

# Kentucky DUI Assessment Report for 2004

Prepared for:  
Kentucky Division of Mental Health and  
Substance Abuse

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## Executive Summary

In calendar year 2004, 23,065 DUI Assessments were submitted to the Kentucky Division of Mental Health and Substance Abuse by 114 licensed and certified DUI Assessment Programs. These records include education and treatment information for persons convicted of DUI who were assessed and referred for an intervention. Once a person met or failed to meet the requirements of the treatment and/or education intervention to which they were referred, that record was considered closed and submitted. The University of Kentucky Center on Drug and Alcohol Research is contracted by the Division of Mental Health and Substance Abuse to receive these records from DUI assessment programs each month and to maintain this information in a database. This report provides information on records submitted from January 1, 2004 through December 31, 2004.

The typical person assessed for DUI in Kentucky in 2004 was a male in his 20's who was convicted of his first DUI. His blood alcohol level was about 0.10 and there was a 40% chance he met DSM-IV diagnostic criteria for substance abuse or substance dependence in his lifetime. The typical offender was referred to either a 20-hour education intervention or an outpatient alcohol/drug treatment program. This finding is consistent with previous years.

- For 2004, the number of DUI Assessments submitted was 23,065
  - Gender:
    - Males            81%
    - Females        19%
  - Program referrals were made to:
    - 20-Hour Education        48%
    - Outpatient                48%
    - IOP or Residential        4%
- \*Only the highest level of care is presented here for persons referred to more than one level of care
- Overall, 77% of persons were compliant with their education/treatment referrals. Persons who were non-compliant were most likely to have been under 40 years of age, have multiple DUI convictions, and met at least three DSM-IV criteria for substance dependence in their lifetime. Additionally, non-compliant persons scored higher on the AUDIT and DAST screening instruments, were referred to higher levels of care, and were more likely to have been convicted in a Dry county than compliant persons. Combinations of risk factors appear to increase the risk of non-compliance.
- The number of females who met DSM-IV criteria for substance abuse or three or more criteria for substance dependence in their lifetime was slightly lower than that for males (44.6% for males and 38.0% for females). The 2003 National

Survey on Drug Use and Health<sup>1</sup> reported that for persons 18 years of age and older, females met criteria for substance abuse or dependence less than half that of males (12.6% of males vs. 5.9% of females).

- Assessment programs referred individuals to themselves for education and/or treatment services 95.7% of the time.
- 2,011 (9.2%) of assessments submitted were for persons under the legal drinking age. This is an increase from the 1,541 (7.9%) reported in 2003.

# BACKGROUND

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### **Study Overview**

The Kentucky Revised Statute 189A.040 requires Kentucky licensed drivers convicted of Driving Under the Influence (DUI) to receive an assessment by a state certified DUI assessor in a state licensed and certified DUI assessment program<sup>2</sup>. The purpose of the assessment is to determine the appropriate level of care to address the person's problem. If treatment is needed, the person can be referred to one or more of the following modalities: outpatient, intensive outpatient, or residential treatment. Referral may also include an education intervention or an education intervention coupled with treatment.

If the person finishes their education and/or treatment requirements consistent with his or her referral within a stipulated timeframe, the person is considered "compliant." However, if the person fails to meet the referral requirements he/she is considered "non-compliant." In either case, once a person is designated as compliant or non-compliant, that assessment record is "completed." DUI Assessment programs are required (908 KAR 1:310) to send completed assessment records each month to the University of Kentucky Center on Drug and Alcohol Research (CDAR), which receives them for the Kentucky Division of Mental Health and Substance Abuse.

CDAR serves as the repository for state DUI assessment records. CDAR receives a disk every month from each DUI assessment program containing the completed records for that month. The data is entered into a database from which this report was developed.

### **Data Description**

DUI assessment records provide demographic information about the person, results of the assessment, and education/treatment information. Demographic information includes age, gender, blood alcohol content, DUI conviction history, and county of conviction. Records include four assessment instruments:

- Alcohol Use Disorders Identification Test (AUDIT)<sup>3</sup> – The AUDIT was developed by the World Health Organization as a screening method for excessive drinking. The test consists of 10 questions scored from 0 to 4. A combined score of 8 or more is considered as positive (i.e., the individual has a drinking problem).
- Drug Abuse Screening Test (DAST)<sup>4</sup> – The DAST was developed to assess the extent of drug problems. The test consists of 28 true/false questions with a score of 1 or 0. A combined score of 5 or more is considered as positive (i.e., the individual has a drug problem).
- DSM-IV<sup>5</sup> checklist for Substance Abuse and Dependence. The Diagnostic and Statistical Manual, Fourth Edition (DSM-IV) was developed by the American Psychiatric Association as the standard for psychiatric diagnoses. A person who meets three (or more) of the seven dependence criteria within a 12-month period is considered as dependent on the substance in question. A person who meets at least one of four abuse criteria is considered as abusing the substance.

Information about the intervention referral is also noted. This includes the education and/or level(s) of treatment to which the person is referred as well as the person's

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## BACKGROUND

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compliance. The Kentucky DUI Assessment program was pilot tested by certified assessors and their input was integral in determining which assessment instruments were included.

### Sample

This report presents DUI assessment records completed between January 1, 2004 and December 31, 2004. A total of 23,065 records were received from 114 licensed and certified DUI Assessment Programs. It should be noted that completed assessment records in 2004 are not the same as the number of DUI convictions in 2004 because persons can be convicted, assessed, and complete their intervention in separate years.

### Limitations

There are several limitations to this data. First, there is the issue of incomplete, erroneous, and/or missing data. Table 1 presents the level of missing data.

Table 1: Missing Data

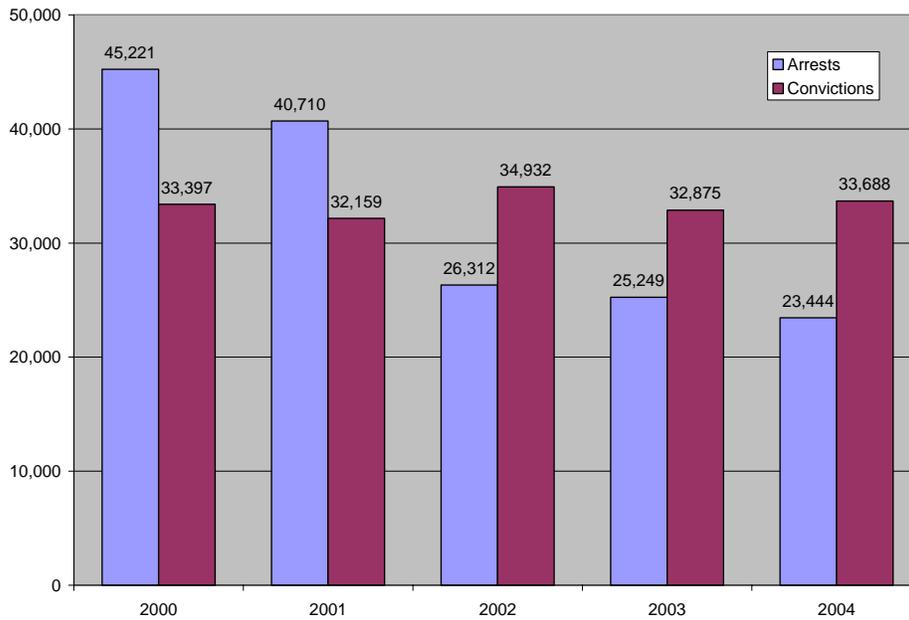
	<u>2004</u>		<u>2003</u>	
	Missing Assessments	Percent of Cases	Missing Assessments	Percent of Cases
Assessment Program	0	0.0%	90	0.4%
Gender	181	0.8%	2	< 0.1%
Treatment Program	598	2.6%	8	< 0.1%
County of Conviction	944	4.1%	508	2.3%
Age	1,105	4.8%	2,302	9.4%
AUDIT Score	1,898	8.2%	2,890	13.3%
Recommended Level of Care	2,101	9.1%	2,087	9.6%
Time to Completion	4,369*	18.9%	2,417	11.1%
DAST Score	4,965	21.5%	7,123	32.8%
Blood Alcohol Content	10,348	44.9%	9,799	45.1%

\* Cases where time to completion was 0 days (n = 462) were considered as missing data since persons cannot be convicted, assessed, and complete treatment in the same day.

Blood Alcohol Content has the highest percent of missing cases which is largely due to individuals who either refused the test or did not remember the level. Each update to the Kentucky DUI Assessment software has successfully reduced the amount of missing data, but certain fields remain problematic.

The second limitation is that these data represent a subset of a larger, unknown number of DUI's in Kentucky. For example, in 2004 there were 23,444 DUI arrests, 33,688 DUI convictions, and 23,065 completed assessments<sup>5</sup>. This difference emphasizes the dangers in comparing these data since there are different requirements and timelines for records. Figure 1 presents the number of arrests and convictions for 2000 through 2004.

Figure 1: DUI Arrests and Convictions 2000 through 2004



This report presents assessments completed in 2004, which is independent of violation date and date of conviction. Caution should be used in comparing these data to other data. For example, a portion of the unaccounted records includes out-of-state licensees who are arrested in Kentucky but are not required to receive a Kentucky assessment. Assessments would also not be completed or submitted for persons who are incarcerated for an extensive period of time following their DUI. Persons who are arrested for DUI may plea bargain to a lesser charge or plea bargain to remove the DUI charge altogether.

A third limitation is that data collection involves self-report which can be limited by recall.

A final limitation is that CDAR received a small number of data disks which are damaged. When CDAR receives an unreadable disk, those records cannot be added to the database. An unreadable disk does not affect information required by other government agencies (Courts and Transportation Cabinet) which receive paper copies. CDAR makes every effort to retrieve data when a damaged disk is received. Attempts to retrieve the data are made by phone and if needed followed by a site visit. In 2004, 72 damaged disks were received with an estimated loss of 1,956 records. This is an increase from 2003 when 38 damaged disks were received with an estimated loss of 585 records.

**Summary**

This report presents data which provides demographic information, screening results, and the type/frequency of referrals. Information on non-compliant persons who are at high risk for recidivism is also provided. Finally, data on Mental Health/Mental Retardation (MHMR) regions, Division of Mental Health & Substance Abuse (DMHSA) regions, Mental Health & Mental Retardation (MHMR) regions, and trends from 2002 through 2004 are described.

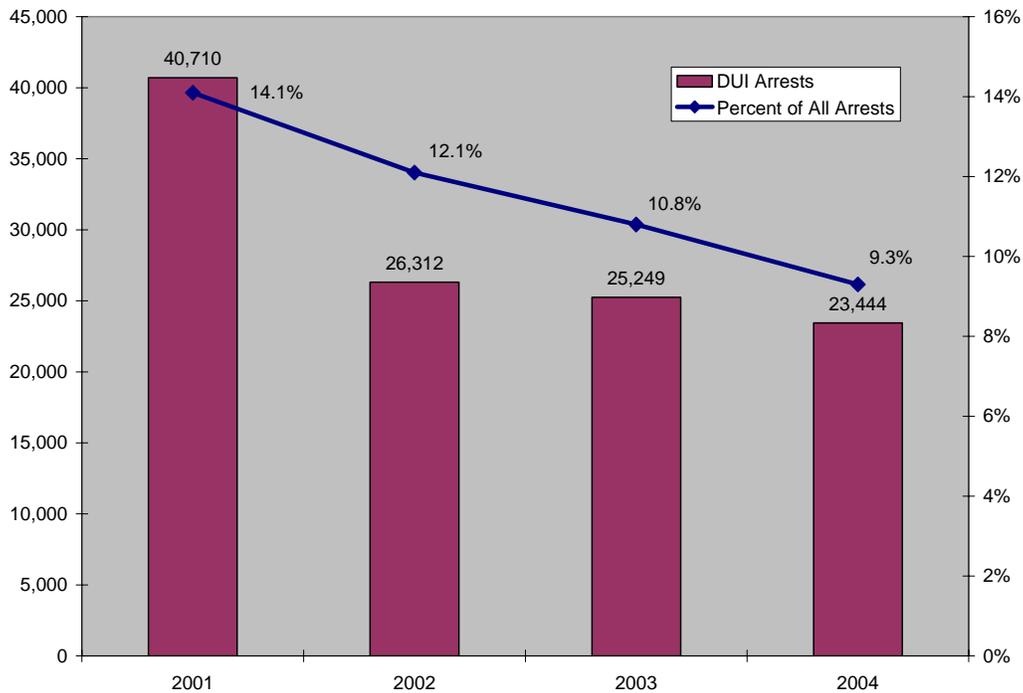
SECTION ONE  
DEMOGRAPHICS

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### 1.1 Number of DUI Assessments Submitted in 2004

The number of completed DUI assessments submitted in calendar year 2004 was 23,065. In 2004 there were 23,444 arrests for DUI which represented 9.3% of all arrests in Kentucky in 2004<sup>6</sup>. DUI arrests have continued to decline since 2001. Figure 1.1 presents the number of DUI arrests from 2001 to 2004. Figure 1.1 includes the percent of total arrests in Kentucky that DUI's represent.

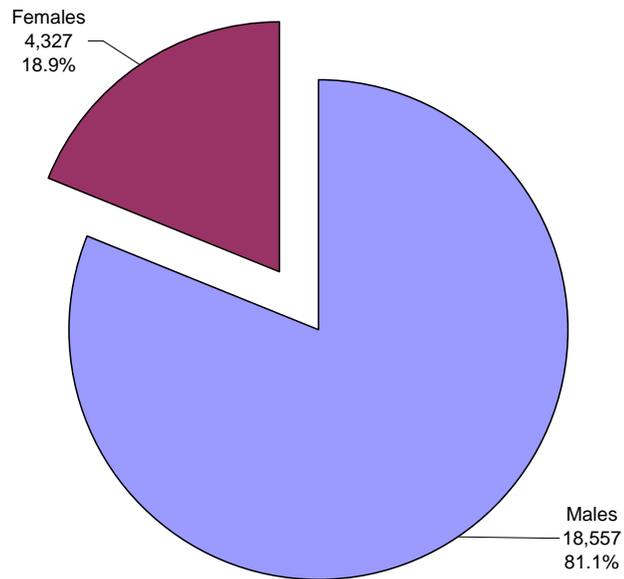
Figure 1.1: Number of DUI Arrests and Percent of Total Arrests 2001 to 2004



### 1.2 DUI Assessments by Gender

Of the 23,065 assessments, 81.1% percent were males, 18.9% females

Figure 1.2: Assessments by Gender\*

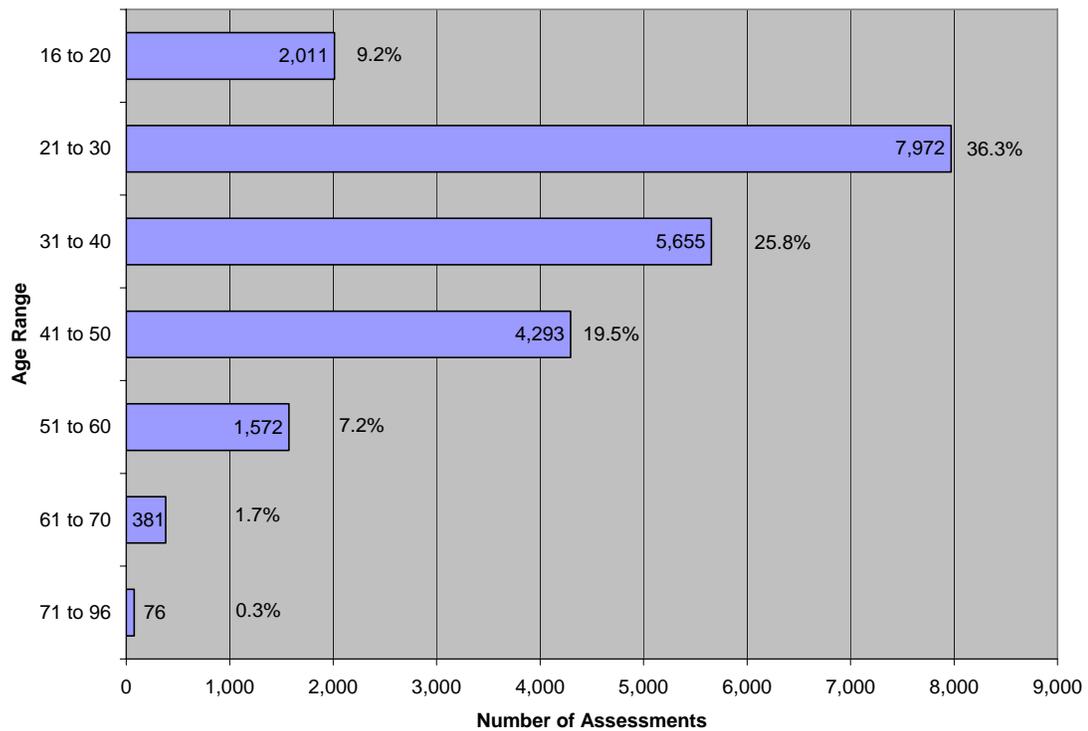


\* Missing Data = 181 Assessments

### 1.3 Assessments by Age

The majority of assessments submitted in 2004 were for persons between 21 and 40 years of age (62.1%). The oldest aged person was 96 years old. There were 2,011 assessments (9.2%) submitted for persons who were between 16 through 20 years of age at the time they were convicted. Persons who are under the legal drinking age are typically referred to an Early Intervention Program (EIP) for an assessment. In 2004 there were 3,222 DUI arrests for persons under 21 which represent 7.9% of all DUI arrests for the year. The limited availability of EIP programs and judicial discretion account for most of these under aged assessments being completed by standard DUI assessment programs. Figure 1.3 presents the number of assessments by age.

Figure 1.3: Assessments by Age\*

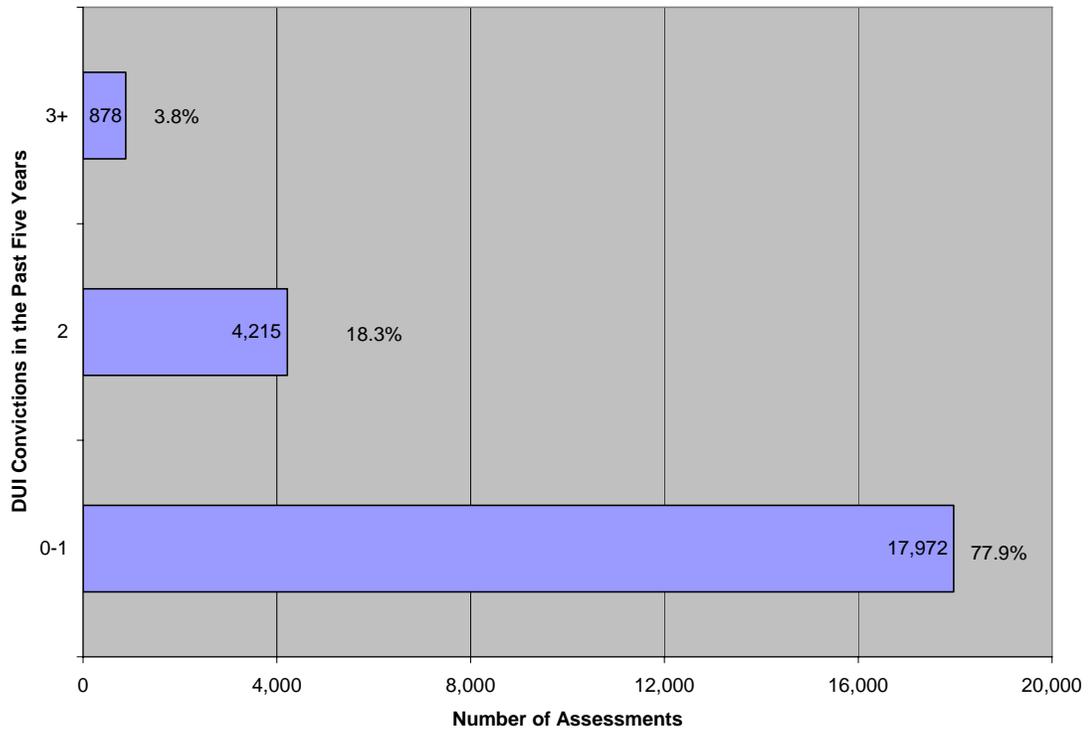


\* Missing Data = 1,105 Assessments

### 1.4 DUI Convictions in the Previous Five Years

Figure 1.4 presents the number of DUI convictions that individuals had within the past five years. This number includes the DUI conviction which resulted in the current assessment. Several cases (n = 494) were marked as having no DUI convictions within the past five years. This seems highly unlikely as persons who have not been convicted of a DUI have no reason to receive a DUI assessment. For this report, assessments that report no DUI convictions were grouped with assessments reporting one previous conviction.

Figure 1.4: DUI Convictions in the Previous Five Years\*

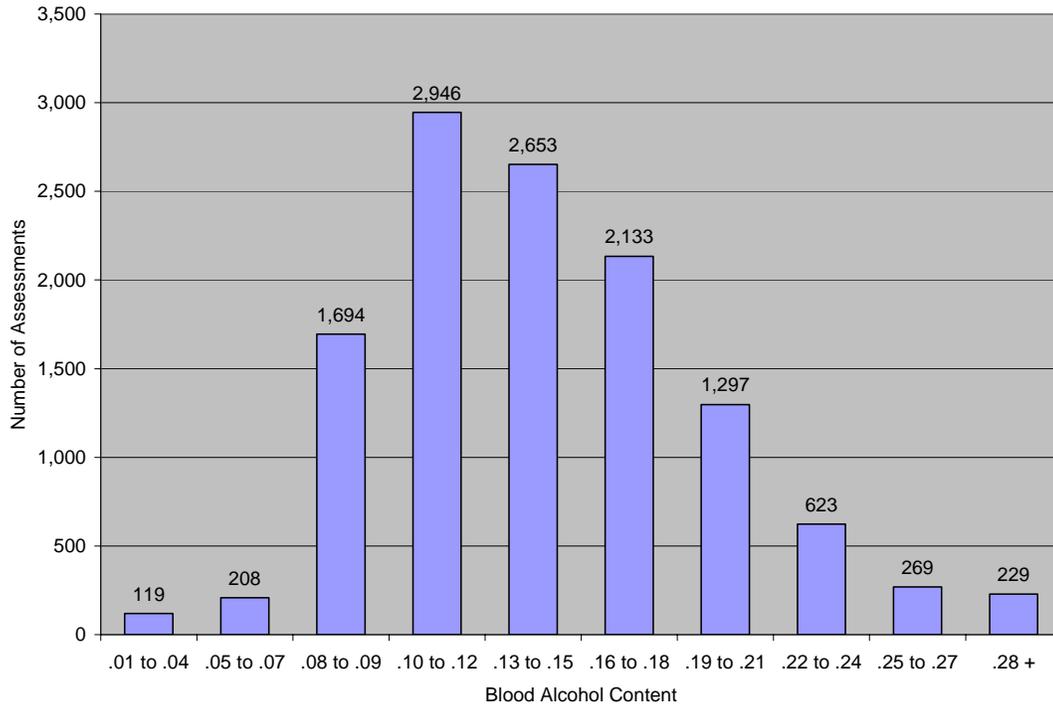


\* Missing Data = None

### 1.5 Blood Alcohol Content

Figure 1.5 presents the Blood Alcohol Content (BAC) for the assessments received. A large number of assessments were in the .10 to .12 g/dL range. There were very few cases above .28 (n = 229). There were an additional 546 cases that recorded the BAC as .00 BAC which are not included in Figure 1.5.

Figure 1.5: Blood Alcohol Content by Number of Assessments\*



\* Missing Data = 10,894 Assessments

### Demographics Summary

Persons assessed in 2004 were most likely to be a male between 21 and 40 years old who was arrested for his first DUI in five years and had a BAC greater than 0.10.

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SECTION TWO  
SCREENING

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**2.1 AUDIT**

The Alcohol Use Disorders Identification Test (AUDIT) is designed to identify excessive drinking. The test consists of 10 questions each scored from 0 to 4. The final score is the combination of the 10 question scores. A final score of 8 or more is considered indicative of a drinking problem. Males generally score higher than females (see Table 2.1). Appendix A contains average AUDIT scores for each question by gender.

**Table 2.1: AUDIT Scores\***

	Males	Females	Total
Positive (8+)	6,470 (37.9%)	1,029 (25.7%)	7,499 (35.6%)
Average Score	7.66	6.18	7.38
Number of Assessments	17,058	4,000	21,058

\* Missing Data = 2,007 Assessments

**2.2 DAST**

The Drug Abuse Screening Test (DAST) assesses drug use problems. The test consists of 28 true/false questions with a score of 1 or 0. A combined score of 5 or more identifies a person with a potential drug problem. Females had a higher average score than males however a lower percentage of females tested positive than males (see Table 2.2).

**Table 2.2: DAST Scores\***

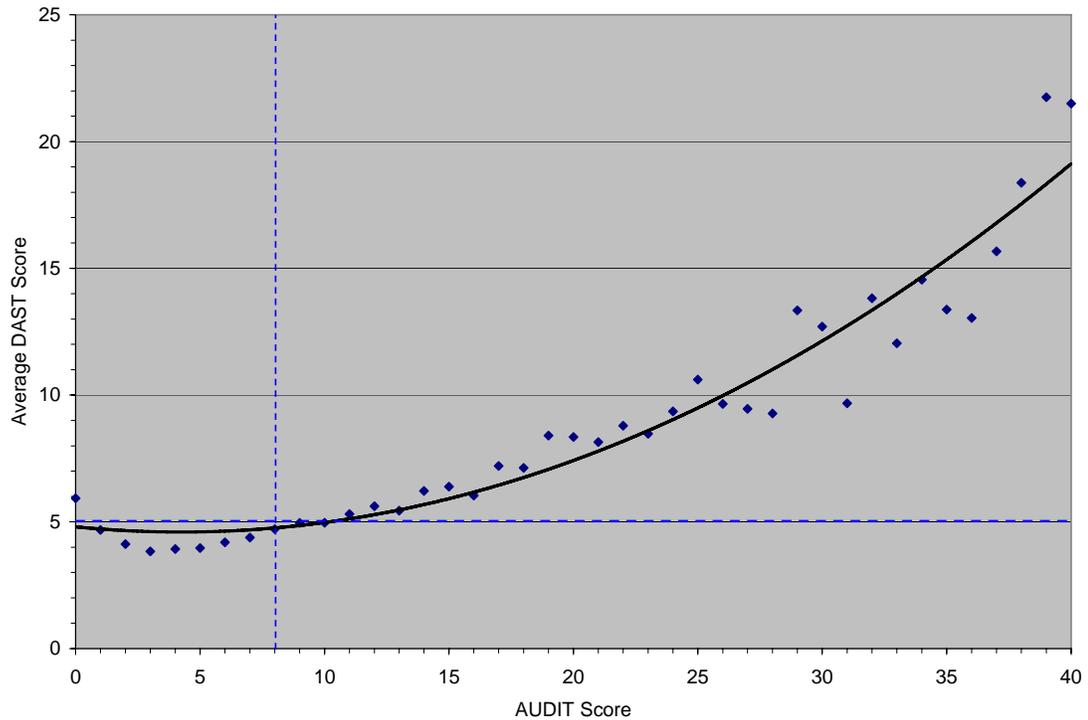
	Males	Females	Total
Positive (5+)	4,950 (34.0%)	1,058 (30.8%)	6,008 (33.4%)
Average Score	4.96	5.02	4.97
Number of Assessments	14,569	3,431	18,000

\* Missing Data = 5,065 Assessments

### 2.3 AUDIT and DAST Consistency

Figures 2.1 and 2.2 show the relation between AUDIT and DAST scores. Figure 2.1 presents each AUDIT score with the corresponding average DAST score. To illustrate, all assessments that scored 1 on the AUDIT had an average DAST score of 4.7. The dashed lines show the cutoff for each test and the solid line shows the overall trend. Negative AUDIT scores 1 through 7 had a corresponding negative DAST score. Additionally, positive AUDIT scores 10 and higher all had corresponding positive DAST scores. Persons who scored 8 and 9 on the AUDIT (both positive scores) had negative DAST scores. It is interesting to note that persons who scored 0 on the AUDIT had an average DAST score that was positive (6.2).

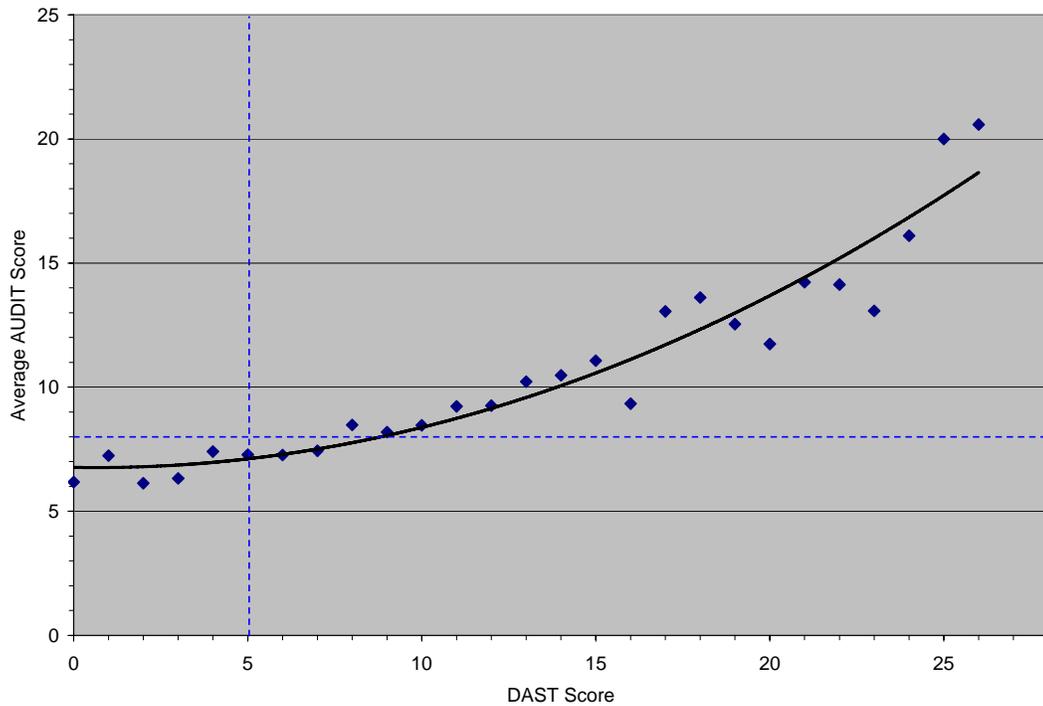
Figure 2.1: AUDIT Score Predicts DAST Score\*



\* Missing Data = 5,162 Assessments

Figure 2.2 shows each DAST score with the corresponding average AUDIT score. Similar to Figure 2.1 the dashed lines show the cutoff for each test and the solid line shows the overall trend. Also similar to Figure 2.1, negative DAST scores 0 through 4 had corresponding negative average AUDIT scores, positive DAST scores 8 and higher had positive average AUDIT scores, and positive DAST scores 5 through 7 had a corresponding negative average AUDIT score. DAST scores 25 through 28 were combined due to the small number of assessments that scored in that range (n = 28).

Figure 2.2: DAST Score Predicts AUDIT Score\*



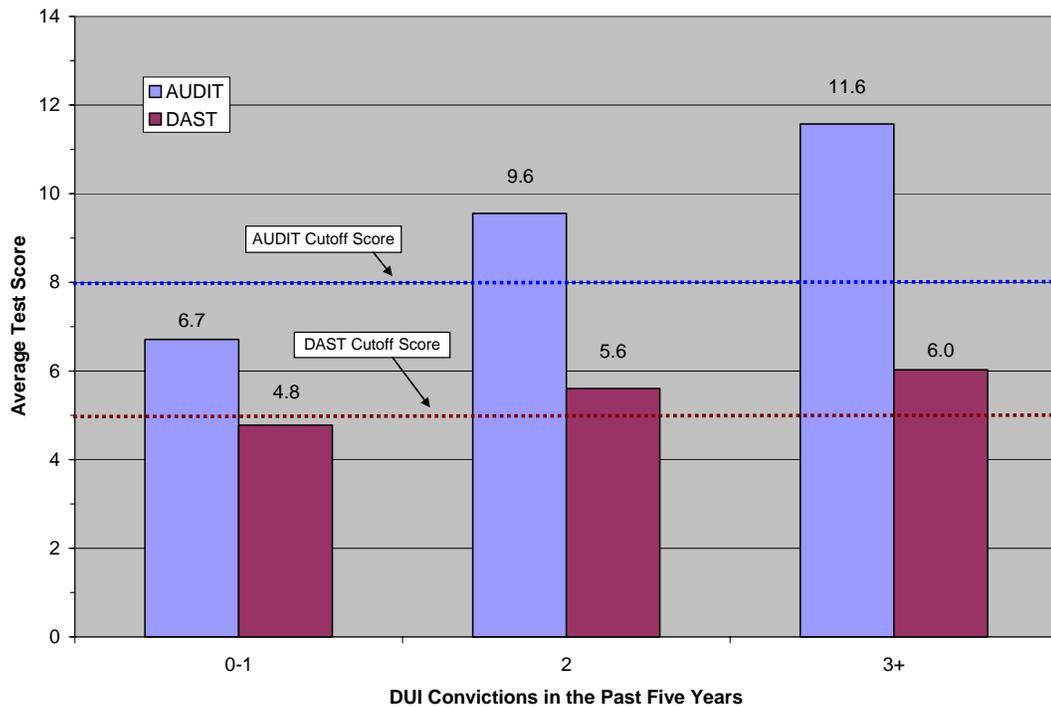
\* Missing Data = 5,162 Assessments

It is interesting to note the similarities between scores on the AUDIT, which tests for alcohol problems, and scores on the DAST, which tests for drug problems. Despite the significant correlation between scores ( $p < .001$ ), one test does not predict the other test. The AUDIT as a predictor of the DAST had a sensitivity of 47.1% and a specificity of 69.9%. Sensitivity means the percent of cases where a positive test result correctly indicates the presence of the condition and specificity means that a negative test result correctly indicates the absence of the condition. In this case, a positive AUDIT score correctly indicated a positive DAST result 47.1% of the time while a negative AUDIT score correctly indicated a negative DAST result 69.9% of the time. The DAST as a predictor of the AUDIT had a sensitivity of 43.6% and a specificity of 72.7%. The relation between scores presented in Figures 2.1 and 2.2 are more likely related to severity of problems. A very high AUDIT or DAST score, indicating a more severe problem, had a corresponding higher score on the other test.

### 2.4 AUDIT and DAST by Number of Convictions

Figure 2.3 presents the relation between AUDIT and DAST scores and the number of DUI convictions in the past five years. The horizontal line for a test score of 8 differentiates between a positive and negative AUDIT score. The horizontal line at 5 differentiates between a positive and negative DAST score. Persons convicted of their first DUI had an average score of 6.7 on the AUDIT and 4.8 on the DAST. Both scores are considered negative for alcohol or drug problems. Offenders with two or more DUI convictions in the past five years had an average score of 9.6 on the AUDIT and 5.6 on the DAST. Those persons with three or more prior convictions scored 11.6 on the AUDIT and 6.0 on the DAST. The average AUDIT and DAST scores for persons with multiple convictions were positive on both tests, indicating a more severe alcohol and/or drug problem.

Figure 2.3: AUDIT and DAST by Number of DUI Convictions\*

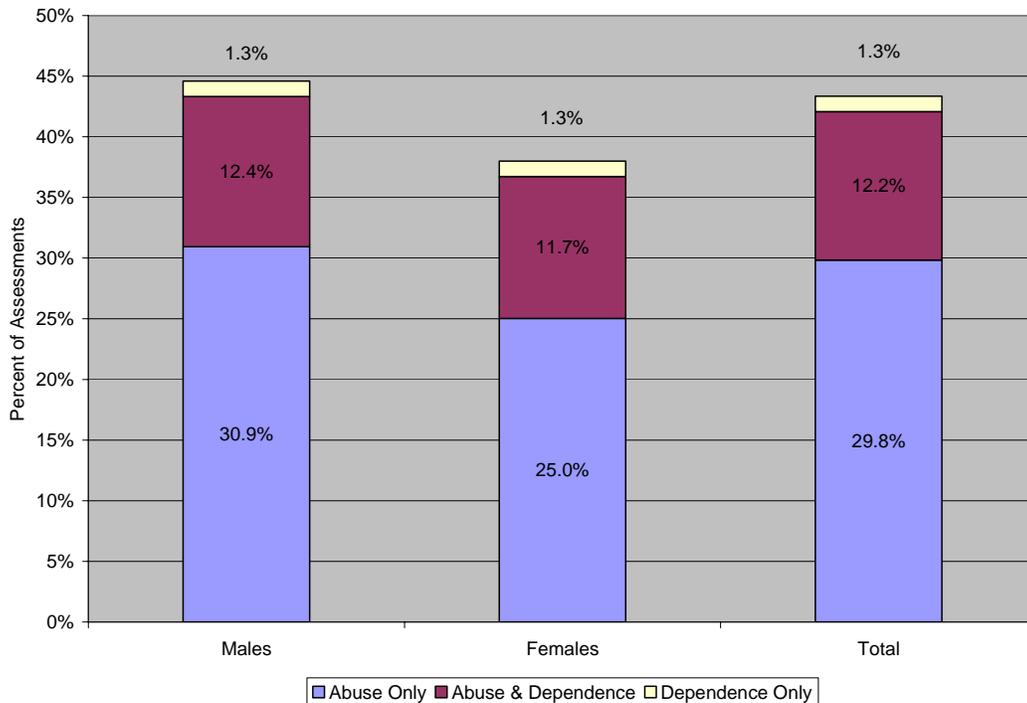


\* Missing Data = 1,898 Assessments for AUDIT and 4,965 for DAST

### 2.5 DSM-IV Abuse and Dependence Criteria

According to the SAMHSA 2003 National Survey on Drug Use and Health, the U.S. national average for males with substance abuse or dependence in 2003 was 12.2% and 6.2% for females<sup>1</sup>. Overall, the national average for females is about half that of males. In 2004 females convicted of DUI (13.0%) had about the same rate of dependence as males convicted of DUI (13.7%). The top section of each bar in Figure 2.4 presents individuals who met three or more dependence criteria in their lifetime, but no abuse criteria. The lower section shows individuals who met abuse criteria and less than three dependence criteria. The center section shows persons who met criteria for abuse and three or more dependence criteria in the lifetime. Appendix C and Appendix D present responses for each DSM-IV criteria by gender.

Figure 2.4: Percent of Persons Meeting DSM-IV Abuse and/or Dependence Criteria by Gender\*

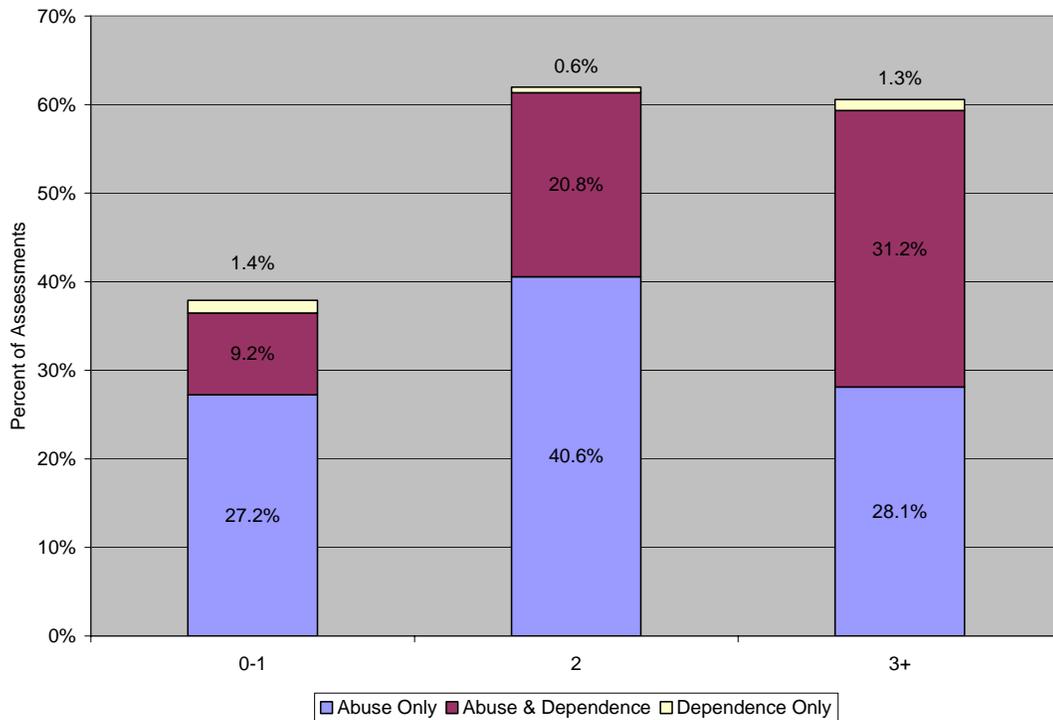


\* Missing Data = 181 Assessments

It is important to note that these data do not present a clinical DSM-IV diagnosis. Dependence in this case means that the person met at least three DSM-IV dependence criteria in his/her lifetime. A clinical DSM-IV dependence diagnosis requires meeting three (or more) criteria which occur within the same 12-month time frame. Abuse means that the person met DSM-IV criteria for abuse in their life. Neither diagnostic category takes the possibility of remission into consideration.

Figure 2.5 compares the percentage of persons who met DSM-IV criteria for abuse or dependence with the number of previous DUI convictions in the past five years. The percent of persons who met three or more dependence in their lifetime increases about 11% with each additional DUI conviction. Abuse, however, peaks at two prior DUI convictions with a slight decrease at three convictions. The odds of being arrested for driving while impaired range from an estimated 1:200 to 1:2000 with the national average around 1:770<sup>7</sup>. One of the abuse criteria is “Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine while impaired by substance use)”. Therefore, almost all persons with multiple DUI convictions should meet criteria for alcohol abuse, which differs from the 61.4% for 2 convictions and 59.3% for 3+ convictions shown in Figure 2.5.

Figure 2.5: Percent of Persons meeting Dependence and/or Abuse Criteria by Number of DUI Convictions in the Past Five Years\*

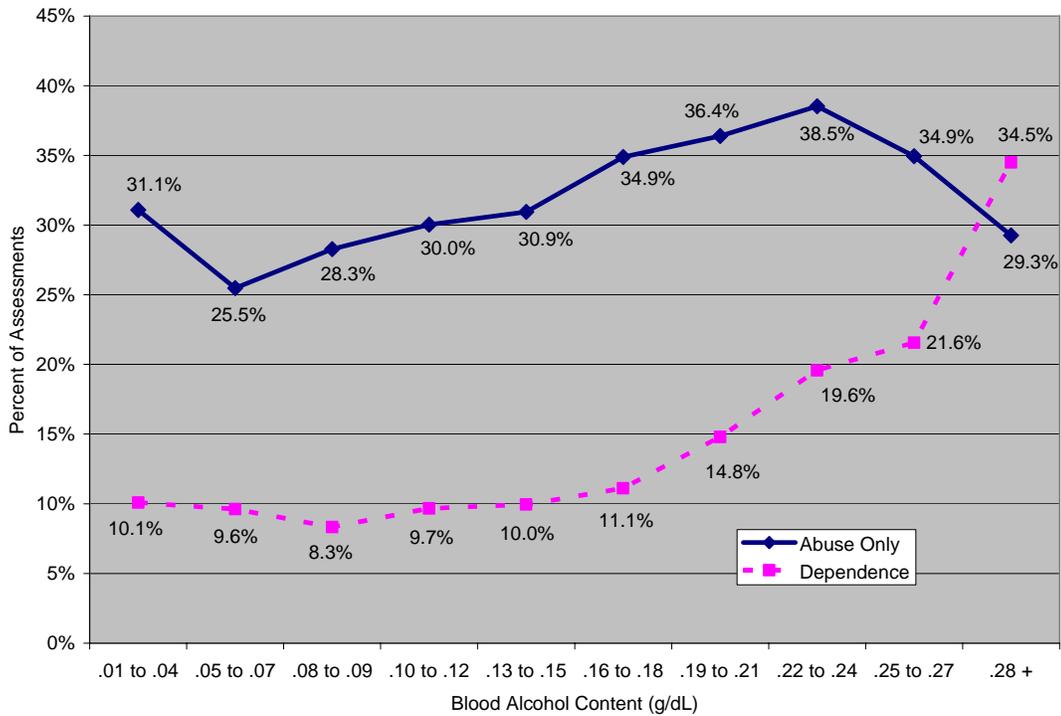


\* Missing Data = none

**2.6 DSM-IV Criteria and Blood Alcohol Content**

There was an expected relationship between Blood Alcohol Content (BAC) and individuals who met DSM-IV abuse and/or 3 or more dependence criteria in their lifetime. Figure 2.6 presents trends for BAC and DSM-IV dependence and abuse criteria. Persons who were convicted with a higher BAC were more likely to present with DSM-IV criteria for abuse and/or dependence.

Figure 2.6: Percent of Persons Meeting Abuse or Dependence Criteria by Blood Alcohol Content\*



\* Missing Data = 10,894 Assessments

**Screening Summary**

AUDIT and DAST scores, DSM-IV criteria, and blood alcohol content are all closely related. Persons with multiple DUI convictions and a high BAC are more likely to meet at least three DSM-IV criteria for substance dependence in their lifetime.

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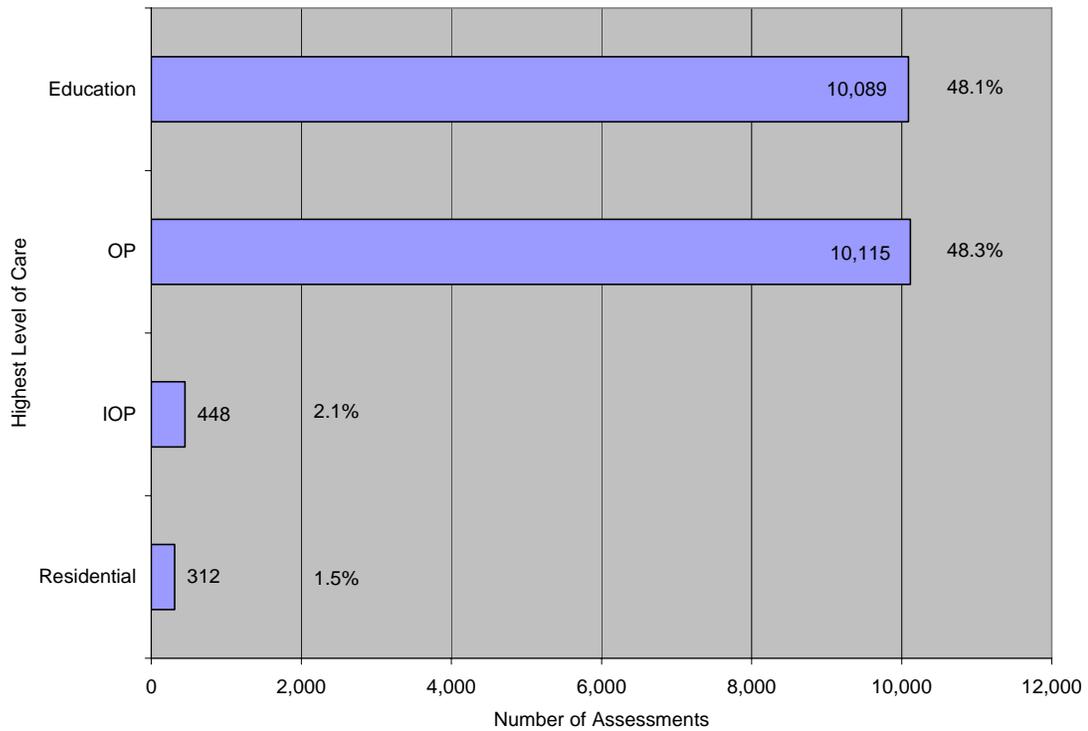
SECTION THREE  
TREATMENT REFERRALS

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### 3.1 Level of Care Recommended

Figure 3.1 presents the assessors' education and treatment intervention referrals. Only the highest level of care recommended is provided. For example, if an individual was recommended for Outpatient (OP) and Intensive Outpatient (IOP), only the IOP recommendation is presented. Figure 3.1 indicates that almost everyone assessed (96.4%) was referred for Education or Outpatient as their highest level of care.

Figure 3.1: Highest Level of Care Recommended\*

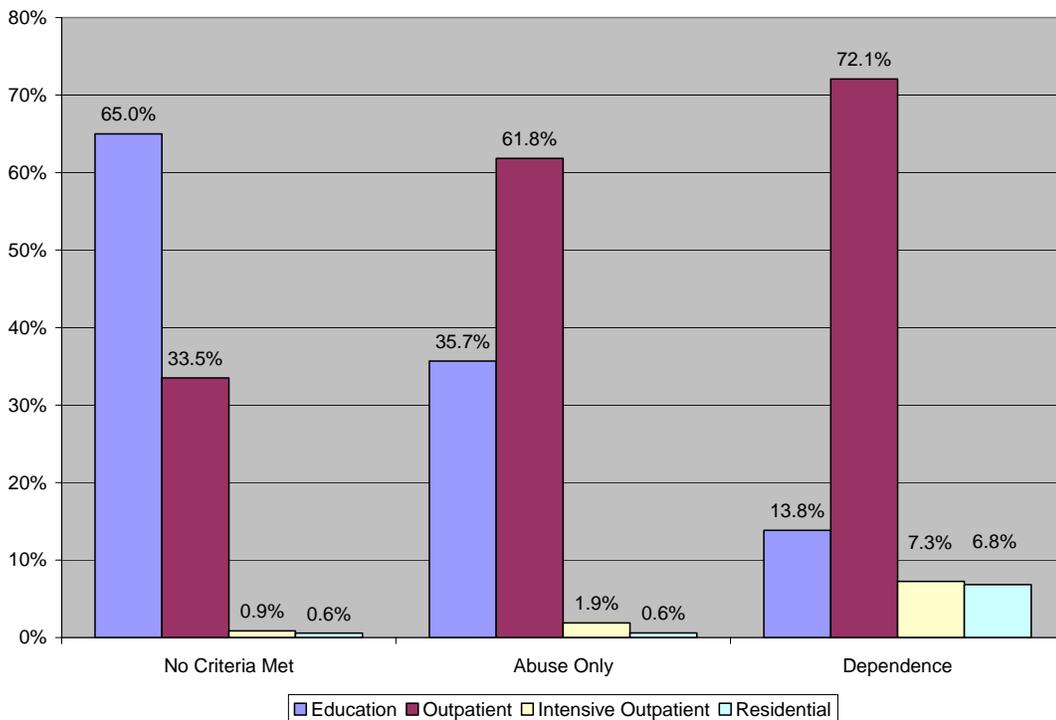


\* Missing Data = 2,101 Assessments

### 3.2 Level of Care by DSM-IV Criteria

Figure 3.2 presents the highest level of care recommended by DSM-IV criteria. Treatment referrals are related to DSM-IV criteria. Those persons who met three or more dependence criteria in their lifetime were more likely to have received an intensive outpatient or residential treatment recommendation. Persons who did not meet criteria for abuse or dependence were most often referred for education. Persons who met three or more dependence criteria in their lifetime were more likely to have been referred for a treatment intervention than those who met criteria for abuse who in turn were more likely to have been referred for a treatment intervention than those persons who did not meet DSM-IV criteria for abuse or dependence.

Figure 3.2: Highest Level of Care by DSM-IV Criteria\*



\* Missing Data = 2,101 Assessments

### 3.3 Total Referrals

Table 3.1 presents the number of referrals to each level of care, including multiple referrals. This represents the total number of intervention referrals to a specific intervention regardless of how many other levels of care were recommended.

Table 3.1: Total Referrals\*<sup>†</sup>

Education	11,250
Outpatient	10,384
Intensive Outpatient	482
Residential	312

\* Missing Data = 2,101 Assessments

<sup>†</sup> Some assessments are counted twice because some individuals are referred to more than one level of care

Table 3.2 presents all intervention combinations. It is interesting to note that over half (57.7%) of persons recommended for Residential services were also recommended for an additional level of care.

Table 3.2 Total Referrals by Combination\*

Education	10,089
Outpatient	8,996
OP & Edu	1,119
Intensive Outpatient	313
IOP & Edu	15
IOP & OP	116
IOP & OP & Edu	4
Residential	132
Res & Edu	18
Res & OP	123
Res & OP & Edu	5
Res & IOP	13
Res & IOP & Edu	0
Res & IOP & OP	21
Res & IOP & OP & Edu	0

Key:

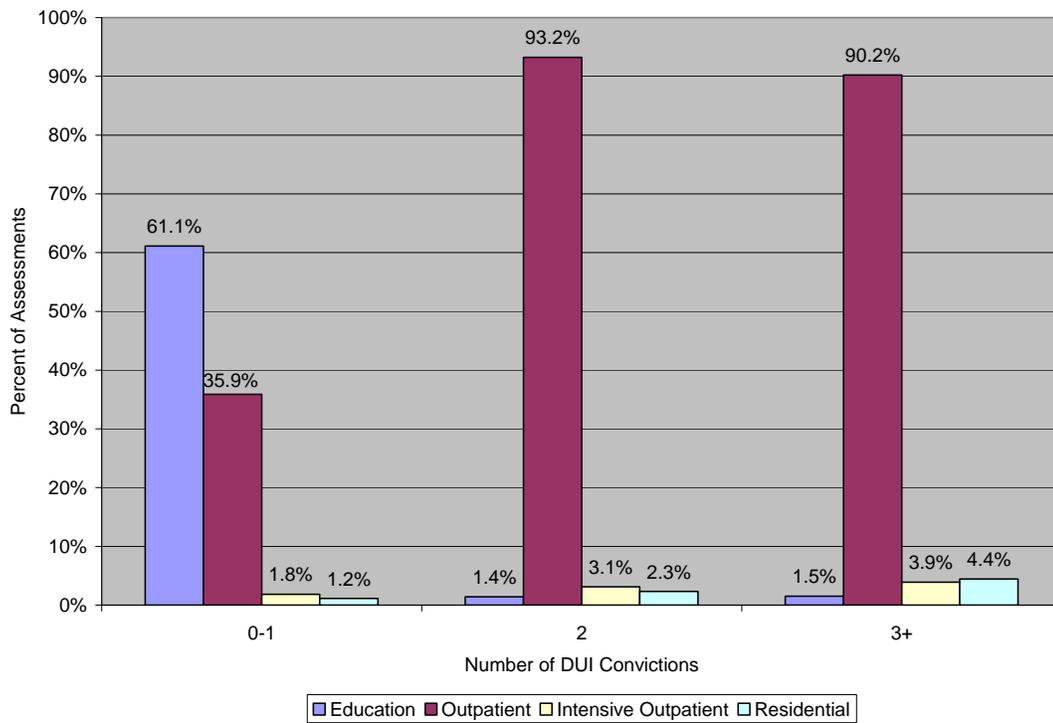
Education	Edu
Outpatient	OP
Intensive Outpatient	IOP
Residential	Res

\* Missing Data = 2,101 Assessments

**3.4 Highest Level of Care Recommended by the Number of DUI Convictions in the previous Five Years**

Figure 3.3 presents the type of referral an individual received compared to the total number of DUI convictions in the past five years. As described in section 3.1, only the highest level of care is presented. Persons convicted of their first DUI in five years typically received an education intervention or an outpatient treatment recommendation. Almost all persons convicted of two or more DUI’s in the past five years received an outpatient treatment recommendation. There is a slight increase in the percentage of intensive outpatient and residential treatment recommendations as the number of previous DUI convictions increases.

Figure 3.3: Highest Level of Care Recommended Compared to the Number of DUI Convictions\*

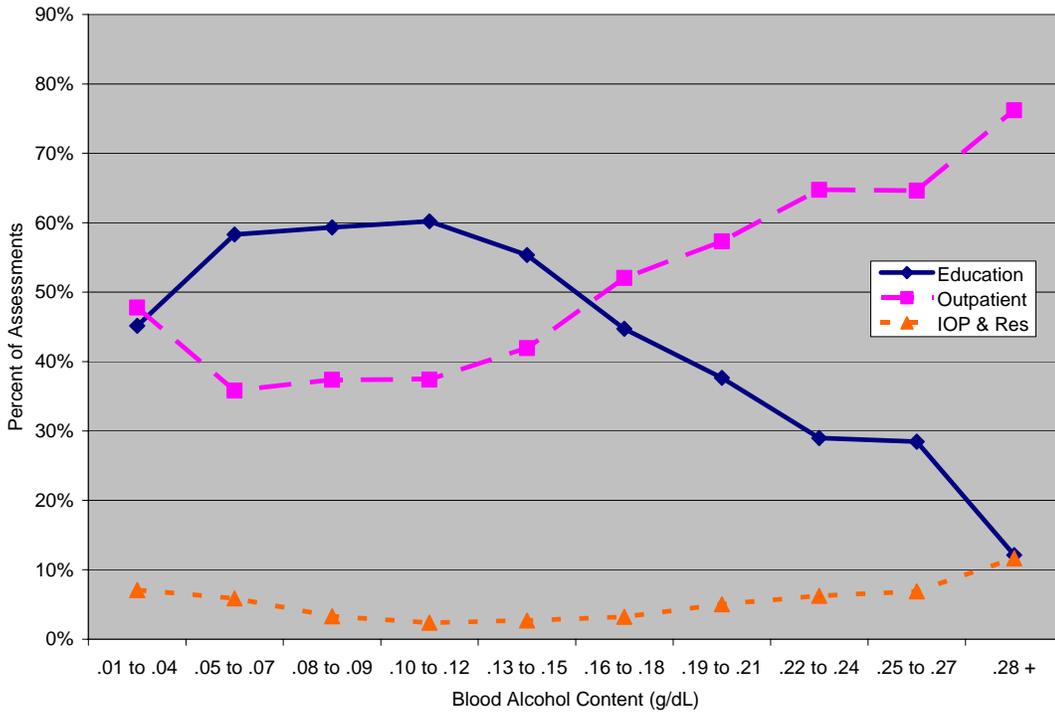


\* Missing Data = 2,101 Assessments

### 3.5 Recommended Level of Care by Blood Alcohol Content

Figure 3.4 presents the highest level of care recommended and the Blood Alcohol Content of the most recent DUI. Persons who are under twice the legal limit (< 0.16g/dL) were more likely to receive an education intervention than an outpatient recommendation. Persons above 0.16g/dL were more likely to receive an outpatient recommendation. There is a very slight trend for persons with higher BAC's to be recommended for intensive outpatient or residential services.

Figure 3.4: Highest Level of Care by Blood Alcohol Content\*

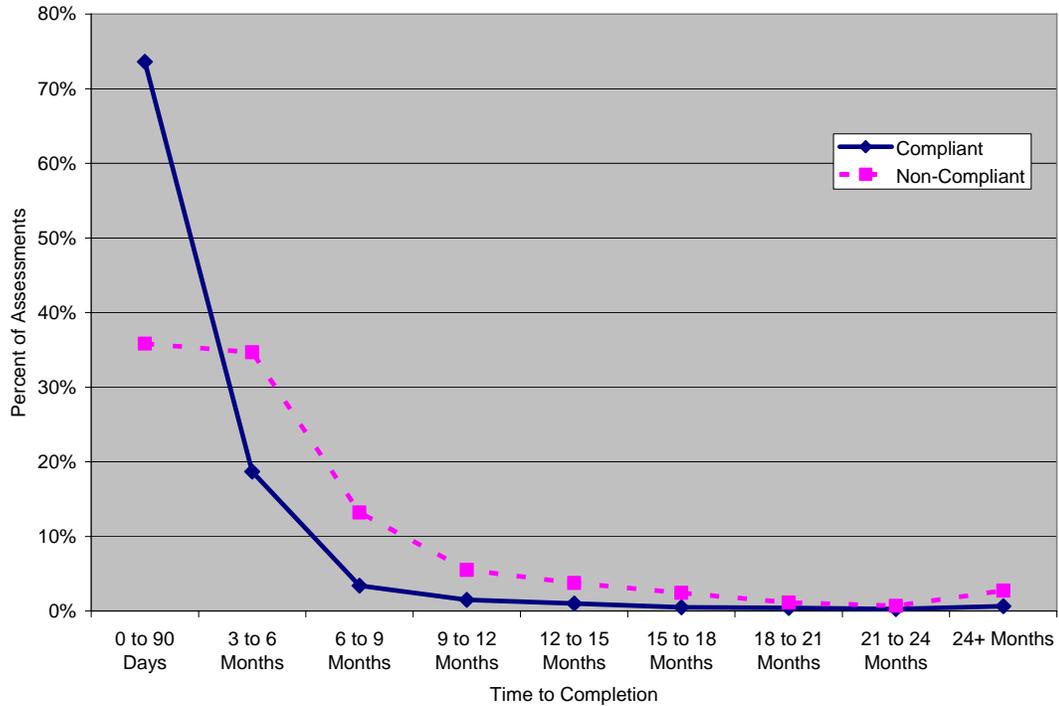


\* Missing Data = 11,861 Assessments

### 3.6 Time to Completion

Figures 3.5 and 3.6 present the time to completion based on the number of DUI convictions in the past five years. Figure 3.5 presents time to completion for first offenders. Persons convicted of their first DUI in the previous five years should complete treatment within 90 days. The majority of compliant first offenders (92.3%) completed within 6 months. Most first offender cases that were noted as non-compliant (83.7%) were closed within 9 months.

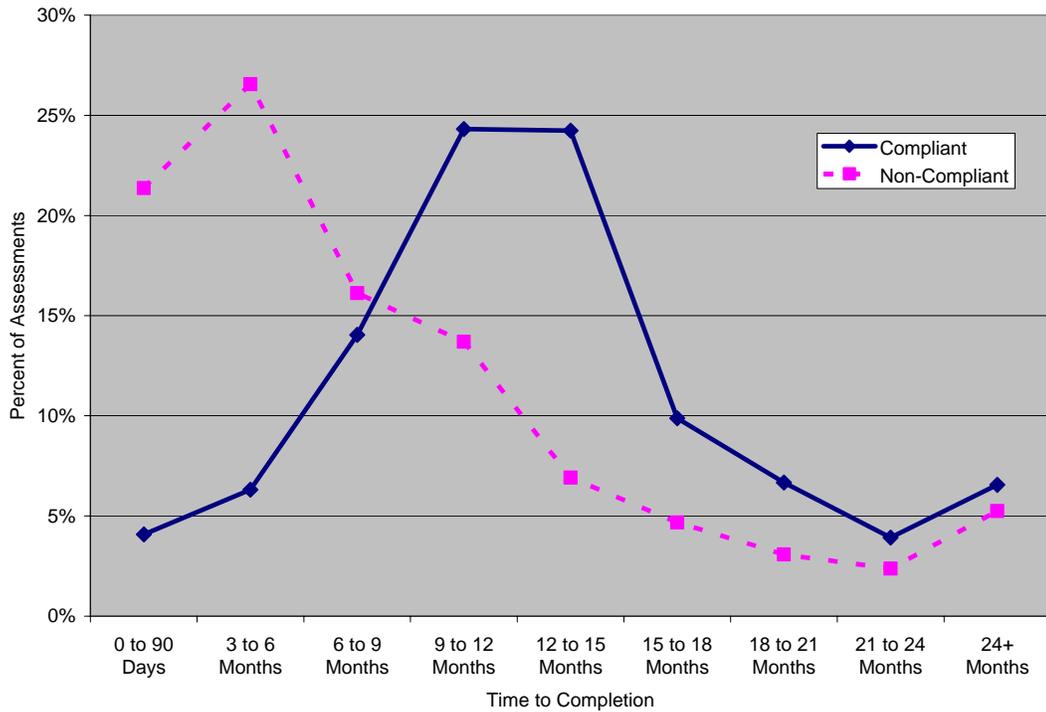
Figure 3.5: Time to Completion by Compliance for First Offenders\*



\* Missing Data = 3,389 Assessments

The majority of persons convicted of multiple DUI's in the previous 5 years (62.6%) completed their recommended intervention in 6 to 15 months. Persons convicted of 2 or more DUI's in five years should complete treatment within one year. Figure 3.6 presents time to completion for multiple offenders.

Figure 3.6: Time to Completion by Compliance for Multiple Offenders\*



\* Missing Data = 980 Assessments

### Referral Summary

Most of the persons assessed are referred to 20-hour education or an outpatient treatment intervention. There is a relationship between the level of care recommended and DSM-IV criteria. The level of care recommended and blood alcohol content are also related. The majority of persons who are compliant with their recommended level of care complete their intervention within the time mandated by law.

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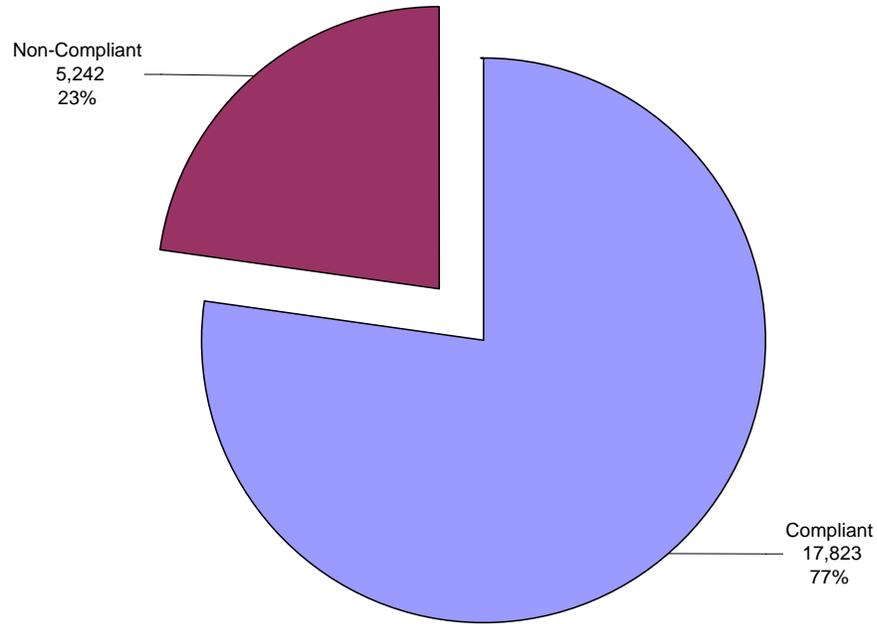
SECTION FOUR  
COMPLIANCE

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#### 4.1 Compliant vs. Non-Compliant

Figure 4.1 presents compliance. Overall, about three-fourths (77%) of persons convicted of DUI were compliant with their assigned intervention. If a person enrolled in an education or treatment intervention drops out of the program or does not maintain satisfactory attendance in the program they are considered to be non-compliant.

Figure 4.1: Compliant vs. Non-Compliant\*

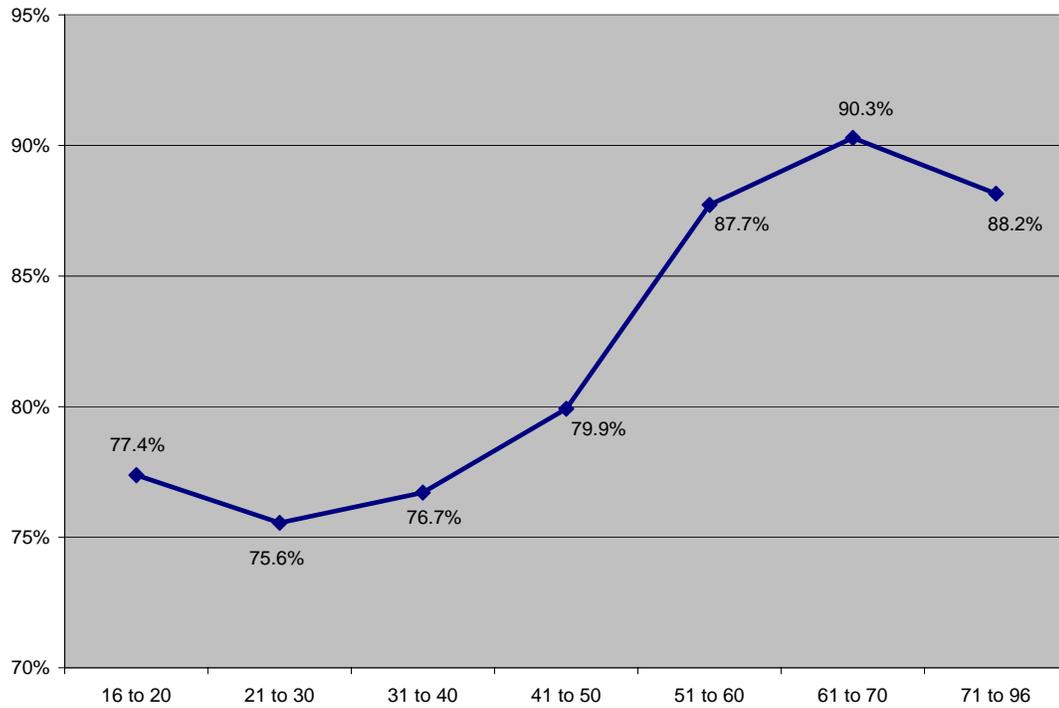


\* Missing Data = none

### 4.2 Compliance by Age

Figure 4.2 presents compliance rates by age groups which indicates that younger persons tended to be less compliant.

Figure 4.2: Compliance by Age\*

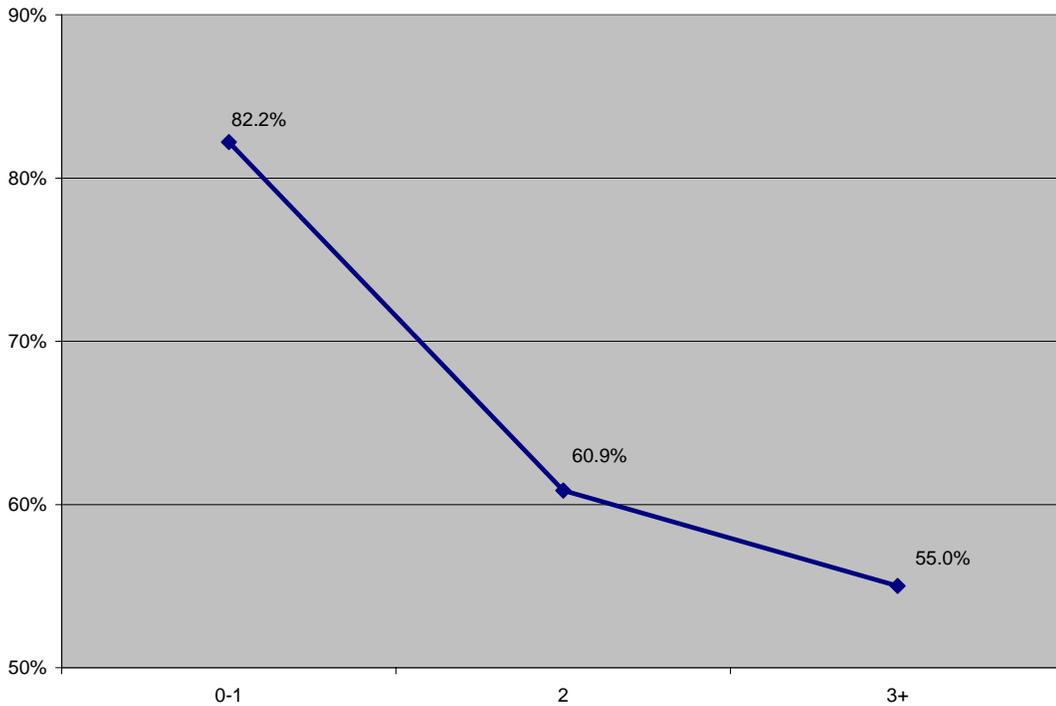


\* Missing Data = 1,105 Assessments

### 4.3 Compliance by Previous DUI Convictions

Figure 4.3 presents compliance rates by DUI convictions in the past five years. Persons with multiple convictions were less likely to be compliant with their assigned intervention. Persons with two convictions were 21.3% less likely to be compliant than persons convicted of their first DUI. Persons with three or more convictions in the past five years were 27.2% less likely to be compliant than persons convicted of their first DUI.

Figure 4.3: Compliance by Number of DUI Convictions\*

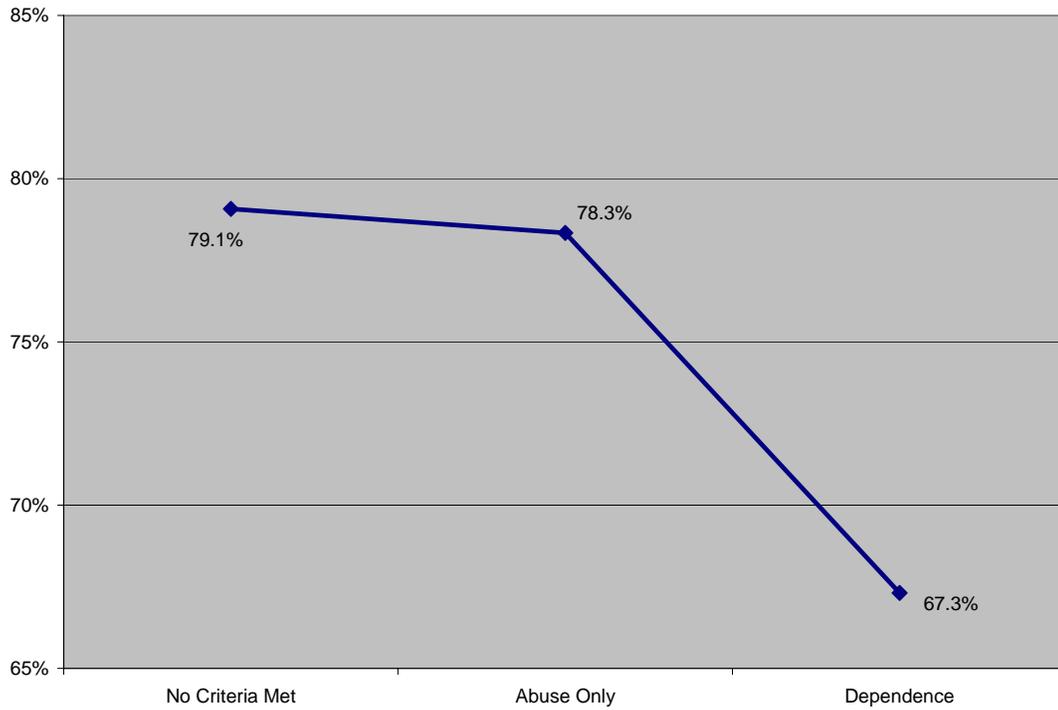


\* Missing Data = none

#### 4.4 Compliance by DSM-IV Criteria

Figure 4.4 presents compliance by DSM-IV criteria. Persons who met three or more lifetime substance dependence criteria were less likely to be compliant with their assigned intervention.

Figure 4.4: Compliance by DSM-IV Criteria\*



\* Missing Data = none

#### 4.5 Compliance by County of Conviction Status

Figure 4.5 presents compliance by the Wet/Dry/Moist status of the county of conviction. The three types of counties are<sup>8</sup>:

- **Wet** – Alcohol can be purchased or sold anywhere in the county with the proper license.
- **Moist** – A Dry county which contains a Wet city.
- **Dry** – No alcohol is sold or served.

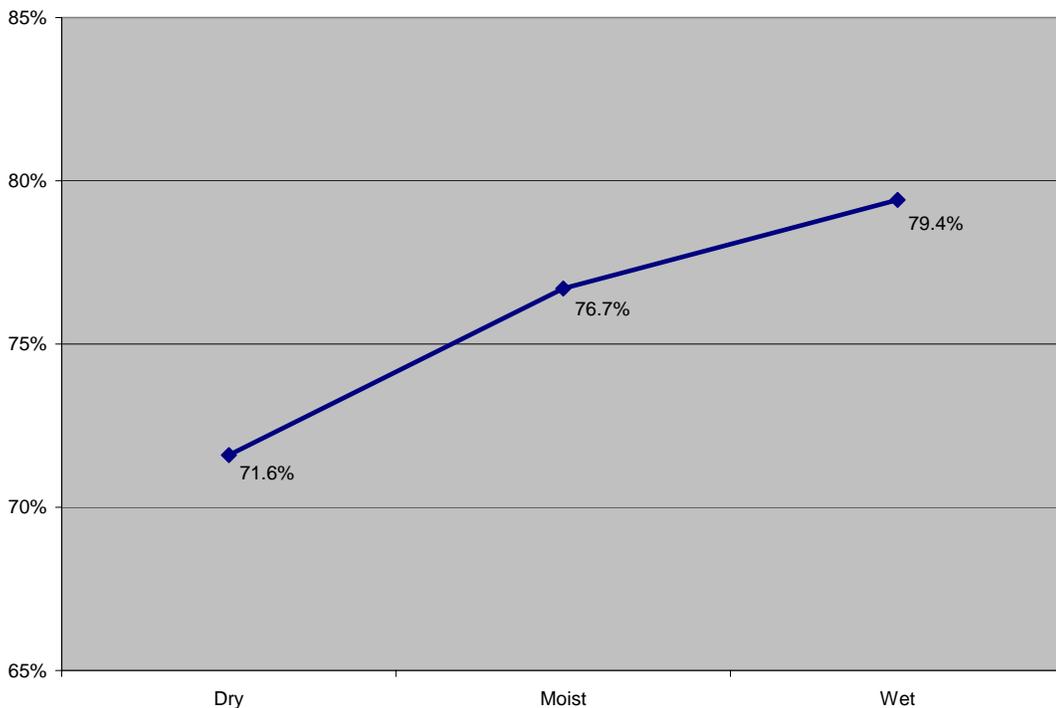
There are three exceptions to Moist and Dry counties:

- Limited – Where a dry county or city has elected to allow alcohol sales in restaurants only by the drink. Such a restaurant must be able to seat 100 diners and food sales must account for at least 70% of income.
- Golf – Where sales of alcohol by the drink are approved on golf courses only.
- Winery – Where a business may produce and serve wine in a dry county.

For this presentation, Moist counties include Dry counties with Limited, Winery, and/or Golf exceptions.

Figure 4.5 shows that persons convicted in dry counties are less likely to be compliant than those convicted in wet or moist counties. Similarly, persons convicted in wet counties are more likely to be compliant than persons convicted in moist counties.

Figure 4.5: Compliance by County of Conviction Status\*

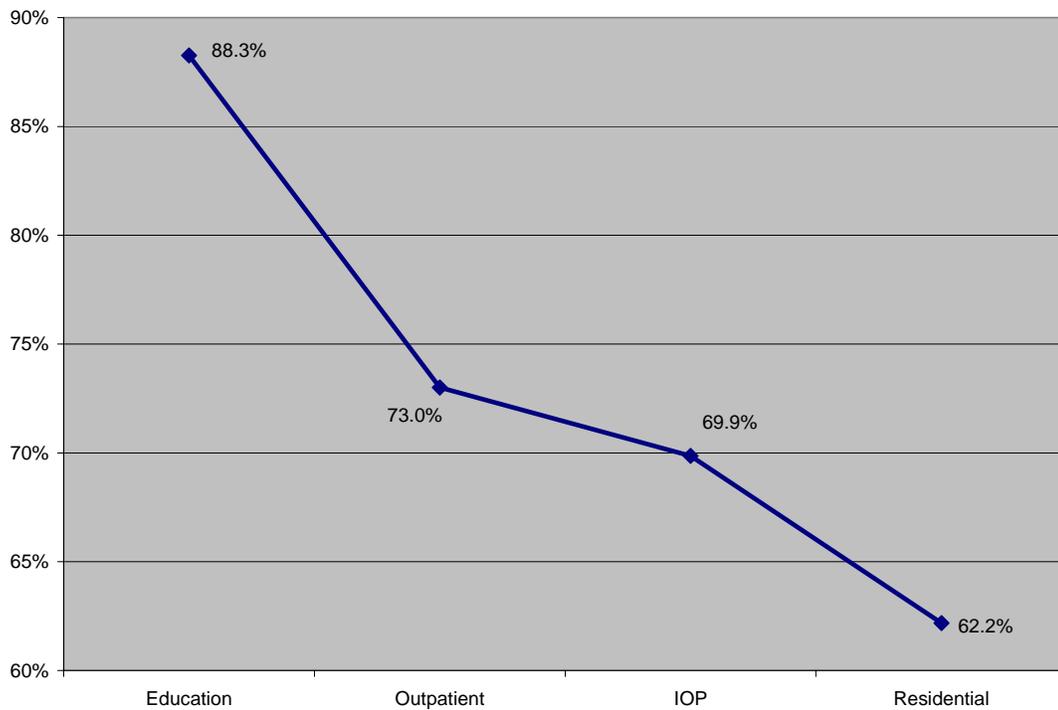


\* Missing Data = 944 Assessments

#### 4.6 Compliance by Highest Level of Care Recommended

Figure 4.6 presents compliance by the highest level of care recommended. Individuals referred for education were most likely to be compliant. Persons referred to OP or IOP were 15.3% to 18.4% less likely to be compliant with their intervention than persons referred to education. Persons referred for residential treatment were 26.1% less likely to be compliant than those referred for education. Individuals recommended for higher levels of care may have more severe drug/alcohol problems and therefore may be less likely to be compliant. Furthermore, the structure of a residential or IOP program is more rigorous and typically more costly, both of which can lead to decreased compliance.

Figure 4.6: Compliance by Highest Level of Care Recommended\*

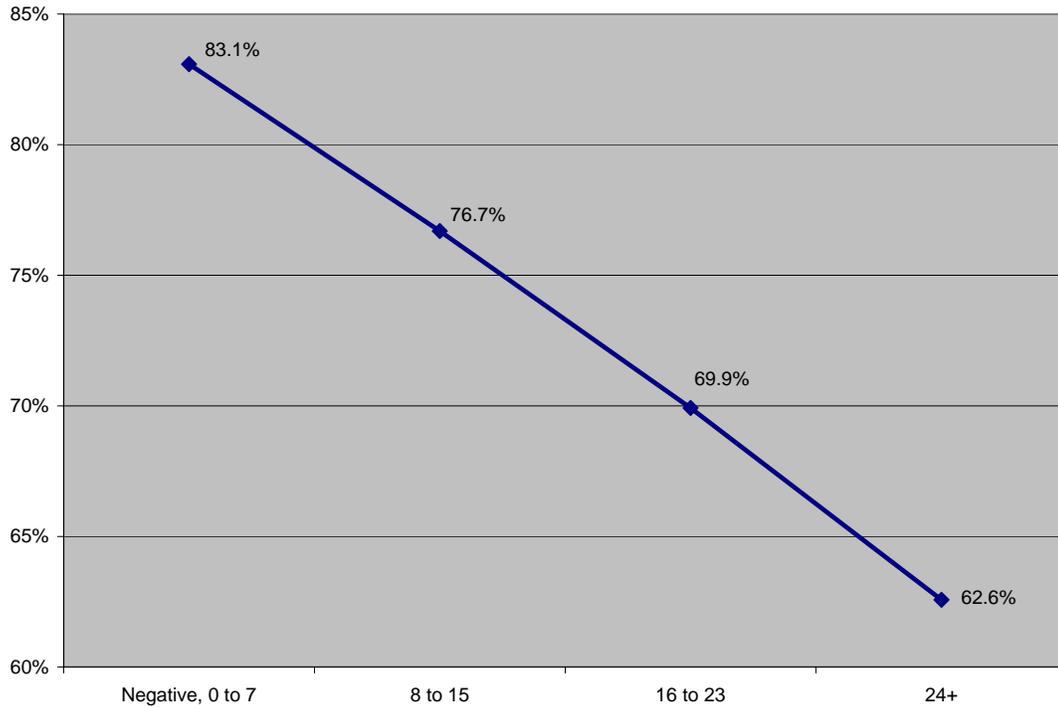


\* Missing Data = 2,101 Assessments

#### 4.7 Compliance by AUDIT and DAST Scores

Figure 4.7 presents compliance by AUDIT scores. Scores were grouped into four categories. The four groups represent Negative (persons who scored 0-7), Positive (8-15), 2x Positive (16-23), and 3x Positive (24 and higher). Higher AUDIT scores were associated with lower rates of compliance.

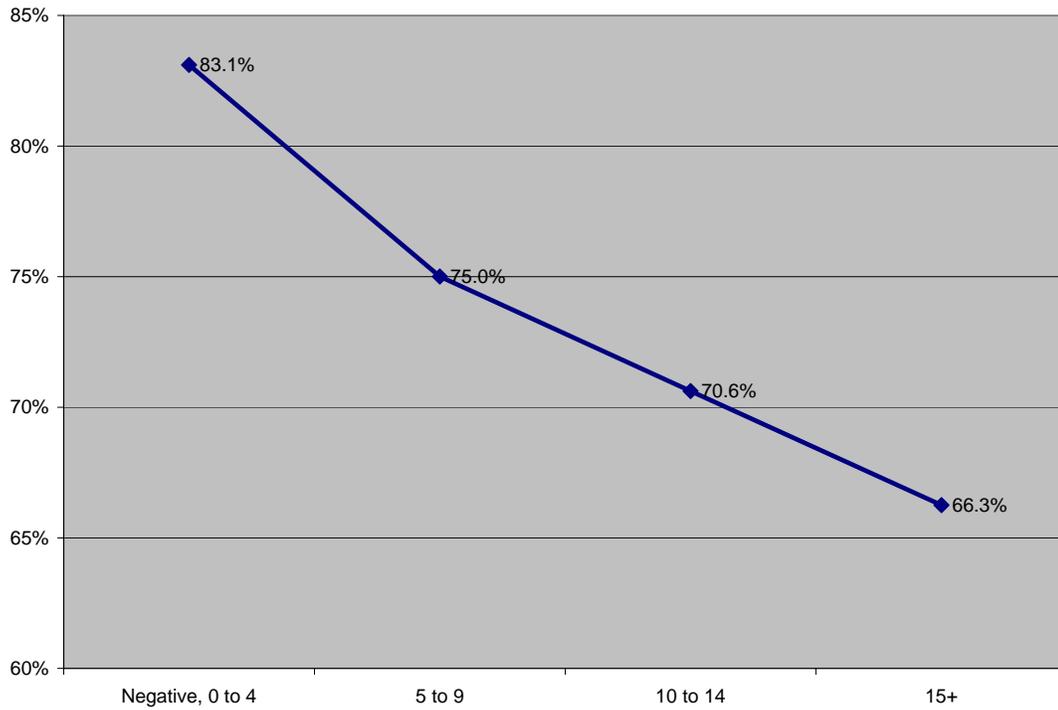
Figure 4.7: Compliance by AUDIT Score\*



\* Missing Data = 1,898 Assessments

Figure 4.8 presents compliance by DAST score ranges. DAST scores were also grouped into four categories. The four groups represent Negative (persons who scored 0-4), Positive (5-9), 2x Positive (10-14), and 3x Positive (15 and higher). Higher DAST scores were associated with lower rates of compliance.

Figure 4.8: Compliance by DAST Scores\*



\* Missing Data = 4,965 Assessments

### Compliance Summary

Lower compliance is related to age, gender, number of DUI convictions, county of conviction alcohol sales restrictions, AUDIT score, DAST score, and recommended level of care. Overall, multiple risk factors decrease the likelihood of compliance.

SECTION FIVE  
MHMR REGIONS

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### 5.1 Assessments

In calendar year 2004, 114 licensed and certified programs submitted at least one DUI assessment record. There were sixteen programs that submitted fewer than ten assessments. Table 5.1 presents the number of programs and assessment records submitted by community mental health programs (publicly funded) and private assessment programs.

Table 5.1: Community and Privately Funded Program Assessments\*

	<b>Total</b>	<b>Community</b>	<b>Private</b>
<b>Assessments Completed</b>	23,057	5,684	17,373
<b>Number of Programs</b>	114	12 (11%)	102 (89%)
<b>Number of Sites</b>	226	81 (36%)	145 (64%)
<b>Average Assessments per Program</b>	202	474	170
<b>Average Assessments per Site</b>	102	70	120

\* Missing Data = 8 Assessments

### 5.2 Mental Health/Mental Retardation (MHMR) Regions

Kentucky has 14 MHMR regions numbered 1 through 15 (region 9 no longer exists).

**IMPORTANT:** MHMR Regions include all programs within that region, not just the program that shares the region name. For tables 5.2 through 5.8, the highest and lowest values for a given field are in italics. Please also note that figures 5.1 through 5.7 refer to the county of conviction rather than the county of assessment or county of residence.

Table 5.2 presents demographic differences between records submitted from each region. There are very few differences between regions.

Table 5.2: MHMR Demographic Differences

	<b>Average Age</b>	<b>% Under 40 yo</b>	<b>% Male</b>	<b>Assessments</b>
<b>Region 1 - Four Rivers</b>	34.2	66.1%	<b>78.5%</b>	1,084
<b>Region 2 - Pennyroyal</b>	34.2	67.4%	83.7%	860
<b>Region 3 - River Valley</b>	34.3	68.0%	81.6%	1,828
<b>Region 4 - Lifeskills</b>	33.0	70.9%	81.7%	1,558
<b>Region 5 - Communicare</b>	34.1	67.4%	84.9%	1,371
<b>Region 6 - Seven Counties</b>	34.6	66.0%	80.6%	<b>3,677</b>
<b>Region 7 - North Key</b>	34.7	66.3%	78.6%	2,205
<b>Region 8 - Comprehend</b>	<b>35.5</b>	<b>62.1%</b>	<b>87.3%</b>	<b>314</b>
<b>Region 10 - Pathways</b>	33.5	70.5%	82.0%	1,100
<b>Region 11 - Mountain</b>	<b>32.6</b>	<b>75.1%</b>	79.7%	871
<b>Region 12 - Kentucky River</b>	34.0	67.4%	82.7%	549
<b>Region 13 - Cumberland</b>	33.8	69.4%	81.7%	1,130
<b>Region 14 - Adanta</b>	34.7	65.8%	82.9%	1,206
<b>Region 15 - Bluegrass</b>	33.0	72.3%	79.1%	2,979
<b>All Regions</b>	34.0	72.4%	81.1%	20,732

\* Missing Data = 1,343 Assessments

**5.3 DUI Convictions in the Past Five Years**

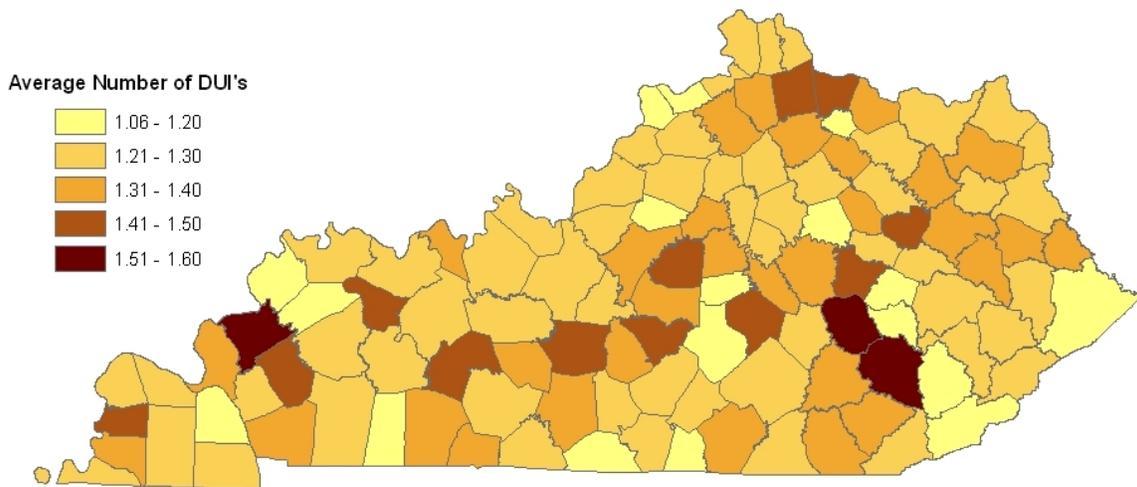
Table 5.3 presents the average number of convictions by region and the percentage of persons presenting for their first (0-1), second (2), or third or more (3+) convictions in the previous five years. First offenders were a majority in all regions. Comprehend had the highest level of second conviction persons (23.8%), and Cumberland had the highest level of persons convicted for three or more DUI's (6.1%). Figure 5.1 presents the average number of DUI convictions in the past five years for assessed DUI offenders by county.

Table 5.3: MHMR DUI Convictions in the Past Five Years

	Average	0-1	2	3+
Region 1 - Four Rivers	1.27	76.5%	20.6%	2.9%
Region 2 - Pennyroyal	1.27	78.1%	17.0%	4.9%
Region 3 - River Valley	1.25	77.9%	19.4%	2.7%
Region 4 - Lifeskills	1.31	74.1%	20.9%	5.0%
Region 5 - Communicare	1.30	74.3%	21.6%	4.0%
Region 6 - Seven Counties	1.25	79.3%	16.8%	3.9%
Region 7 - North Key	1.24	78.8%	18.2%	3.1%
Region 8 - Comprehend	1.33	71.9%	23.8%	4.3%
Region 10 - Pathways	1.31	74.2%	21.4%	4.4%
Region 11 - Mountain	1.24	80.0%	15.8%	4.2%
Region 12 - Kentucky River	1.24	78.9%	18.4%	2.7%
Region 13 - Cumberland	1.33	74.3%	19.6%	6.1%
Region 14 - Adanta	1.26	78.1%	18.1%	3.8%
Region 15 - Bluegrass	1.26	78.0%	18.5%	3.4%
All Regions	1.26	77.9%	18.3%	3.8%

\* Missing Data = 1,418 Assessments

Figure 5.1: Average Number of DUI Convictions in the Past Five Years by County



**5.4 MHMR Regions and Blood Alcohol Content**

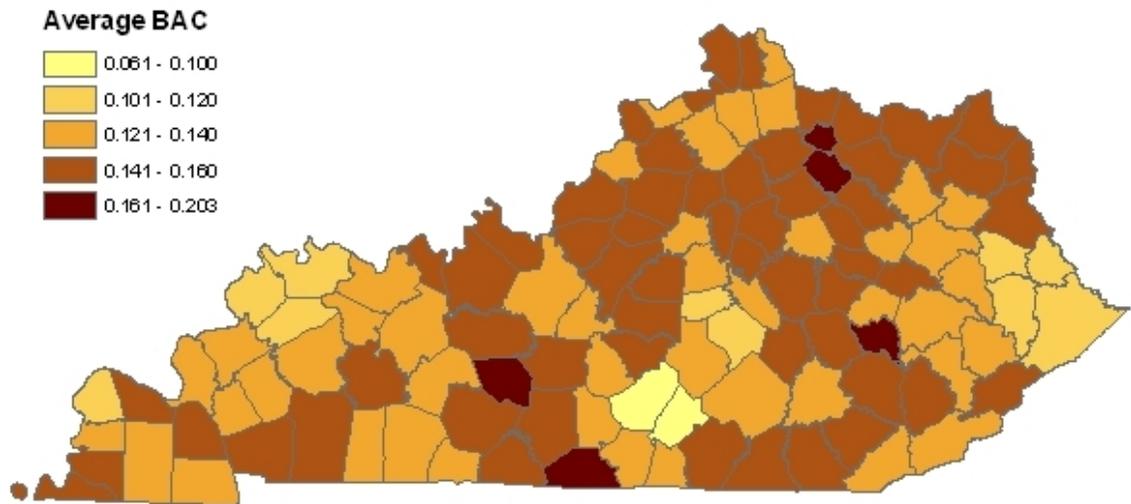
Table 5.4 presents MHMR regions and blood alcohol content. The average BAC was fairly consistent across regions. Region 11 had the lowest average BAC and regions 6 and 8 had the highest average BAC's. Figure 5.2 presents the average BAC by county.

Table 5.4: MHMR Regions and Blood Alcohol Content\*

	Avg BAC	BAC Ranges (g/dL)				
		≤ .07	.08 - .15	.16 - .23	.24 - .31	≥ .32
Region 1 - Four Rivers	0.137	4.5%	63.1%	29.1%	3.1%	0.2%
Region 2 - Pennyroyal	0.141	8.4%	53.8%	30.8%	6.1%	0.8%
Region 3 - River Valley	0.122	16.5%	52.8%	27.2%	3.1%	0.3%
Region 4 - Lifeskills	0.141	2.5%	61.3%	30.9%	5.4%	0.0%
Region 5 - Communicare	0.143	3.1%	60.3%	31.2%	4.8%	0.6%
Region 6 - Seven Counties	0.150	2.7%	55.7%	35.2%	5.9%	0.5%
Region 7 - North Key	0.141	8.2%	51.7%	34.8%	4.8%	0.5%
Region 8 - Comprehend	0.150	2.4%	56.1%	34.6%	6.8%	0.0%
Region 10 - Pathways	0.145	3.6%	58.9%	32.6%	4.6%	0.3%
Region 11 - Mountain	0.111	2.9%	86.2%	9.7%	0.6%	0.6%
Region 12 - Kentucky River	0.141	3.0%	62.9%	28.7%	5.4%	0.0%
Region 13 - Cumberland	0.144	4.8%	58.3%	29.8%	7.0%	0.3%
Region 14 - Adanta	0.118	14.6%	58.1%	22.9%	3.8%	0.4%
Region 15 - Bluegrass	0.142	5.3%	56.5%	33.4%	4.2%	0.7%
All Regions	0.138	6.9%	57.3%	30.7%	4.6%	0.4%

\* Missing Data = 682 Assessments

Figure 5.2: Average BAC by County



### 5.5 MHRM Regions and Screening Instruments

Table 5.5 presents the AUDIT and DAST average scores and percentage of assessments that were positive for each test by MHRM region. Table 5.6 presents the percentage of assessments that met DSM-IV criteria by MHRM region. There were differences between MHRM regions which were consistent with the differences in the 2003 data.

Table 5.5: MHRM Regions and AUDIT/DAST Scores\*

	AUDIT		DAST	
	Average	% Positive	Average	% Positive
Region 1 - Four Rivers	7.3	32.7%	5.1	34.4%
Region 2 - Pennyroyal	7.4	34.6%	4.6	30.0%
Region 3 - River Valley	<b>9.3</b>	40.4%	5.7	39.6%
Region 4 - Lifeskills	6.8	30.9%	5.5	36.4%
Region 5 - Communicare	8.6	<b>46.1%</b>	4.9	36.0%
Region 6 - Seven Counties	8.0	40.6%	4.4	28.4%
Region 7 - North Key	6.8	31.7%	<b>3.9</b>	<b>22.2%</b>
Region 8 - Comprehend	7.0	33.3%	4.8	32.0%
Region 10 - Pathways	6.6	32.2%	5.1	32.2%
Region 11 - Mountain	7.1	32.2%	6.2	46.5%
Region 12 - Kentucky River	8.3	43.0%	<b>7.1</b>	<b>57.2%</b>
Region 13 - Cumberland	<b>5.8</b>	<b>30.2%</b>	6.0	43.2%
Region 14 - Adanta	6.8	34.9%	5.6	41.8%
Region 15 - Bluegrass	7.2	35.5%	4.7	30.3%
All Regions	7.4	35.6%	5.0	33.4%

\*Missing Data = 1,898 AUDIT/4,965 DAST Assessments

Table 5.6: MHRM Regions and DSM-IV Criteria\*

	No Criteria	Abuse Only	Dependence
Region 1 - Four Rivers	51.8%	35.0%	13.1%
Region 2 - Pennyroyal	<b>77.8%</b>	<b>14.7%</b>	<b>7.5%</b>
Region 3 - River Valley	60.6%	29.1%	10.3%
Region 4 - Lifeskills	53.9%	29.0%	17.1%
Region 5 - Communicare	67.1%	21.8%	11.2%
Region 6 - Seven Counties	60.1%	28.7%	11.2%
Region 7 - North Key	50.2%	39.5%	10.4%
Region 8 - Comprehend	49.1%	30.9%	20.1%
Region 10 - Pathways	<b>41.2%</b>	<b>40.9%</b>	17.9%
Region 11 - Mountain	47.1%	28.1%	24.9%
Region 12 - Kentucky River	41.6%	29.9%	<b>28.5%</b>
Region 13 - Cumberland	57.1%	23.1%	19.8%
Region 14 - Adanta	60.2%	25.2%	14.6%
Region 15 - Bluegrass	55.0%	32.8%	12.3%
All Regions	56.7%	29.8%	13.5%

\* Missing Data = 1,418 Assessments

Figures 5.3 through 5.5 present the percent of assessments that were positive on the AUDIT, DAST, and DSM-IV criteria by county. For DSM-IV, any person who met at least one abuse criteria or three dependence criteria in their lifetime was counted. Please note the difference in scale between maps.

Figure 5.3: Percent of Assessments Positive for the AUDIT by County

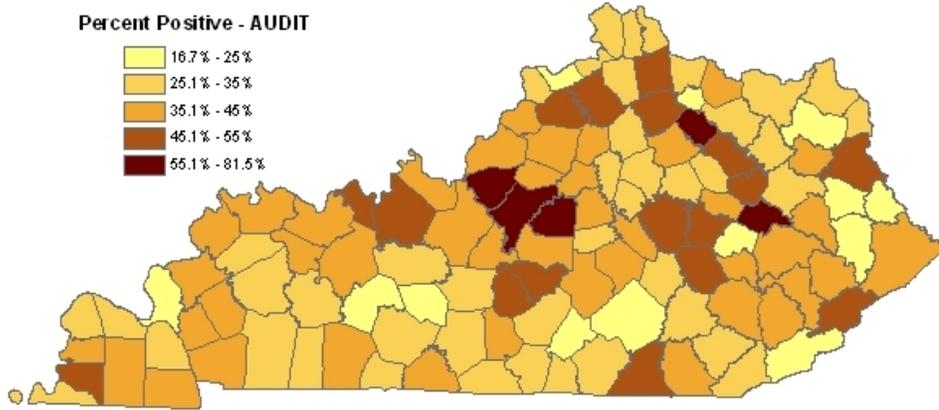


Figure 5.4: Percent of Assessments Positive for the DAST by County

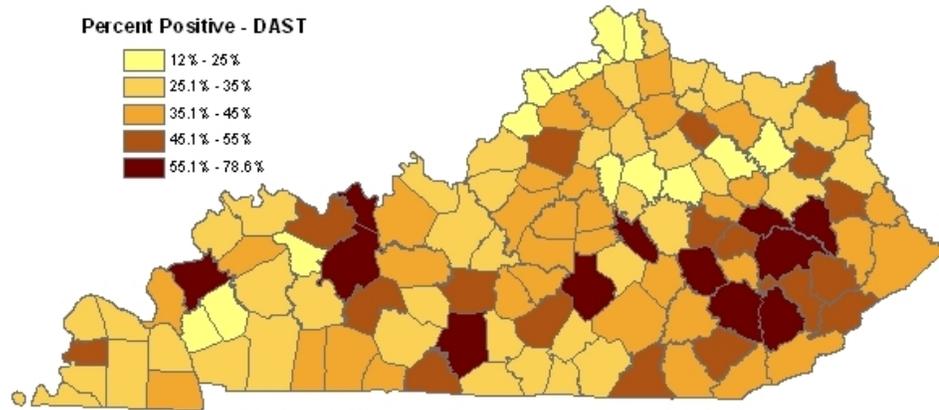
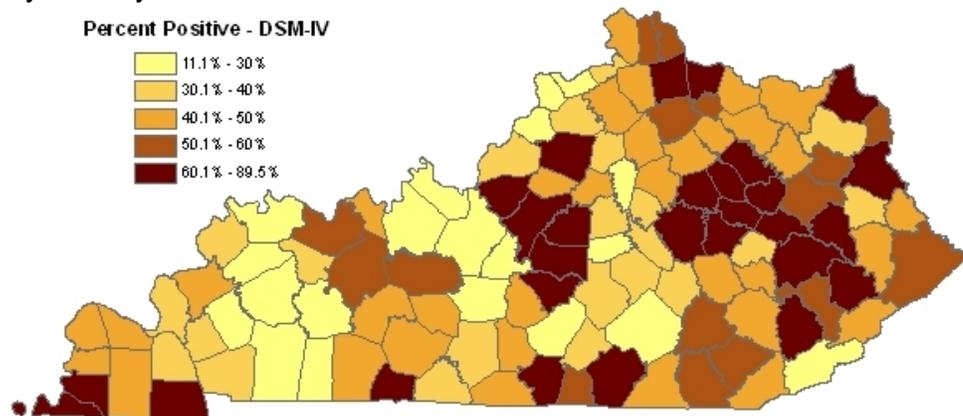


Figure 5.5: Percent of Assessments Positive for Abuse and/or Dependence by County



**5.6 MHMR Regions and Level of Care**

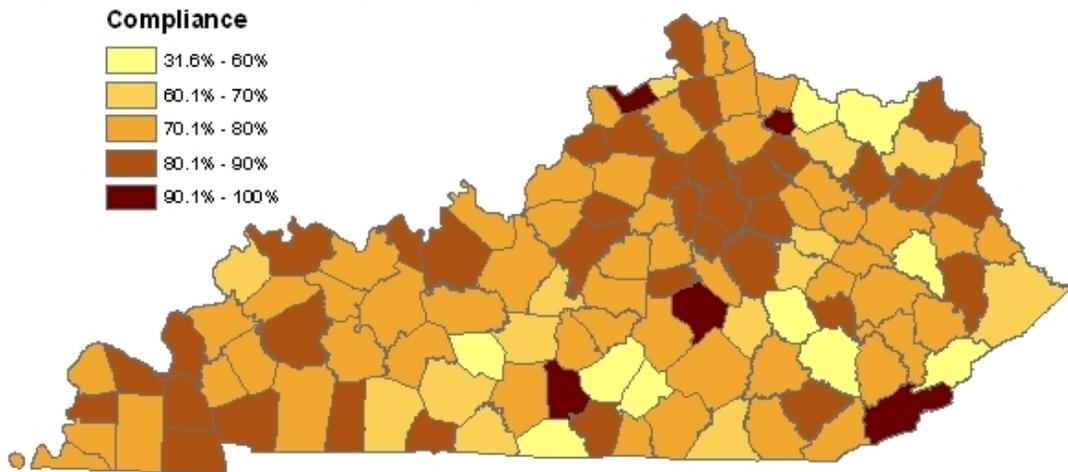
Table 5.7 presents the highest level of care assigned and overall compliance level by MHMR region. Level of care refers only to the highest level assigned for each assessment. When two or more levels of care were assigned, only the highest level is presented here. Compliance refers to the percentage of assessments that were considered compliant on completion. There were variations between MHMR regions. Figure 5.6 presents the percent of compliant assessments by county.

Table 5.7: MHMR Regions and Level of Care\*

	Education	Outpatient	IOP	Residential	Compliance
Region 1 - Four Rivers	53.9%	40.6%	0.3%	5.2%	81.0%
Region 2 - Pennyroyal	65.8%	31.2%	1.9%	1.2%	79.3%
Region 3 - River Valley	61.0%	34.8%	2.3%	1.9%	77.7%
Region 4 - Lifeskills	47.3%	49.1%	1.4%	2.2%	67.9%
Region 5 - Communicare	58.1%	38.2%	2.7%	1.1%	79.3%
Region 6 - Seven Counties	36.9%	60.3%	1.6%	1.2%	79.2%
Region 7 - North Key	42.7%	53.7%	1.9%	1.7%	79.8%
Region 8 - Comprehend	19.2%	76.3%	4.1%	0.4%	61.7%
Region 10 - Pathways	34.8%	63.2%	1.4%	0.6%	78.8%
Region 11 - Mountain	60.8%	38.7%	0.1%	0.3%	70.1%
Region 12 - Kentucky River	27.3%	72.2%	0.2%	0.4%	72.6%
Region 13 - Cumberland	56.0%	42.7%	0.4%	0.9%	71.7%
Region 14 - Adanta	42.3%	41.8%	15.0%	0.9%	68.7%
Region 15 - Bluegrass	48.7%	49.4%	0.9%	1.0%	82.4%
All Regions	48.1%	48.3%	2.1%	1.5%	77.0%

\* Missing Data = 2,101 Level of Care Assessments, no data missing for compliance

Figure 5.6: Compliance by County



**5.7 MRMH Regions and Time to Completion**

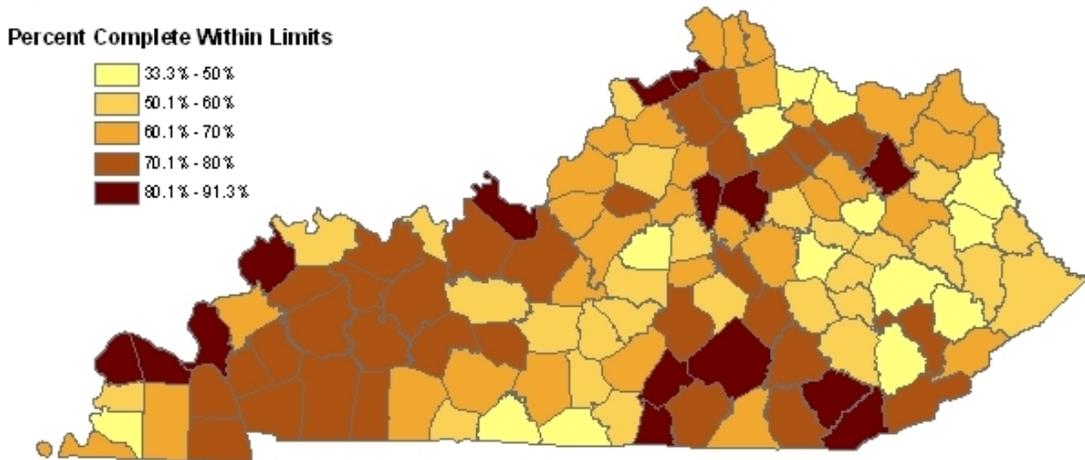
For Kentucky, 77.3% of compliant first offender records are completed within the 90 day limit and 49.4% of compliant multiple offender records are completed within the 12 month limit. Non-compliant records are not included. There is a discrepancy between second DUI offenders and three or more DUI offenders. Table 5.8 presents the percent of compliant records that were completed within the established time limit by MHMR region. Several records for multiple offenders were completed just beyond the 12 month limit. If the time limit was increased by 10% to 13 months for multiple offenders, 62.1% of compliant individuals would be completed within the established time limit.

Table 5.8: MHMR Regions and Completion Within Time Limits\*

	DUI Convictions			
	Overall	0-1	2	3+
Region 1 - Four Rivers	76.8%	83.7%	50.7%	25.0%
Region 2 - Pennyroyal	75.0%	82.2%	44.0%	14.3%
Region 3 - River Valley	66.8%	75.9%	36.4%	30.8%
Region 4 - Lifeskills	62.6%	65.4%	57.7%	21.2%
Region 5 - Communicare	69.9%	77.1%	41.2%	26.9%
Region 6 - Seven Counties	67.2%	73.7%	37.2%	23.6%
Region 7 - North Key	69.2%	70.9%	64.0%	25.0%
Region 8 - Comprehend	53.6%	60.8%	36.7%	0.0%
Region 10 - Pathways	64.7%	65.4%	69.7%	26.7%
Region 11 - Mountain	54.8%	55.8%	50.6%	36.4%
Region 12 - Kentucky River	58.3%	55.3%	80.7%	0.0%
Region 13 - Cumberland	75.4%	76.3%	80.2%	33.3%
Region 14 - Adanta	72.4%	78.7%	41.6%	28.6%
Region 15 - Bluegrass	71.2%	75.5%	54.9%	31.7%
All Regions	68.5%	72.8%	52.4%	25.6%

\* Missing Data = 2,954 compliant records

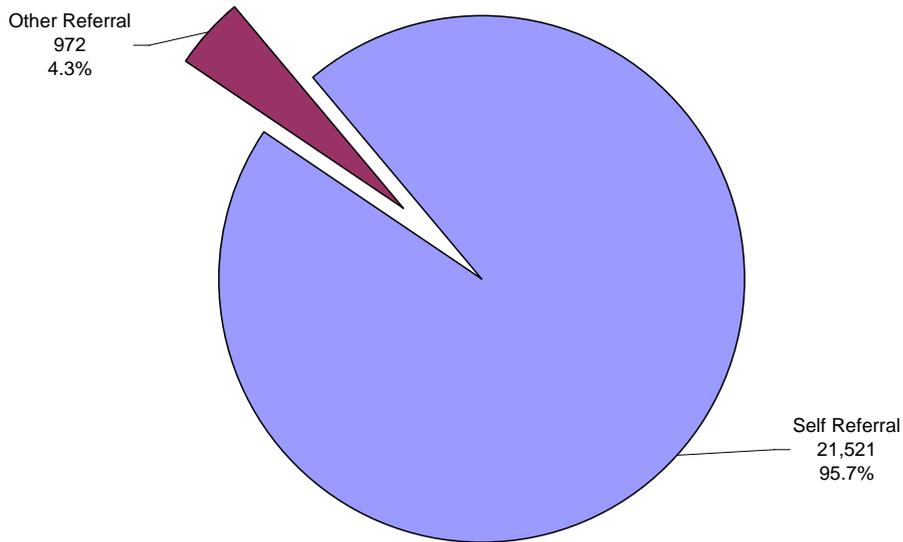
Figure 5.7: Timely Completions by County



### 5.8 Self Referrals Compared With Other Referrals

Figure 5.8 presents the percent of assessments that were referred by the assessing program to an education/treatment facility operated by the same program or to an unaffiliated programs. Over 95% of persons assessed were referred to an education/treatment intervention program operated by the same program that conducted the initial assessment.

Figure 5.8: Self Referrals vs. Outside Referrals\*



\* Missing Data = 572 Assessments

### Region Summary

There were variations between MHMR regions. These variations were consistent with the 2003 data. There were also variations between counties. This is not surprising considering the small number of cases in some counties.

SECTION SIX

DIVISION OF MENTAL HEALTH AND  
SUBSTANCE ABUSE REGIONS

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### 6.1 Number of Assessments and Demographics by DMHSA Region

Table 6.1 presents the number of assessments, average age of persons assessed, and the percent of assessments that were for males by Division of Mental Health & Substance Abuse (DMHSA) Regions. Gender distribution and age were even across regions.

Table 6.1: Assessments by DMHSA Region

	CENTRAL	EAST	NORTH	WEST
<b>Assessments</b>	4,501	6,213	5,123	5,810
<b>% Male*</b>	80.5%	80.4%	81.6%	81.5%
<b>Average Age**</b>	34.6	33.3	34.3	34.0

\* Missing Data = 1,524 Assessments

\*\* Missing Data = 2,333 Assessments

### 6.2 AUDIT and DAST Scores by DMHSA Region

Table 6.2 presents AUDIT and DAST scores by DMHSA region. The East and West regions had the highest percent of persons with a positive DAST score. These two regions also had an average score that was positive for the DAST. The Central region had the highest percent of persons with a positive AUDIT score.

Table 6.2: AUDIT and DAST Scores by DMHSA Region

	CENTRAL	EAST	NORTH	WEST
<b>AUDIT*</b>				
Positive	40.2%	34.2%	35.6%	35.3%
Average Score	7.92	6.92	7.24	7.84
<b>DAST**</b>				
Positive	29.0%	39.6%	28.9%	35.9%
Average Score	4.48	5.58	4.51	5.30

\* Missing Data = 3,117 Assessments

\*\* Missing Data = 6,094 Assessments

### 6.3 Blood Alcohol Content by DMHSA Region

Table 6.3 presents the average Blood Alcohol Content and percent of assessments that were over 0.08.

Table 6.3: Blood Alcohol Content by DMHSA Region\*

	CENTRAL	EAST	NORTH	WEST
<b>Average BAC</b>	0.149	0.134	0.143	0.132
<b>% Over 0.08</b>	97.3%	93.3%	94.6%	90.4%

\* Missing Data = 10,348 Assessments

#### 6.4 DSM-IV Criteria by DMHSA Region

Table 6.4 presents the percent of persons who met DSM-IV criteria for substance abuse and the percent of persons who met at least three dependence criteria in their life. Persons who met three or more dependence criteria were not counted for abuse.

Table 6.4: DSM-IV Criteria by DMHSA Region\*

	CENTRAL	EAST	NORTH	WEST
<b>% Abuse Only</b>	28.5%	29.8%	34.3%	27.4%
<b>% Dependent</b>	11.6%	17.1%	12.8%	12.7%

\* Missing Data = none

#### 6.5 Level of Care and Compliance by DMHSA Region

Table 6.5 presents the distribution of the highest level of care recommended by DMHSA region. The West region had the highest percent of persons recommended for education and the highest percent of persons recommended for residential. Table 6.5 also presents the percent of persons who were compliant with their assigned recommendation.

Table 6.5: Level of Care and Compliance by DMHSA Region

	CENTRAL	EAST	NORTH	WEST
<b>Highest Level of Care*</b>				
Education	39.5%	47.9%	42.6%	56.3%
Out-Patient	57.6%	48.2%	54.0%	39.6%
IOP	1.5%	3.2%	2.1%	1.6%
Residential	1.4%	0.7%	1.3%	2.5%
<b>Compliance**</b>	79.6%	75.1%	78.3%	76.0%

\* Missing Data = 3,337 Assessments

\*\* Missing Data = 1,418 Assessments

#### 6.6 Time to Completion by DMHSA Region

Table 6.6 presents the average time to completion for persons convicted of their first DUI in the past five years and for persons convicted of multiple DUI's in the past five years. The Central region had a much higher average time to completion for multiple offenders than the East region.

Table 6.5: Average Time to Completion by DMHSA Regions (in days)\*

	CENTRAL	EAST	NORTH	WEST
<b>First Offenders</b>	97.1	106.9	105.3	97.2
<b>Mult. Offenders</b>	389.6	315.3	359.1	353.0

\* Missing Data = 5,429 Assessments

**DMHSA Summary**

There was similarity across regions. The most notable distinction was the percent of persons recommended for 20-hour education intervention, which had a low of 39.5% for the Central region and a high of 56.3% in the West region.

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SECTION SEVEN  
TRENDS 2002 TO 2004

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### 7.1 Gender and Age Trends 2002 to 2004

Table 7.1 presents the total number of DUI assessments for calendar years 2002 through 2004. Gender and age are presented with missing cases. There was an increase in overall cases from 2003 to 2004. The missing data increased for gender but decreased for age.

Table 7.1: Comparison of 2002, 2003, and 2004 Gender and Age

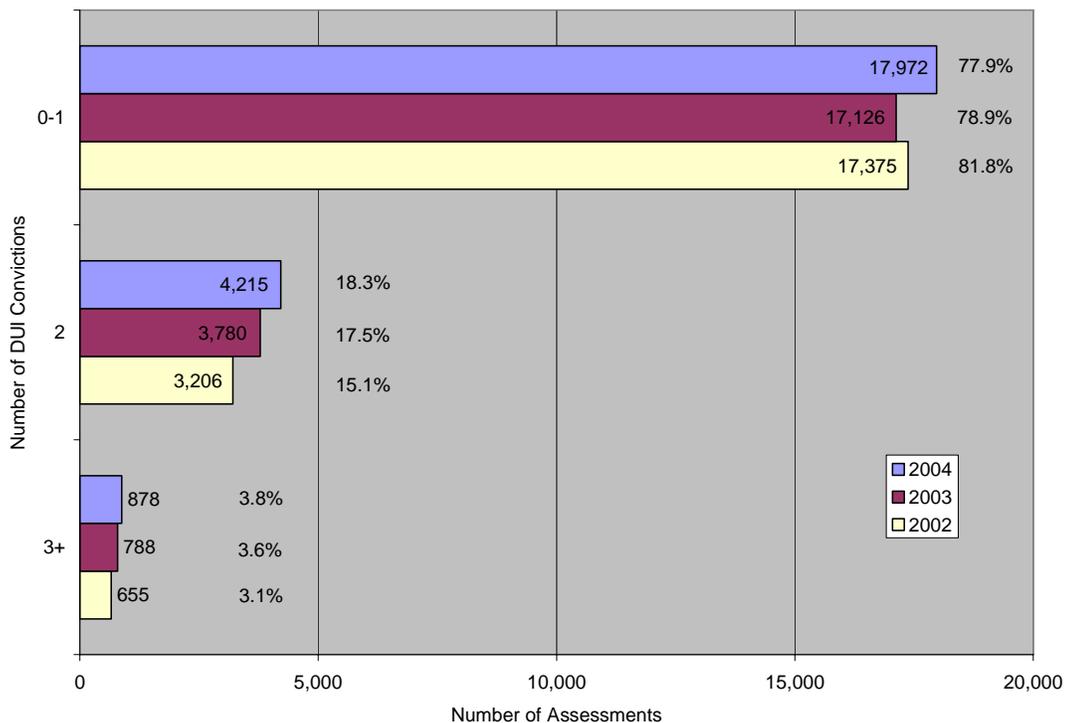
<b>Gender</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
Male	17,428 (82.1%)	17,962 (82.7%)	18,557 (80.4%)
Female	3,801 (17.8%)	3,767 (17.3%)	4,327 (18.8%)
Missing	13 (0.1%)	2 (<0.1%)	181 (0.8%)
Total	21,296	21,731	23,065

<b>Age</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
16 to 20	531 (2.5%)	1,541 (7.9%)	2,011 (8.7%)
21 to 30	7,116 (33.4%)	7,026 (36.2%)	7,972 (34.6%)
31 to 40	5,628 (26.4%)	5,269 (27.1%)	5,655 (24.5%)
41 to 50	4,706 (22.1%)	3,874 (19.9%)	4,293 (18.6%)
51 and older	2,463 (11.6%)	1,718 (7.9%)	2,029 (8.8%)
Missing	852 (4.0%)	2,303 (10.6%)	1,105 (4.8%)

### 7.2 Number of DUI Convictions 2002 to 2004

Figure 7.1 presents the distribution of the number of DUI convictions for the previous five years for each assessment. The number of convictions is similar between years.

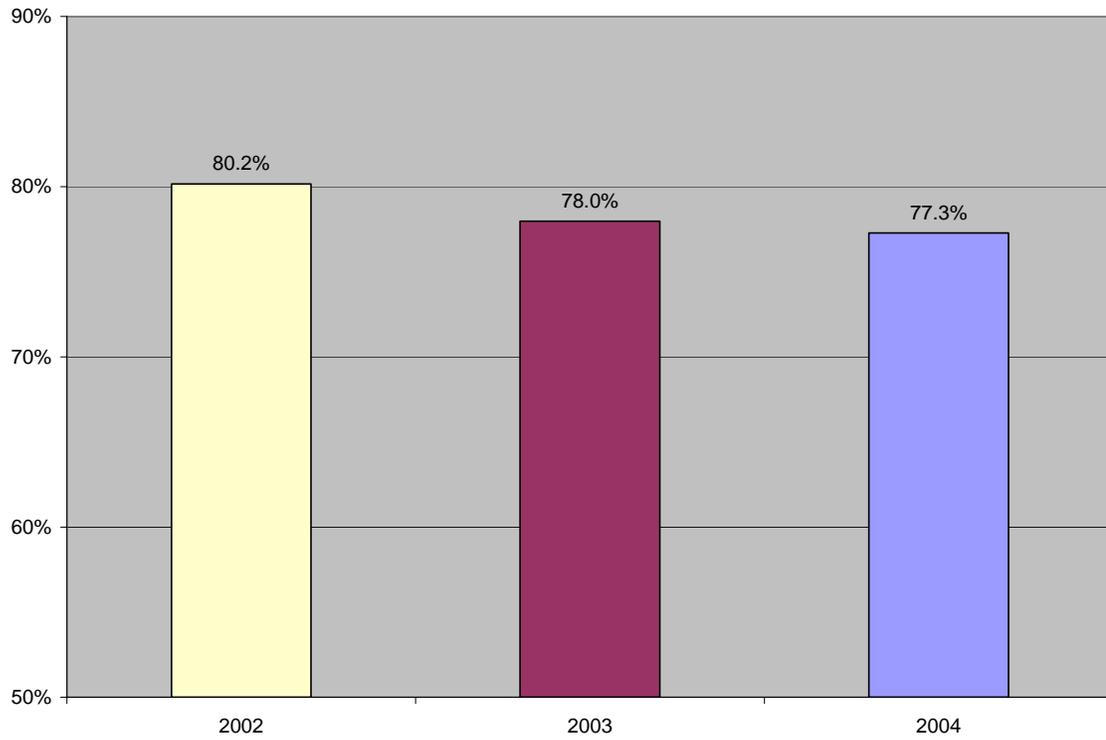
Table 7.1: Number of DUI Convictions 2002 to 2004



### 7.3 Compliance 2002 to 2004

Figure 7.2 presents the overall levels of compliance for 2002, 2003, and 2004. There is a slight decrease in compliance from 2002 through 2004.

Figure 7.2: Compliance Levels 2002 to 2004



Compliance rates by ages are consistent across years. Figure 7.3 presents compliance by age groups across years.

Figure 7.3: Compliance by Age Groups 2002 to 2004

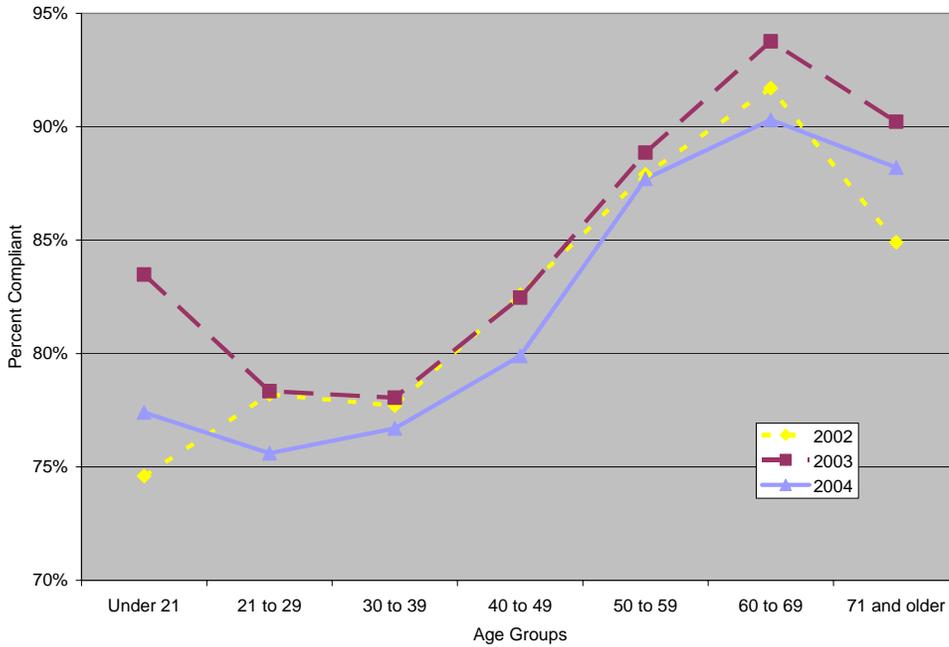


Figure 7.4 presents compliance by DUI convictions in the previous five years. The rates are almost identical.

Figure 7.4: Compliance by Previous DUI Convictions 2002 to 2004

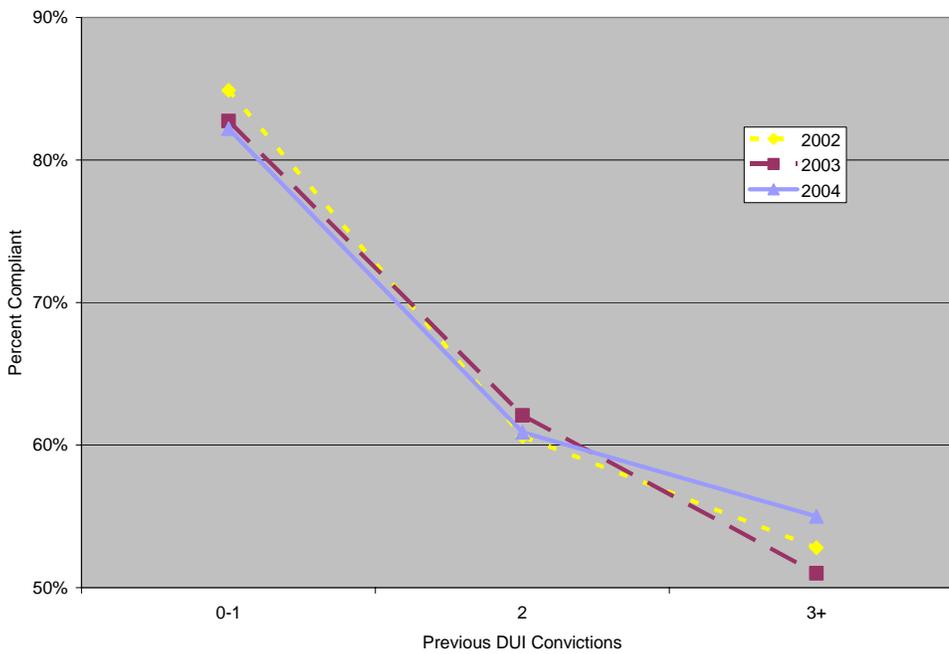
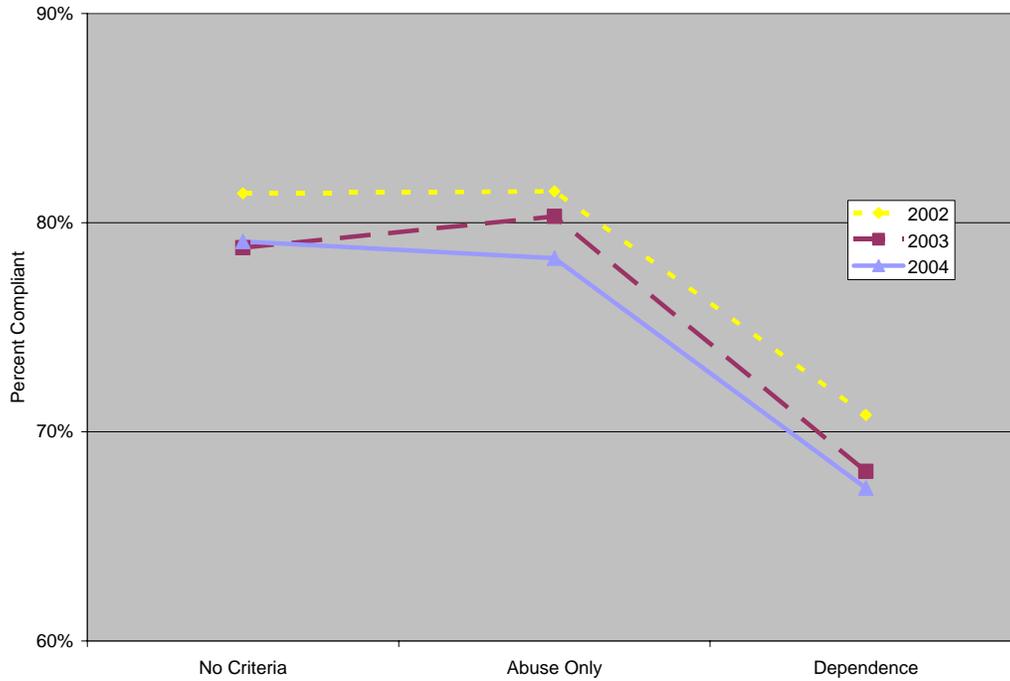


Figure 7.5 presents compliance by DSM-IV criteria. There is a slight decrease in compliance for persons who met 3 or more dependence criteria (within their lifetime) over the three years.

Figure 7.5: Compliance by DSM-IV Criteria 2002 to 2004



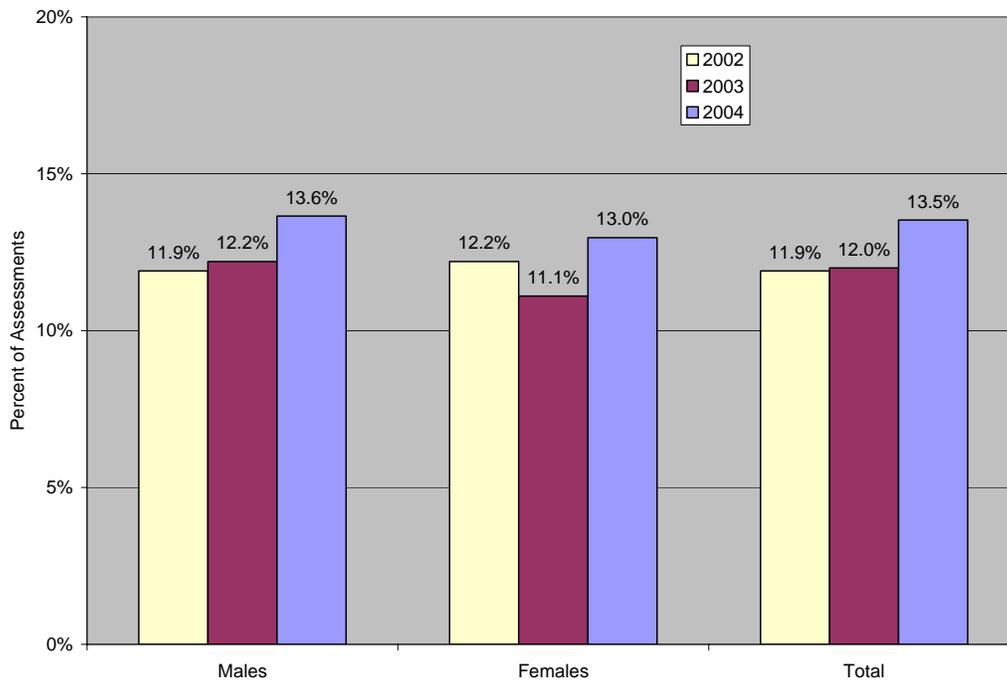
**7.4 Screening Instruments 2002 to 2004**

Table 7.2 presents AUDIT and DAST scores from 2002 through 2004. There is very little change over the three years.

	2002	2003	2004
<b>AUDIT</b>			
Positive (8+)	7,173 (36.7%)	6,835 (36.3%)	7,538 (35.6%)
Average Score	7.25	7.44	7.38
<b>DAST</b>			
Positive (5+)	5,537 (31.7%)	4,908 (33.6%)	6,033 (33.3%)
Average Score	4.76	4.98	4.97

Figure 7.6 presents the percent of persons who met at least three DSM-IV dependence criteria in their lifetime. There is a slight increase for persons meeting three or more dependence criteria in 2004.

Figure 7.6: DSM-IV Dependence Criteria by Gender 2002 to 2004



**7.5 Intervention Referrals**

Table 7.5 presents the total number of referrals to each level of care. Only the highest level of care was included for persons referred to multiple levels. 2004 was the first year that the number of outpatient referrals was greater than the number of Education referrals. There continues to be a large disparity between Education/Outpatient referrals compared to IOP/Residential referrals.

Table 7.5: Highest Level Of Care Recommended 2002 to 2004

	<b>2002</b>	<b>2003</b>	<b>2004</b>
<b>Education</b>	11,766 (56.3%)	11,121 (52.6%)	10,089 (48.2%)
<b>Outpatient</b>	8,512 (40.7%)	9,291 (44.0%)	10,115 (48.2%)
<b>IOP</b>	299 (1.4%)	426 (2.0%)	448 (2.1%)
<b>Residential</b>	335 (1.6%)	289 (1.4%)	312 (1.5%)

**Trends Summary**

Overall, assessment findings for 2002, 2003, and 2004 are similar. There are trends which suggest that compliance rates are decreasing over time. This finding may relate to the increases in dependence found over the three years. Meeting three or more dependence criteria in their lifetime was associated with lower rates of compliance.

# SUMMARY

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**Summary**

In 2004, the typical Kentuckian assessed for Driving Under the Influence was a male in his 20's who was convicted of his first DUI, his blood alcohol content was about 0.10, and there was a 40% chance he has met lifetime DSM-IV diagnostic criteria for substance abuse or substance dependence. The typical person was referred to either a 20-hour education intervention or an outpatient alcohol/drug treatment program.

Factors related to non-compliance included: age, gender, number of DUI convictions in the past five years, AUDIT score, DAST score, DSM-IV dependence criteria, and Wet/Dry/Moist status of the county of conviction.

The screening instruments were consistent. AUDIT scores, DAST scores, DSM-IV criteria for abuse and dependence, and blood alcohol content were closely related. These screening instruments are used by assessors to make level of care referrals. Persons convicted of multiple DUI's and those arrested with elevated BAC's are at most risk for meeting criteria for significant alcohol or drug problems. Persons with higher BAC's also tended to be recommended for higher levels of care.

There were no differences, in general, between assessments from the four DMHSA regions. Data received in 2004 was similar to the 2002 and 2003 data. The number of assessments received in 2004 increased by 6.1% from 2003.

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## REFERENCES

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## REFERENCES

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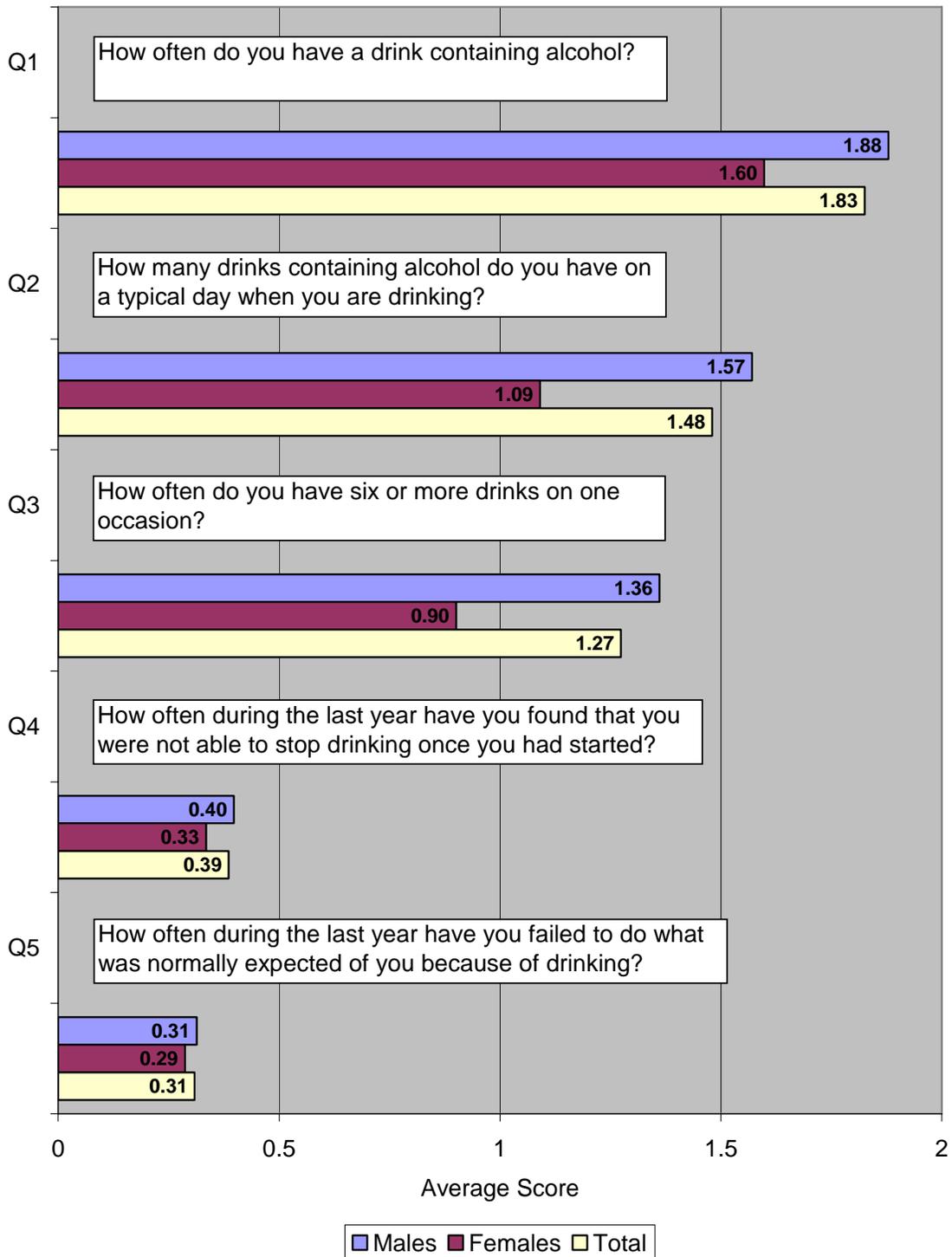
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- 2 – <http://www.lrc.state.ky.us/KRS/189A00/040.pdf>, Retrieved 07/01/2005
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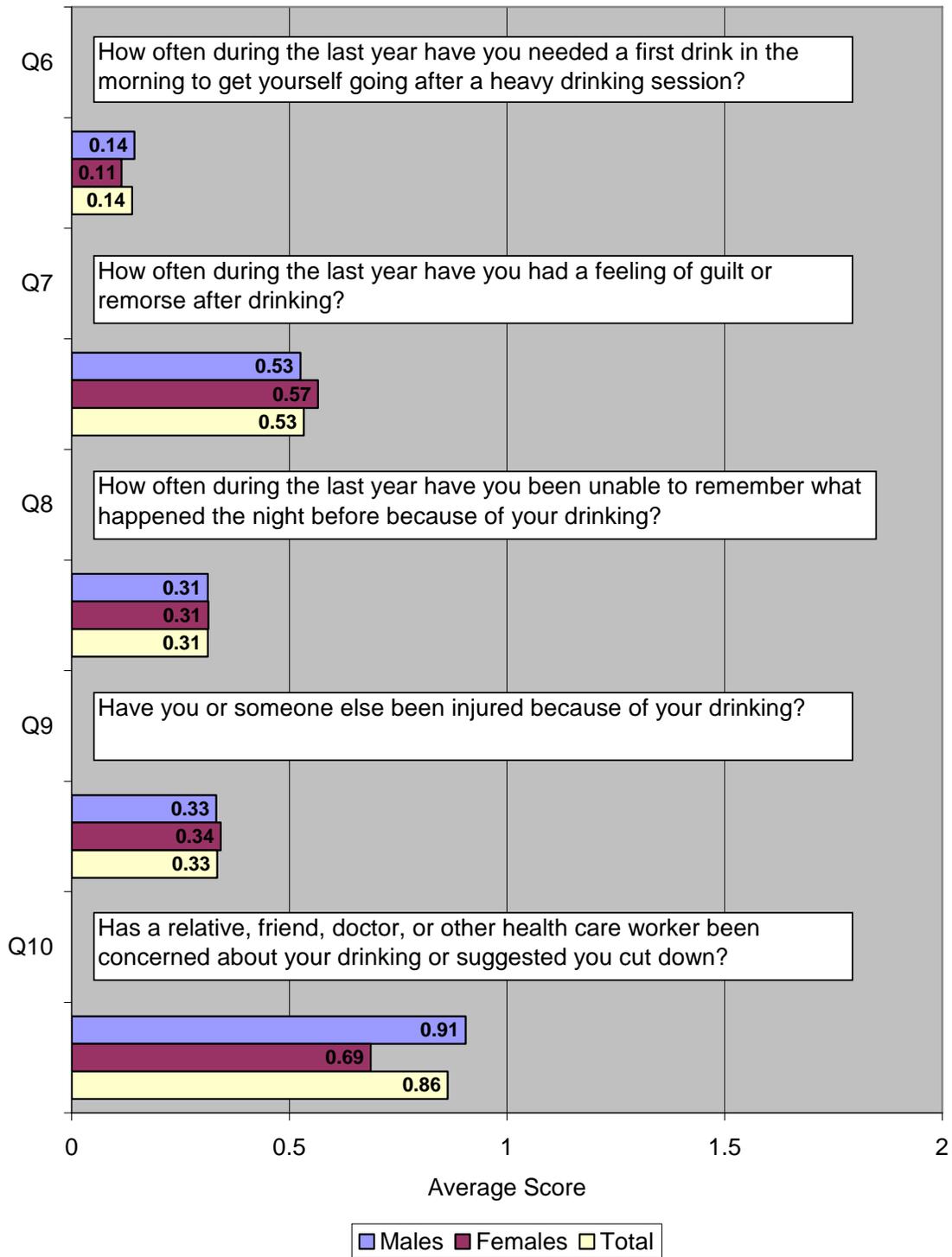
# APPENDICIES

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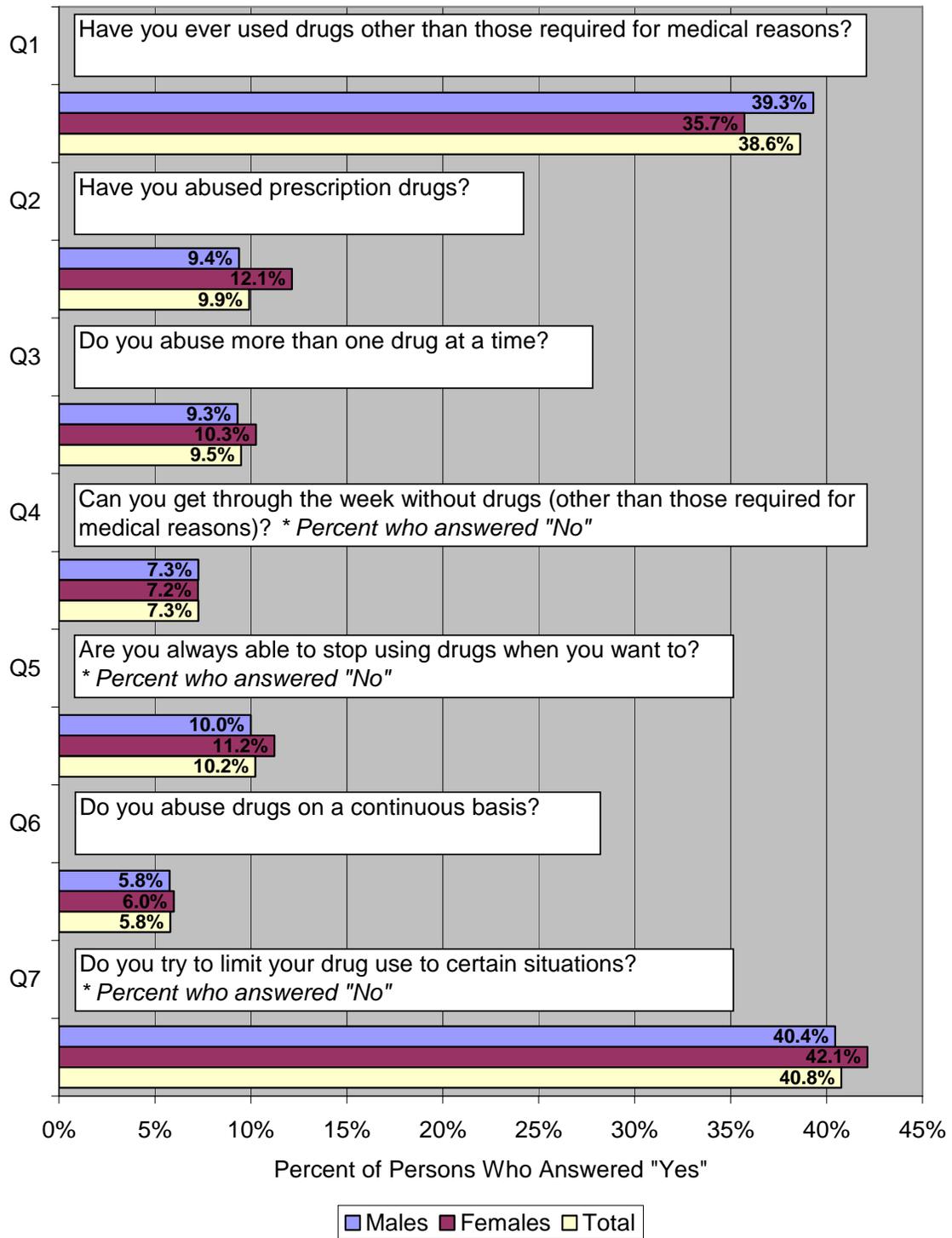
Appendix A: AUDIT Responses by Gender



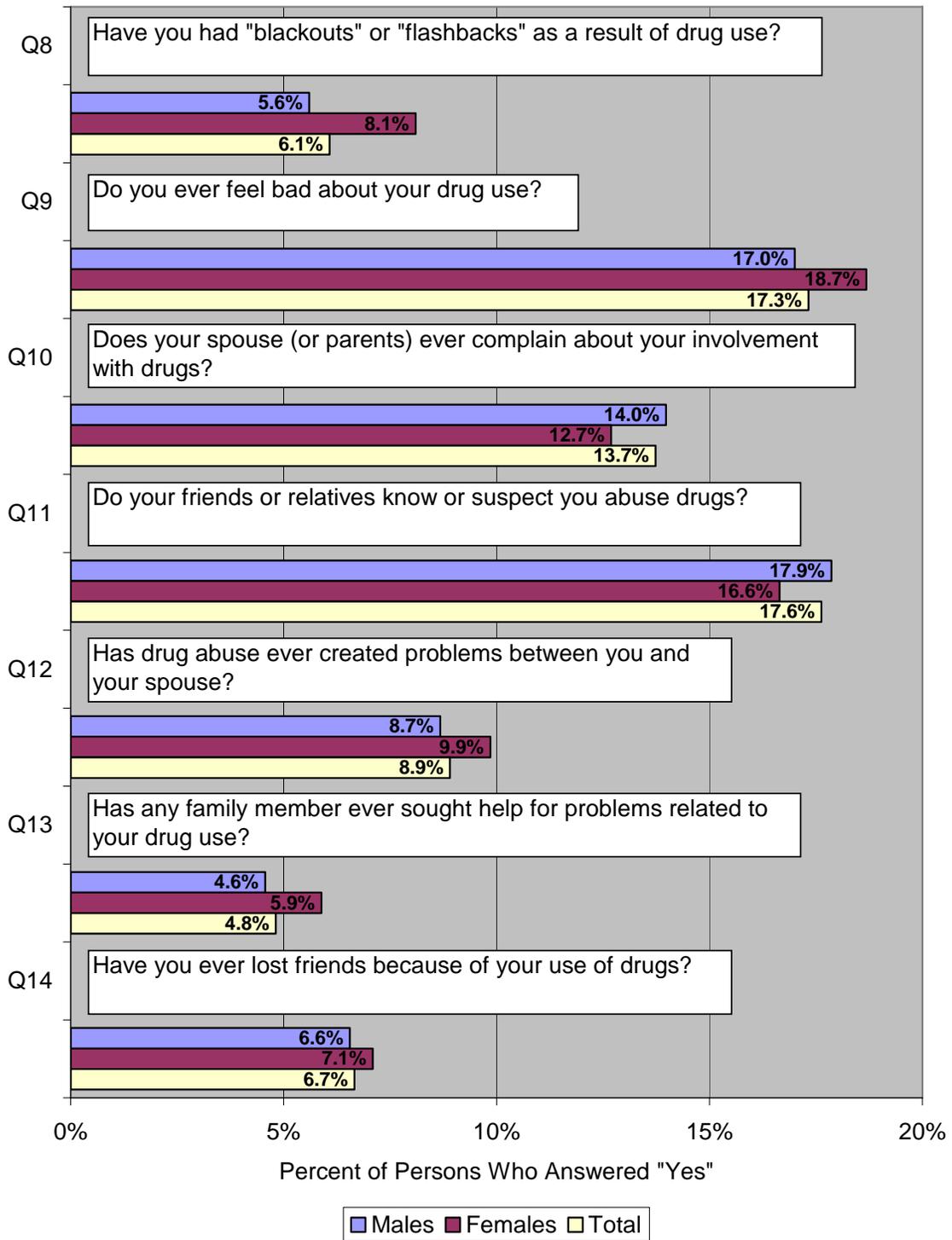
Appendix A Continued



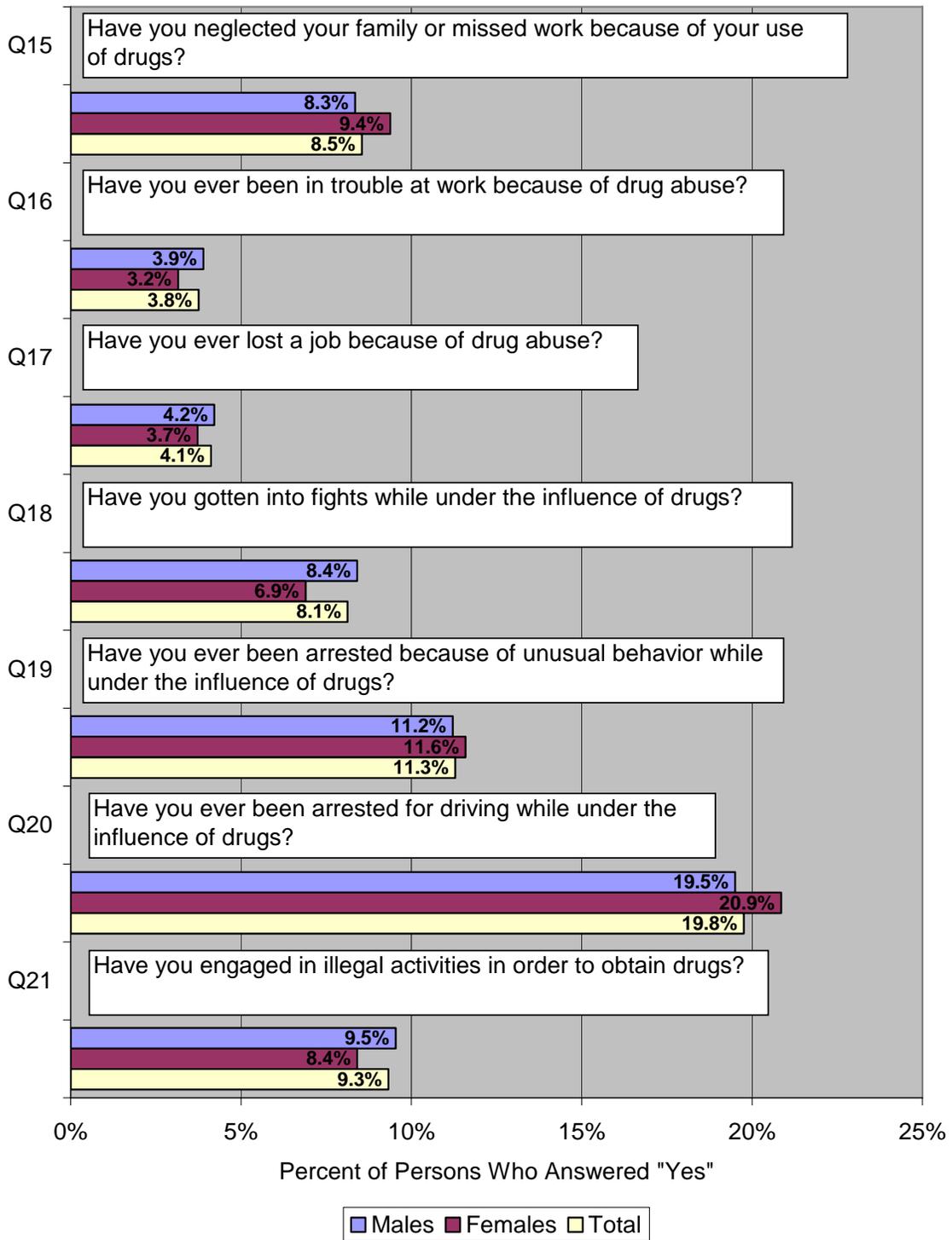
Appendix B: DAST Responses by Gender



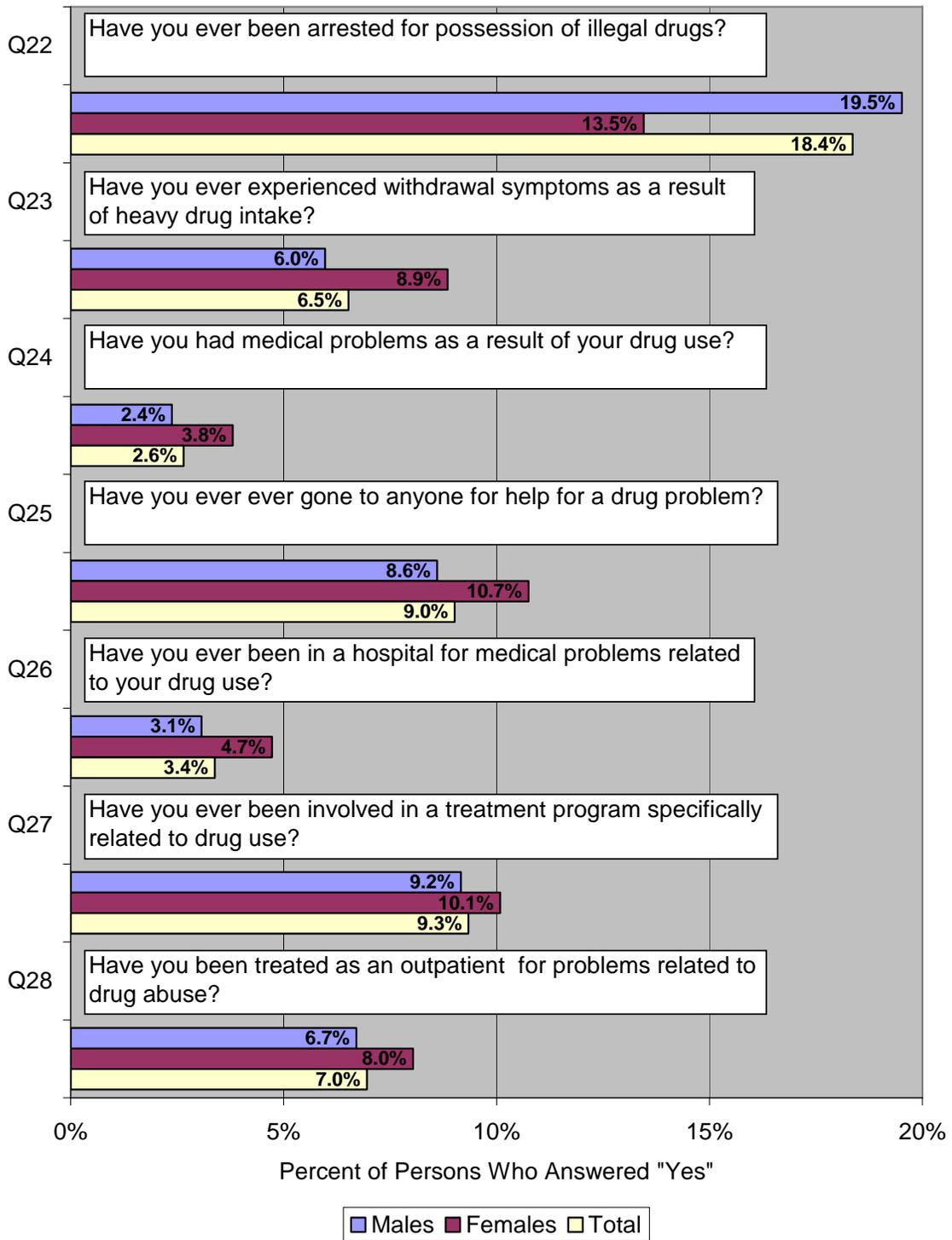
Appendix B Continued



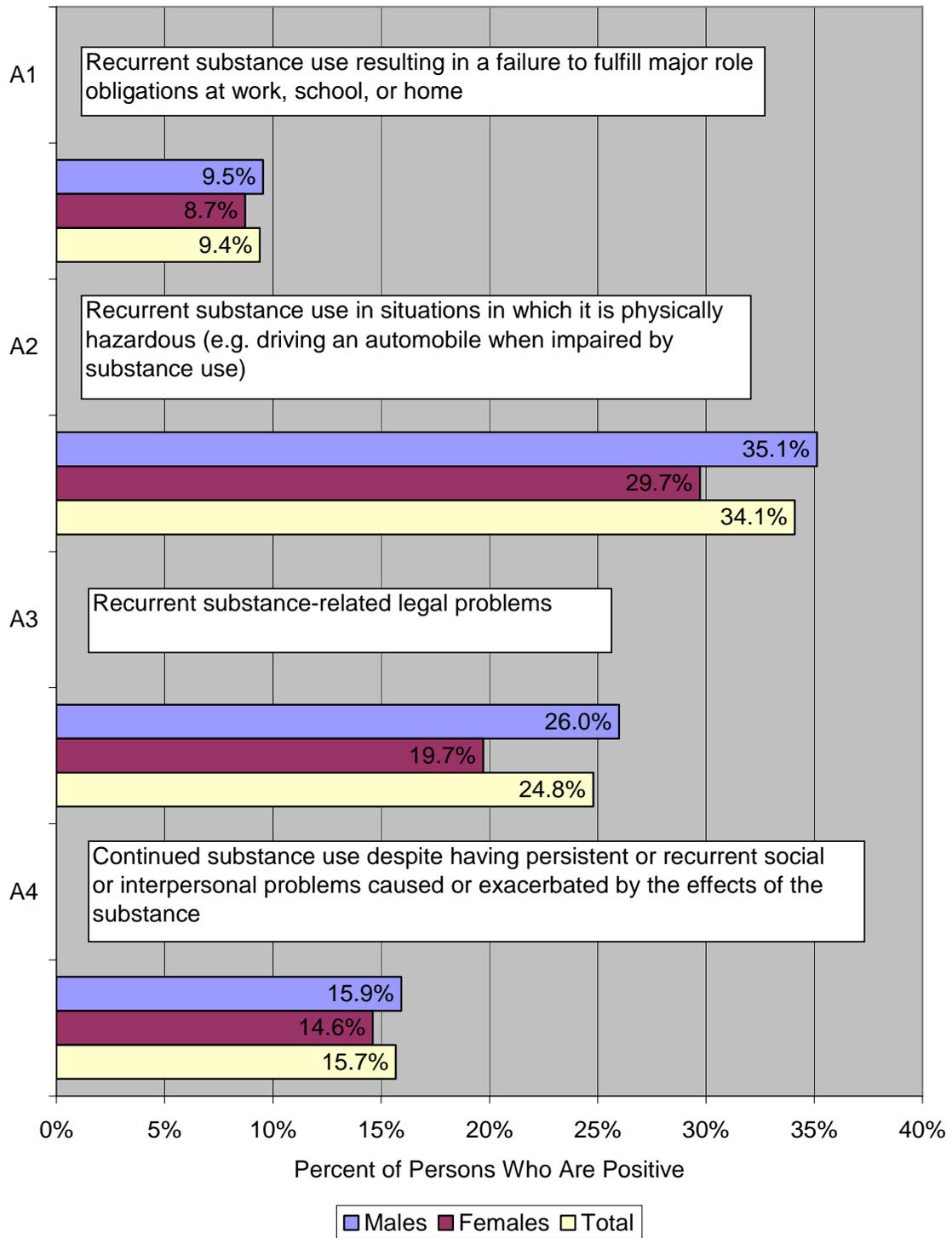
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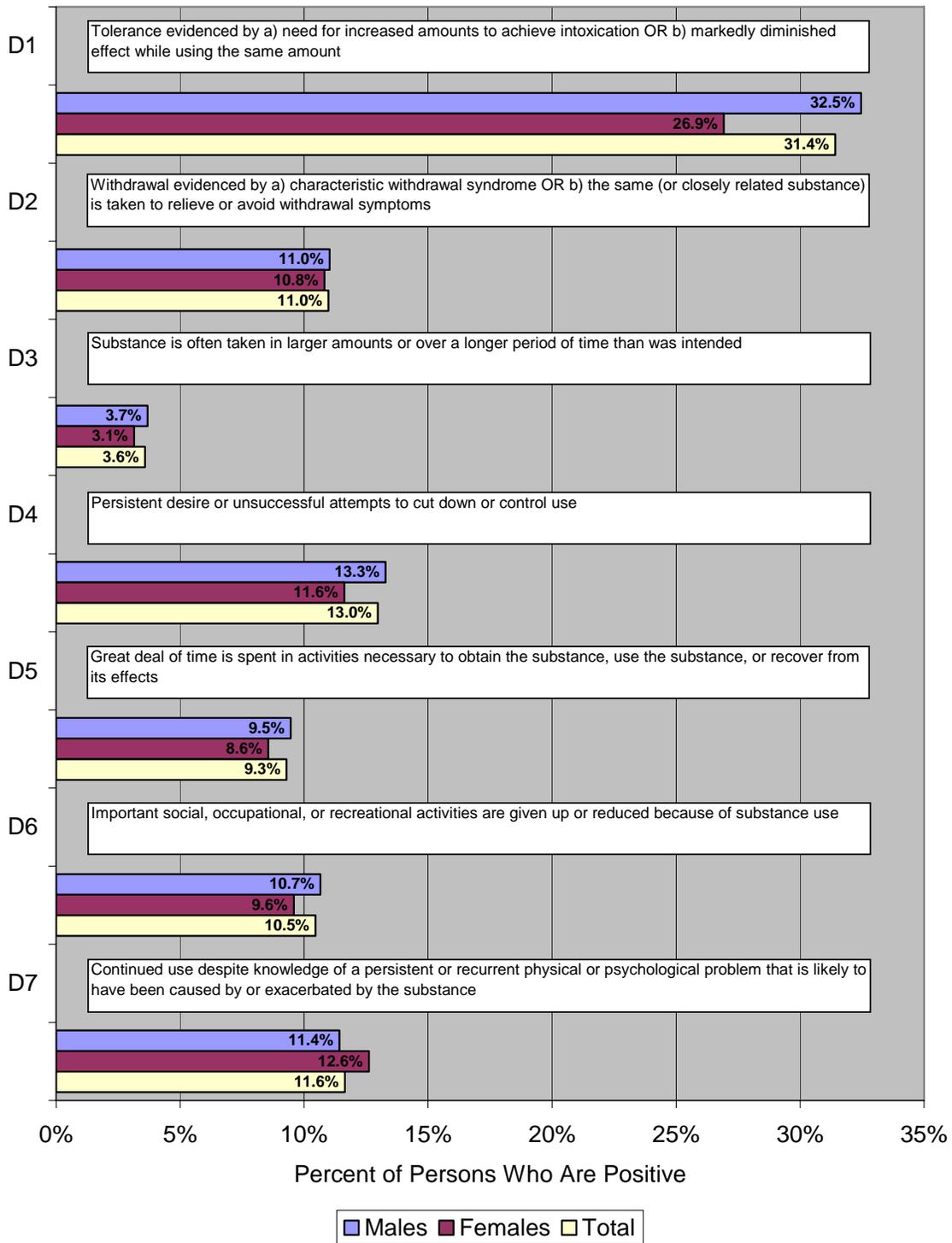
Appendix B Continued



Appendix C: DSM-IV Abuse Criteria by Gender

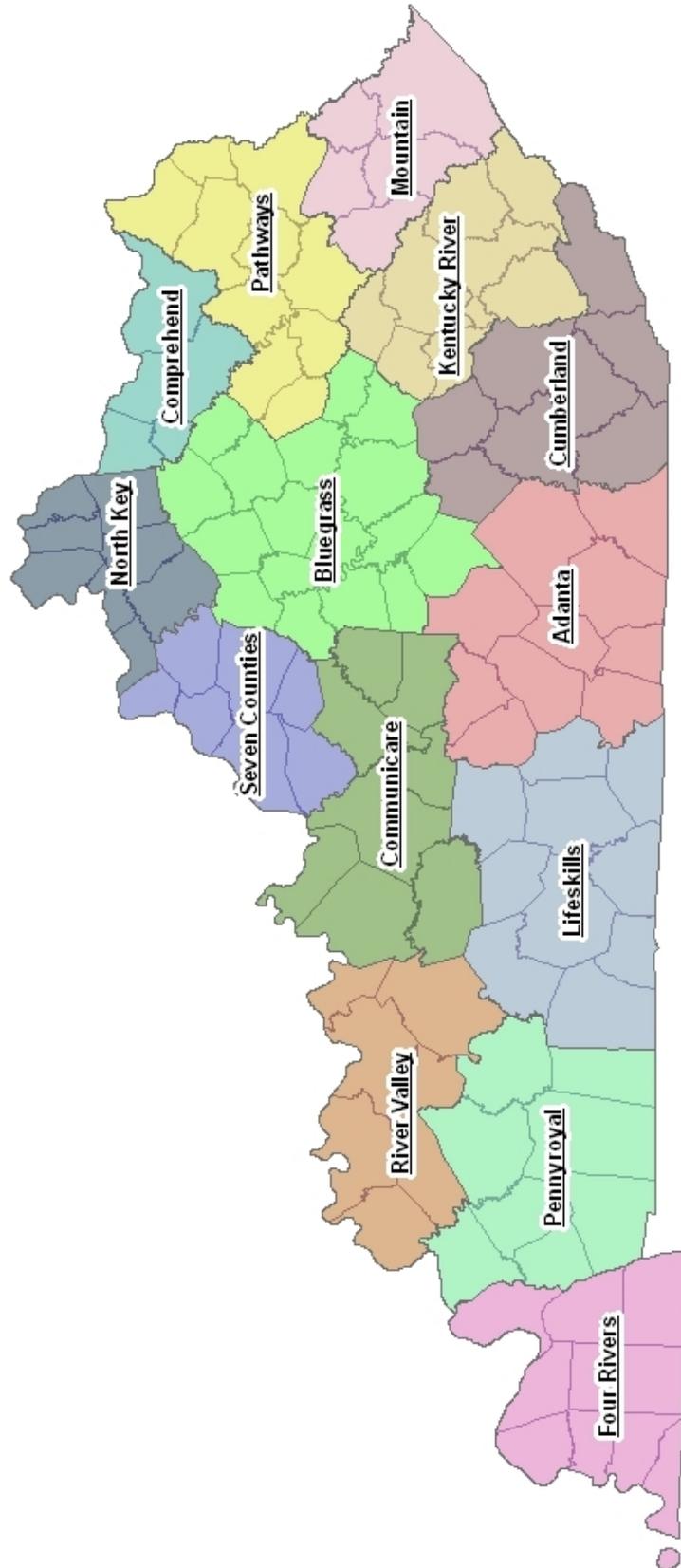


Appendix D: DSM-IV Dependence Criteria by Gender





Appendix F: Kentucky by MHMR Region



Appendix G: Kentucky by DMHSA Region

