asked you about your dog but this followed that.

Sara Warfield: That's true. That's true. I think there is so much that needs to be done, I think that this is bigger issues than just opioids. Kind of like we touched on before. I think that you know a lot of communities have been at risk or have been enduring chronic stress for a long time, that I think that is showing to be bad for a lot of health outcomes but specifically for overdoses, other injuries, suicide rates are up. I mean there are so much that I think that the mental health of so many communities across America needs to be addressed. So we're going into communities, I think we need to really reach out and understand potential places that can be the best fit for social networks or social support in the communities but also understanding how we can leverage those and what we need to do next. I think there is still a lot that is not understood but I think we need to embrace the grass root approach to really address this.

Rob Bossarte: So, I love that answer. It refrains that thus as an individual problem and a problem associated with in choices that individual makes or to a community problem. One of finding ways to heal and potentially reconnect our communities right?

Sara Warfield: Mm hmm

Rob Bossarte: One of our other fun colleagues and very smart colleagues is John Boznichs. And he actually said what we need is a super glider project for communities. We need to start getting people to bounce into each other again and start trying to improve the health of our communities and that sounds very consistent with that.

Sara Warfield: Yeah, absolutely. I agree with that.

Cara Stokes: I wanted to tack onto that though-

Rob Bossarte: What?

Cara Stokes: -Because we constantly talked about how it's not just. Health is the function of many things not just people who provide health care.

Sara Warfield: Right, So what are your thoughts on that? It can't be solved by people like us.

Cara Stokes: Right, no I think that we have to as public health professionals look at other sectors. There needs to be education and outside of traditional health care, just like it's not mental illness it's mental health through the communities. It's social networks, it's having that community feel and knowing that you have a "tribe" quote unquote that you have support. You want to be there, that you have meaning. I think that really addressing that and bringing everyone to the table from various positions that is important to understand the potential falls that can happen. You can really address them and know what else needs to be done. Who else we need to bring in. Or was something considered.

Rob Bossarte: Good tack on. Alright so, do you have another question?

Cara Stokes: Nope

Rob Bossarte: Dan, another question?

Dan Shook: I'm good to go.

Rob Bossarte: So, I just have one question for you then. You both do a fairly long process, you've sacrificed a lot to get to this point, you now can put Doctor on your stationary. That's kind of cool and you get to spend the rest of your life trying to explain to people what an epidemiologist is. That's fun too.

Cara Stokes: Yes, a skin doctor

Rob Bossarte: Skin doctor yeah, or it's not the [inaudible 00:25:27] person is not a skin doctor. I don't know how they get from dermatologist to epidemiologist but that seems to be-

Sara Warfield: Epidermist

Cara Stokes: Epidermist, yeah.

Dan Shook: Epidermist

Rob Bossarte: Epidermist is not a thing.

Cara Stokes: I'm impressed than

Rob Bossarte: Is it a thing?

Sara Warfield: Yeah

Dan Shook: It's the skin

Rob Bossarte: I knew what an epidermal layer is, but is there such a thing as an epidermist as a doctor.

Dan Shook: No

Sara Warfield: No, there isn't

Dan Shook: Dermatologist

Rob Bossarte: Yeah, yeah. Wait what?

Dan Shook: A dermatologist?

Rob Bossarte: Yeah, but there is not an epidermist. I don't know

Dan Shook: Epidermal Layer

Sara Warfield: Epidermiologist

Rob Bossarte: Epidermiologist. So, was it worth it? When all is said and done.

Sara Warfield: 100% it was worth it. It's not easy and I would say you need to be passionate about what you are doing and be ready to give up things that other people your age may have or other people have.

Rob Bossarte: Like lives

Sara Warfield: Yeah like your life you know. Showering.

Dan Shook: Yeah that's for sure

Sara Warfield: I'm just kidding, totally kidding

Cara Stokes: Kind of not

Sara Warfield: But no, it's 100%

Rob Bossarte: Self-Esteem all those things

Sara Warfield: Yeah definitely self-esteem

Rob Bossarte: Yeah, were good, Alright any closing comments? We give you the opportunity to tell us that one last thing, it's an opportunity for you to pass along your words of wisdom to all of the listeners in Bulgaria.

Sara Warfield: In Bulgaria

Rob Bossarte: Yeah or Indiana, pretty much the same thing.

Sara Warfield: Words of wisdom I don't really know

Rob Bossarte: Closing thoughts

Sara Warfield: Closing thoughts.

Cara Stokes: What would you say to future students?

Sara Warfield: Future students, I would say to seek out good mentors, me having a good mentor hear and even in my MPH career meant everything to me and I don't think I would have finished without having a good mentor. I wouldn't have.

Dan Shook: That's not what you told me.

Sara Warfield: Oh Dan. I think that makes a world of a difference so make sure you really are passionate about the field and you have a good mentor.

Rob Bossarte: So, that's to future students. What would you say to Jack in Teluda?

Sara Warfield: Jack in Teluda I think you quit, you are done

Cara Stokes: You didn't do it

Sara Warfield: It's been done, you've been done.

Rob Bossarte: It's been done before Jack so thanks

Dan Shook: Go into Dermatology.

Rob Bossarte: Alright, well thank you Dr. Warfield we are thrilled you are going to stay with us for a while longer.

Cara Stokes: Whooooaa

Rob Bossarte: Yeah, actually there is a plan to just lock the door and not let you out so.

Sara Warfield: There you go just keep my snacks in there

Rob Bossarte: Yeah, well I don't think there's a problem with that. I'm pretty sure there's at least a weeks worth of food that you can find. So, yeah. So thank you everyone, I would like to thank all of our listeners for paying attention for at least a 27 minutes of that. Also I like to let people know about resources available to West Virginians and well anybody but, specifically West Virginians. Help for Wv offers a 24 hour 7 days a week call, chat and text line that provides immediate help for any West Virginians struggling with addiction or mental health issue. I think I like to say not just those struggling with addiction or mental health issues but anyone who might care for them or be concerned about them. To use that resource and reach out as well. the help line provides assistance for those who need help for themselves or in guidance in seeking help for loved ones call 844-Help4WV or visit them online at Help4WV.com. Cara, I'm going to throw it to you. And now he news with Cara Stokes.

Cara Stokes: So, thank you again for tuning into hear our conversation with my dear friend and colleague Dr. Sara Warfield. If you have any question or comments for Dr. Warfield or any of the co-host specifically Dan Shook make sure you share them with us on twitter or Facebook using #askWVUICRC again that's #askWVUICRC.

Rob Bossarte: Or you can call him directly. Sir you want to give them your phone number.

Dan Shook: Yeah 7614-

Cara Stokes: Papa Johns

Rob Bossarte: You gave guys Papa Johns numbers

Cara Stokes: Yeah, I did

Sara Warfield: Yes she did

Rob Bossarte: We should have spent more time talking about that

Sara Warfield: Next time

Rob Bossarte: That's probably, did you have people still call and not get the hint

Sara Warfield: I don't know

Rob Bossarte: Yeah, yeah they are men. Dan?

Dan Shook: We hope that this conversation has helped you think about opioid use disorder in a new way. Be sure to subscribe to our podcast on itunes. Good bye from your friends at OOMPH! We make injury control cool.