

August 29, 2016

Dr. Jennifer Richardson, MD
Columbus Arthritis
1211 Dublin Road
Columbus, Ohio 43215

Re: Clinical Alcohol and Drug Assessment for Brian Buck (DOB – 06/07/1974)

Dear Dr. Richardson:

I performed a Clinical Alcohol and Drug Assessment for Mr. Buck in reference to his discharge as a patient by his pain care specialist, Dr. Sara Blake. This assessment included a 90-minute clinical interview by telephone, and the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST)
- An Opioid Risk Tool
- A Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R)
- A Current Opioid Misuse Measure (COMM)
- A general anxiety/depression screening

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

SASSI-3: scores indicated an overall *low probability* of a moderate to severe alcohol use disorder; screening was valid and covered a lifetime frame of reference

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

DAST: score = 0 / *NEGATIVE SCREEN*; scores of 1-2 = low level concern, 3-5 moderate, 6-8 substantial, 9-10 severe

Opioid Risk Tool: score = 2; score of 0-3 indicate low risk

SOAPP-R: score = 8; scores of 18+ indicate a high likelihood of opioid misuse

COMM: score = 5; scores of 9+ indicate likelihood of opioid misuse

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/high alcohol content beers – NA

- ☒ other substance use – experimentation with cannabis in college
- ☐ contraindicated prescription use – NA
- ☐ family history – none reported
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA

Summary - 1 of 13 concerns, low risk profile

Clinical Interview/Summary:

ALCOHOL – Mr. Buck's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported that his initial use of alcohol occurred in late high school. He denied engaging in regular alcohol use until the age of 21. He denied any alcohol use within the past 2 years and denied engaging in any regular alcohol use since he was diagnosed with rheumatoid arthritis.

NON-PRESCRIPTION DRUG – Mr. Buck acknowledged minimal experimentation with marijuana in college but denied that he used marijuana regularly at any point in time. 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. Buck's report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Buck denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications. The interview did not reveal hesitation, discrepancy with his written screenings, or other non-verbal signs of minimization or covering a prescription drug use problem.

SUMMARY – While I do Mr. Buck showing evidence of tolerance and withdrawal symptoms, these positive symptoms are to be expected with ongoing opioid medication use and by themselves do not indicate an addictive disorder per DSM-5 criteria.

DSM-5 Alcohol Use Symptoms:

- ☐ Recurrent use beyond intention
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use
- ☐ Substantial time spent obtaining, using, or recovering from use
- ☐ Strong craving/desire
- ☐ Recurrent failure to fulfill a major role (work, home, school)
- ☐ Continued use despite recurrent social/interpersonal problems
- ☐ Important social, occupational, recreational activities relinquished
- ☐ Recurrent physically hazardous use
- ☐ Continued use despite knowledge of contraindicated physical or psychological condition
- ☒ Tolerance (as expected under medical care)
- ☒ Withdrawal symptoms (as expected with present medical care)

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)

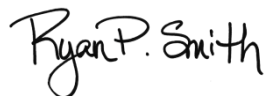
Treatment Recommendations:

- 1) Random Drug Testing – random drug screens at the direction of treating physician;
- 2) OARRS consult – for continuity of care, regular checking of Ohio's automated prescription reporting service;
- 3) Pill counts, recommend regular, random pill counts at the discretion of the treating physician;
- 4) Support Group, recommend attending twice monthly Mindfulness Support group for exposure and practice in awareness training; Wellness Now Group, 5329 N. High Street Suite a Columbus, Ohio 43214; meets on the first and third Thursday of the month; contact Jessica Starr, 614-285-6204.

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

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #I.1000155-S, CD Lic. #101182
cc: Brian Buck

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.