

October 4, 2016

Chris Floyd
Floyd Law Offices
434 Fayetteville Street, Suite 1640
Raleigh, NC 27601-1785

**Re: Clinical Alcohol and Drug Assessment for Michael E. Jones
(DOB – 03/03/1994)**

Dear Mr. Floyd:

I performed a Clinical Alcohol and Drug Assessment for Mr. Jones in reference to his May possession of a controlled substance and paraphernalia charges in Wake County. This assessment included a 50-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-LEVEL SCREEN*; point incurred for drug use outside of a medical context, mitigate concern with treatment recommendation (screen relative to a lifetime use of substances)

Alcohol & Substance Use Risk Factors:

- ☐ poor academics – 2.99 GPA
- ☒ negative peer influence/at-risk work environment – college student, population at risk
- ☐ 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 – NA

☐ legal history – denies previous history

Summary – 1 of 10 concerns, mitigate concern with treatment recommendation

Clinical Interview/Summary: ALCOHOL – Mr. Jones' 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 light beers on 3 occasions per month. He also acknowledged use of up to 5 drinks on 1 potential special occasion (birthday) in a year.

Mr. Jones' drinking habits seem to be within the NIAAA recommendations for men's low-risk drinking, and his interview process did not provide me with reason for clinical concern as it pertains to his consumption of alcohol.

NON-PRESCRIPTION DRUG – Mr. Jones acknowledged experimentation with marijuana on one occasion in his "first week of college" and was adamant that he has not used any psychoactive cannabis products since (did not find its effect appealing). He denied experimentation and use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Jones' report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Jones 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.

DSM-5 Alcohol & Substance 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 Recommendations: Drug Testing – Having found no basis for a DSM-5 alcohol or drug use disorder, I have only asked that Mr. Jones obtain a 10-panel drug screen following today's assessment. He will be doing this through a third-party provider and will provide the results of this screening with this evaluation. Should Mr. Jones have a positive drug screen or be unable to complete a verified screen within 3 days of this assessment, I recommend he be further assessed to ascertain whether he has an undisclosed alcohol or drug use disorder.

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

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP
cc: Michael E. Jones

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.