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**KENTUCKY
DUI ASSESSMENT
REPORT**

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EXECUTIVE SUMMARY

In calendar year 2022, 13,166 DUI assessment records were submitted to the Kentucky Division of Program Integrity by approximately 106 licensed and certified DUI Programs – an average of approximately 127.8 assessments per program. This represents a 7.6% increase from the 12,240 submitted in 2021 but is still more 20% less than the 16,559 that were submitted in 2019 prior to the onset of the COVID-19 pandemic.

DUI assessment records include education and treatment information for persons convicted of DUI who were assessed and referred for substance use services. Using the web-based Kentucky DUI Assessment Instrument (KDAI), records are submitted by certified DUI assessors once an initial substance use assessment is performed. The University of Kentucky Center on Drug and Alcohol Research is contracted by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities to receive these records from DUI programs and to maintain this information in a database. This report provides information on assessments conducted from January 1, 2022 through December 31, 2022 and also provides 5- and 10-year trends using assessment data from 2013 to 2022.

The typical person receiving a substance use assessment as a result of a DUI conviction in Kentucky in 2022 a) was a low-income, White male with an average age of 37 years old, who was convicted of a first offense DUI with a blood alcohol level between 0.08 and 0.15 g/dL; b) met DSM-5 diagnostic criteria for a substance use disorder in the past 12 months; and c) was referred to either a 20-hour education intervention or to outpatient substance use treatment.

DEMOGRAPHICS

More than seven out of every ten DUI assessments were for males, and 84.1% were for White persons (of those who reported race; n=10,280). The majority of DUI assessments (56.5%) were also for clients between 21 and 39 years old, with 4.8% of assessments being for persons younger than 21. Of DUI clients reporting income (n=7,765), 48.7% reported a yearly household income less than \$20,000.

SUBSTANCES INVOLVED IN DUI ARREST

More than one-third of DUI assessments (35.1%) were for DUIs that involved drugs, based on self-reports, which was an increase from previous years. Females (42.0%) and White (40.0%) DUI clients were more likely to have driven under the influence of drugs in relation to males (32.5%) and non-White (19.3%) DUI clients. Age was also related to drug involvement. DUI clients younger than 21 were more likely to be drug involved (45.3%) than older impaired drivers (60+; 20.4%). DUI clients with a third offense DUI or higher were more likely to have a drug-involved DUI (39.5%) than clients with fewer DUI offenses (34.8%). Marijuana was the most commonly involved non-alcohol drug (13.9%), and the prevalence of amphetamine-involved DUIs (10.5%) has continued to increase.

SCREENING

On the alcohol (AUDIT) and drug use (DAST) screening instruments, a higher percentage of clients had a positive DAST score (33.9%) than a positive AUDIT score (29.7%). Females had higher DAST scores but lower AUDIT scores than males while clients younger than 40 years old

had higher DAST scores but lower AUDIT scores than those 40 years and older.

Nearly two-thirds (62.8%) of the submitted assessments were for DUI clients who met DSM-5 criteria for a substance use disorder, which has consistently increased since 2018. Although males were overall more likely to meet DSM-5 criteria for a substance use disorder (63.2% vs. 61.9%), females were more drug-involved and more likely to meet drug use disorder criteria than males (31.0% vs. 25.4%). Females were also more likely to meet criteria for a severe substance use disorder (27.3% vs. 22.4%). Lastly, individuals whose current DUI involved both alcohol and drugs were more likely to meet two or more substance use disorder criteria in the past 12 months (67.6%) than either those involved in an alcohol-only (62.9%) or drug-only DUI (62.0%).

TREATMENT REFERRALS

Most of the DUI clients assessed during 2022 were referred to either a 20-hour education (35.0%) or an outpatient treatment (59.0%) intervention as their highest level of care. The rate of referrals to a treatment intervention has increased by 26.2% since 2013. Clients 70 years and older (47.1%) were more likely to be referred to an education intervention than their younger counterparts. Clients whose current DUI was drug-involved (including those involving both drugs and alcohol) were more likely to be referred to substance use treatment. Those whose DUI involved both drugs and alcohol were more likely (62.5%) to be referred to outpatient treatment than those who reported their current DUI involved only alcohol (58.6%) or drugs (59.2%). There was also a relationship between the level of care recommended and DSM-5 criteria, with the intensity of the treatment modality increasing as problem severity increased. Furthermore, clients

assessed as having a drug use disorder were more likely to be referred to either intensive outpatient (IOP) or residential treatment as their highest level of care compared to those with an alcohol use disorder or no substance use disorder (10.9% vs. 4.2% vs. 5.4%, respectively).

COMPLIANCE

A majority of assessment records completed in 2022 (N=9,543) were for individuals who were compliant with their recommended intervention (86.2%), which is slightly lower than 2021 (87.5%). The most frequently cited reason for non-compliance was failure to comply with attendance requirements (89.8%). Lower compliance rates were associated with being younger, having a drug-involved DUI, more DUI convictions, a more severe substance use disorder, and a referral to outpatient/intensive outpatient treatment.

COMMUNITY MENTAL HEALTH CENTER REGIONS

Although there are fewer community mental health centers (CMHC) than privately-owned DUI programs, these programs submitted a higher average number of assessments per program compared to privately-owned programs (260.1 vs. 113.6). There was variability between CMHC regions in demographics, past DUI offenses, screening instrument results, intervention referrals, and education/treatment outcomes. The Comprehend region had the highest (77.9%) percentage of assessments for males while the Bluegrass region had the lowest (70.7%). Clients in the Bluegrass region were also younger compared to other regions. The Pathways region had the highest average number of lifetime DUIs (1.89), while clients in the North Key region were most likely to have only one lifetime DUI

conviction (72.8%). Clients from the Comprehend region were more likely to report being under the influence of both drugs and alcohol at the time of their current DUI (9.3%). The Seven Counties region had the highest percentage of clients with a positive AUDIT score (45.1%), and clients in the Kentucky River region were most likely to have a positive DAST (69.9%). Clients in the Seven Counties region were also the most likely to meet DSM-5 criteria for a substance use disorder (79.5%). Regarding intervention referrals, the Pennyroyal region had the highest rate of referral to education (57.4%) and the Lifeskills region had the highest rate of referral to outpatient treatment (83.7%). Lastly, the compliance rate was highest in the Kentucky River region (92.1%) but was lowest in the Comprehend region (76.9%).

DUI COORDINATOR REGIONS

There were similarities across the four state DUI regions, with a few notable exceptions. Specifically, clients in the Western Central region, the region with the fewest number of assessments submitted (12.7% of the assessments submitted in 2022), were less likely to be White (68.2%) and female (25.4%) than those in the other regions. Clients in the Western Central region were more likely to be convicted of a first DUI offense (80.3%), have a DUI that involved alcohol (86.4%), and report meeting DSM criteria for a substance use disorder overall (79.5%).

Next, the percentage of assessments for individuals who met DSM-5 criteria for an alcohol use disorder ranged from a low of 24.6% for the Eastern region to a high of 56.1% in the Western Central region. Further, AUDIT scores in the Eastern region (4.18) were noticeably lower than in other regions, whereas the percentage of clients who scored 5 or higher on the DAST was

highest in the Eastern region (47.8%). The Eastern region also had the highest rate of drug-involved DUIs (53.7%), with drug-involved clients in that region most frequently reporting being under the influence of marijuana (18.8%), opiates (17.1%), and/or amphetamines (17.1%).

Lastly, clients in the Western region were more likely to have prior DUI convictions in their lifetime (41.8%) and to have a DUI that involved both alcohol and drugs (6.1%). They were also more likely to meet criteria for a drug use disorder (32.2%) and to be referred to outpatient treatment as their highest level of care (69.0%) than clients in other regions.

CONCLUSION

Analysis of DUI assessment records for 2022 indicate that, similar to previous years, individuals convicted of driving under the influence are a group with high rates of substance use disorder and substance use treatment need. While nearly nine of every ten clients are compliant with the substance use services to which they are referred, younger individuals and those with more severe substance use problems are less likely to comply with their education and/or treatment recommendation. This suggests that extra measures may be needed to help retain these groups of clients in substance use services.

Although most DUI assessments were for males and individuals convicted of an alcohol-related DUI, assessment data indicate there was variability across the DUI client population. For example, there have been notable increases for amphetamine-involved DUIs over the past few years. Overall, this diversity underscores the need to ensure clients receive referrals to services that best address their individual needs.



BACKGROUND

STUDY OVERVIEW

The Kentucky Revised Statute 189A.040 requires Kentucky licensed drivers convicted of driving under the influence (DUI) receive a substance use assessment by a state certified DUI assessor in a state licensed and certified DUI program.¹ DUI programs are required [908 KAR 1:310 Section 6(1)(a)4] to enter assessment records via the web-based Kentucky DUI Assessment Instrument (KDAI) within three (3) business days of the assessment. The University of Kentucky Center on Drug and Alcohol Research (CDAR) serves as the repository for state DUI assessment records. Assessment records are stored in a secure database and provide the information presented in this report.

The purpose of the assessment is to determine the extent to which the individual convicted of DUI has an alcohol and/or drug problem and to make a referral to an appropriate level of care to address it. If treatment need is determined, a person can be referred to one or more of the following treatment modalities: outpatient, intensive outpatient, or residential treatment. Referral may also include an education intervention or an education intervention coupled with treatment. If a 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, they are considered “non-compliant.” In either case, once a person is designated as compliant or non-compliant, that assessment record is “completed.” Assessment records previously submitted using KDAI are updated to include completion information once an individual is identified as compliant or non-compliant.

DATA DESCRIPTION

DUI assessment records provide demographic information about the person, information about their DUI offense, results of the assessment, and education/treatment information. Demographic information includes age, gender, race/ethnicity, and household income. In addition, source of payment (e.g., self-payment) for DUI services is recorded. DUI offense information includes current DUI information, DUI conviction history, and county of conviction. Records include three instruments:

- **Alcohol Use Disorders Identification Test (AUDIT)²** – 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 positive (i.e., the individual is likely to have a drinking problem).
- **Drug Abuse Screening Test (DAST)³** – The DAST was developed to assess the extent of drug problems. The test consists of 28 true/false questions scored 1 or 0. A combined score of 5 or more is considered positive (i.e., the individual is likely to have a drug problem).
- **DSM-5 checklist for Substance Use Disorders⁴** – The Diagnostic and Statistical Manual, Fifth Edition (DSM-5) was developed by the American Psychiatric Association as the standard for psychiatric diagnoses. The DSM-5 specifies three categories of substance use disorders: mild, moderate, and severe. Meeting 2-3 criteria for a single substance within a 12-month period

indicates a mild disorder; 4-5 criteria, a moderate disorder; and 6 or more criteria, a severe substance use disorder.

Information about the intervention referral is also noted in the assessment record. This includes the education and/or level(s) of treatment to which the person is referred, as well as the person's compliance or non-compliance with that referral.

DATA SET

This report presents DUI assessment records for assessments conducted between January 1, 2022 and December 31, 2022 as well as trends detailing changes in assessment results over the past several years. In 2022, a total of 13,166 assessment records were entered by certified DUI assessors. It should be noted that the number of submitted assessment records in 2022 is not the same as the number of completed assessment records or the number of DUI convictions in 2022 because persons can be convicted, be assessed, and complete their intervention in separate years. Of the 13,166 assessments conducted in 2022, only 9,543 assessment records (72.5%) were also "completed" before December 31, 2022. Additionally, the number of assessment records is not equal to the number of unique individuals convicted of DUI. A single person can have multiple DUI assessment records in a single calendar year either because of multiple DUI convictions or because they were reassessed due to non-compliance.

LIMITATIONS

There are several limitations to the DUI assessment data. First, there is the issue of incomplete, erroneous, and/or missing data. Although KDAI has successfully reduced the

amount of missing data when compared to the earlier DUI assessment record system, certain fields remain problematic. Blood Alcohol Content (BAC) has the highest percentage of missing or not applicable cases, which is largely due to individuals who were not tested, refused the test, or did not remember the BAC level. Other variables, such as race and household income, have a significant amount of missing cases because they are optional fields. Table 1 presents missing data, including fields that are optional (*) or sometimes not applicable (**).

Table 1: Missing Data (2022)

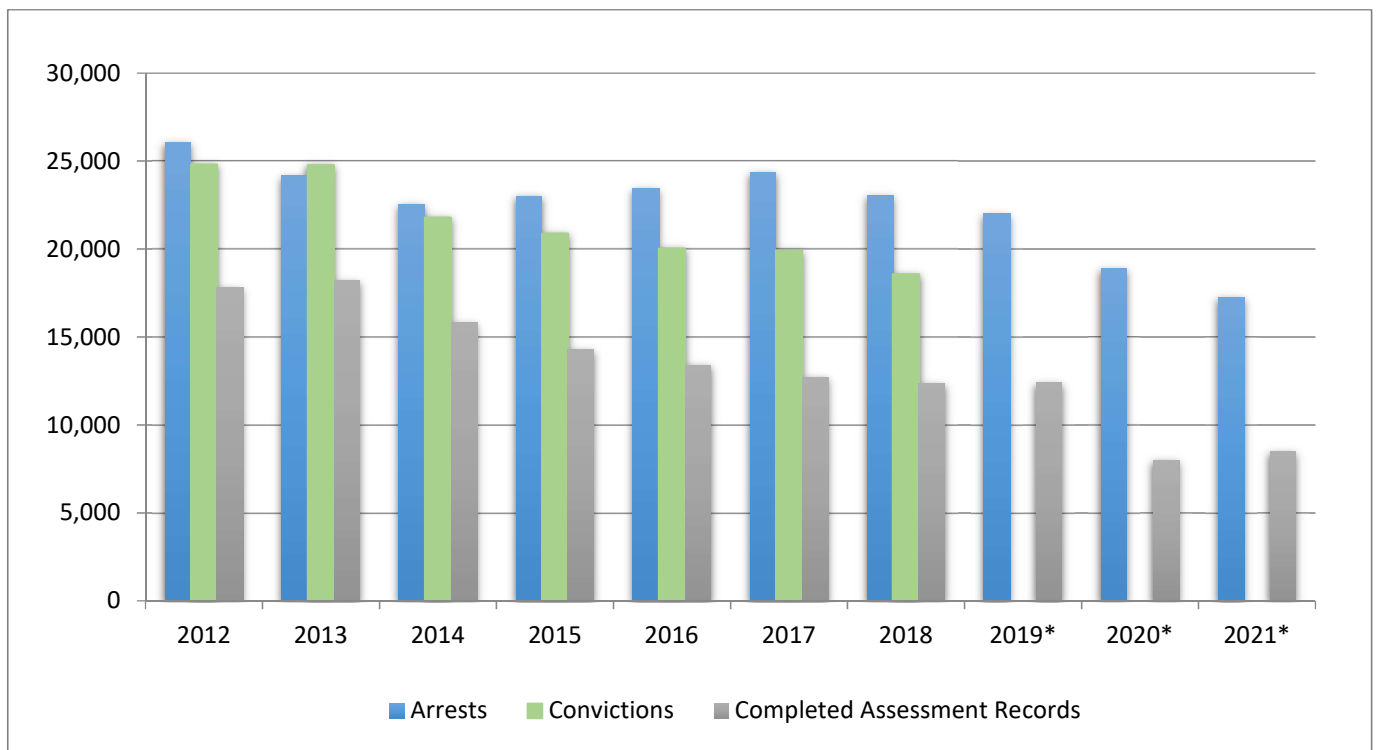
	Missing Assessments	Percentage of Cases
Age at conviction	2	<1%
Race*	2,886	21.9%
Household Income*	5,401	41.0%
BAC**	8,348	63.4%

A second limitation is that most of the data are self-reported, which can be limited by recall.

Lastly, an additional limitation is that these data represent a subset of a larger, unknown number of DUIs in Kentucky. For example, in 2021 there were 17,264 DUI arrests and 8,475 assessment records both created and completed. This difference emphasizes the dangers in comparing frequencies of arrests, convictions, and assessments as there are different requirements and timelines for compiling each of these types of records. Furthermore, as a result of the ongoing COVID-19 pandemic and interruptions to in-person service delivery, 2022 saw far fewer assessment records submitted than in years preceding the pandemic. Thus, it is possible there was a larger percentage of unknown DUIs in 2022.

This report presents DUI assessment records submitted in 2022, which are independent of violation date and conviction date. Caution should be used in comparing these data to other data. For example, a subset of the unaccounted records includes out-of-state licensees who are arrested in Kentucky but are not required to receive an assessment in Kentucky. Assessments would also not be completed or submitted for persons who are incarcerated for an extensive period of time following their DUI arrest. In addition, persons who are arrested for DUI may be convicted of a lesser charge. To demonstrate the differences that often exist across the frequency of arrests, convictions, and assessments and the dangers of comparing across data sources, Figure 1 presents the number of DUI arrests and convictions submitted to the Kentucky State Police (KSP), and completed DUI assessment records for 2012 through 2021. At the time this report was developed, arrest data from KSP were only available through 2021. Additionally, conviction data were not included in the annual KSP *Crime in Kentucky*⁵ report beyond 2018.

Figure 1: DUI Arrests, DUI Convictions, and Completed DUI Assessment Records, 2012 through 2021



*Conviction data were not available for 2019 – 2021.

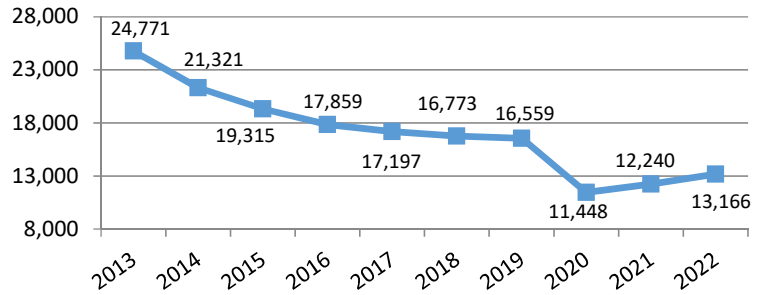


SECTION 1: DUI ASSESSMENTS, ARRESTS, & CONVICTIONS IN KENTUCKY

ASSESSMENTS

Between January 1, 2022 and December 31, 2022, licensed and certified DUI assessors submitted 13,166 assessment records to CDAR on behalf of the Kentucky Division of Program Integrity – a 7.6% increase from the number of assessments submitted in 2021. Figure 2 presents the number of DUI assessment records submitted to CDAR from 2013 to 2022. The average number of assessments received has been 17,065 per year. The sharp increase in assessments in 2013 was related to the transition to a new DUI assessment system, while the recent decrease in the number of assessment records submitted between 2020 and 2022 is likely due to the ongoing COVID-19 pandemic and its continued impact on the justice system and service delivery.

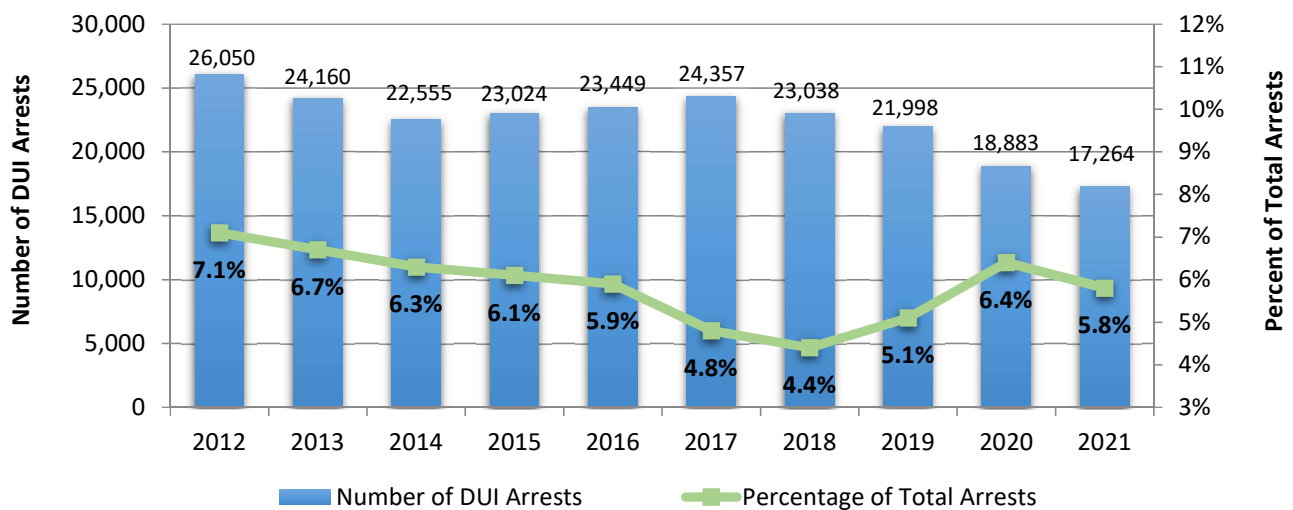
Figure 2: Number of Assessments 2013 to 2022



ARRESTS

The recent decrease in assessment records corresponds to a decrease in DUI arrests. As shown in Figure 3, the percentage of arrests in Kentucky that were for DUI decreased between 2012 and 2018, before increasing in 2019 and 2020. In 2021, the percentage of arrests that were for DUI decreased again – there were 17,264 DUI arrests, which represented 5.8% of all arrests in Kentucky.

Figure 3: Number of DUI Arrests and Percentage of Total Arrests 2012 to 2021

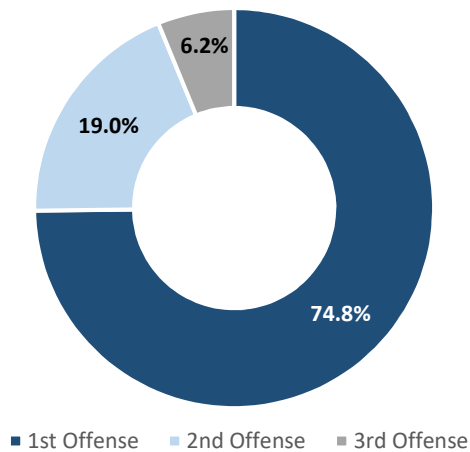


* Arrest data from Kentucky State Police were only available through 2021 at the time this report was developed.

CONVICTIONS

The majority of DUI assessment records submitted in 2022 were for individuals who reported only one lifetime DUI conviction (63.6%). Similarly, 74.8% of the assessment records in 2022 were for individuals convicted of a first offense DUI in the past 10 years. Figure 4 presents the frequencies for each DUI offense type (e.g., convicted of a first offense in the past 10 years) for assessments conducted in 2022. More than one quarter (25.2%) of assessment records in 2022 were for individuals convicted of a second offense DUI or higher – a slight decrease from 25.6% in 2021 (see Appendix A, Figure A.1 on page 40).

Figure 4: DUI Assessments by Offense Type



SECTION 2: DEMOGRAPHICS

GENDER

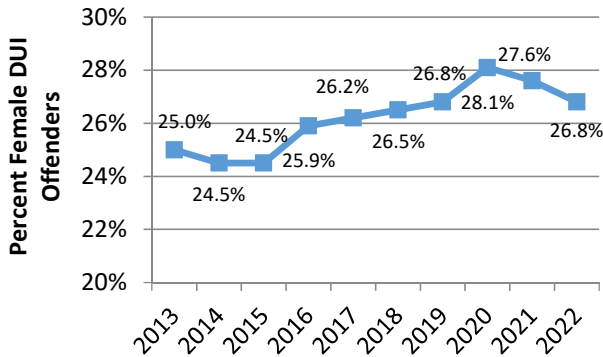
As illustrated in Figure 5, 9,642 (73.2%) of the 13,166 assessments submitted in 2022 were for males, while 3,524 (26.8%) were for females.

Figure 5: DUI Assessments by Gender



Over the past 10 years, the percentage of assessments for females has been increasing overall, reaching a high of 28.1% in 2020 before decreasing again in 2021 and 2022 (see Figure 6).

Figure 6: Percentage of Assessments for Female DUI Clients between 2013 and 2022



RACE/ETHNICITY

In 2022, 10,280 assessments (78.1%) contained client race information (race/ethnicity is an optional field in KDAI). Of those assessments, the majority were for White DUI clients (84.1%), while 969 assessments (9.4%) were submitted for African Americans and 667 (6.5%) for Hispanics or those of another racial/ethnic background.

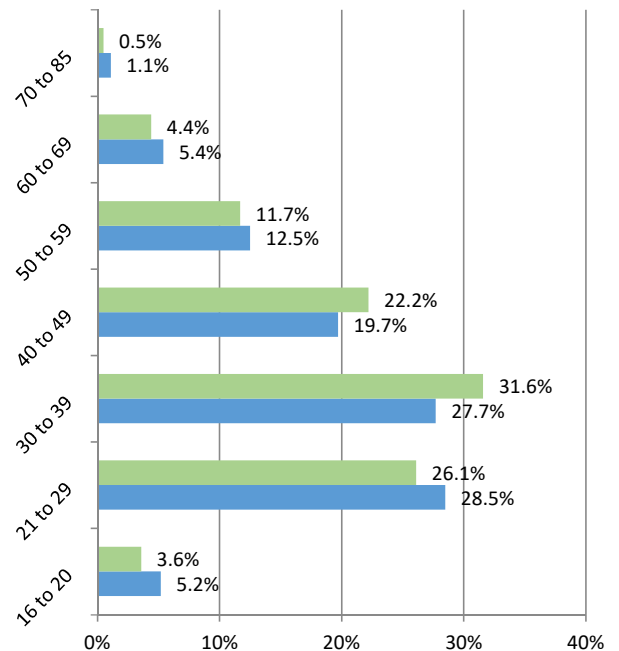
AGE*

*Age at the time of conviction was missing for 2 individuals.

The average age of DUI clients at the time of conviction was 37.2 years. The majority of assessments were for clients between the age of 21 and 39 at the time of conviction (56.5%), while 6.0% were for clients between 60 and 85 years old. There were 627 assessments (4.8%) submitted for DUI clients who were between 16 and 20 years old, which is the lowest it has been in the past decade (see Appendix A, Figure A.2 on page 40).

Client age also varied slightly by gender. As shown in Figure 7, DUI clients under the age of 30 or those 50 and older were more likely to be male, while female clients were more likely to be between the ages of 30 and 49.

Figure 7: Age of DUI Clients by Gender



INCOME

Table 2 presents the number of DUI assessments by yearly household income range. Nearly half of all assessments were conducted for individuals who reported a yearly household income level less than \$20,000 (48.7%), while only 11.2% reported a household income of \$50,000 or more.

Table 2: Assessments by Reported Yearly Household Income*

Household Income	Number of Assessments
Affidavit of Indigence	147
\$0 to 9,999	1,964
\$10,000 to 19,999	1,666
\$20,000 to 29,999	1,383
\$30,000 to 39,999	1,112
\$40,000 to 49,999	624
\$50,000 to 59,999	351
\$60,000 to 69,999	162
\$70,000 to 79,999	116
\$80,000 to 89,999	78
\$90,000 to 99,999	41
\$100,000 or higher	121

* Missing Data = 5,401 Assessments

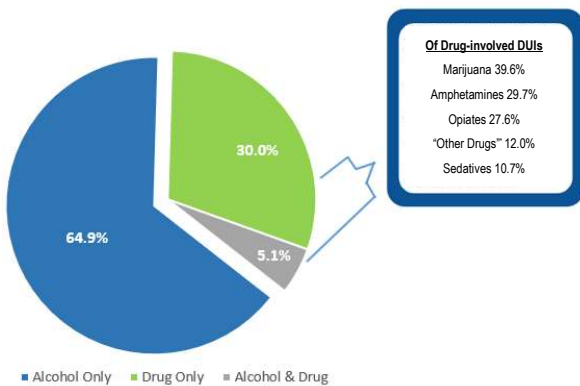
SECTION 3: SUBSTANCES INVOLVED IN DUI ARREST*

*Substances involved in DUI arrest are self-reported.

The majority of assessments submitted in 2022 were for DUI arrests that involved only alcohol (64.9%), while 35.1% were for drug-involved DUI arrests – either drug-only DUIs (30.0%) or DUIs that involved both drugs and alcohol (5.1%). This represents an decrease in drug-involved DUIs from 2021, with 37.8% of DUIs involving drugs. Of the DUIs in 2022 that involved drugs, the most common drug was marijuana, which was involved in 39.6% of drug-involved DUIs (13.9% of DUIs overall). Amphetamines were the second most common drug (29.7% of drug-involved DUIs; 10.5% of DUIs overall), followed by opiates (27.6% of drug-involved DUIs; 9.7% of DUIs overall), “other drugs” (12.0% of drug-involved DUIs; 4.2% of DUIs overall), and lastly, sedatives (10.7% of drug-involved DUIs; 3.8% of DUIs overall). Figure 8 presents the prevalence of drug-involved DUIs across specific drug categories.

35.1% of assessments in 2022 were for drug-involved DUIs.

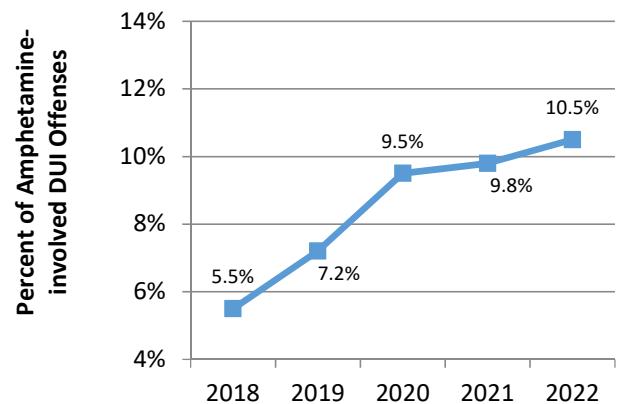
Figure 8: Percentage of Assessments for Alcohol and Drug-involved DUIs



* “Other drugs” includes cocaine, inhalants, hallucinogens, PCP, and an “other drug” category.

Although there was a decrease in the prevalence of drug-involved DUIs this year, the prevalence of amphetamine-involved DUIs continues to increase. As shown in Figure 9, there has been a 90.9% increase since 2018 in the percentage of clients reporting amphetamine involvement in their current DUI arrest. Further, 2022 is the first year that DUIs involving amphetamines were more prevalent than opiate-involved DUIs since 2013 – when KDAI began collecting information on the substance(s) involved in clients’ current DUI arrest.

Figure 9: Percentage of Assessments for Amphetamine-involved DUI Offenses between 2018 and 2022



SUBSTANCES INVOLVED BY GENDER

Both male (67.5%) and female (58.0%) DUI clients were most often involved in an alcohol-only DUI. Female clients, however, were more likely (42.0%) to have a drug-involved DUI than male clients (32.5%). While the prevalence of drug-involved DUIs among female clients increased overall by 51.6% since 2013, it has been decreasing since 2020 (see Appendix A, Figure A.3 on page 40).

SUBSTANCES INVOLVED BY RACE/ETHNICITY*

*Race/Ethnicity is an optional field in KDAI.

**Participants who could not be classified as White, African American, or Hispanic were categorized as “other.”

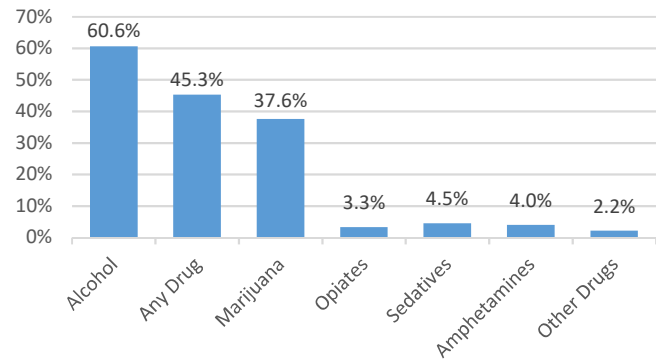
In 2022, White DUI clients were the most likely to report that their current DUI involved drugs (40.0%) – compared to African American DUI clients (24.0%), Hispanic DUI clients (8.2%), and those DUI clients of any other racial or ethnic background (21.3%). Hispanic DUI clients were the most likely to be involved in alcohol-only DUIs (91.8%), followed by DUI clients of any other racial/ethnic background (78.7%), African American DUI clients (76.0%), and then White DUI clients (60.0%). The percentage of clients who reported having driven under the influence of both alcohol and drugs was highest for African American DUI clients (7.4%).

SUBSTANCES INVOLVED BY AGE*

*Age at the time of conviction was missing for 2 individuals.

Similar to previous years, in 2022 there was a relationship between the DUI client’s age at conviction and the type of substance(s) involved in the current DUI. Older persons were more likely to be involved in an alcohol-only DUI compared to younger DUI clients. Specifically, more than three-quarters (79.6%) of DUI clients age 60 or older had an alcohol-only DUI, while clients between the ages of 16 and 39 were more likely (36.1%) to have a drug-involved DUI. Underage (< 21 years old) DUI clients were more likely than any other age group to have a DUI offense that involved both alcohol and drugs (5.9%). As presented in Figure 10, among underage DUI clients, marijuana was more likely to be involved than any other drug (37.6%), followed by sedatives at 4.5%.

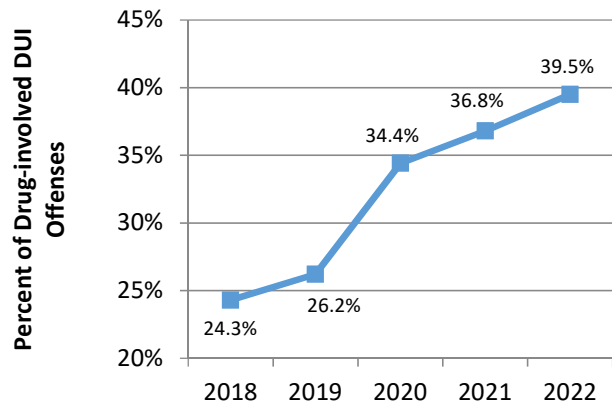
Figure 10: Substances Involved for Underage DUI Clients



SUBSTANCES INVOLVED BY OFFENSE TYPE

DUI clients convicted of a first offense DUI were slightly more likely to have an alcohol-only DUI (65.4%) – compared to 64.6% of those with a second offense DUI and 60.5% of those with a third offense DUI or higher. DUI clients with a third offense DUI or higher were more likely to have a drug-involved DUI (39.5%) than clients with fewer DUI offenses (34.8%). Drug-involved DUI offenses have increased by 62.6% over the past 5 years among those with a third offense or higher (see Figure 11).

Figure 11: Percentage of Drug-involved DUIs among Individuals with a Third Offense DUI or Higher between 2018 and 2022



BIOLOGICAL TESTING FOR THE PRESENCE OF ALCOHOL AND DRUGS

More than two-thirds (70.0%) of DUI clients self-reported their current DUI involved alcohol, but less than half of DUI clients reported that they were tested for alcohol during their DUI arrest (49.2%). Most of those who had their alcohol level measured (n=6,478) reported receiving a breath analysis (85.5%).

While 6,478 clients were tested for alcohol, only 4,818 (36.6% of the total assessments) were able to provide their blood alcohol content (BAC) from their current DUI arrest. The majority of those 4,818 clients had a BAC that was between .08 g/dL (the legal limit) and .16 g/dL (59.1%). Approximately 7.9% had a BAC that was at least three times the legal limit (.24g/dL or higher).

On the other hand, 35.1% of clients self-reported being under the influence of drugs at the time of their current offense, and only 20.5% reported being drug tested as part of their current DUI. Of the 2,704 who were drug tested, nearly all had their blood tested (99.0%).

Of those tested, urine was the least frequently used test method for both alcohol (0.1%) and drug use (1.0%).

SECTION 4: SCREENING INSTRUMENTS AND DSM-5

AUDIT

The Alcohol Use Disorders Identification Test (AUDIT) is designed to identify problem drinking. This screening instrument consists of 10 questions, each scored from 0 to 4. The final score is computed as the sum of the 10 individual question scores. A final score of 8 or more suggests a likely drinking problem. Of the 13,166 submitted assessments, 3,914 (29.7%) had a positive (≥ 8) AUDIT score. The average AUDIT score was 5.97. Appendix B (page 42) contains the frequency of each response option and the average scores for each of the AUDIT questions.

DAST

The Drug Abuse Screening Test (DAST) assesses drug use problems. This screening instrument consists of 28 true/false questions scored as 1 or 0. A summed score of 5 or more identifies a person with a potential drug problem. Slightly more than one of every three assessments had a positive (≥ 5) DAST score (33.9%). The average DAST score was 4.95. Appendix C (page 45) contains the frequency of “yes” responses and the average scores for each of the DAST questions.

Please note that screening instruments do not dictate a level of care. Screening instruments, in combination with a face-to-face clinical interview, assist DUI assessors in determining the appropriate level of care for DUI clients.

AUDIT/DAST BY GENDER

As shown in Table 3, male DUI clients had a higher average AUDIT score than females, with 31.9% of male clients having a positive score (see Appendix B for AUDIT questions by gender).

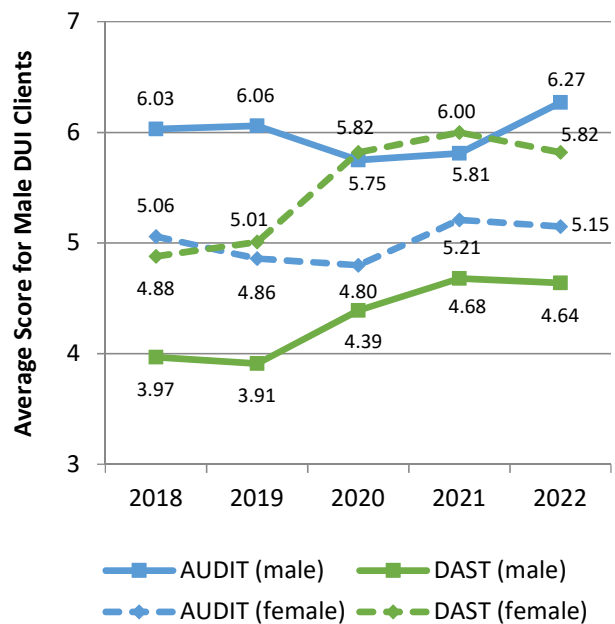
Females, on the other hand, had a higher average DAST score than males (see Appendix C for DAST questions by gender). More than one-third (38.2%) of female DUI clients had a positive DAST score.

Table 3: Screening Instruments by Gender

	Males	Females
Positive AUDIT	31.9%	23.8%
Average AUDIT Score	6.27	5.15
Positive DAST	32.4%	38.2%
Average DAST Score	4.64	5.82

Between 2018 and 2020, AUDIT scores for DUI clients in Kentucky decreased overall, but since 2020 scores have increased. Males, in particular, saw a larger increase (see Figure 12). DAST scores have increased overall, but both males and females saw a decrease in 2022.

Figure 12: Screening Instruments for Males and Females between 2018 and 2022



AUDIT/DAST BY RACE/ETHNICITY*

*Race/Ethnicity is an optional field in KDAI.

Hispanic DUI clients had the highest average AUDIT score (7.85) but the lowest average DAST score (0.92). White DUI clients, on the other hand, had the highest average DAST score (5.52) but the lowest average AUDIT score (5.58).

AUDIT/DAST BY AGE*

*Age at the time of conviction was missing for 2 individuals.

AUDIT scores increase overall with the age of DUI clients, while DAST scores are lower for older clients. More specifically, individuals between the ages of 60 and 69 had the highest average AUDIT score (6.96), while those between 70 and 85 had the lowest DAST scores (0.55). Underage (< 21 years old) DUI clients had the lowest average AUDIT score (5.35) and clients between the ages of 30 and 39 had the highest DAST scores (6.27).

AUDIT scores increase with DUI clients' age, while DAST scores are lowest for those older than 50.

AUDIT/DAST BY SUBSTANCE(S) INVOLVED

DUI clients with alcohol-involved DUIs had higher AUDIT scores – 7.76 for individuals with an alcohol-only DUI and 7.20 for those with a DUI that involved both alcohol and drugs. Clients with drug-only DUIs had an average AUDIT score of 1.88. DAST scores, however, were higher for those clients who had drug-involved DUIs – 11.17 for those with drug-only DUIs and 8.65 for clients who had a DUI involving both alcohol and drugs. Clients with alcohol-only DUIs had an average DAST score of 1.79.

AUDIT/DAST BY DUI OFFENSE TYPE

Clients with multiple DUI convictions scored higher on both the AUDIT and the DAST. Specifically, clients convicted of a third or higher DUI offense had the highest average AUDIT (7.65) and DAST (6.99) scores. Conversely, assessments for DUI clients convicted of a first DUI offense had the lowest average AUDIT (5.63) and DAST (4.52) scores.

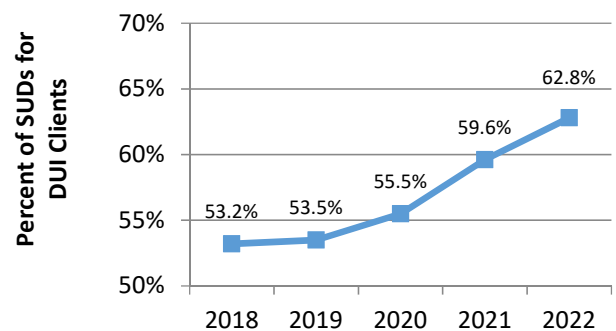
Clients with multiple DUI convictions had higher scores on the AUDIT and DAST.

DSM-5 SUBSTANCE USE DISORDERS

According to the DSM-5, individuals who meet two or more DSM criteria for a given substance within a 12-month period have a substance use disorder. Meeting 2-3 criteria within a 12-month period indicates a mild disorder; 4-5 criteria, a moderate disorder; and 6 or more criteria, a severe substance use disorder. In 2022, 62.8% of DUI clients who were assessed met criteria for a substance use disorder, which has steadily increased since 2018 (see Figure 13).

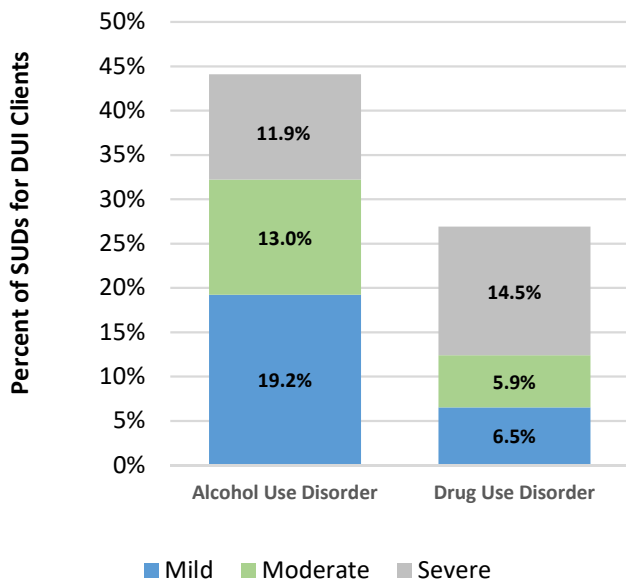
The majority of of DUI clients met DSM-5 criteria for a substance use disorder (62.8%).

Figure 13: Percentage of Clients with a Substance Use Disorder between 2018 and 2022



Most met criteria for an alcohol use disorder (44.1%), compared to 26.9% for a drug use disorder. As presented in Figure 14, a greater percentage of clients with a drug use disorder met six or more DSM criteria (i.e., severe substance use disorder). For a list of DSM criteria and the frequency that each of the criteria were identified as “present” in 2022, see Appendix D (page 49).

Figure 14: DSM-5 Substance Use Disorders by Severity Level

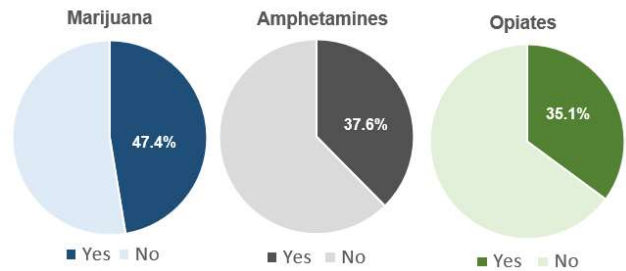


When focusing on substance use disorder information across individual substances, DUI clients were more likely to meet criteria for an alcohol use disorder than any non-alcohol drug. However, as shown in Figure 15, out of the 3,539 assessments submitted for clients who met criteria for a drug use disorder, marijuana use disorders were the most common (47.4%), followed by amphetamine use disorders (37.6%) and opiate use disorders (35.1%). Sedatives (8.4%) and “other drugs”^{*} (7.9%) were the least common drug use disorders (not shown). Compared to others with a substance use disorder, individuals with an opiate use disorder were more likely to

meet criteria for a severe substance use disorder (25.9%), followed closely by those with an amphetamine use disorder (25.3%). On the other hand, those who met criteria for a sedative use disorder were least likely to meet criteria for a severe substance use disorder (4.3%).

^{*}“Other drugs” includes cocaine, inhalants, hallucinogens, PCP, and an “other drug” category.

Figure 15: DSM-5 Drug Use Disorders^{*}



^{*}Among those with a drug use disorder.

DSM-5 SUBSTANCE USE DISORDERS BY GENDER

In 2022, males were slightly more likely to meet criteria for a substance use disorder (63.2%) compared to females (61.9%). Females convicted of DUI had a higher rate of drug use disorders (31.0%) compared to males convicted of DUI (25.4%). However, males had a higher rate of alcohol use disorders (46.2% vs. 38.1%). Males and females met criteria for both a drug and alcohol use disorder at similar rates (8.5% vs. 7.1%, respectively).

Table 4 presents the percentage of assessment records for DUI clients who met criteria for a substance use disorder separated by severity and by gender. Females convicted of DUI had a higher rate of severe substance use disorders (27.3%) compared to males (22.4%), while males had a

higher rate of both mild and moderate substance use disorders.

Table 4: DSM-5 Substance Use Disorder Severity by Gender

	Males	Females	Total
No Disorder	3,552 (36.8%)	1,342 (38.1%)	4,894 (37.2%)
Mild	2,261 (23.4%)	688 (19.5%)	2,949 (22.4%)
Moderate	1,678 (17.4%)	533 (15.1%)	2,211 (16.8%)
Severe	2,151 (22.4%)	961 (27.3%)	3,112 (23.6%)

DSM-5 SUBSTANCE USE DISORDERS BY OFFENSE TYPE

The percentage of assessments for DUI clients reporting DSM criteria for an alcohol use disorder (AUD) increases with multiple DUI convictions. More than one-third (41.7%) of assessments for individuals with a first DUI offense indicate an alcohol use disorder while 52.0% of those with a third or higher DUI offense have an alcohol use disorder. Similarly, the percentage of assessments for DUI clients reporting a drug use disorder (DUD) increases from 25.9% among those with a first DUI offense to 32.0% among those with a third or higher DUI offense.

The percentage of assessments for DUI clients who met criteria for a severe substance use disorder also increases as clients are convicted of subsequent offenses. Specifically, 19.8% of DUI clients with a first offense DUI met criteria for a severe substance use disorder compared to 44.1% of clients convicted of a third or higher DUI offense. Clients with a first offense DUI who met DSM-5 criteria for a substance use disorder were most likely to meet criteria for a mild disorder (23.7%) compared to those convicted of a second

offense (19.7%) or a third offense or higher (14.7%).

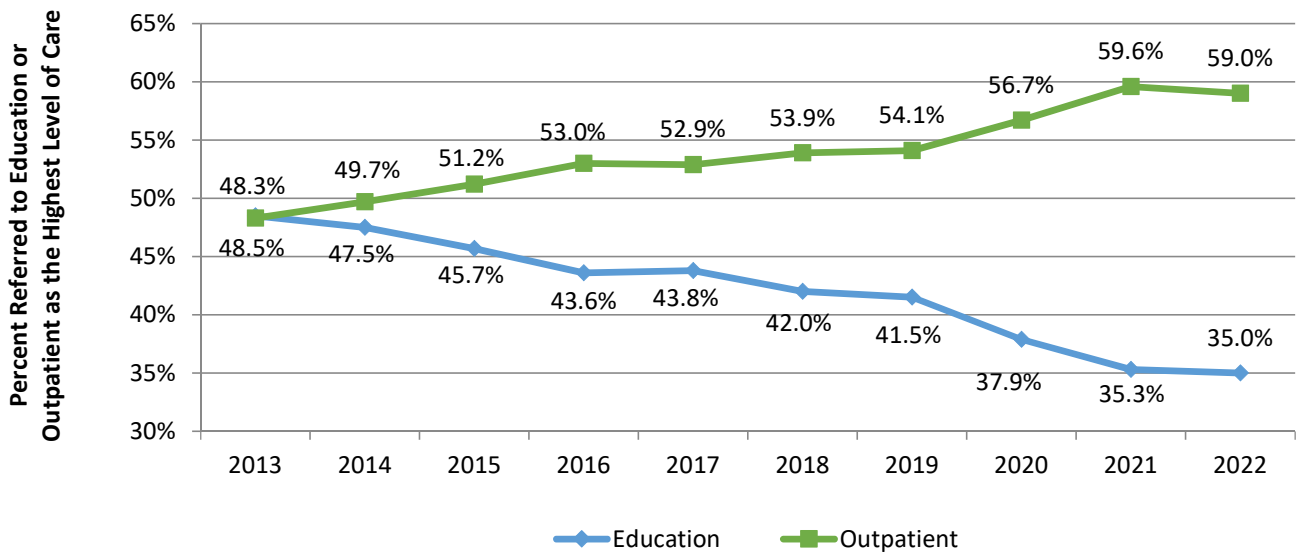
DSM-5 SUBSTANCE USE DISORDERS BY SUBSTANCE(S) INVOLVED

Clients whose current DUI involved both alcohol and drugs were more likely to meet criteria for a substance use disorder (67.6%) compared to those with alcohol-only (62.9%) or drug-only DUIs (62.0%). Clients whose current DUI involved only drugs were more likely to meet criteria (60.8%) for a drug use disorder while those involved in alcohol-only DUIs were more likely to meet criteria for an alcohol use disorder (60.0%). Finally, individuals whose current DUI involved drugs were more likely to meet criteria for a severe substance use disorder (36.1%) compared to those whose current DUI involved alcohol (17.6%).

SECTION 5: TREATMENT REFERRALS

This section presents education and treatment intervention referral data. Consistent with 2021, a majority of assessments submitted in 2022 were for DUI clients referred for outpatient treatment as their highest level of care (59.0%) followed by education referrals (35.0%), residential treatment referrals (3.7%), and intensive outpatient (IOP) treatment referrals (2.3%). Figure 16 presents the percentage of assessments that resulted in a referral for education or outpatient as the highest level of care from 2013 to 2022. As shown, the percentage of outpatient referrals has been increasing since 2013 – though it did decrease slightly again in 2022. Simultaneously, education referrals have decreased consistently since 2013. The percentage of assessments with an intensive outpatient or residential treatment referral has nearly doubled since 2013 – increasing from 3.3% to 6.0% in 2022 (see Appendix A, Figure A.4 on page 41).

Figure 16: Education and Outpatient Referrals 2013 to 2022*



*Only the highest level of care recommended is provided. If an individual was recommended for education and outpatient, only the outpatient recommendation is presented.

Table 5 presents the number of referrals to each level of care, including multiple referrals. This represents the total number of referrals to a specific intervention regardless of how many other levels of care were recommended. Approximately 94% of recommended referrals were for outpatient and/or education. It is interesting to note that 5.4% of assessments had a referral to multiple levels of care, but specifically among those with a

residential referral, 21.9% had a recommendation for an additional level of care.

Table 5: Total Referrals*

Education	5,160
Outpatient	7,909
Intensive Outpatient	342
Residential	488

*Some assessments are counted twice because some individuals are referred to more than one level of care.

LEVEL OF CARE BY GENDER

Both male (59.3%) and female (58.1%) DUI clients were most often referred to an outpatient intervention as their highest level of care. Referrals to education were the same for both males and females (35.0%), while the percentage of referrals to intensive outpatient and residential treatment were slightly higher for female (6.9%) compared to male (5.7%) DUI clients.

LEVEL OF CARE BY RACE/ETHNICITY*

*Race/Ethnicity is an optional field in KDAI.

**Participants who could not be classified as White, African American, or Hispanic were categorized as "other."

Compared to other racial/ethnic groups, Hispanic DUI clients were more often referred to outpatient treatment (62.1%). African American DUI clients were the least likely to be referred to outpatient treatment (55.5%), but were more likely to be referred to an education intervention (41.1%) compared to DUI clients who were White (32.0%), Hispanic (36.8%), or from any other racial/ethnic background (38.0%). White clients were more often referred to intensive outpatient and residential treatment (7.7%) than other racial/ethnic groups.

LEVEL OF CARE BY AGE*

*Age at the time of conviction was missing for 2 individuals.

Older DUI clients (70+) were more likely to be referred to an education intervention (47.1%) as their highest level of care compared to younger clients. Compared to other age groups, persons who were between the ages of 30 and 59 were more likely to be referred to outpatient treatment (60.7%) as their highest level of care. DUI clients between the ages of 40 and 49 had the highest rate of referrals to intensive outpatient or residential

treatment (7.7%), while no one over the age of 70 was referred to intensive outpatient or residential treatment.

LEVEL OF CARE BY OFFENSE TYPE

In 2022, clients convicted of a first offense DUI were more likely to be referred to an education intervention (44.2%) as their highest level of care compared to those convicted of a second offense (7.3%) or a third or higher offense (8.2%). Those convicted of a second (84.9%) or third or higher (78.9%) DUI offense were more likely to be referred to outpatient treatment as their highest level of care. Intensive outpatient or residential treatment referrals were most common among clients with a third or higher DUI offense (12.9%), compared to those with either a first or second DUI offense (5.0% and 7.8%, respectively).

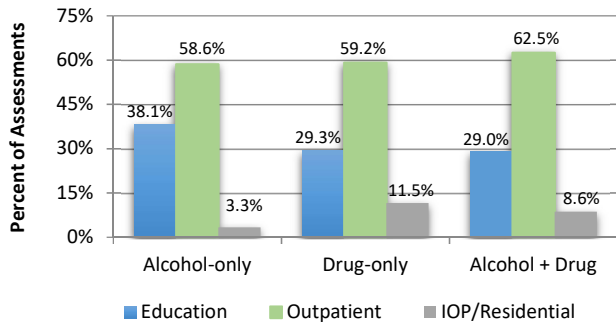
83.4% of clients convicted of a second or higher DUI offense were referred to outpatient treatment.

LEVEL OF CARE BY SUBSTANCE(S) INVOLVED

Figure 17 presents the highest level of care recommended by the type of substance(s) involved in the current DUI offense. DUI clients across all categories were most likely to be referred to outpatient treatment as their highest level of care. Clients with an alcohol-only DUI were referred to education (38.1%) as their highest level of care more often than clients with a drug-involved DUI (29.2%). On the other hand, clients whose DUI involved only drugs were referred to IOP or residential treatment more often (11.5%) than clients with an alcohol-involved DUI (3.7%). Lastly, clients with a DUI that involved both drugs and alcohol were more likely

(62.5%) to be referred to outpatient treatment than those who reported their current DUI involved only alcohol (58.6%) or drugs (59.2%).

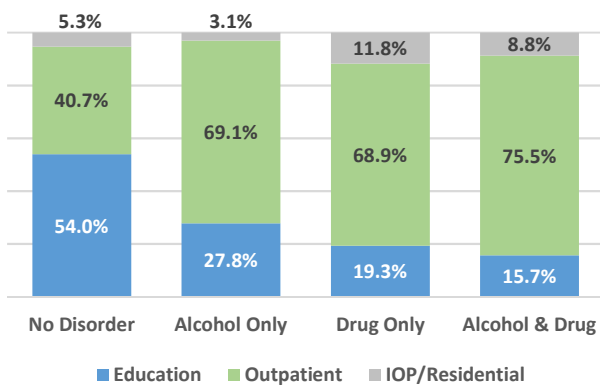
Figure 17: Highest Level of Care by Substances Involved in DUI Arrest



LEVEL OF CARE BY DSM-5 SUBSTANCE USE DISORDERS

Figure 18 presents the highest level of care by DSM-5 substance use disorders. Persons who met criteria for both an alcohol use and drug use disorder in the past 12 months were more likely than other DUI clients to have received a treatment recommendation (84.3%), followed by those meeting criteria for only a drug use disorder (80.7%). Persons who did not meet criteria for a substance use disorder were most likely to be referred to education (54.0%).

Figure 18: Highest Level of Care by DSM-5 Substance Use Disorders



Highest level of care recommended is also related to DSM-5 substance use disorder severity. Nearly nine out of every ten individuals (87.1%) who met criteria for a severe substance use disorder were referred to some type of treatment; 13.4% were specifically referred to either intensive outpatient or residential treatment. Individuals meeting criteria for a mild substance use disorder were more likely to be referred to education (34.7%) compared to those with more severe substance use disorders.

SECTION 6: COMPLIANCE

Of the 13,166 assessment records, 9,543 records (72.5%) were completed before December 31, 2022. As described in the Background (page 9), this means that the client either met or did not meet the requirements of their education and/or treatment intervention to which they were referred and, as a result, was deemed by the DUI assessor as compliant or non-compliant. Figure 19 presents assessments by compliance for those records that were completed during 2022. Overall, more than eight of every ten (86.2%) DUI assessments were for clients compliant with their assigned intervention.

Figure 19: Compliant vs. Non-Compliant



There are four reasons a DUI client can be deemed non-compliant with their education and/or treatment recommendations. Table 6 lists the reasons DUI clients can be deemed non-compliant and the corresponding percentages for calendar year 2022. Failure to comply with attendance requirements was the most frequently cited reason for non-compliance.

Table 6: Main Reason for Non-Compliance

Failure to achieve treatment plan goals	5.3%
Failure to comply with rules of conduct	1.1%
Failure to comply with attendance requirements	89.8%
Failure to pay fees	3.8%

Compliance rates have not varied widely over the past 10 years, with a low of 82.0% in 2016 and a high of 87.8% in 2021 (see Appendix A, Figure A.5 on page 41).

COMPLIANCE BY GENDER

Compliance rates were comparable across gender. Male clients were only slightly more likely to be compliant (86.4%) compared to female clients (85.6%).

COMPLIANCE BY RACE/ETHNICITY*

*Race/Ethnicity is an optional field in KDAI.

**Participants who could not be classified as White, African American, or Hispanic were categorized as “other.”

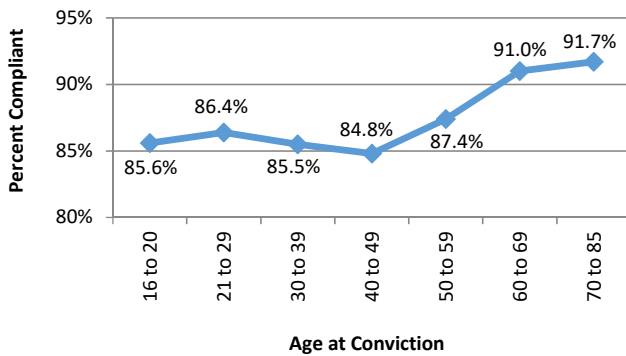
Consistent with previous years, Hispanic (92.1%) DUI clients were the most likely to be compliant with their recommended DUI interventions – compared to 81.0% of African American DUI clients, 86.1% of White DUI clients, and 84.7% of clients from another racial/ethnic background.

COMPLIANCE BY AGE*

*Age at the time of conviction was missing for 2 individuals who were assessed and completed during 2022.

In 2022, as shown in Figure 20 on the following page, client age was related to compliance with recommended intervention. Specifically, older DUI clients were more likely to comply with their recommended intervention - those 70 and older were the most likely to comply (91.7%), followed by those between the ages of 60 and 69 (91.0%). DUI clients between the ages of 40 and 49 were the least likely to comply with their recommended intervention (84.8%).

Figure 20: Compliance by Age



COMPLIANCE BY OFFENSE TYPE

The likelihood of compliance decreased with each subsequent conviction. Specifically, individuals convicted of a third offense DUI or higher were the least likely to comply with their assigned intervention (61.9%), while DUI clients convicted of a first offense DUI were the most likely to be compliant (89.7%).

COMPLIANCE BY SUBSTANCE(S) INVOLVED

DUI clients who reported driving under the influence of drugs with their current DUI were less likely to comply with their education and/or treatment recommendations (83.3%) compared to clients involved in alcohol-only DUIs (87.8%). Eight-five percent (85.1%) of DUI clients who reported driving under the influence of both alcohol and drugs were compliant with their education and/or treatment recommendations.

Compliance rates were lower among clients reporting a drug-involved DUI.

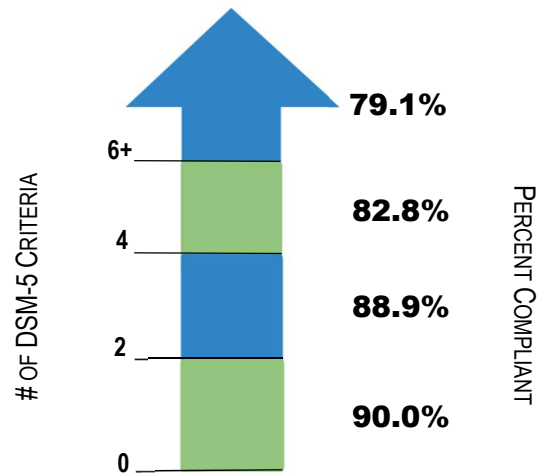
COMPLIANCE BY DSM-5 SUBSTANCE USE DISORDERS

DUI clients who met two or more substance use disorder criteria in the past 12 months were less

likely to be compliant with their assigned intervention than those with no substance use disorder (83.7% vs. 90.0%). Among those who met criteria for a substance use disorder, individuals who met two or more DSM-5 criteria for both a drug and alcohol use disorder were the least likely to be compliant (77.3%), while those meeting criteria for only an alcohol use disorder were the most likely to be compliant (85.4%).

Figure 21 presents compliance by DSM-5 substance use disorder criteria. As shown, the likelihood of compliance decreased as substance use disorder severity increased, with those clients meeting six or more criteria being the least likely to be compliant.

Figure 21: Compliance by DSM-5 Substance Use Disorder Criteria



COMPLIANCE BY HIGHEST LEVEL OF CARE RECOMMENDED

Consistent with previous years, individuals referred for residential treatment showed the highest percentages of compliance (98.4%), while persons referred to intensive outpatient were the least likely to be compliant with their intervention (78.7%).

SECTION 7: COMMUNITY MENTAL HEALTH CENTER REGIONS

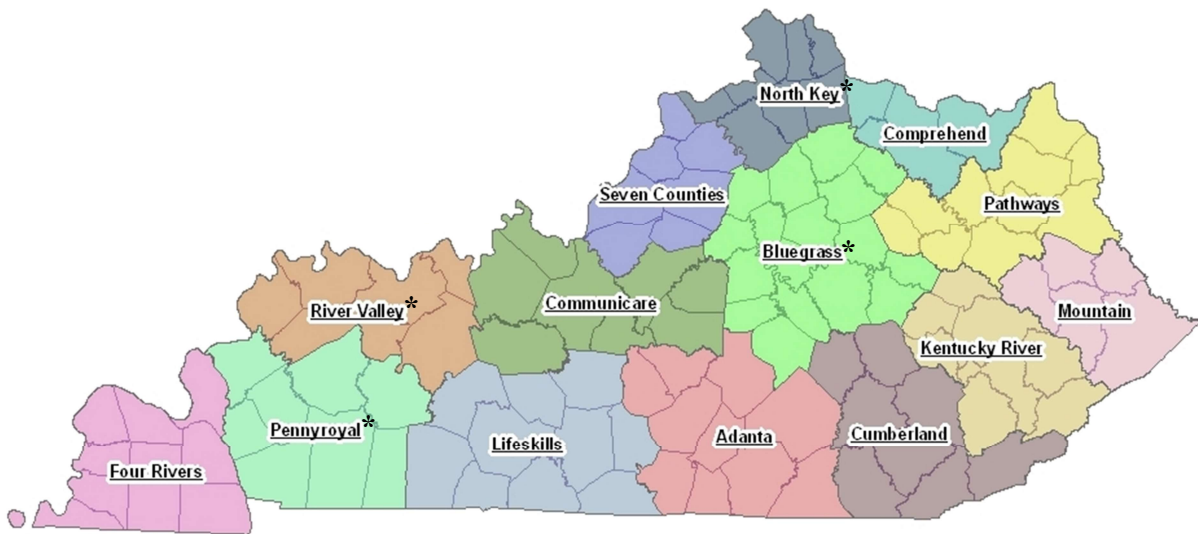
Kentucky has 14 Community Mental Health Centers (CMHC) that provide publicly-funded services to individuals experiencing mental health or substance use problems. Of those 14 CMHCs, 10 are licensed and certified DUI programs. Table 7 presents the number of programs and assessment records submitted by these centers (publicly-funded) and privately-owned DUI programs. CMHCs submitted an average of 260 assessments per program in 2022, while private programs submitted an average of 114 assessments per program. There were 10 privately-owned DUI programs that submitted fewer than 10 assessments.

Table 7: CMHC and Privately-owned Program Assessments

	CMHC	Private	Total
Assessments Submitted	2,601	10,565	13,166
Number of Programs	10	93	103
Average Assessments per Program	260.1	113.6	127.8

In this section, DUI assessment information is presented for the CMHC regions, including all certified DUI programs (public and private) within that geographic region, **not** just the CMHC serving the region. Figure 22 presents a map of Kentucky’s CMHC regions, each of which are comprised of multiple counties.

Figure 22: Community Mental Health Center Regional Map



*In these four regions, CMHCs were not certified to provide DUI services.

CMHC DEMOGRAPHIC DIFFERENCES

There were few demographic differences found across CMHC regions. The average age of DUI clients across Kentucky was 37.2 years but the average age across CMHC regions ranged from a low of 35.9 years in the Bluegrass region to a high of 38.9 in the Mountain region. Around two-thirds of the clients in the

Bluegrass region were under the age of 40 (67.1%), but only 53.0% of clients in the Mountain region were under the age of 40. The percentage of male DUI clients was also similar across regions, ranging from a low of 70.7% in the Bluegrass region to a high of 77.9% in the Comprehend region. For a more detailed breakdown of demographic information across CMHC regions, refer to Table E.1 in Appendix E (page 51).

CMHC REGIONS AND CONVICTION HISTORY

The average number of lifetime DUI convictions for Kentucky clients was 1.60. Clients in the Pathways region had the highest average number of lifetime DUI convictions (1.89). First-time offenders were a majority in all regions, though North Key had the highest percentage of assessments for first-time offenders (72.8%). Comprehend had the highest percentage of assessments for DUI clients with a second conviction (29.3%), and Pathways had the highest percentage of assessments for clients with three or more lifetime DUI convictions (21.7%).

Similar to lifetime DUI convictions, individuals convicted of a first DUI offense (in the past 10 years) for their current DUI were a majority in all regions. North Key had the highest percentage of assessments for first DUI offenses (80.7%). Communicare had the highest percentage of assessments for second DUI offenses (23.2%), and Cumberland River had the highest percentage for third or higher DUI convictions (9.6%).

See Tables E.2 and E.3 in Appendix E (page 52) for additional details about the number of lifetime DUI convictions and current DUI conviction type across CMHC regions.

CMHC REGIONS AND SUBSTANCE(S) INVOLVED

The types of substances involved in DUIs varied widely across CMHC regions. Compared to other regions, DUIs that involved only alcohol were most common in the Seven Counties region (83.2%), but were the least common in the Kentucky River region (28.5%). The Kentucky River region did have the highest prevalence of drug-only DUIs (65.9%). Finally, clients in the Comprehend region were more likely than individuals from any other region to have a DUI that involved both alcohol and drugs (9.3%). For a breakdown of the types of substances involved in clients' current DUI, see Table E.4 in Appendix E (page 53).

Across the state, alcohol was involved more often than any specific type of drug, while marijuana was the most commonly involved drug. In 2022, 13.9% of all DUIs involved marijuana. As shown

Marijuana was the most commonly reported drug involved in DUIs in ten CMHC regions.

in Figure 23 on the following page, among drug-involved DUIs (n=4,619), marijuana was the most commonly reported drug involved for DUI clients in ten of

the CMHC regions. In the North Key, Mountain, and Cumberland River regions, opiates were more likely to be involved than any other specific type of drugs, while in the Pathways region, amphetamines were more likely to be involved.

For a more detailed breakdown of drug involvement in each of the 14 CMHC regions, refer to Figures 23 through 27 on the following page. These maps show the prevalence of involvement among drug-involved DUIs for marijuana, opiates, sedatives, and amphetamines by CMHC region.

Figure 23: CMHC Regional Map with Most Commonly Involved Drug

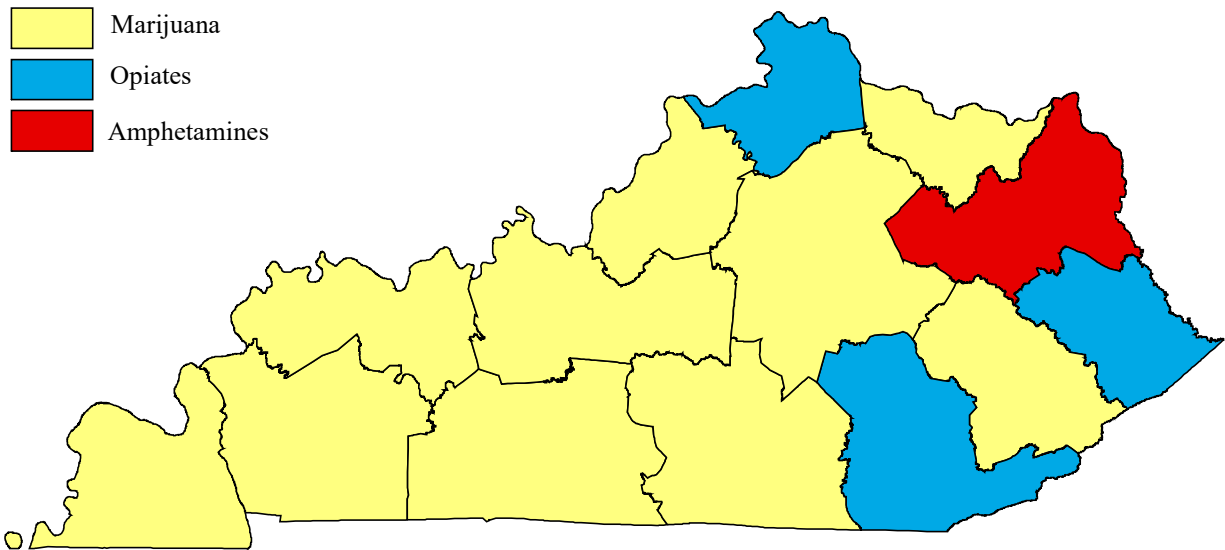


Figure 24: Marijuana Involvement by CMHC Region*

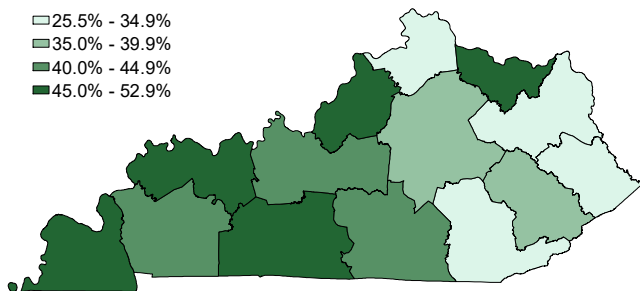


Figure 26: Amphetamine Involvement by CMHC Region*

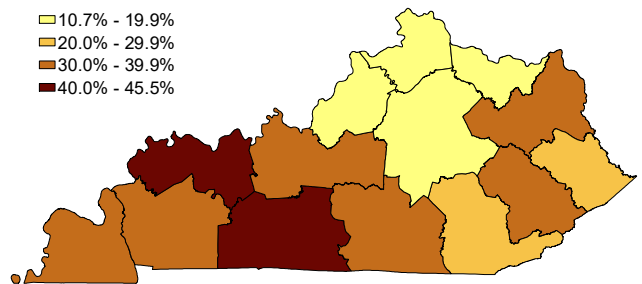


Figure 25: Opiate Involvement by CMHC Region*

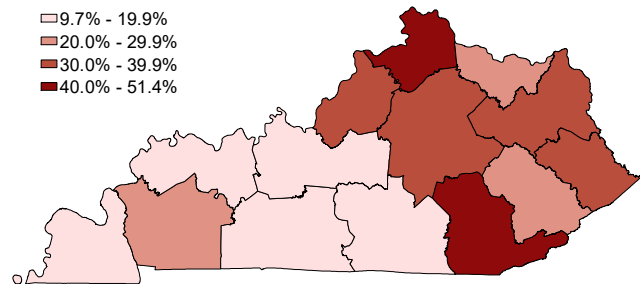
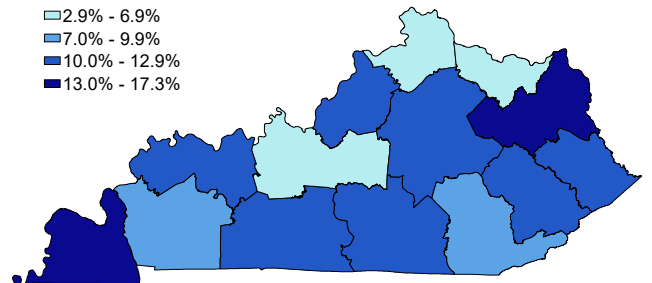


Figure 27: Sedative Involvement by CMHC Region*



*Represents the percentage of specific drug reported among only drug-involved DUIs in the region.

CMHC REGIONS AND SCREENING INSTRUMENTS AND DSM-5

Table 8 presents the percentage of assessments with positive scores for the AUDIT (≥ 8) and DAST (≥ 5) and the percentage of assessments for clients who met DSM-5 substance use disorder criteria by CMHC region. The Seven Counties region had the highest percentage of positive AUDIT scores (45.1%) with an average AUDIT score of 7.63. The Mountain region had the fewest (10.5%) positive AUDIT scores with an average score of 2.79. The Kentucky River region had the highest percentage of positive DAST scores (69.9%), with an average DAST score of 10.73. Seven Counties had the fewest (16.3%) with an average score of 2.18. Table E.5 in Appendix E (page 53) provides the average AUDIT and DAST score for each of the CMHC regions.

Table 8: CMHC Screening Instruments and DSM-5

	AUDIT % Positive	DAST % Positive	DSM-5 Substance Use Disorder
Four Rivers	31.6%	30.2%	68.2%
Pennyroyal	21.8%	32.0%	55.2%
River Valley	38.0%	39.7%	72.2%
Lifeskills	33.4%	40.3%	73.9%
Communicare	27.1%	38.0%	66.0%
Seven Counties	45.1%	16.3%	79.5%
North Key	32.7%	26.4%	70.7%
Comprehend	17.1%	25.0%	73.6%
Pathways	23.5%	56.9%	56.5%
Mountain	10.5%	41.8%	30.8%
Kentucky River	17.5%	69.9%	78.5%
Cumberland River	13.2%	42.6%	31.5%
Adanta	23.4%	43.5%	45.5%
Bluegrass	30.6%	25.3%	58.4%
All Regions	29.7%	33.9%	62.8%

RED = Lowest value in column; **BLUE** = Highest value in column

Looking at the DSM-5, clients in the Seven Counties region were more likely to meet DSM-5 criteria for a substance use disorder (79.5%) compared to those from other CMHC regions. Those from the Mountain region were the least likely to meet criteria for a substance use disorder (30.8%). The Kentucky River region had the highest percentage of clients meeting criteria for a severe substance use disorder (44.7%) while clients in the North Key region were more likely to meet criteria for a mild substance use disorder (36.2%) compared to other regions.

CMHC REGIONS AND LEVEL OF CARE

Level of care refers to assessors’ education and treatment intervention referrals – specifically, the highest level assigned for each assessment is provided (i.e. when more than one level of care was assigned, only the highest, most intensive level is presented here). Although outpatient treatment was the highest level of care recommended for more than half (59.0%) of Kentucky DUI clients in 2022, it was more likely to be recommended for clients in the Lifeskills region (83.7%) than in any other CMHC region. Education was more likely referred as the highest level of care in the Pennyroyal region (57.4%) compared to any other region. The Kentucky River region had the highest prevalence of referrals to intensive outpatient treatment (9.3%), while referrals to residential treatment were most common in the Pathways region (20.2%). Additional referral information for CMHC regions can be found in Table E.6 in Appendix E (page 54).

CMHC REGIONS AND COMPLIANCE

Compliance refers to the percentage of assessments that were considered compliant upon completion. Out of the 9,543 assessments

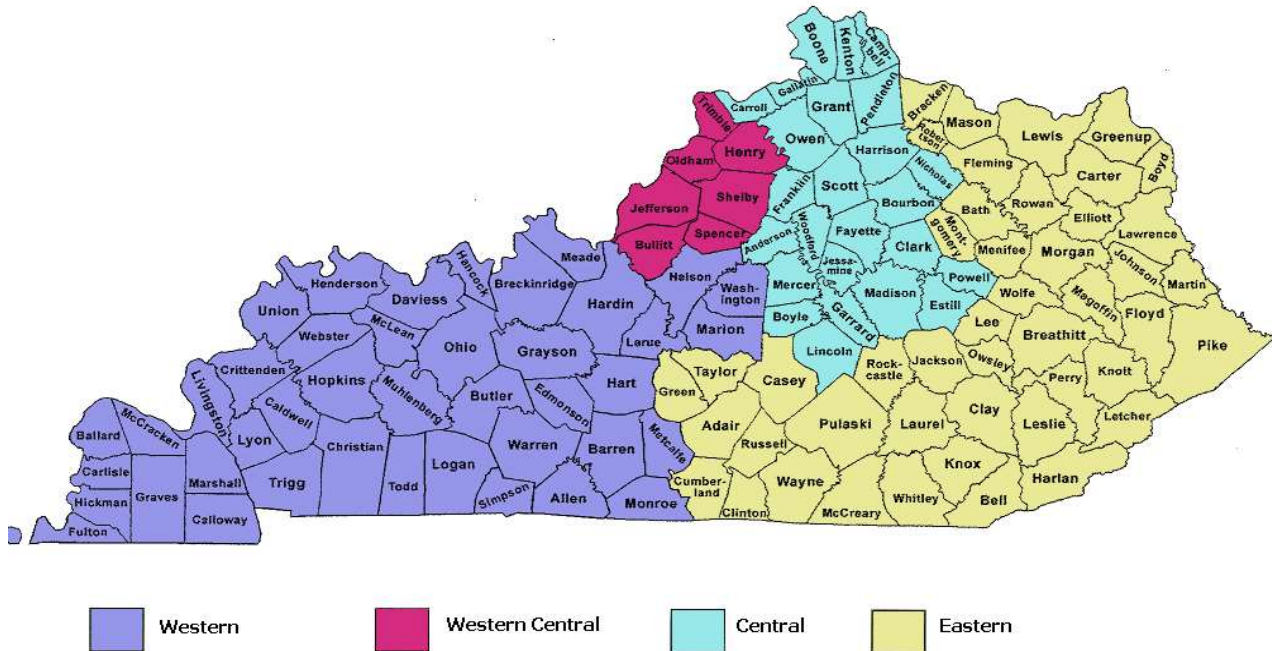
completed in 2022, assessors deemed 86.2% compliant with their recommended intervention. The Kentucky River region had the highest rate of compliance with more than 9 out of 10 (92.1%) completed assessments being compliant. However, the Comprehend region had the lowest percentage (76.9%) of clients deemed compliant. Compliance rates for each of the CMHC regions can be found in Table E.6 in Appendix E (page 54).

SECTION 8: DUI REGIONS

Kentucky is divided into four DUI regions and each region has an assigned DUI regional coordinator who serves as a representative of the Division of Program Integrity. DUI regional coordinators are responsible for monitoring and providing support to licensed and certified DUI programs within their assigned region. Figure 28 presents a map of Kentucky’s DUI regions.

In 2022, the Western region had more assessments than the other three regions (34.2%; 4,505 assessments), followed by the Eastern region (27.2%; 3,574), the Central region (25.9%; 3,409), and lastly, the Western Central region with the fewest assessments (12.7%; 1,678 assessments).

Figure 28: DUI Regions Map



DUI REGION DEMOGRAPHIC DIFFERENCES

In general, the DUI regions were similar in terms of demographic information. In each region, approximately three-quarters of the clients who were assessed were male; ranging from a low of 72.3% in the Central region to a high of 74.6% in the Western Central region. Clients in the Central region were the youngest, with an average age of 36.6. Conversely, clients in the Eastern region had the highest average age at 37.8 years old. The most

notable difference between the regions was clients’ race/ethnicity. The Eastern region had the highest percentage of White clients (95.8%), followed by the Western region where 82.3% of clients were White. Clients in the Western Central region were the least likely to be White (68.2%). Table F.1 in Appendix F (page 55) provides a more thorough breakdown of the demographic characteristics of DUI clients for each of the four DUI regions.

DUI REGION AND CONVICTION HISTORY

The average number of lifetime DUI convictions varied slightly across DUI regions. The Western region had the highest percentage of clients with two or more lifetime DUIs (41.8%), with an average of 1.75 lifetime DUI convictions. Clients in the Eastern region reported an average of 1.65 lifetime DUIs (40.2% with 2+ lifetime convictions). Clients in the Western Central region were the most likely to be convicted of a first DUI offense (80.3%) while clients in the Central region were least likely to be convicted of a third or higher DUI offense (4.5%). Tables F.2 and F.3 in Appendix F (page 55) contain additional details about the number of lifetime DUI convictions and current DUI conviction type across DUI regions.

DUI REGIONS AND SUBSTANCES INVOLVED

Alcohol was the most commonly-involved substance in three of the regions, while drug-involved DUIs were more common in the Eastern region (53.7%). Alcohol-involved DUIs were most common in the Western Central region (86.4%). Compared to the other three regions, the Western region had the highest percentage of assessments for individuals with a DUI that involved both alcohol and drugs (6.1%). Refer to Appendix F, Table F.4 (page 55) for the complete breakdown of the type of substance(s) involved in clients’ current DUI by DUI region.

Table 9 presents the distribution of specific non-alcohol drugs involved in DUIs by DUI region. The Eastern region had the highest percentage of assessments for individuals with DUIs involving drugs (53.7%) across all drug categories, with marijuana being the most commonly involved non-alcohol drug in the Eastern region at 18.8%, followed by opiates and amphetamines – both at

17.1%. Drugs were least commonly reported in DUIs in the Western Central region (16.8%).

Table 9: Specific Drugs Involved in DUI by DUI Region

	Central	Eastern	Western	Western Central
Marijuana	7.4%	18.8%	17.4%	7.6%
Opiates	9.3%	17.1%	5.8%	5.1%
Amphetamines	2.5%	17.1%	13.9%	3.2%
Sedatives	2.1%	6.0%	3.9%	1.9%
“Other Drugs”	3.5%	7.9%	2.9%	1.4%

* “Other drugs” includes cocaine, inhalants, hallucinogens, PCP, and an “other drug” category.

DUI REGIONS AND AUDIT/DAST

The Western Central region had the highest percentage of DUI clients with a positive AUDIT score (45.1%), with an average score of 7.63 on assessments submitted in 2022 (see Table 10). Individuals assessed in the Eastern region were the least likely to have a positive AUDIT score (19.3%) but were more likely to have a positive DAST score (47.8%) compared to clients in the other three regions. As shown in Table 10, the average DAST score for those in the Eastern region was 7.34.

Table 10: AUDIT/DAST Scores by DUI Region

	Central	Eastern	Western	Western Central
AUDIT Average	6.58	4.18	6.31	7.63
DAST Average	3.61	7.34	5.11	2.18

DUI REGIONS AND DSM-5 SUBSTANCE USE DISORDERS

Across the DUI regions, clients in the Western Central region were the most likely to meet at least two DSM criteria for a substance use disorder (79.5%) while clients in the Eastern region were the least likely (50.0%). As shown in Table 11,

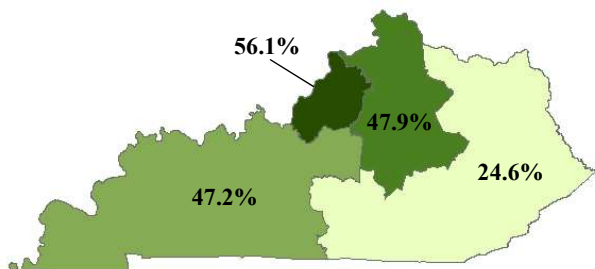
assessments for clients in the Eastern region had the highest percentage of severe substance use disorders (27.7%).

Table 11: DUI Regions and Substance Use Disorder Severity

	Central	Eastern	Western	Western Central
No Disorder	39.5%	50.0%	31.5%	20.5%
Mild	32.7%	11.4%	26.7%	13.0%
Moderate	9.4%	10.9%	15.0%	49.5%
Severe	18.4%	27.7%	26.8%	17.0%

Types of substance use disorders also varied by DUI region. As shown in Figure 29, the Western Central region had the highest percentage of assessments for individuals meeting criteria for an alcohol use disorder (69.4%) – compared to 56.1% in 2021. More than half (60.3%) met criteria for only an alcohol use disorder and 9.1% met criteria for an alcohol and drug use disorder. Individuals in the Western Central region met an average of 3.2 alcohol use disorder criteria.

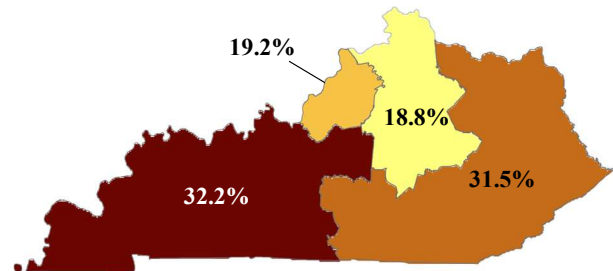
Figure 29: Alcohol Use Disorders by DUI Regions



As opposed to previous years when clients in the Eastern region were more likely to meet criteria for a drug use disorder, in 2022, the Western region had the highest percentage of assessments for individuals meeting criteria for a drug use disorder (32.2%), as indicated in Figure 30. More specifically, 21.4% met criteria for only a drug use disorder and 10.8% met criteria for a drug and alcohol use disorder. On average, clients in the

Western region met 2.0 drug use disorder criteria. Clients in the Eastern region, however, met 2.4 drug use disorder criteria, on average.

Figure 30: Drug Use Disorders by DUI Regions



DUI REGIONS AND LEVEL OF CARE

Outpatient treatment was the highest level of care recommended in each of the DUI regions; however, outpatient treatment was recommended as the highest level of care most often in the Western region compared to the other regions (69.0%). The Central region had the highest percentage of assessments for DUI clients recommended for education (44.0%). Referrals to intensive outpatient (3.6%) and residential (8.9%) treatment as the highest levels of care were most common in the Eastern region. To see the complete distribution of the highest level of care recommended by DUI region, refer to Table F.5 in Appendix F (page 56).

DUI REGIONS AND COMPLIANCE

As mentioned in earlier sections, the majority of clients assessed in 2022 were compliant with their recommended intervention (86.2%). Across DUI regions, compliance rates were the highest in the Central (90.2%) region. Conversely, compliance rates were the lowest in the Western region, with 83.3% of assessments being for individuals deemed compliant with their recommended intervention. Compliance rates can also be found in Table F.5 in Appendix F (page 56).

SUMMARY AND CONCLUSION

Between January 1, 2022 and December 31, 2022, licensed and certified DUI assessors submitted 13,166 assessment records, with the Western DUI region having more assessments than any other region (34.2%; 4,505 assessments). Assessments were predominantly for male DUI clients (73.2%) and the average age of those assessed was 37.2 years old. More than two-thirds of submitted assessments were for alcohol-involved DUIs (70.0%), while 35.1% involved drugs. Female clients and clients who were younger were more likely to report that their DUI involved drugs. The most commonly reported non-alcohol drug across all assessments was marijuana (13.9% of all DUIs), followed by amphetamines at 10.5%.

Of the 13,166 DUI assessment records submitted by assessors, the average AUDIT score was 5.97 and the average DAST score was 4.95. Male clients were more likely to have a positive AUDIT score (31.9%), whereas female clients were more likely to have a positive DAST (38.2%). Assessment records also indicated that individuals convicted of driving under the influence are a group with high rates of substance use disorders. Specifically, nearly two-thirds (62.8%) met DSM criteria for either an alcohol or drugs use disorder, with 23.6% meeting criteria for a severe substance use disorder.

Similar to previous years, DUI clients in 2022 were most commonly referred to outpatient treatment as their highest level of care (59.0%), followed by education (35.0%) – though these were both slightly lower than in 2021. Individuals meeting criteria for a substance use disorder were most likely to receive a treatment recommendation (i.e., outpatient, intensive outpatient, or residential treatment), particularly those who met criteria for a drug use disorder. Among those receiving a referral in 2022 (N=13,166), 72.5% (n=9,543) were completed by December 31, 2022. The majority of clients who completed were compliant with their recommended intervention (86.2%), with individuals who presented with more severe substance use disorders being less likely to comply overall.

Taken together, assessment records in 2022 point to a shift in trends compared to previous years, with changes including, but not limited to, a decrease in the percentage of assessments that were for female clients and drug-involved DUIs. Further, for the first time since data were first collected on the substance(s) involved in clients' current DUI arrest, amphetamine-involved DUIs were more prevalent than opiate-involved DUIs. Findings from 2022 continue to underscore the need for careful, thorough assessment to ensure that clients are receiving referrals that meet their individual needs, but variability in compliance rates also suggests that some clients may need extra measures to help retain them in substance use services.

REFERENCES

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APPENDICES



APPENDIX A: DUI TRENDS – 2013 TO 2022

Figure A.1. Percentage of Assessments for Persons Convicted of a Second DUI Offense or Higher between 2013 and 2022

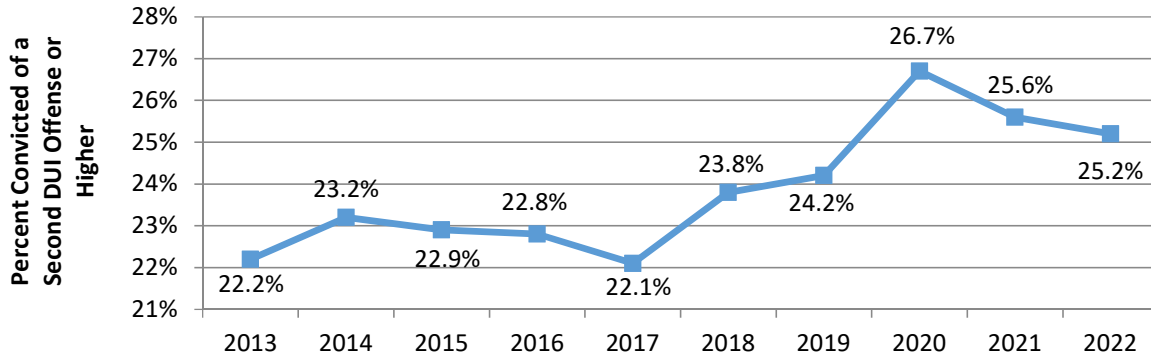


Figure A.2. Percentage of Assessments for Underage DUI Clients between 2013 and 2022

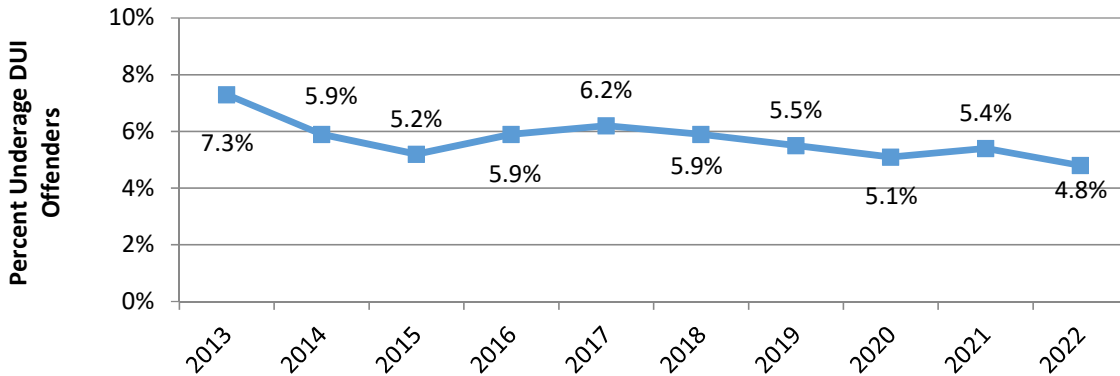


Figure A.3. Percentage of Assessments for Female DUI Clients Who Were Drug-involved between 2013 and 2022

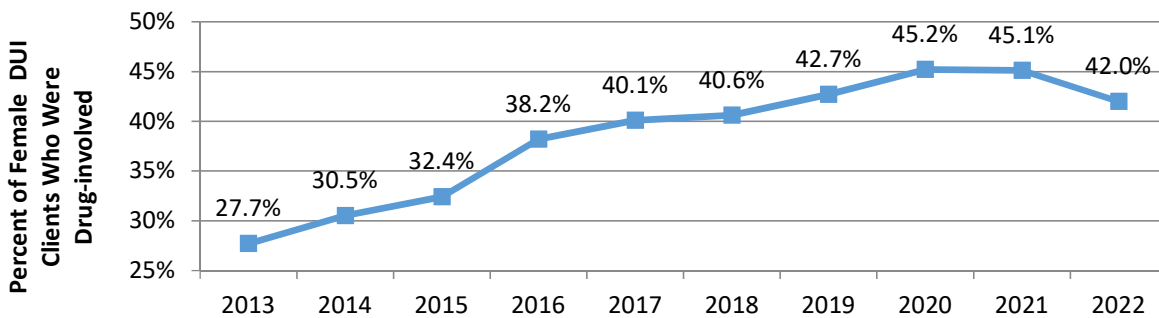


Figure A.4. Intensive Outpatient and Residential Treatment Referrals between 2013 and 2022

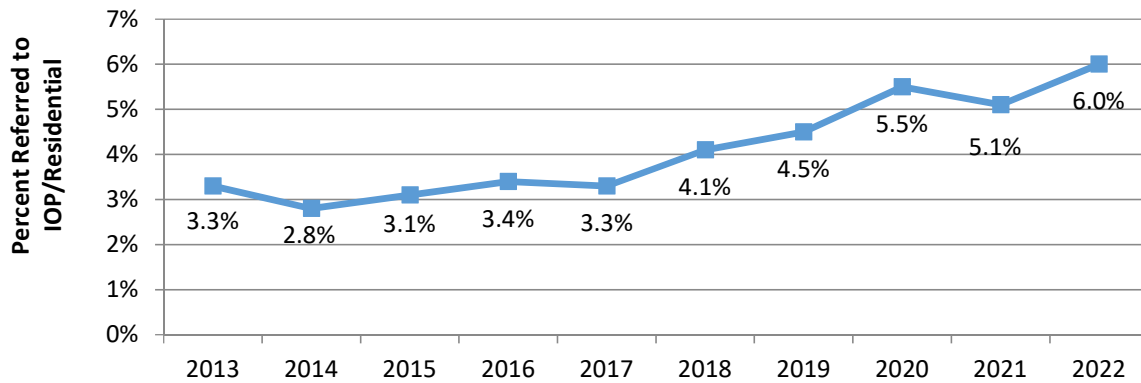
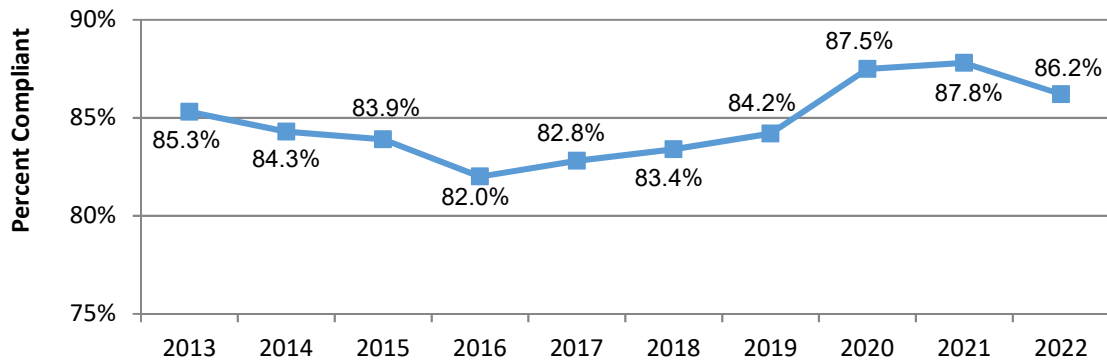


Figure A.5. Compliance Rates between 2013 and 2022



APPENDIX B: AUDIT RESPONSES AND AVERAGE SCORES BY GENDER**1. How often do you have a drink containing alcohol?**

	Males	Females	Total
(0) Never	28.5%	37.1%	30.8%
(1) Monthly or less	22.4%	25.0%	23.1%
(2) 2 to 4 times a month	23.1%	18.7%	21.9%
(3) 2 to 3 times a week	16.4%	11.8%	15.2%
(4) 4 or more times a week	9.7%	7.5%	9.1%
Average Score	1.57	1.28	1.49

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

	Males	Females	Total
(0) 1 or 2	43.8%	56.4%	47.2%
(1) 3 or 4	24.1%	23.0%	23.8%
(2) 5 or 6	17.4%	11.8%	15.9%
(3) 7, 8, or 9	7.2%	4.3%	6.4%
(4) 10 or more	7.5%	4.5%	6.7%
Average Score	1.10	0.77	1.02

3. How often do you have six or more drinks on one occasion?

	Males	Females	Total
(0) Never	44.9%	59.6%	48.8%
(1) Less than monthly	25.6%	22.9%	24.9%
(2) Monthly	11.9%	7.3%	10.7%
(3) Weekly	12.4%	6.8%	10.9%
(4) Daily or almost daily	5.1%	3.3%	4.6%
Average Score	1.07	0.71	0.98

4. How often during the last year have you found that you were not able to stop drinking once you had started?

	Males	Females	Total
(0) Never	79.8%	82.7%	80.6%
(1) Less than monthly	11.3%	9.3%	10.7%
(2) Monthly	3.5%	2.9%	3.3%
(3) Weekly	2.8%	3.0%	2.9%
(4) Daily or almost daily	2.4%	2.2%	2.4%
Average Score	0.37	0.32	0.36

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

	Males	Females	Total
(0) Never	82.2%	83.4%	82.5%
(1) Less than monthly	12.3%	10.7%	11.8%
(2) Monthly	2.7%	2.6%	2.7%
(3) Weekly	1.9%	2.0%	1.9%
(4) Daily or almost daily	0.9%	1.3%	1.0%
Average Score	0.27	0.27	0.27

6. How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?

	Males	Females	Total
(0) Never	91.6%	92.7%	91.9%
(1) Less than monthly	4.9%	3.5%	4.5%
(2) Monthly	1.2%	1.3%	1.2%
(3) Weekly	1.2%	1.1%	1.2%
(4) Daily or almost daily	1.2%	1.4%	1.2%
Average Score	0.16	0.15	0.15

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

	Males	Females	Total
(0) Never	74.8%	74.1%	74.6%
(1) Less than monthly	17.1%	17.0%	17.1%
(2) Monthly	3.5%	3.3%	3.4%
(3) Weekly	2.5%	2.7%	2.6%
(4) Daily or almost daily	2.1%	3.0%	2.4%
Average Score	0.40	0.44	0.41

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

	Males	Females	Total
(0) Never	80.9%	80.2%	80.7%
(1) Less than monthly	13.9%	14.7%	14.1%
(2) Monthly	2.9%	2.6%	2.8%
(3) Weekly	1.6%	1.7%	1.7%
(4) Daily or almost daily	0.7%	0.8%	0.7%
Average Score	0.27	0.28	0.28

9. Have you or someone else been injured as a result of your drinking?

	Males	Females	Total
(0) No	90.3%	89.7%	90.1%
(2) Yes, but not in the last year	6.5%	6.3%	6.4%
(4) Yes, during the last year	3.2%	4.0%	3.4%
Average Score	0.26	0.29	0.27

10. Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?

	Males	Females	Total
(0) No	72.6%	78.7%	74.3%
(2) Yes, but not in the last year	15.0%	10.9%	13.9%
(4) Yes, during the last year	12.4%	10.4%	11.9%
Average Score	0.80	0.63	0.75

APPENDIX C: DAST RESPONSES BY GENDER

Percentages represent those who answered “yes” to each specific question except for questions 4, 5, and 7 which are reverse scored.

1. Have you used drugs other than those required for medical reasons?

Males	Females	Total
42.0%	45.9%	43.1%

2. Have you abused prescription drugs?

Males	Females	Total
16.5%	23.3%	18.3%

3. Do you abuse more than one drug at a time?

Males	Females	Total
12.7%	17.1%	13.8%

4. Can you get through the week without using drugs (other than those required for medical reasons)?

Males	Females	Total
5.7%	7.5%	6.2%

Percentage of persons who responded "no"

5. Are you always able to stop using drugs when you want to?

Males	Females	Total
13.2%	18.3%	14.6%

Percentage of persons who responded "no"

6. Do you abuse drugs on a continuous basis?

Males	Females	Total
10.4%	12.5%	10.9%

7. Do you try to limit your drug use to certain situations?

Males	Females	Total
17.5%	20.5%	18.3%

Percentage of persons who responded "no"

8. Have you had "blackouts" or "flashbacks" as a result of drug use?

Males	Females	Total
10.0%	15.3%	11.4%

9. Do you ever feel bad about your drug abuse?

Males	Females	Total
22.6%	30.1%	24.6%

10. Does your spouse (or parents) ever complain about your involvement with drugs?

Males	Females	Total
16.6%	19.6%	17.4%

11. Do your friends or relatives know or suspect you abuse drugs?

Males	Females	Total
23.2%	26.4%	24.0%

12. Has drug abuse ever created problems between you and your spouse?

Males	Females	Total
16.0%	20.3%	17.1%

13. Has any family member ever sought help for problems related to your drug use?

Males	Females	Total
7.4%	9.7%	8.0%

14. Have you ever lost friends because of your use of drugs?

Males	Females	Total
15.9%	20.0%	17.0%

15. Have you ever neglected your family or missed work because of your use of drugs?

Males	Females	Total
16.8%	22.8%	18.4%

16. Have you ever been in trouble at work because of drug abuse?

Males	Females	Total
10.6%	11.9%	11.0%

17. Have you ever lost a job because of drug abuse?

Males	Females	Total
10.9%	11.9%	11.2%

18. Have you gotten into fights when under the influence of drugs?

Males	Females	Total
11.8%	13.8%	12.3%

19. Have you ever been arrested because of unusual behavior while under the influence of drugs?

Males	Females	Total
17.2%	21.7%	18.4%

20. Have you ever been arrested for driving while under the influence of drugs?

Males	Females	Total
31.0%	37.7%	32.8%

21. Have you engaged in illegal activities to obtain drugs?

Males	Females	Total
20.2%	24.1%	21.2%

22. Have you ever been arrested for possession of illegal drugs?

Males	Females	Total
24.6%	26.4%	25.1%

23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?

Males	Females	Total
16.9%	23.8%	18.7%

24. Have you had medical problems as a result of your drug use?

Males	Females	Total
7.0%	11.4%	8.2%

25. Have you ever gone to anyone for help for a drug problem?

Males	Females	Total
19.5%	26.2%	21.3%

26. Have you ever been in the hospital for medical problems related to your drug use?

Males	Females	Total
6.9%	10.4%	7.8%

27. Have you ever been involved in a treatment program specifically related to drug use?

Males	Females	Total
21.6%	28.3%	23.4%

28. Have you been treated as an outpatient for problems related to drug abuse?

Males	Females	Total
19.3%	25.4%	20.9%



APPENDIX D: DSM-5 SUBSTANCE USE DISORDER CRITERIA BY GENDER

(1) The substance is often taken in larger amounts or over a longer period than was intended

Males	Females	Total
47.7%	49.2%	48.1%

(2) There is a persistent desire or unsuccessful efforts to cut down or control substance use

Males	Females	Total
29.5%	32.0%	30.1%

(3) A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects

Males	Females	Total
22.2%	25.8%	23.2%

(4) Craving, or a strong desire or urge to use the substance

Males	Females	Total
32.5%	35.4%	33.3%

(5) Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home

Males	Females	Total
20.9%	24.5%	21.8%

(6) Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance

Males	Females	Total
26.4%	29.9%	27.3%

(7) Important social, occupational, or recreational activities are given up or reduced because of substance use

Males	Females	Total
18.2%	21.8%	19.1%

(8) Recurrent substance use in situations in which it is physically hazardous

Males	Females	Total
56.6%	55.2%	56.3%

(9) Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance

Males	Females	Total
19.3%	25.3%	20.9%

(10) Tolerance, as defined by either of the following:

(a) a need for markedly increased amounts of the substance to achieve Intoxication or desired effect

(b) markedly diminished effect with continued use of the same amount of the substance

Males	Females	Total
46.7%	44.5%	46.1%

(11) Withdrawal, as manifested by either of the following:

(a) the characteristic withdrawal syndrome for the substance

(b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms

Males	Females	Total
16.7%	22.0%	18.1%

APPENDIX E: CMHC REGIONAL DATA TABLES

Key for Tables E.1 through E.6

RED = Lowest value in column

BLUE = Highest value in column

Table E.1. CMHC Demographic Differences

	Average Age*	% Under 40 yr	% Male
Region 1 - Four Rivers	37.1	59.7%	75.3%
Region 2 - Pennyroyal	37.4	60.3%	74.9%
Region 3 - River Valley	36.7	63.6%	72.3%
Region 4 - Lifeskills	36.4	63.1%	74.4%
Region 5 - Communicare	38.1	58.2%	72.0%
Region 6 - Seven Counties	37.6	61.1%	74.6%
Region 7 - North Key	38.1	60.7%	73.7%
Region 8 - Comprehend	36.1	61.4%	77.9%
Region 10 - Pathways	36.9	61.5%	75.4%
Region 11 - Mountain	38.9	53.0%	71.5%
Region 12 - Kentucky River	37.6	57.6%	75.8%
Region 13 - Cumberland River	38.4	57.1%	72.5%
Region 14 - Adanta	38.2	57.2%	73.0%
Region 15 - Bluegrass	35.9	67.1%	70.7%
All Regions	37.2	61.3%	73.2%

* Missing Data = 2 Assessments

Table E.2. CMHC Lifetime DUI Convictions

	Average	0-1	2	3+
Region 1 - Four Rivers	1.83	55.9%	23.9%	20.2%
Region 2 - Pennyroyal	1.45	69.9%	19.7%	10.4%
Region 3 - River Valley	1.71	60.4%	23.0%	16.6%
Region 4 - Lifeskills	1.77	57.8%	23.7%	18.5%
Region 5 - Communicare	1.82	53.7%	27.0%	19.3%
Region 6 - Seven Counties	1.43	72.1%	18.8%	9.1%
Region 7 - North Key	1.38	72.8%	20.2%	7.0%
Region 8 - Comprehend	1.58	60.7%	29.3%	10.0%
Region 10 - Pathways	1.89	52.2%	26.1%	21.7%
Region 11 - Mountain	1.61	60.0%	26.5%	13.5%
Region 12 - Kentucky River	1.62	62.3%	22.5%	15.2%
Region 13 - Cumberland River	1.58	61.0%	23.9%	15.1%
Region 14 - Adanta	1.60	61.9%	25.6%	12.5%
Region 15 - Bluegrass	1.44	69.4%	22.0%	8.6%
All Regions	1.60	63.6%	23.0%	13.4%

Table E.3. CMHC DUI Offense Type

	1st	2nd	3 rd or higher
Region 1 - Four Rivers	69.3%	22.3%	8.4%
Region 2 - Pennyroyal	73.2%	19.1%	7.7%
Region 3 - River Valley	77.7%	16.6%	5.7%
Region 4 - Lifeskills	69.3%	22.6%	8.1%
Region 5 - Communicare	68.7%	23.2%	8.1%
Region 6 - Seven Counties	80.3%	14.7%	5.0%
Region 7 - North Key	80.7%	15.6%	3.7%
Region 8 - Comprehend	76.4%	22.1%	1.3%
Region 10 - Pathways	74.3%	19.9%	5.8%
Region 11 - Mountain	73.3%	21.2%	5.5%
Region 12 - Kentucky River	77.2%	19.2%	3.6%
Region 13 - Cumberland River	72.6%	17.8%	9.6%
Region 14 - Adanta	72.8%	20.6%	6.6%
Region 15 - Bluegrass	76.9%	18.1%	5.0%
All Regions	74.8%	19.0%	6.2%

Table E.4. CMHC Regions and Substances Involved in DUI Offense

	Alcohol Only	Drug Only	Alcohol + Drug
Region 1 - Four Rivers	65.2%	28.3%	6.5%
Region 2 - Pennyroyal	58.9%	32.5%	8.6%
Region 3 - River Valley	60.0%	33.9%	6.1%
Region 4 - Lifeskills	63.8%	29.2%	7.0%
Region 5 - Communicare	63.7%	32.5%	3.8%
Region 6 - Seven Counties	83.2%	13.6%	3.2%
Region 7 - North Key	75.6%	20.4%	4.0%
Region 8 - Comprehend	75.7%	15.0%	9.3%
Region 10 - Pathways	46.7%	47.8%	5.5%
Region 11 - Mountain	47.9%	50.0%	2.1%
Region 12 - Kentucky River	28.5%	65.9%	5.6%
Region 13 - Cumberland River	36.2%	57.4%	6.4%
Region 14 - Adanta	51.6%	41.1%	7.3%
Region 15 - Bluegrass	77.5%	18.7%	3.8%
All Regions	64.9%	30.0%	5.1%

Table E.5. CMHC Regions and AUDIT/DAST Scores

	AUDIT Average	DAST Average
Region 1 - Four Rivers	6.30	3.64
Region 2 - Pennyroyal	4.70	4.39
Region 3 - River Valley	7.31	5.06
Region 4 - Lifeskills	6.75	6.05
Region 5 - Communicare	5.87	5.47
Region 6 - Seven Counties	7.63	2.18
Region 7 - North Key	6.56	3.92
Region 8 - Comprehend	4.44	3.79
Region 10 - Pathways	5.02	9.36
Region 11 - Mountain	2.79	6.52
Region 12 - Kentucky River	3.47	10.73
Region 13 - Cumberland River	3.14	6.08
Region 14 - Adanta	4.72	6.31
Region 15 - Bluegrass	6.52	3.86
All Regions	5.97	4.95

Table E.6. CMHC Regions and Highest Level of Care

	Education	Outpatient	IOP	Residential	Compliance*
Region 1 - Four Rivers	30.6%	67.2%	0.3%	1.9%	84.7%
Region 2 - Pennyroyal	57.4%	42.4%	0.0%	0.2%	81.7%
Region 3 - River Valley	24.5%	66.6%	3.8%	5.1%	89.0%
Region 4 - Lifeskills	15.0%	83.7%	0.7%	0.6%	83.2%
Region 5 - Communicare	28.6%	66.9%	3.1%	1.4%	79.4%
Region 6 - Seven Counties	41.8%	56.4%	0.6%	1.2%	85.2%
Region 7 - North Key	36.4%	63.0%	0.2%	0.4%	90.7%
Region 8 - Comprehend	22.1%	68.6%	7.9%	1.4%	76.9%
Region 10 - Pathways	23.1%	53.6%	3.1%	20.2%	90.6%
Region 11 - Mountain	38.6%	56.4%	1.6%	3.4%	82.6%
Region 12 - Kentucky River	18.2%	71.2%	9.3%	1.3%	92.1%
Region 13 - Cumberland River	45.3%	35.2%	3.5%	16.0%	81.2%
Region 14 - Adanta	38.1%	58.1%	2.3%	1.5%	87.2%
Region 15 - Bluegrass	44.8%	48.2%	4.1%	2.9%	89.5%
All Regions	35.0%	59.0%	2.3%	3.7%	86.2%

*Of the 13,166 assessments submitted during 2022, only 9,543 were also completed during 2022.

APPENDIX F: DUI REGION DATA TABLES

Table F.1. DUI Region Demographic Differences

	Central	Eastern	Western	Western Central
Assessments	3409	3574	4505	1678
% Male	72.3%	72.9%	73.7%	74.6%
% White	80.7%	95.8%	82.3%	68.2%
Average Age*	36.63	37.77	37.11	37.23

* Missing Data = 2 Assessments

Table F.2. DUI Region Lifetime DUI Convictions

	Central	Eastern	Western	Western Central
0-1	70.5%	59.8%	58.2%	72.1%
2	21.4%	25.2%	24.0%	18.8%
3+	8.1%	15.0%	17.8%	9.1%
Average	1.43	1.65	1.75	1.43

Table F.3. DUI Region DUI Offense Type

	Central	Eastern	Western	Western Central
1st	78.4%	73.8%	71.0%	80.3%
2nd	17.1%	19.7%	21.3%	14.6%
3rd or higher	4.5%	6.5%	7.7%	5.1%

Table F.4. Substances Involved in DUI Offense by DUI Region

	Central	Eastern	Western	Western Central
Alcohol Only	78.2%	46.3%	62.9%	83.2%
Drug Only	18.0%	47.9%	31.0%	13.6%
Alcohol + Drug	3.8%	5.8%	6.1%	3.2%

Table F.5: Level of Care and Compliance by DUI Region

	Central	Eastern	Western	Western Central
Highest Level of Care				
Education	44.0%	32.4%	27.6%	41.8%
Outpatient	51.1%	55.1%	69.0%	56.3%
IOP	2.7%	3.6%	1.7%	0.7%
Residential	2.2%	8.9%	1.7%	1.2%
Compliance*				
	90.2%	86.0%	83.3%	85.2%

* Of the 13,166 assessments submitted during 2022, only 9,543 were also completed during 2022.