

September 27, 2016

Elisa G. Massoth, PLLC P.O. Box 1003 Payette, ID 83661

Re: Clinical Alcohol and Drug Assessment for Donald Bailey (DOB – 10/19/1968)

Dear Ms. Massoth:

I performed a Clinical Alcohol and Drug Assessment for Mr. Bailey in reference to his paraphernalia charge in Payette County. This assessment included a 60-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 SCREEN; point incurred for drug use outside of a medical context and/or supervision

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 – none reported
□ regular use of liquor – NA
□ voluntary treatment history – NA
□ severity of incident – not intoxicated at the time of arrest (self-report)
☐ legal history – denies previous history

Summary – 0 of 12 concerns

Clinical Interview/Summary: ALCOHOL – Mr. Bailey'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 "craft" beers on 1-2

occasions per week. He also acknowledged use of 2-4 drinks on about 6 special occasions (holidays, birthdays, etc.) per year.

I did not find him meeting DSM-5 alcohol use disorder criteria for an alcohol use disorder and his drinking habits seem to be within the NIAAA recommendations for men's low-risk drinking.

NON-PRESCRIPTION DRUG – Mr. Bailey acknowledged use of marijuana on approximately one occasion every 2-4 weeks. We discussed this use and the history of his cannabis use at length. While it is clear that he made a series of poor judgements in taking a controlled substance across state lines, Mr. Bailey does not currently have intentions to stop his use. Mr. Bailey and I discussed his motives for using marijuana and potential negative side-effects and consequences of use.

Mr. Bailey denied experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of his report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Bailey denied recreational use of all 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 – I was unable to identify Mr. Bailey meeting any DSM-5 diagnostic criteria for a cannabis use disorder during our interview. I am making a proactive recommendation in the remainder of this report to provide him with an opportunity to further explore and consider potential consequences of his cannabis use. Mr. Bailey was open and accepting of this recommendation.

DSM-5 Alcohol & 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 - 0 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

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

Treatment Recommendation: <u>Drug Education</u> – 8 hrs. of drug/alcohol education including a combination of 2 or more of any of the following: local substance abuse class (hospital, treatment center, or community facility), marijuana anonymous, and/or an online drug and substance use education course.

If you or the court possess additional information about Mr. Bailey'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. Bailey, 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: Donald W. Bailey

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 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.

