

May 10, 2016

Bradley P. Koffel, Attorney
The Koffel Law Firm
1801 Watermark Drive, Suite 350
Columbus, OH 43215-7093

Re: Clinical Alcohol and Drug Assessment for Ross C. Walker (DOB – 11/14/1979)

Dear Mr. Koffel:

I performed a Clinical Alcohol and Drug Assessment for Mr. Walker in reference to his OVI (drug) charge in Madison County. This assessment included a 60-minute in-person clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Use Disorder Identification Test (DUDIT)
- A general anxiety/depression screening
- A review of discovery packet with police reports for 1/6/16 arrest (Madison Co.)

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

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

DUDIT: score = 2 / *NEGATIVE SCREEN*; scores of 6 or more indicate problematic use ("mild-moderate"), 25 or more indicate high likelihood of a severe disorder present

Alcohol/Substance Use Risk Factors:

Concerns/Risks

- ☐ legal history prior to current charge – denies
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – no symptoms reported or observed
- ☒ other substance use – history of marijuana use
- ☐ family history – none reported
- ☐ prior treatment history – none
- ☐ peer influences– NA
- ☐ work environment – NA
- ☐ contraindicated prescription use – NA
- ☒ general health problems – chronic pain from past injury and gout
- ☐ current family stress – NA

Summary - 2 of 11 concerns, mitigate concerns with clinical recommendations

Clinical Interview/Summary:

ALCOHOL - Mr. Walker'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 2-3 drinks on 0-3 occasions per week. He reported no difference in the amount consumed if he was attending a special event or celebration, and noted this was partly out of a concern for modeling and/or the safety of his children who would also be present on such occasions. I did not gain any impression that Mr. Walker met criteria for a DSM-5 alcohol use disorder.

NON-PRESCRIPTION DRUG – Mr. Walker acknowledged use of marijuana in college (2001-'03) but stated that he discontinued use to comply with drug testing requirements of his employers. In 2014 he no longer had employment testing requirements and began using marijuana occasionally, but referred to the this use as “medicinal” for physical pain (residual from his football injuries and surgeries) and associated sleep problems. Mr. Walker stated that he doesn't have the pain on a daily or even weekly basis but that he would rather use marijuana to treat it than being prescribed opioid medications which make him “irritable.” He found that any time he sought medical advice about his pain the common recommendation was to simply use an opioid painkiller medication. While use of marijuana for treatment of chronic pain is currently a controversial issue in the medical and therapeutic community, most professionals caution users about legal implications and potential negative side effects of long-term marijuana use. The recommendations made in this report will take these issues into account.

Other than marijuana Mr. Walker denied use of all other non-prescription drug use including: stimulants, hallucinogens, inhalants, natural opioids, etc.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Walker reported the following information with regard to his history of prescription drug use. He experienced a number of high school and college football injuries which included foot, leg, and shoulder surgeries. During these years (1998-2003) he was prescribed a variety of painkiller medications which he reports using as prescribed and without developing any physiological dependence. He was later prescribed similar medication to have 3 teeth pulled and then again when he was diagnosed with gout (both problems around 2013-'14). He denied ever using the medication outside of his physician's direction and discontinued the last prescription after one day, disposing of the remainder of the prescription. He also denied ever seeking or even having a desire to use painkillers or opioids obtained without a prescription.

Mr. Walker stated that he has neither needed nor been prescribed other commonly misused medications such as stimulants, sleeping medications or benzodiazepines. 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 – Although I was unable to find Mr. Walker clearly meeting pattern criteria for a DSM-5 alcohol or drug use disorder I do have concerns, however, that his

recurring problems with physical pain and history suggest a proclivity to use marijuana as a primary way to self-medicate chronic pain. Regardless of the future status of medical or recreational marijuana use, my clinical opinion is that such use could lead to a variety of negative side effects. Therefore, I am providing recommendations to mitigate the potential for future problems associated with long-term marijuana use and provide consultation toward drug-free pain management options.

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

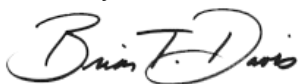
Treatment Recommendations:

- 1) 72 Hour Driver Intervention Program – as agreed to in plea bargain, complete and provide documentation to the court;
- 2) Outpatient Counseling – 3-4 outpatient sessions with a professional substance abuse counselor after completion of recommendation #1; discuss alternatives to marijuana to manage recurring pain, provide additional evaluation as a natural part of the counseling process, update recommendations or discharge as appropriate.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Ross C. Walker

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.