

September 14, 2016

Charles R. Stewart, Atty.
1425 South 700 East,
Salt Lake City, Utah. 84105

Re: Clinical Alcohol and Drug Assessment for Jesse D. Pagan (DOB – 08/03/1991)

Dear Mr. Stewart:

I performed a Clinical Alcohol and Drug Assessment for Mr. Pagan in reference to his November 2015 Impaired Driving charge (reduced to Possession of a Controlled Substance) in Davis County. This assessment included a 45-minute clinical interview by telephone, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST-10)
- A general anxiety/depression screening

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

MAST: score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

DAST-10: score = 1 / *LOW-RISK POSITIVE*; point incurred for drug use outside of a medical context and/or medical supervision, mitigate concern with treatment recommendation

Alcohol & Substance Use Risk Factors:

- ☐ negative peer influence/at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ physical health concerns – NA
- ☐ anxiety/depression/mental health – NA
- ☐ exposure to trauma – NA
- ☒ family history – one blood-relative
- ☐ contraindicated prescription use – NA
- ☒ other substance use – daily tobacco use
- ☐ regular use of liquor – monthly to less than monthly use
- ☐ severity of incident – NA
- ☐ prior treatment history – NA
- ☐ legal history – denies previous history

Summary - 2 of 12 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary: ALCOHOL – Mr. Pagan’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 1-2 drinks on 1-3 occasions per week. He also acknowledged use of up to 4 drinks on 1-2 occasions per month. He reported no difference in the amount consumed if he was attending a special event or celebration.

Mr. Pagan and I discussed his general use of alcohol at length. I did not find clear evidence of him meeting DSM-5 alcohol use disorder criteria for an alcohol use disorder, and his drinking habits are within the NIAAA recommendations for men’s low-risk drinking.

NON-PRESCRIPTION DRUG – Mr. Pagan acknowledged previous daily use of marijuana but reports that he discontinued this use approximately 3 years ago. He was articulate of his reasons for quitting, citing his work demands as his primary motivation to stop using. He denied experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Pagan’s report about non-prescription drug use suspect of minimization or deception. He seemed open in his clinical interview and shared enough information to warrant the diagnosis of a previous minor cannabis use disorder (see criteria met below).

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Pagan denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, benzodiazepines and sleeping medications. The interview did not reveal discrepancy with his written screenings, nor did he show signs of hesitation or verbal signs of minimization suggesting problem use of prescription medications.

SUMMARY – Mr. Pagan’s report of sustained abstinence suggests low probability for further relapse. In effort to be proactive and to help substantiate these claims, I have provided treatment recommendations in the remainder of this report.

Previously Applicable DSM-5 Cannabis-Use Disorder Symptoms:

- ☐ Use beyond intention
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use
- ☒ Substantial time spent obtaining, using, or recovering from use
- ☐ Strong craving/desire
- ☐ Failure to fulfill a major role (work, home, school)
- ☐ Use despite recurrent social/interpersonal problems
- ☐ Important social, occupational, recreational activities relinquished
- ☒ Physically hazardous use
- ☐ Continued use despite knowledge of contraindicated physical or psychological condition
- ☒ Tolerance

☐ Withdrawal symptoms

Summary - 3 of 11 symptoms (**Mild 2-3** | Moderate 4-5 | Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: F12.10 Mild Cannabis Use Disorder (Sustained Remission)

Treatment Recommendations:

- 1) Preventative Alcohol & Drug Education – 4 hrs. of alcohol/drug education including a combination of any of the following resources– local class AA, and/or online alcohol or drug education course;
- 2) Drug Testing – Mr. Pagan has agreed to submit a 10-panel urinalysis drug screen alongside this assessment to validate his abstinence, screening should be done within the 72-hours following the date of his clinical interview;
- 3) If another negative consequence is incurred as a result of any alcohol or other substance use, it is recommended Mr. Pagan seek further evaluation and follow all updated treatment recommendations.

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

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP
SW Lic. #I.1000155-S; #101182
cc: Jesse D. Pagan

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Diagnostic Conclusions / Limitations: Directions Counseling Group provides Clinical Alcohol and Drug 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.