

March 2, 2016

David Rieser, Attorney
502 S. 3rd Street
Columbus, OH 43215

**Re: Clinical Alcohol and Drug Assessment for Timothy Scott Owings
(DOB – 07/17/1967)**

Dear Mr. Rieser:

I performed a Clinical Alcohol and Drug Assessment for Mr. Owings in reference to his January 31 OVI charge in Delaware County. This assessment included a 55-minute in-person clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A Drug Use Disorder Identification Test (DUDIT)
- A general anxiety/depression screening
- A 10-Panel Drug Test

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

MAST: score = 4 / *INCONCLUSIVE SCREEN*; 2 of 4 points related to 18-25 year old DUI charges, use clinical interview to clarify interpretation

Alcohol Substance Use Risk Factors:

Concerns/Risks

- legal history – OVI 1990, OVI 1998
- anxiety – NA
- other substance use – NA
- family history – none reported
- prior treatment history – NA
- peer influences – NA
- work environment – NA
- contraindicated prescription use – NA
- general health problems – NA
- current family stress – NA

Summary - moderate risk profile due to legal history

DUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 6 or more indicate problematic use (“mild-moderate”), scores of 6 or more (male) suggest presence of mild or moderate condition, 25 or more indicate high likelihood of a severe disorder present

10-Panel Urine Drug Screening: result = NEGATIVE for all substances tested – cocaine, amphetamine, methamphetamine, cannabis, methadone, MDMA, Opiates, PCP, Barbiturates, Benzodiazepines (normal temperature, no outstanding concerns during urine collection)

Anxiety/Depression Screening: no clinically significant concerns reported

Present Use Status: presently not using alcohol

Clinical Interview/Summary:

ALCOHOL - Mr. Owings' written screenings provided no clear indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol before this charge as 2-4 standard drinks (beer) on 0-1 occasions per week. He reported no difference in the amount consumed if he was attending a special event or celebration.

Mr. Owings and I discussed his recent OVI incident, past OVI incidents and general use of alcohol at length. The incidents 26 and 18 years ago raise an overall concern but are somewhat mitigated by the timeframe. He maintains that his alcohol use in the last 15 years has been controlled and responsible as his family responsibilities, financial obligations and career goals have increased. Ultimately I did not find justification for an alcohol use diagnosis in his written screenings or verbal interview. I did however, express concern about his legal history and am making proactive recommendations towards education, counseling and prevention of future problems with alcohol going forward.

ILLICIT DRUG – Mr. Owings denied experimentation with any and all illicit substance categories including: cannabis, stimulants, hallucinogens, inhalants, opiates, etc. He also denied having any legal history with the same. I found no part of Mr. Owings report denying illicit drug use suspect of minimization or deception and his 10 panel drug test results were negative.

PRESCRIPTION DRUG – Mr. Owings reported that he has had very little experience using prescriptions medications over the course of his life. He rarely visits a doctor and still has his wisdom teeth. He denied ever receiving prescriptions which are prone to abuse including; stimulant/ADD medications, narcotic painkiller medications, anxiolytics or sleep medications. Furthermore, he denied ever experimenting or using any prescription drugs without a prescription. His presentation regarding prescription drug use (or lack thereof) appeared credible and did not arise suspicion on the part of this evaluator.

SUMMARY – I did not find Mr. Owings meeting conditions for a DSM-5 alcohol or drug use disorder but due to the legal history, I am providing preventative recommendations with regard to future alcohol use (see below).

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

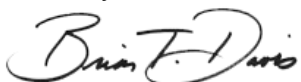
Treatment Recommendations:

- 1) Preventative Education – 9 hrs. of Ohio Health’s Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700);
- 2) Outpatient Counseling – 2 outpatient sessions with a professional substance abuse counselor after completion of recommendation #1; update recommendations or discharge as appropriate.

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

Sincerely,



Brian T. Davis, LISW-S, SAP

LIC# I-7948

cc: Timothy Scott Owings

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.