

June 21, 2016

Shawn B. Hamp, Attorney
The Law Offices of Shawn B. Hamp, P.C.
2249 Hualapai Mountain Road, Suite 2
Kingman, Arizona 86401

Re: Clinical Alcohol and Drug Assessment for Brady M. Hamre (DOB – 02/13/1991)

Dear Mr. Hamp:

I performed a Clinical Alcohol and Drug Assessment for Mr. Hamre in reference to his paraphernalia charge in Mojave County. This assessment included a clinical interview and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST)
- A general anxiety/depression screening

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

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, mitigate concerns with clinical recommendations

DAST: score = 0 / *NEGATIVE SCREEN*; scores of 1-2 = low level concern, 3-5 moderate, 6-8 substantial, 9-10 severe

Alcohol Substance Use Risk Factors:

Concerns/Risks

- ☐ previous legal history – denies prior history
- ☐ severity of incident – low level (1 marijuana pipe in vehicle)
- ☐ anxiety/depression/mental health – mild anxiety not at clinical threshold
- ☐ other substance use – NA
- ☒ family history – 1 blood related family member
- ☐ prior treatment history – NA
- ☐ peer influences– NA
- ☐ work environment – NA
- ☐ contraindicated prescription use – NA
- ☐ general health problems – NA
- ☐ current family stress – NA

Summary - 1 of 11 risks, mitigate concern with clinical recommendations

DSM - 5 Alcohol or Other Substance Use Symptoms:

- ☐ Use beyond intention – not found
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use – not found
- ☐ Substantial time spent obtaining, using, or recovering from use – not found
- ☐ Strong craving/desire – no indications
- ☐ Failure to fulfill a major role (work, home, school) – has strong academic record
- ☐ Use despite recurrent social/interpersonal problems – not found
- ☐ Important social, occupational, recreational activities relinquished – not found
- ☐ Physically hazardous use – denies history of impaired driving and high risk use
- ☐ Continued use despite knowledge of contra physical or psychological condition – no indications
- ☐ Tolerance – no indications
- ☐ Withdrawal symptoms – no indications directly or indirectly

Summary - 0 of 11 symptoms

Clinical Interview/Summary:

ALCOHOL – Mr. Hamre'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 before this charge as 1-2 social occasions per week and rarely to a level of impairment. However, he decided in February of this year to stop drinking alcohol for health and fitness (weight loss) reasons. I did not find that he has been experiencing a pattern of negative consequences from alcohol use which necessitated that he stop using alcohol, nor any similar recommendation from a medical professional. The only risk item that was clear from his assessment was that he has one closely related relative with known problem alcohol use.

NON-PRESCRIPTION DRUG – Mr. Hamre acknowledged experimentation with marijuana during a recent trip to Colorado. However, he was articulate about his reasons for not pursuing ongoing use of marijuana, stating that it is both "expensive and illegal in his home state". He denied and history of experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Hamre reported that he has never had a prescription for commonly misused or abuse prescription medications such as narcotic painkillers, stimulants, sleeping medications anxiolytics/ benzodiazapines. His presentation was not contradictory or suspect in any way on this point.

SUMMARY - Mr. Hamre and I discussed his paraphernalia incident and his general use of alcohol at length. Ultimately I did not find him clearly meeting nor suspect a DSM-5 alcohol use disorder. I did note with him that having a family member with apparent problem alcohol use and his willingness to experiment with marijuana mildly increased his risk level for future problems. Accordingly, I am recommending brief education as an intervention (see recommendations below for specifics).

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

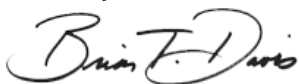
Treatment Recommendations:

- 1) Preventative Alcohol & Drug Education – proof of completion of 4 hrs. of alcohol/drug education, local in-person class or an online alcohol or drug education course are both appropriate options (online example: logancourtclasses.com 4 hour alcohol and drug education class);
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Hamre seek further evaluation and follow all treatment recommendations.

If you or the court possess additional information about Mr. Hamre'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. Hamre, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Brady M. Hamre

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.