The Drugs and Us Praxis Lab would like to gratefully acknowledge the individuals who donated their time and energy and provided us with vital information relevant to our class.

The following people visited our class during the Fall of 2017 and they shared their expertise from a variety of perspectives on the use of opioids. Their insights not only enriched us academically, but they also helped us shape the concept for our final project.

Linda Tyler, PharmD – Professor; Associate Dean, Pharmacy Practice; Chief Pharmacy Officer College of Pharmacy
Erin R. Fox, PharmD – Director, Drug Information Service, University of Utah
Troy Booher, JD, PharmD – Appellate attorney, Zimmerman Booher
Calvin Jolley – Vice President, Communications, 4Life Research
David Vollmer, PhD – Chief Science Officer, 4LifeResearch
Jim Ruble, PharmD, JD – Associate Professor, Department of Pharmacotherapy, University of Utah
Perry Fine, MD – Anesthesiologist, Pain Medicine Specialist, University of Utah
Jenny Mackenzie – Filmmaker, Dying in Vein
Maddy Cardon – Main Subject, Dying in Vein
Jennifer Plumb – Assistant Professor, Pediatrics, University of Utah; Pediatric Emergency Medicine, University of Utah; Director of Utah Naloxone
Peter Sadler - Salt Lake City Police Officer; Utah Naloxone
Mike Maher – Internal Medicine, Brown University

As we learned more about our topic, we reached out to a few more professionals to gain more insight. We would like to thank them for giving their time and sharing their varied perspectives and visions for a better future among opioids. These individuals include:

Mindy Vincent - Director, Utah Harm Reduction Coalition
Ruth Urquhart – Medical Director, Utah Harm Reduction Coalition
Julie Armagost – Utah Harm Reduction Coalition
Patrick Rezac – One Voice Recovery
Matt Pierce - Fourth Street Clinic
Mike Angeli - Humans of Salt Lake
# Acknowledgments

Special thanks to Jennifer Plumb, MD and Peter Sadler who visited our class and co-facilitated the “Train the Trainers” event, educated us on the effects of naloxone, and help distribute kits.

We are also grateful to the Utah Harm Reduction Coalition, which allowed us to display our posters in their ambulance.

Also, we would like to acknowledge our amazing professors, Margaret P. Battin, PhD; Jennifer Edwards, MD; and Roger Freedman, MD who not only designed a truly spectacular class for us, but also guided us through the complicated nature of our topic.

Finally, we would like to thank the University of Utah Honors College for their generous support they provided through our year-long Praxis Lab.

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Foreword

When signing up for this class we had no idea what we had signed up for, nor did we know the vast amount of knowledge that we would accumulate over the course of a year. Showing up the first day clueless to the purpose and direction of the class, we all sat down and shared what we knew about drugs and what each one of us could bring to the table over the coming semesters.

Once we had all been introduced to the class and our peers, we set out with a plan to learn as much as we could about drugs and the impact they have on everyone. Each week speakers from all sections of the drug industry would come and present on a range of topics all related to the issues currently surrounding drugs (i.e. Pain-Management, Addiction, legal issues, market control by Big Pharma, law-enforcement interaction, and the rising overdose rates). Each week would bring something new to the picture as we tried to form ideas for our project. After each guest speaker, we would complete assignments pertaining to the topic and readings of that week. Each assignment was intended to build our knowledge and to stimulate project ideas so that we could narrow down an idea for our second-semester.

As the semester continued, the knowledge we learned opened up a whole new perspective on current issues not only in the country, but right in our backyard. The opioid epidemic in Utah and in the United States was more startling than ever and it is showing no signs of slowing down. Yet the problem was too big for a small group, if the government is failing at fixing it, how could our small group possibly make a difference? This is when we decided to look local and search for something smaller we can change.

We started by seeing what was already happening in the State and where our project could fit into that existing landscape. We met with Non-Profits from around the state to talk about the problems that they see in the community associated to overdoses and drug use. We also met with local EMS and Police departments from the Salt Lake Valley, along with medical professionals. Each had something else to say about overdoses and drug use. We also met with local EMS and Police departments from the Salt Lake Valley, along with medical professionals. Each had something else to say about the problem, from lack of supplies (i.e. Naloxone, Narcan) to the laws inhibiting their organization from reaching and helping those who need it. A few of us also attended NA meetings which opened our eyes to the stigma still engrained within the community towards those struggling with addiction; through this and attending harm-reduction trainings it became apparent what was missing and where our group could make a difference in the current drug landscape.

The scale of the problem facing the country is staggering, seeing the effect it has on not only our state but close to our campus moved us all to make a change. With this drive and the culmination of knowledge learned in the classroom and personal experience throughout the last few months guided us to our topic for this Praxis Lab.
Executive Summary

We live in a world surrounded by drugs: pharmaceuticals that treat our serious illnesses; over-the-counter remedies for our minor ailments; herbal drugs and supplements we believe will enhance our health; common-use drugs like caffeine, nicotine, and alcohol that we use for pleasure; religious-use drugs like peyote and ayahuasca; sports-enhancement drugs that are banned in competition but are nevertheless in widespread use; and of course illegal street, club, and party drugs—drugs that provide a wide range of altered experience but sometimes also kill.

During the 2017-2018 academic year, student members of the University of Utah Honors College Drugs and Us Praxis Lab addressed issues in drug classification, drug policy, drug regulation, and practical measures for dealing with drugs of all sorts explored in the first semester of the year long course. Their studies considered historical reasons for drug classification: cultural and religious factors; drugs in specific contexts such as pain management and law enforcement. The students also studied performance enhancing drugs, used in a vast range of contexts from the musical concert to the long-haul military flight; they sought to decipher complex issues about addiction; various 12-step recovery programs and alternative recovery programs; and seemingly everyday issues about matters like pain relief, drugs and driving, and the use of hallucinogens for everything from religious experience to palliative care. The students also looked into drug pricing in medicine and drug supply on the street. This broad sweep of topics formed the background for the projects developed during the second semester of this Praxis Lab. The question posed for this group for participants in the beginning of the semester was where in the above description is deficient and what could be done to change this?

This challenge was hit head-on throughout the year long course. While it was challenging and complicated at times, the student participants transformed from a group of diverse undergraduate colleagues to a team of peers. Utilizing the many disciplines of their teammates and relationships with community partners, the Drugs and Us Praxis Lab team was able to create sustainable and impactful projects in the second half of the course.

This report will be split into two sections: Exploration and Action. The work of the Fall semester 2017 (Exploration) is the background for the second semester Spring 2018 (Action).
Introduction

What comes to mind when you hear the word “drugs”? Illicit substances such as cocaine and heroin? Medicines such as omeprazole and acetaminophen? Dietary supplements including vitamins and minerals? The word “drugs” embodies a lot of things and they all have different relationships with society and policy. This Praxis Lab was tasked with addressing “Drugs and Us.” We explored these topics broadly at first and then in great depth as we became passionate about specific issues. From day one, we knew we were interested in addiction and the “Opioid Epidemic” that is all over the news.

Utah is intimately aware of addiction, specifically opioid addiction. In 2014, we were ranked fourth in the US for our high opioid overdose death rate. In 2015, that ranking went down to 7th place, but not because of any progress we had made. Rather, other states were just getting worse than Utah. In 2016, the ranking went down to 20th place. This Praxis Lab tackled the issue from many directions, most notably by reducing social stigma and improving access to the overdose reversal drug Naloxone. Legislators, health care providers, and community organizations are fighting hard to reduce this overdose death rate, but there is still a lot of work to do.
Timeline

Semester One: Exploration

Week 1  Introduction to Drugs and Us

Week 2  The Scope of Drug Issues

Week 3  Hospital Drug Management- Dr. Linda Tyler, Chief Pharmacy Officer

Week 4  Mini Exam- Chapters 1-3 Drugs and Justice

Week 5  Drug Cost Control- Dr. Erin R. Fox, Senior Director, Drug Information and Support Services

Week 6  The Legal Picture of Regulation- Troy Booher, JD, PhD

Week 7  The Supplement Industry: Regulation, Self-Regulation- Calvin Jolley, VP Communications and David Vollmer, Chief Scientific Officer, 4Life Research

Week 8  Fall Break

Week 9  Is an ethically-appropriate cost possible for a pharmaceutical? - Jim Ruble, PharmD, JD Part of the Division of Medical Ethics Evening Ethics Series

Week 10  Pain Management- Perry Fine, MD

Week 11  Addiction in Real Life- Jenny Mackenzie, filmmaker, Dying in Vein

Week 12  Overdose Rescue: Utah Naloxone- Jennifer Plumb, MD, MPH, Associate Professor of Pediatrics, Pediatric Emergency Medicine, Medical Director Utah Naloxone
Emerging Issues

Opioid Use and Overdose in Utah

At the end of the first semester of the course, our team identified a few big issues with drugs overall: Drug Shortages, Cost of Prescription Medications, and Opioid Use and Overdose in Utah. In the last couple weeks of 2017, we heard from experts on Chronic Pain, Pain Medication, Addiction, and Opioid Overdose Rescue. The relevance of this information to Utah, and the current issues plaguing the country, is what encouraged us to pursue a focus on the Opioid Epidemic in Utah. In the United States in 2016, there were more deaths from drug overdoses than crash crashes.

On the national scale, fentanyl and heroin claim the highest rate of death associated with drug overdose. Utah, on the other hand, sees more deaths from prescription opioids than illicit opioids. 7,000 opioid prescriptions are written each day in Utah. 23 Utahns die each month from prescription opioid overdose. At the end of Fall Semester, we met with Dr. Jennifer Plumb and Salt Lake City Police Officer Peter Sadler. Dr. Plumb is the Medical Director of Utah Naloxone. Dr. Plumb and Peter presented End-User Training on Naloxone to our class.

Naloxone is the only drug that reverses an opioid overdose. It is safe to use and legal in the state of Utah. It is carried by EMS providers, police departments, and other entities, however, it is completely legal for any individual to carry naloxone as well. In 2014, the state of Utah passed a law with a goal to increase medical care for overdose victims by providing limited protection from certain offenses to people who seek medical assistance in good faith for an individual experiencing a drug overdose, or the individual themselves. Later that year, the state passed a separate law aimed at increasing access to naloxone in the community. It permits certain medical professionals to prescribe naloxone to “an individual at risk of opioid overdose, or to a family member, friend, or other person who may be in a position to assist such a person”. It also allows them to administer naloxone in an overdose situation. The law also provides immunity to those engaging in overdose reversal activities authorized by the law.
Emerging Issues

This law has been modified in the months following its passing to allow the prescription of the opioid antagonist to any individual who is in a position to assist someone experiencing an overdose.

The state of Utah also has an Overdose Good Samaritan law that states that a person who provides emergency care at or near the scene of, or during an emergency, in good faith, is not liable for any civil damages or penalties as a result of any act of omission by the person providing the emergency care, unless the person caused the emergency. This means that an individual can’t be liable for any civil damages when using naloxone to reverse an opioid overdose. Any individual is capable to administer Naloxone to an individual needing overdose reversal, and they will receive consequences for providing first response, life-saving treatment.

While these laws allow individuals and others in different positions to carry naloxone, there are still many individuals not equipped with this life saving drug. Many physicians will prescribe Naloxone along with a prescription opioid medication, but it is often very expensive to purchase at the pharmacy. This has created an issue for accessing Naloxone. In addition to access, adequate training on how to use Naloxone isn’t always present. It is one thing to have Naloxone easily accessible, but it’s another thing to be prepared to use it in an overdose situation. Our team addressed these two issues in the second semester of the course.

We knew that the stereotype of drug users needed to be challenged and that drug users, those in recovery, and recovered addicts all deserved to be seen as human, just like anyone else. We decided to focus one component of our project on humanizing drug users and addicts and presenting the diversity of those who use drugs, are actively in recovery, or those who had successfully overcome their addiction.

We also learned a lot about the risk of relapse after recovery or a period of sobriety. Many of our team members received training in Syringe Exchange and began actively volunteering with the Utah Harm Reduction Coalition. UHRC provides weekly syringe exchange out of an ambulance they revamped for their initiatives. There are many diverse individuals that take advantage of the services UHRC provides. Many of these people may be recently out of recovery and struggling to stay sober. There may also be individuals out of prison or other periods of sobriety that approach the UHRC. A line we heard many times in our class related to relapse was “go low and go slow.” We began to brainstorm ways to creatively share this message with those who use the resources the UHRC provides during syringe exchange.

We decided to focus on the above issues in the following projects: Utah Naloxone Train the Trainers Event, Stories of Addiction, and Relapse Posters for Utah Harm Reduction Coalition.
Semester Two: Action

Timeline

Week 1  Semester One Reflection
Week 2  Project Proposals
Week 3  Syringe Exchange and Mobile Harm Reduction
         Contacted independent and chain pharmacies, churches, police
departments, attended two-day Harm Reduction Navigator
Training with Utah Department of Health
Week 5  Cost and availability of Naloxone
Week 6  Pharmacies and Naloxone
Week 7  Utah Naloxone Meeting, Community Outreach, First SOA
         interview
Week 8  Attended Utah Naloxone Training at USARA
Week 9  Created pitch for Train the Trainers event
Week 10 Submitted Bennion Center Student Directed Program
         Application
Week 11 Spring Break
Week 12 Planning for Train the Trainers event, Food, Invitations, Social
         Media
Week 13 Train the Trainers Event, Outlined Praxis Summit Presentation
Week 14 Event Reflection, Presentation Preparation
Stories of Addiction

Mission:

The mission of Stories of Addiction is to use the social media platforms of Facebook and Instagram in order to stimulate conversation and understanding of all aspects of addiction. Through interviewing people who have experienced all aspects of addiction (medical, professional, or personal), we hoped to show different aspects of this complex social issue and reduce the intense stigma surrounding it.

Process:

With the aim of capturing all facets of addiction, we interviewed people we knew while also posting flyers to find storytellers in the community. Our storytellers were friends or coworkers who had personal experience with addiction, guest speakers and experts from our first semester of classes, and community members deeply familiar with addiction and its effects. Over coffee, we sat down to carefully listen to and record the stories of addiction. We then captured images of our storytellers, with their permission, through our own photographs and photographs they provided to us. Finally, the interviews were painstakingly transcribed; an hour and a half of intimate connection folded into pages and pages of tears, laughter, anger, and triumph.

Our storytellers truly laid their hearts bare for us. Rather than preparing questions, we simply listened as the storyteller spoke, and we asked questions when we were curious, when we wanted to hear more, and when we needed help understanding. Our storytellers shared their expertise, their knowledge, and their worldview even when doing so caused them immense shame, pain, and embarrassment. Time after time, we were struck by a wave of sadness upon standing up to say our goodbyes; we realized how close we had become with another person in less than two hours. Through our social media campaign, we hope to share the empathy, understanding, and kindness that our storytellers taught us.

www.facebook.com/StoriesofAddiction/

Instagram: Storiesoa
"You can’t convince someone that they want to live. You need to find a purpose; I didn’t feel like I had a purpose. Be a friend, an ally, and say, ‘I want you to live.’ Be a positive support and help them find resources. Your social network can really help you or hurt you, especially when you have no self-confidence like I did.

I have a whole new identity now. I think back on my life, and I think ‘that’s not me.’ It is me; I’m grateful for that experience and I wouldn’t change it because it made me who I am today, but it feels like another life.

If people are turned off by [my former addiction], those aren’t the people I want to surround myself with because they’re not accepting me for who I am. I have more self-respect than that.

Addiction is complex, as are the many individuals it affects; if we want to make a difference we have to start by humanizing this condition. If you have a story you would like to share with us please contact us at storiesoa@gmail.com.
April 5th, 2018

Throughout the end of first semester and the beginning of second semester, we continued to keep in contact with Utah Naloxone. In late February, we convened with Dr. Plumb and Peter Sadler to discuss Utah Naloxone’s support for our Bennion Center Program, the Stories of Addiction arm of the project, and possible naloxone outreach around the community, but this meeting quickly gained another purpose. Dr. Plumb and those of us at the meeting decided that one of the best ways to meaningfully reach a large group of people would be to host an end-user and “train the trainers” training event about naloxone.

Utah has great laws about naloxone that allow organizations and individuals to furnish the opioid antagonist to anyone at risk of experiencing or witnessing an overdose—a group that includes practically everyone. Knowing this, we had previously thought that handing out naloxone kits would be like giving away condoms, and on a legal level it mostly is. Our plans to gift naloxone to community members fell away after a discussion with the organizers of Utah Naloxone, though. Naloxone can only save lives if properly administered. As such, Dr. Plumb stresses the importance of training anyone with a kit. Tools like naloxone are best utilized when fully understood. If we wanted to distribute this substance to the community, we needed to be prepared give out information as well. We began planning an event.

On March 1st, about half of our class attended one of Dr. Plumb’s trainings hosted at Utah Support Advocates for Recovery Awareness (USARA). This opportunity allowed us to familiarize ourselves with the material to be presented at the training we hosted. Once trained, we felt even more dedicated to naloxone and information distribution, and we felt that we could be helpful at the event without being distracted from essential training.

After advertising on social media and through emails to our first-semester contacts, we brought together approximately fifty attendees to our April 5th training event.
Naloxone Training
Sponsored by:
University of Utah Honors Praxis Lab

Naloxone Training

April 5, 2018

Agenda (dinner provided)
5:30-6:30: Basic Naloxone Training for anyone interested in learning how to use Naloxone (End Users)
6:30-8:30: Advanced Training for those who would like to learn how to train others to use Naloxone (Train the Trainers)

*People interested in doing the advanced training must attend both sessions

Please RSVP to this link:
https://tinyurl.com/y9wpt4g4
or email UtahNaloxone@gmail.com

These individuals represented organizations including:
Crossroads Urban Center
Utah Department of Child and Family Services
Jolley’s Pharmacy
Utah DUI Class
Emergency Medical Services
Granger Medical
Roseman University of Health Sciences
U of U Health Sciences Center
U of U Honors College Leadership
U of U Students from varying departments
U of U Housing and Residential Education
And others.

Dr. Plumb explained national and state statistics regarding opioid use and overdose deaths, signs of overdoses, legal permissions and medical workings of naloxone, and the naloxone administration process. Afterward, participants took an examination on what they learned and practiced their injection technique on oranges. Then, people were able to take kits from Utah Naloxone’s supply. With the “train the trainers” instruction, these organizations and individuals can accurately explain naloxone to the people who will need to use it to save a life.
Outcomes

57 people trained at event

600 views on Facebook

180+ naloxone kits distributed

“Such wonderful info, we need to stop hiding

So far, hundreds of people have been reached through Stories of Addiction, with boosted posts gaining a wider audience than others. Some of our posts have reached several hundred people, with our largest reaching post with a reach of around 600. Although most of our posts reached a fairly large audience, the number of likes and shares on each post was very small when compared to this number. These results make sense due to the sensitive nature of the stories being shared and the stigma surrounding the topics; it seems as though the most effective way of reaching a wider audience is through sponsored posts, which reach people outside of our personal circles. Although sponsored posts are a way for our pages to gain recognition, once our page has reached a wider audience we are hopeful that the impactful nature of these stories will increase personal interest in our pages.

Comments from Social Media: “Such wonderful info, we need to stop hiding, as parents. Addiction can happen to anyone...”

All Walgreens in North Salt Lake District are approved to distribute information about Utah Naloxone. Currently the location on 531 E 400 S in downtown Salt Lake City has Utah Naloxone business cards to give out to patients in need of it. Walgreens is unable to take free naloxone kits from Utah Naloxone to give out to patients, however they are open to directing patients to community resources.
Moving Forward

The Bennion Center Harm Reduction program enables us to work with other campus organizations at the U of U in making increased opioid overdose awareness possible. We will accomplish this by hosting future Train the Trainers and End User Trainings through the Bennion Center, based on our successful training during our second semester. In addition, we plan to extend the outreach our class was able to accomplish in making independent and retail pharmacies, as well as other community services, aware of Utah Naloxone’s mission. We expect to build our established relationships with community pharmacies such as these in making naloxone kits accessible to the community; one area of success in establishing a point of naloxone distribution was with Jolley’s Compounding Pharmacy in West Jordan, a suburb within the Salt Lake valley. By coordinating our efforts between Bennion Center volunteers and these types of potential community partners, our project has numerous opportunities for growth and sustainability.

Our Team
Our Team

Katie Barber
Born and raised in Salt Lake. Katie will graduate Spring 2018 with degrees in Health, Society and Policy and Communication with a focus on science, health, environment, and risk communication. Her interest in this Praxis Lab began with her time spent as a pharmacy technician, and she hopes to use this experience in her endeavors to influence public health policy in the future. In her spare time she enjoys travelling and taking advantage of all the art, music, and food Salt Lake has to offer.

Maggie Burke
Maggie is a psychology major from Midway, Utah whose passions for health psychology and substance abuse treatment led her to this Praxis Lab. She is currently conducting research about the effects of personality and social interaction on cardiovascular health, which will culminate in an Honors thesis. After graduation in 2019, Maggie will apply to graduate programs for counseling psychology. She also loves playing clarinet, rock climbing, and being involved in Utah’s Jewish community.

Steven Deng
Steven was born and raised in Salt Lake City and will graduate in 2018 with a degree in Biomedical Engineering. Steven’s initial interest in the Drugs and Us Praxis Lab was fueled by the increased focus in recent news regarding the opioid crisis and problems with big pharma. These issues in addition to his desire to pursue a career in medicine motivates me to understand some of the major issues in the pharmaceutical field.

Bridget Dorsey
Bridget is pursuing a degree in Biology, as well as an honors degree in Health, Society, and Policy with minors in Chemistry and Pediatric Clinical Research. She is very interested in health and public policy, specifically opioid related issues and refugee resettlement. Bridget currently works as a nursing assistant at University Hospital and plans to pursue a career in medicine. Her interest in this Praxis Lab originally stemmed from a desire to learn more about drug policy and explore harm reduction. Some of her favorite things to do outside of school/ work are running, biking, making/eating curry, and going on adventures with her mom.

Noelle Huhn
Noelle is pursuing an Honors degree in International Studies with an emphasis in Global Health. She was born in San Diego, California, but grew up in Boise, Idaho. She plans to apply to Medical School as well as earn a Masters degree in Public Health. With her education, she hopes to understand the evolution of medicine as it correlates with social, cultural, and economic contexts, and use this understanding to improve the quality of care in disadvantaged populations. In her free time, Noelle loves to find new places to eat in Salt Lake and volunteer with Girl Scouts. She was interested in the Drugs and Us Praxis Lab because she wanted to understand the cost of the opioid crisis on healthcare systems.

Jacob Loose
Jacob Loose was born in Germany but was raised in Salt Lake City. He is a sophomore at the University of Utah and is pursuing an Honors degree in Health Promotion and Education with an emphasis in Emergency Medical Services. In addition to this major, he is also getting a Nutrition minor. At the moment, he is working towards his paramedic certification through the U of U, and hopes to work for AirMed as a flight nurse in the next 7 years. He initially became interested in this Praxis Lab because it had to do with drugs, which play a huge role in the EMS fields. He also wanted to become more aware of the so called “opioid epidemic” that surrounds us, and see how he could make an impact.

Emily Martin
Emily is a second year biology student from Portland, Oregon. Although she does not plan on attending medical school, she is greatly interested in all aspects of biology, including the areas where it intersects with health care. She is currently unsure of the future course of her career, but she knows she would like to help the public, possibly through research. She was interested in this Praxis Lab because she wanted to learn more about addiction and drug policy in order to gain a better understanding of the opioid epidemic and how this huge social issue can be battled.

Alaina Mothershead
Laina is a Junior at the University of Utah. She grew up mainly in the Kent, Washington area but spent her high school years in Kalispell, Montana. Her honors degree is in History and she has two other majors as well: Political Science and Latin American Studies with a minor in Spanish. She plans to apply for a Master of Public Administration or Master of Public Policy program and conduct policy research. She hopes to utilize her education to improve the lives of underserved people and help our society plan for the future. Her interest in this Praxis Lab came from her desire to learn more about drug policy and how to approach the opioid crisis effectively in its large scale and locally.

Rachel Payne
Rachel was born in Lincoln, Nebraska, and raised in Tooele, Utah. She graduated as co-vedicctorant from Stansbury High School in 2016 and is currently pursuing her bachelor’s degree in chemistry. Rachel is determined to go to pharmacy school and actively works as a pharmacy technician in retail and clinical settings, as well as participates in research at the Antiviral Drug Development Program. Ultimately she aims to work for a pharmaceutical corporation, researching new drug therapies as a leading pharmaceutical scientist. She is very involved at the Bennion Center, serving as Program Director for the Bennion-sponsored events. Rachel believes anybody can change the world for the better, which is why she joined this Praxis Lab.
Our Team

Kylie Plum

Kylie was born and raised in Salt Lake City, Utah and she graduated from Highland High School in 2016. After graduating with a degree in biological chemistry and a minor in Spanish, Kylie will go on to medical school. She is hoping to become an emergency medicine doctor while helping underserved populations. In her spare time, Kylie likes to work with Amigos de las Americas, a non-profit agency that sends high school students to live in a Latin American community for the summer. She also likes to spend time with her sorority sisters and other friends on campus. What interested Kylie about this praxis lab is that she wants to understand the impact of drugs in different populations and the complex problems that result from drug addiction.

Nicholas Pryor

Nick is a second-year student at the University of Utah. He was born and raised in Salt Lake City, Utah and is currently pursuing a degree in Material Science Engineering. Following his undergraduate career, he plans on getting a Masters with an emphasis in Nano Engineering. With this, he wants to work with solar cells to advance renewable energy technology. Outside of the classroom, Nick likes to spend as much time in the mountains skiing, camping and hiking. What interested him most in this praxis lab were the ties between addiction and the social stigma that the media has placed on those individuals.

Omar Shihab

Omar was born and raised in Utah and is a second-year student currently studying Health, Society, and Policy at the University of Utah. He hopes to pursue a Masters degree in Public Health and go on to medical school or PA school. He is really interested in identifying community issues and working on and implementing policies to help our local population. Omar joined this Praxis Lab because he wanted to gain a better understanding of the complex nature of drugs and addiction in the context of the opioid epidemic in Utah. He likes to be involved on campus and loves to ski near his home in Cottonwood Heights.

Michal Tvrdek

Michal was born in Stockholm and raised in Salt Lake City. He graduated from Skyline High School in 2016 and pursued his passion for playing the clarinet at the University of Utah School of Music. He is double-majoring in clarinet performance and pre-pharmacy and will graduate from the U in 2020. His interest for the “Drugs and Us” Praxis Lab stemmed from his background as a pharmacy technician and his interest in the development of drug policy in reaction to current events such as the opioid crisis. When he is not practicing clarinet or studying to get in to pharmacy school, Michal loves skiing, rock climbing, and hiking.

Professors

Margaret P. Battin, PhD

Distinguished Professor, Philosophy and Adjunct Professor, Internal Medicine and Division of Medical Ethics and Humanities

If you want to address me formally, it’s Margaret Pabst Battin, M.F.A., PhD., Distinguished Professor of Philosophy and Adjunct Professor of Internal Medicine, Division of Medical Ethics and Humanities, at the University of Utah, or, for short, Peggy. You could make it more ostentatious by pointing out that I’ve authored, co-authored, edited, or co-edited at least twenty books (I think I’ve lost count), including works on philosophical issues in suicide, case-puzzles in aesthetics, ethical issues in organized religion, and various topics in bioethics. You could embellish it by observing that I’ve published two collections of essays on end-of-life issues, The Least Worst Death and Ending Life, and have been the lead for two multi-authored projects, Drugs and Justice and The Patient as Victim and Vector; Ethics and Infectious Disease. In 1997, I won the University of Utah’s Distinguished Research award, and in 2000, received the Rosenblatt Prize, the University’s most prestigious award. You can find a TEDMED talk I did in 2014 by googling the word. This is all very flattering, but what’s important to me is not just what I’ve done in the past, but what I’m working on now: a comprehensive historical sourcebook on ethical issues in suicide, being published by Oxford, a multi-co-authored volume of case-puzzles about issues in disability (also Oxford), and a book on large-scale reproductive problems of the globe, including population growth and decline, teen pregnancy, abortion, and male roles in contraception, along with new ideas like urban design or thought-experiments or even how to redesign the ICU. Of course, there’s hardly ever enough time, but big new make-the-world-a-better-place ideas, the very kind of thing a Praxis Lab is intended to generate, seem to me what it’s all about.

Jennifer H. Edwards, MD

I am a practicing intensivist, which means I work in the intensive care unit. I completed a residency in Emergency Medicine, and a fellowship in Critical Care Medicine. For 3+ years I was on faculty as an assistant professor in the Department of Critical Care Medicine at the University of Pittsburgh, where I taught medical students, residents and fellows, and created and ran their Morbidity and Mortality conference. My undergraduate degree is in Philosophy, and I am currently taking Philosophy courses at the University of Utah. I have found that philosophy, ethics and difficult ‘life decisions’ play a prominent role in the ICU, and to some extent in many areas of medicine.

Roger A. Freedman, MD

I am a practicing cardiologist at University Hospital, a position I have held for over 20 years. My practice is about 50% outpatient care and about 50% procedures, such as pacemaker implants. For years I have been teaching medical students, residents and fellows, and I currently have a leadership role in cardiology fellowship training at U. I have also held leadership roles in Contracting for University physicians and the University Hospital, which involves negotiating payments from the various insurance payers in the state.
A letter to the “Drugs and Us” Praxis Lab

Dear “Drugs and Us” Praxis Family,

As I am sure many of you would agree, this year has been eye-opening. As we grow up and find our way into this messy world, there are big issues around every corner. I think we came around a few corners together this year. We spent the first semester dabbling in other drug topics and sort of getting our toes wet, but it quickly became clear that our main topic of interest was the opioid epidemic. I remember sitting at the Library Trax stop with Michal after watching Dying in Vein for the first time. We felt overwhelmed, but excited, and remarked that this was not something we could turn our backs to. Little did I know then that I would interview the main subject of that film just a few months later for Stories of Addiction or that Michal and I would spend more time together on Trax as we came and went from syringe exchange at Pioneer Park. Little did I know that we would educate and prepare over 50 people to save lives with Naloxone or that we would create a student directed program through the Bennion Center to create a sustainable relationship with Utah Naloxone. Little did I know that we would certainly not turn our backs to the issue, but in fact, try to tackle it head on. I am so proud of all of those big accomplishments, but I am possibly even more proud of the combination of every conversation that we had with someone to change their perspective. Every small moment of education is powerful in the fight against stigma. I know this is something we will continue to do for the rest of our lives, despite it never being on any “action items” lists. Lastly, I want to say thank you for everything you each have taught me. It is a privilege to be surrounded by such smart, passionate people. I can’t wait to see how you all change the world. You certainly have changed mine.

Love,
Bridget Dorsey