

March 29, 2016

David P. Rieser, Attorney
502 South 3rd Street
Columbus, OH 43215-5702

Re: Clinical Alcohol and Drug Assessment for Lonnie J. Brake (DOB – 06/12/1974)

Dear Mr. Rieser:

I performed a Clinical Alcohol and Drug Assessment for Mr. Brake in reference to his 8/2015 OVI charge in Franklin County. This assessment included a 60-minute in-person clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Use Disorder Identification Test (DUDIT)
- A general anxiety/depression screening

The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST: score = 3 / *INCONCLUSIVE SCREEN*; mitigate concerns with clinical recommendations

DUDIT: score = 3 / *NEGATIVE SCREEN*; scores of 6 or more indicate problematic use (“mild-moderate”), scores of 6 or more (male), 25 or more indicate high likelihood of a severe disorder present

Alcohol & Substance Use Risk Factors:

Concerns/Risks

- legal history – previous OVI approximately 2008
- anxiety – NA
- NIAAA/NIH low risk guidelines – does not exceed guideline
- other substance use – NA
- family history – none reported
- prior treatment history – NA
- peer influences – NA
- work environment – NA
- contraindicated prescription use – Ativan without Rx
- general health problems – NA
- current family stress – NA

Summary - 2 of 12 concerns, mitigate with clinical recommendations

Anxiety/Depression Screening: no clinically significant concerns reported

Clinical Interview/Summary:

ALCOHOL - Mr. Brake's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol as 2-3 drinks on irregular occasions (less than monthly).

Mr. Brake and I discussed his OVI incident and general use of alcohol at length. I was unable to find the incident or his overall history and presentation indicative of someone experiencing DSM-5 alcohol use disorder symptoms.

NON-PRESCRIPTION DRUGS – Mr. Brake acknowledged intermittent use of marijuana that he is aware is not legal in Ohio but stated he used it for back pain sustained in work related injuries. He acknowledged that he had possession of marijuana when he was cited for the OVI, however, he maintains that he is now abstaining from all marijuana use since his probation violation and recognizes he will be drug tested during his probation. Otherwise, he denied experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Brake reported that he does not currently, nor has he recently had a doctor's prescription for commonly misused or abuse, including: narcotic painkillers, stimulants or sleeping medications. Mr. Brake was transparent in acknowledging that he has on a few occasions used Ativan (anxiolytic) for back pain without a doctor's prescription.

SUMMARY - While I did not gain enough information to diagnose Mr. Brake with a DSM-5 alcohol or drug use disorder I did note his legal violations and the potential for future problems. Given the legal context and his need to successfully manage chronic pain without violating the law I am recommending he engage in some therapy with a substance abuse professional. Mr. Brake impressed me as someone who is sufficiently motivated to make use of such a resource.

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations:

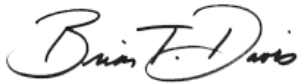
- 1) Outpatient Counseling – 2 outpatient sessions per month with a professional substance abuse counselor during probation, update PO quarterly on progress;
- 2) Abstinence & Drug Testing – abstain from marijuana and anxiolytic/ benzodiazepine use and verify with random drug screens at the direction of the probation department and/or substance abuse professional;

- 3) Physician consult – for continuity of care, inform primary care doctor of the results of this assessment and obtain appropriate medical recommendations, recommend avoidance of opiates and synthetic opiates (Vicodin, Percocet, OxyContin, etc.) since pain is chronic and Mr. Brake has been able to function without these potentially addictive painkillers up to this point;
- 4) If abstinence is compromised – it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.).

If you or the court possess additional information about Mr. Brake's use of alcohol or drugs that might impact the outcome of this assessment, I would be happy to review it and consider appropriate modifications or amendments to the present report.

Thank you for the opportunity to assist the court, Mr. Brake, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Lonnie J. Brake

Prohibition Against Re-Disclosure: This information has been disclosed to you from records protected by Federal Confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.R.R parts 160 & 165. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

Diagnostic Conclusions / Limitations: Directions Counseling Group provides Clinical Alcohol Assessments based on objective and standardized screenings and interviewing methods as well as self-reported information. Clinical conclusions are made to the best of the professional's ability with data on hand at the time of the assessment. Expanded assessments which involve additional background research, collateral information and third party verification can be provided as an additional service upon request.