

August 8, 2016

Tod A. Brininger
The Koffel Law Firm
1801 Watermark Dr. Ste. 350
Columbus, OH 43215

Re: Clinical Alcohol and Drug Assessment for Nicholas Timothy Myers (DOB – 02/15/1996)

Dear Mr. Brininger:

I performed a Clinical Alcohol and Drug Assessment for Nicholas Myers in reference to his July 2016 OVI and possession of controlled substance charges in Delaware County. This assessment included a 60-minute clinical interview by telephone, and the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI)
- 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:

SASSI-3: scores indicative of high potential for a moderate to severe substance use disorder

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

DAST-10: *POSITIVE SCREEN*; screen results indicated moderate to severe problem drug use, mitigate concern with clinical recommendations

Clinical Interview/Summary: ALCOHOL – Mr. Myers' 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 beers on about 6 occasions in a year.

Mr. Myers and I discussed his legal charge and general use of alcohol at length. I did not find him meeting any 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. Myers acknowledged daily use of marijuana before his charges in the clinical interview and shared information indicating 5 problem

substance use symptoms (see below). He also admitted to experimentation and recreational use of cocaine (approximately 5-6 times), ecstasy (approximately 15 times), and LSD (approximately 7 times). Since his charge, he reports discontinuing all drug use.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Myers acknowledged use of Xanax on 2 occasions and denied all other recreational use of prescription medications which are prone to abuse including other benzodiazepines, stimulant/ADD medications, narcotic painkiller medications, and sleeping medications. The interview did not reveal discrepancy with his written screenings, nor did he show signs of hesitation or non-verbal signs of minimization suggesting other problem use of prescription medications.

SUMMARY – Mr. Myers was forthcoming in his interview and helped identify situational factors (negative peer group and lack of personal direction/identity) that he felt were contributing to his problem drug use. He was very receptive to receiving counseling in order to address these stressors and keep his sobriety intact.

DSM-5 Substance Use 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 - 5 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: F12.20 Moderate Cannabis Use Disorder

Treatment Recommendations:

- 1) Outpatient Counseling – outpatient sessions with a professional substance abuse and mental health counselor, follow-up provider to further assess and update recommendations with a range of sessions at intake, discharge as appropriate;
- 2) Drug Testing – random drug screens at the discretion of follow-up provider;

- 3) If unable to maintain abstinence – Mr. Myers to consult with follow-up provider regarding additional treatment and support (intensive outpatient program, support group attendance, etc.);
- 4) Monitoring – monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor.

If you or the court possess additional information about Mr. Myers' use of alcohol and/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. Myers, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427
cc: Nicholas T. Myers

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.