DIRECTIONS
COUNSELING GROUP

February 21, 2016

Melissa Mitchell, Attorney at Law
1650 lake Shore Drive
Suite 225
Columbus, Ohio 43204

Re: Clinical Alcohol and Drug Evaluation for Luke Davis (DOB – 06/28/1971)

Dear Ms. Mitchell:

I performed a Clinical Alcohol and Drug Evaluation for Mr. Davis in reference to his April 2015 workplace positive urine drug screen. This assessment included the administration of the following written screenings, urine drug screen and a 60-minute in person clinical interview:

- Substance Abuse Subtle Screening Inventory (SASSI-3)
- Michigan Alcohol Screening Test (MAST)
- Drug Use Disorder Identification Test (DUDIT)
- General anxiety/depression screening
- 10-panel urine drug screen

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

SASSI-3: scores indicated an overall *high probability* of a moderate to severe substance use disorder; scores were positive for rules #2, 5, 6, and 7; scores were negative for rules #1, 3, 4, 8, and 9; screening had a lifetime frame of reference

MAST: score = 2; positive remarks were from history of alcohol-related charge related to driving and prior attendance at AA meetings; overall screening did not indicate a high probability of problem drinking; lifetime frame of reference (screening appeared valid);

DUDIT: score = 25; scores of 6 and above indicate hazardous drug use, above 25 indicates moderate to severe drug disorder present; past 12 months frame of reference; (respondent appeared to provide forthright responses to questions);

Multi-Drug Screen Test Panel: urine drug screen was positive for cannabis; screen was negative for cocaine, amphetamines, methamphetamines, methadone, MDMA, opioids, PCP, barbiturates, and benzodiazepines; screening was administered on 02/16/2016

DSM/Other Substance Related Concerns: reported experiencing following indicators of problem substance use over the past year: nightly intoxication from cannabis, switching substances to avoid withdrawal symptoms and/or decrease likelihood of

developing physiological dependence, recurrent use to relieve emotional stress, solitary substance use, guilt/regret associated with alcohol use

Anxiety/Depression Screening: history of generalized anxiety disorder

Substance Related Legal History Reported: Mr. Davis received an OVI charge in April 2013 (BAC of .10)

Clinical Interview/Summary: Mr. Davis' written screenings provided clear indications of a substance use disorder. Mr. Davis reported his drug of choice is cannabis though he reported regular use of Ambien, Xanax, and hallucinogens over the past year. In 2013 Mr. Davis discovered how to access the Dark web, an overlay of the internet where illegal products and services are available for purchase. Since that time he reported purchasing illegal substances, smoking cannabis on a nightly basis and using benzodiazepines, Ambien sleep medication, and hallucinogenic drugs on weekends on a rotating schedule. Mr. Davis also acknowledged past experimentation with Percocet pills, methadone tablets, stimulant medication, methamphetamine use, and use of Mitragyna speciosa in teas, also known as Kratom. None of these substance appear to have been used on a regular basis.

He reported his typical use of alcohol over the past two years as 2-3 twelve ounce India Pale Ales on 2-3 occasions per week. Mr. Davis shared that his DUI charge in April 2013 was the result of hitting a car after "blacking out" due to a combined use of alcohol and Ambien sleep medication. Immediately following that charge Mr. Davis began attending weekly NA meetings and was sober from alcohol and all substances for one year.

Mr. Davis reported his drug use increased after moving to Tiffin, Ohio, in part as a way to deal with his increasing sense of loneliness, social isolation, and anxiety over his occupational functioning. His clinical interview revealed signs of recurrent use beyond intention, preoccupation with use of cannabis, benzodiazepines, and hallucinogenic substances, recurrent use in hazardous situations (e.g. driving and mixing substances), tolerance to cannabis, cravings for cannabis and psychological withdrawal symptoms from cannabis and anxiolytic medications. Mr. Davis reported his last use of any substance was on February 6, 2016 in which he took a 40mg tablet of methadone. He reported destroying the rest of the illegal substances in his possession, and stated his desire to maintain indefinitely his present abstinence from illicit substances. Mr. Davis also reported that he has been abstaining from alcohol use though he appeared less sure as to whether he would continue to abstain from alcohol indefinitely.

In the past two weeks, Mr. Davis has begun attending twice weekly NA meetings and has shared the details of his relapse with close friends and family. He was also able to articulate his willingness and readiness to enter a program of recovery to gain the necessary skills to recover from his substance use problems.

In regards to Mr. Davis' capability and capacity to practice nursing according to the prevailing standards as enumerated in Chapter 4723-4 of the Ohio Revised Code, my clinical judgment is that Mr. Davis needs to enroll in a treatment program, continue his present involvement with NA, obtain an NA sponsor and submit to all other requirements as set by treatment program and the Ohio Board of Nursing. After his enrollment in a substance abuse treatment program and is able to show fully negative results on a 10-panel urine drug screen, my judgment is that Mr. Davis has the ability to practice nursing according to the prevailing standards with the exception that he should be restricted from having access to or dispensing psychoactive medication. I am providing the following recommendations to assist Mr. Davis in establishing a recovery program.

DSM 5 DIAGNOSIS in reference to substances: F12.20 cannabis use disorder, severe; F13.10 anxiolytic use disorder, mild; F16.10 other hallucinogen use disorder, mild (MDMA); F11.10 opioid use disorder, mild

Treatment Recommendations:

1) Complete an Intensive Outpatient Program – (recommend Zepf Center 419-841-7701);

2) Aftercare – recommend participation with ongoing aftercare sessions with a substance abuse professional after completion of item#1; frequency and duration at discretion of substance abuse professional

3) NA/AA/other social support – recommend 2-3x weekly NA or other social support meetings for a minimum of three years; sponsor should be obtained and meeting slips provided to counselor, court, and/or Board of Nursing;

4) Abstinence – recommend abstaining from all alcohol and other substances permanently; any resumption of alcohol and/or other substance use will necessitate a higher level of care;

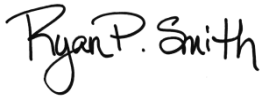
5) Drug Testing – recommend random drug screens at the direction of program staff and/or Board of Nursing; recommend minimum of 12 months of random testing

6) If unable to maintain abstinence – Mr. Davis to consult with mental health and/or substance abuse professionals regarding additional treatment and support (Inpatient or residential treatment, additional Intensive Outpatient Program, increased 12 step meeting attendance, behavioral health counseling, etc.).

If there is additional information about Mr. Davis's use of alcohol or drugs that might impact the outcome of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.

Thank you for the opportunity to assist the Ohio Board of Nursing, Mr. Luke Davis, and yourself in this important matter.

Sincerely,



Ryan Smith, LISW-S, LICDC, SAP
SW Lic. #I.1000155-S; CD Lic. #101182
cc: Luke Davis

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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.

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