

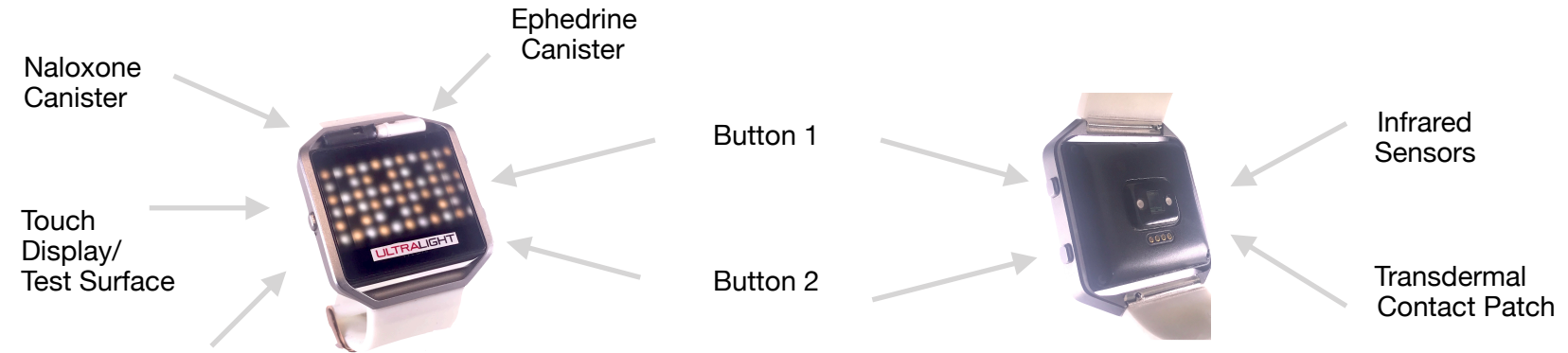
ULTRALIGHT 



Go to new levels of safety in euphoric experience with real-time personal data monitoring including blood monitoring, chemical purity testing, dosage and emergency overdose and apnea antidote auto-administration.

Modifying Fitbit's health monitoring products with their Software Development Kit (SDK), **ULTRALIGHT** merges medical records, drug protocols and contraindications for safe and effective recreational Schedule 1 drug use.

ULTRALIGHT



QUICK START GUIDE: Basic features

Ultralight's basic features can be accessed via the touch screen. Heart rate and Pulse-oximeter data collection begins as soon as monitor is placed on wrist. In case of overdose, cardiac arrest or apnea, Naloxone and/or Ephedrine will be administered via transdermal contact patch. Emergency Medical Services will be alerted with user's GPS coordinates. More robust features, like designer drug manufacturer curation with professional pharmacology bio-data analysis for personal psychotropic optimization is available through subscription services.

PURITY TEST



Swipe RIGHT for substance testing. Place a tiny amount in powder form on the test surface touch screen for infrared spectroscopy to test for concentrations all Schedule 1 compounds.



Do not test in public places or in motor vehicles. Ultralight recommends testing safely at home. Subscription includes verification of designer drug manufacturers for consistent and reliable experiences.

DOSAGE



Swipe LEFT for substance dosing. Ultralight will calculate dosage based on body weight and session duration desired.



Higher dosages should be avoided. Those taking SSRI's or MAOI's should be extremely cautious of significant risk in potential drug interactions.

PEAK HIGH



Swipe UP for peak high estimated arrival. Serotonin levels are monitored to predict peak.



Care should be given to being in a safe controlled environment with a group of friends and to minimize high risk behaviors.

COME DOWN



Swipe DOWN for optimized come down. Ultralight calculates when to shift into come down when detecting lower serotonin levels.



Those taking recreational drugs should plan for the period of dysphoria after taking recreational drugs. SSRI's and MAOI's may increase time in replenishing serotonin levels.

IMPAIRMENT LEVEL



Press and HOLD for impairment level before operation of motor vehicles or seeking further intoxication. Blood Alcohol % will be detected if present. User vehicle may be disabled if BAC is .08% or higher. Recommended ride share services be contacted.



Those taking recreational drugs should plan for police scrutiny or interventions, especially if in public spaces and/or driving motor vehicle. **ULTRALIGHT** may share GPS and bio data with law enforcement.

BLOOD SUGAR/ H2O



Double TAP for Blood Glucose levels and dehydration levels. Warning notifications will generate when dehydration reaches 6% of body weight or blood sugar is less than 100mg/dL.



Those taking recreational drugs should plan for the period of dysphoria. It is advised to have child care, healthy foods, a long weekend, and an extended brunch among friends.

ULTRALIGHT

In researching technology, I was interested in looking at how advancing medical devices help manage peoples' health issues. I listened to a podcast on insulin. According to the podcast's interviewee, Elizabeth Pfister, Executive Director of T1 International, Diabetics have to be vigilant about their glucose levels or they could rapidly fall into a coma, have a seizure or die. Developments in testing devices make bloodless glucose testing simple, reliable and fast. I considered looking at a wearable that could make it even more simple to administer other kinds medications with transdermal delivery like nicotine patches, contraception, hormones or un regulated supplements like 5-HTP. Though this occurred interesting, it didn't occur speculative or taking a risk.

Last week, while at my local playground, my kindergartener found a lunch box that was full of syringes, tourniquets and paraphernalia next to a sleeping bag, assorted personal items and clothes. I had to then talk my my kid about needles, drugs and homelessness, which to him were always linked. This was harder to separate than expected because my child had many questions about the person who would leave something out that could harm children. I was aware of feeling powerless to make a difference in keeping my child and playground safe. From this I was pondered how simple my life is without health issues while also considering what it would be like to be the person who is likely homeless and a user of opioids. How quickly could a turn of events cause me or my family to be homeless or have unexpected health issues or both? Linking back to the podcast, I wondered how could I push administering medications further to make it more speculative by revealing a privileged perspective of taking health and safety for granted? How might I challenge the notion that drug addiction and homelessness are choices made by people who deserve those consequences?

Also last week I received an email from Seattle School District regarding rising Fentanyl overdoses in teens in King County. That there are 80,000 overdose deaths per year is a fact we aren't talk about. After learning these facts, and finding syringes in the playground, I thought I'd look at making a wearable medical device that optimized the high and minimized the risk for recreational drug use. I made a physical prototype with a Fitbit, (photographed above) then researched what the actual current Fitbit sensors could do and where Fitbit's research was going. Fitbit has made available their software development kit, making creating dashboards and apps possible to a wider audience. This occurred as an opportunity to explore how I might use a Fitbit to question

This speculative design project seeks to provoke dialog around: Who deserves to be safe or homeless. Who deserves to be an addict or recreational user? The criminal justice system disproportionately targets people of color for minor drug offenses, and yet the opioid epidemic is predominantly a white problem. Who decides what is recreational? Who decides what is low harm? What is the resistance to increasing harm reduction, safe sites or legalization? What if this product was required by the state to track drug addicts use or criminal felon offenders instead of only recreational users? If we can talk about the biases, and who decides who decides, then perhaps we can begin to create policies and practices that foster a more equitable and safe world for all of us.

I think it would be possible to better flush out this speculative design project with a subscription based model that offers wider and more problematic features and have user reviews, and lastly adding a social media component that helps demonstrate the judgment double standards of addiction and recreation.

References:

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