

August 10, 2016

Attorney Anton Nace
200 E. Robinson Street Suite 1150
Orlando, FL 32801

Re: Clinical Alcohol and Drug Assessment for Winton James (DOB – 05/14/1983)

Dear Mr. Nace:

I performed a Clinical Alcohol and Drug Assessment for Mr. James in reference to his *possession of a controlled substance and tampering with evidence* charges in Orange County. This assessment included a 55-minute clinical interview by telephone, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- 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: NEGATIVE SCREEN; no direct or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

DAST-10: score = 2 / **LOW-LEVEL SCREEN;** scores of 1-2 indicate low-probability use of a disorder whereas scores of 3-4 are suggestive of moderate-level problem substance use

Alcohol and Substance Use Risk Factors:

- ☐ legal history – denies previous history
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☒ use of liquor – use of 80 proof liquor on a weekly to monthly basis
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☒ family history – siblings; father
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA

Summary - 2 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Mr. James'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 long island iced teas on 2-4 occasions per month. He reported no difference in the amount consumed if he was attending a special event or celebration.

Mr. James and I discussed his legal incident and general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria and his drinking habits are within the NIAAA low-drinking recommendations for men.

NON-PRESCRIPTION DRUG – Mr. James's acknowledged daily (once per day) use of marijuana prior to this charge. He denied experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found some of Mr. James's interview about non-prescription drug use suspect of minimization as there was some discrepancy with his written screenings. Concern to be mitigated through clinical recommendations.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. James 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 or other verbal signs of minimization covering a prescription drug use problem.

SUMMARY – Mr. James provided me with sufficient information to diagnose him with a Mild Cannabis Use Disorder. While he has reduced his use of cannabis since his charge, he does not have intentions of stopping permanently. I have provided treatment recommendations in an effort to help him explore alternatives to his use of illegal substances.

DSM-5 Cannabis Use Symptoms:

Repetitive...

- ☐ 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 contra physical or psychological condition
- ☐ Tolerance

☐ Withdrawal symptoms

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

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

Treatment Recommendations:

- 1) Outpatient Counseling – 4-7 with a professional substance abuse counselor; update recommendations or discharge as appropriate;
- 2) Drug Testing – random drug screens at the direction of follow-up provider;
- 3) If unable to maintain abstinence for duration of treatment – Mr. James is to consult with follow-up provider to consider extended counseling and/or other appropriate interventions.

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

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Winton James

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.