

2025 Kentucky DUI Assessment Report

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March 2026

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This report was developed under a contract from the Department for Behavioral Health, Developmental and Intellectual Disabilities to the University of Kentucky Center on Drug and Alcohol Research. The following individuals contributed to data preparation, data analysis, writing, and production of this report: Matthew Webster (Principal Investigator), Megan Dickson, and Robert Seaver. Copies of this report can be requested by emailing the Kentucky DUI Project at kydui@uky.edu. Project-related information can be found on the project's website <https://medicine.uky.edu/centers/cdar/driving-under-influence>.

Suggested citation: Webster, J. M., Dickson, M. F., & Seaver, R. S. (2026). *2025 Kentucky DUI Assessment Report*, Center on Drug and Alcohol Research, University of Kentucky.

TABLE OF CONTENTS

EXECUTIVE SUMMARY 3

BACKGROUND..... 6

SECTION 1: DUI ASSESSMENTS, ARRESTS, & CONVICTIONS IN KENTUCKY 9

SECTION 2: DEMOGRAPHICS..... 11

SECTION 3: SUBSTANCES INVOLVED IN DUI ARREST 13

SECTION 4: SCREENING INSTRUMENTS AND DSM-5 16

SECTION 5: TREATMENT REFERRALS 20

SECTION 6: COMPLIANCE..... 23

SECTION 7: COMMUNITY MENTAL HEALTH CENTER REGIONS 25

SUMMARY AND CONCLUSION 30

REFERENCES 31

APPENDICES 32



EXECUTIVE SUMMARY

In calendar year 2025, 14,064 DUI assessment records were submitted to the Kentucky Division of Program Integrity by approximately 104 licensed and certified DUI Programs – an average of 135.2 assessments per program – representing an increase from the 126.5 assessments submitted per program in 2024.

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 maintain this information in a database. This report provides information on assessments conducted from January 1, 2025 through December 31, 2025 and also provides 5- and 10-year trends using assessment data.

In 2025, individuals receiving a substance use assessment as a result of a DUI conviction in Kentucky were more likely to be male, White, have low income, and had an average age of 38 years. Furthermore, most individuals were a) convicted of a first offense DUI that involved alcohol; b) met DSM-5 diagnostic criteria for a substance use disorder in the past 12 months; and c) were 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 (73.7%), and 81.1% were for White persons (of those who reported race; N=10,579). The majority of DUI assessments (54.0%) were also for clients between 21 and 39 years old, with 4.9% of assessments being for persons younger than 21 years old. Of DUI clients reporting income (N=7,411), 41.9% reported a yearly household income less than \$20,000.

SUBSTANCES INVOLVED IN DUI ARREST

More than one-third of DUI assessments (36.2%) were for DUIs that involved drugs, based on self-reports, which was an increase from previous years. Females (42.1%) and White (42.8%) DUI clients were more likely to have driven under the influence of drugs in relation to males (34.2%) and non-White (20.4%) DUI clients. Age was also related to drug involvement. DUI arrests for clients younger than 21 years old were more likely to be alcohol and drug involved (8.4%) than older impaired drivers (60+ years old; 4.7%). DUI clients with a second offense DUI or higher were more likely to have a drug-involved DUI (38.3%) than clients with a first offense DUI (35.5%). Marijuana was the most commonly involved non-alcohol drug (15.1%), followed by amphetamines (11.7%). In 2025, the prevalence of amphetamine-involved DUIs decreased for the first time in the past decade.

SCREENING

On the alcohol (AUDIT) and drug use (DAST) screening instruments, a higher percentage of clients had a positive DAST score (34.1%) than a

positive AUDIT score (28.5%). Compared to males, females had higher DAST scores but lower AUDIT scores while clients younger than 50 years old had higher DAST scores but lower AUDIT scores than those 50 years and older.

Nearly two-thirds (62.6%) of the submitted assessments were for DUI clients who met DSM-5 criteria for a substance use disorder – a decrease of two percentage points since 2024. Although males were slightly more likely to meet DSM-5 criteria for a substance use disorder (63.4% vs. 60.5%), females were more drug-involved and more likely to meet drug use disorder criteria than males (30.4% vs. 26.2%). Females were also more likely to meet criteria for a severe substance use disorder (25.9% vs. 22.6%). 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 (68.1%) than either those involved in an alcohol-only (63.4%) or drug-only DUI (60.0%).

TREATMENT REFERRALS

Most of the DUI clients assessed during 2025 were referred to either a 20-hour education (28.4%) or an outpatient treatment (63.7%) intervention as their highest level of care. The rate of referrals to a treatment intervention has increased by 27% since 2016. Clients 70 years and older (38.2%) 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 (67.7%) to be referred to outpatient treatment than those who reported their current DUI involved only alcohol (61.9%) or drugs (66.8%). 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 (11.8% vs. 5.2% vs. 8.5%, respectively).

COMPLIANCE

A majority of assessment records completed in 2025 (N=10,669) were for individuals who were compliant with their recommended intervention (88.3%), which is the same as 2024. The most frequently cited reason for non-compliance was failure to comply with attendance requirements (90.5%). 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 or intensive outpatient treatment.

COMMUNITY MENTAL HEALTH CENTER REGIONS

Although there are fewer community mental health centers (CMHC) than privately-owned DUI programs, in 2025, these programs submitted a higher average number of assessments per program compared to privately-owned programs (339.8 vs. 113.5). Similar to previous years, there was variability between CMHC regions in client demographics, past DUI offenses, screening instrument results, intervention referrals, and education/treatment outcomes. The Pathways region had the highest (76.6%) percentage of assessments for males while the North Key region had the lowest (69.8%). Clients in the Bluegrass region were also younger compared to other regions. The Comprehend region had the highest

average number of lifetime DUIs (1.99), while clients in the Seven Counties region were most likely to have only one lifetime DUI conviction (77.6%). Clients from the Four Rivers region were more likely to report being under the influence of both drugs and alcohol at the time of their current DUI (8.0%). The Seven Counties region had the highest percentage of clients with a positive AUDIT score (42.4%), and clients in the Kentucky River region were most likely to have a positive DAST (71.4%). Clients in the North Key region were the most likely to meet DSM-5 criteria for a substance use disorder (75.3%). Regarding intervention referrals, the Pennyroyal region had the highest rate of referral to education (60.9%) and the Lifeskills region had the highest rate of referral to outpatient treatment (84.9%). Lastly, the compliance rate was highest in the Comprehend region (98.4%) but was lowest in the Communicare region (81.7%).

CONCLUSION

Overall, the analysis of DUI assessment records for 2025 found trends similar to those from recent years. Rates of substance use disorder among the DUI client population are high, underscoring the need for wide availability of different treatment modalities across the state. While most clients were compliant with their education and/or treatment referrals, certain subgroups had lower compliance rates, including younger DUI clients, those who had a drug-involved DUI, those who met substance use disorder criteria, or individuals with prior DUI convictions. Education and treatment providers should consider strategies to increase compliance rates to help ensure DUI clients receive and complete the substance use services to which they are referred.

Another consistent finding is that drug-related DUIs continue to account for an increasing

proportion of substance use assessments conducted for individuals convicted of DUI in Kentucky, and these are more common among females. However, there are changes in the types of drugs that are involved. Of particular note was a slight decrease in amphetamine-involved DUIs after several years of increases. Substance use service providers should continue to be aware of these ongoing and shifting patterns so they can refer clients to services that best meet their needs.

BACKGROUND

STUDY OVERVIEW

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. Level of care refers to the education and treatment referrals made by the assessor. If treatment need is determined, a person can be referred to one or more of the following treatment modalities: outpatient, intensive outpatient (IOP), 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, sex, 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, 2025 and December 31, 2025 as well as trends detailing changes in assessment results over the past several years. In 2025, a total of 14,064 assessment records were entered by certified DUI assessors. It should be noted that the number of submitted assessment records in 2025 is not the same as the number of completed assessment records or the number of DUI convictions in 2025 because it is possible persons can be convicted, be assessed, and complete their intervention in separate years. Of the 14,064 assessments conducted in 2025, only 10,669 assessment records (76.0%) were also “completed” before December 31, 2025. 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 (2024)

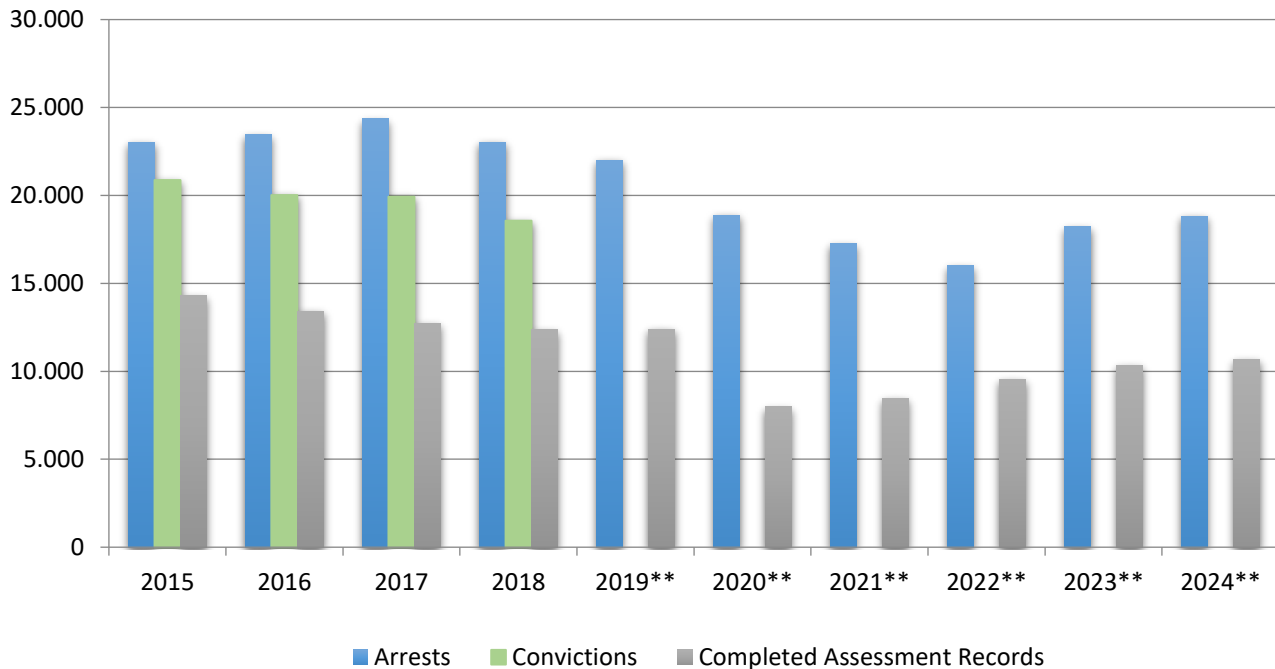
	Missing	Percentage of Cases
Age at conviction	3	<1%
Race*	3,485	24.8%
Household Income*	6,653	47.3%
BAC**	9,126	64.9%

A second limitation is that most of the data are self-reported, which can be limited by recall. A final limitation is that these data represent a subset of a larger, unknown number of DUIs in Kentucky. For example, in 2024 there were 18,815 DUI arrests and 10,669 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.

This report presents DUI assessment records submitted in 2025, 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 2015 through 2024. At the time this report was developed, arrest data from KSP were only available through 2024. 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, 2015 through 2024



*Number of submitted assessment records is not the same as number of completed assessment records or DUI convictions (see pg. 7).

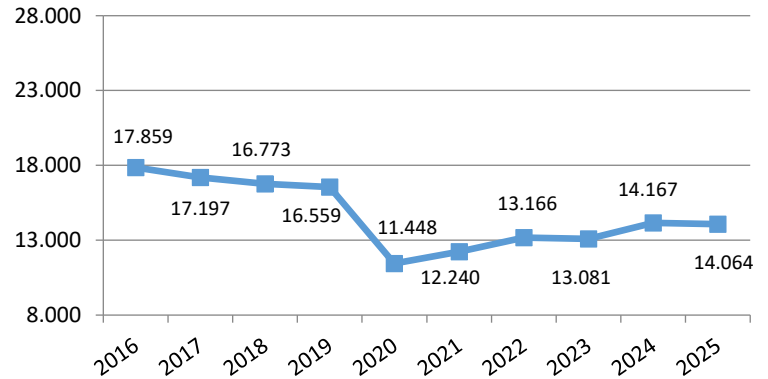
**Conviction data were not available for 2019 – 2024.

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

ASSESSMENTS

Between January 1, 2025 and December 31, 2025, certified DUI assessors submitted 14,064 assessment records to CDAR on behalf of the Kentucky Division of Program Integrity – a decrease of less than 1% from the number of assessments submitted in 2024. Figure 2 presents the number of DUI assessment records submitted to CDAR from 2016 to 2025. The average number of assessments received across this time period has been 14,655 per year.

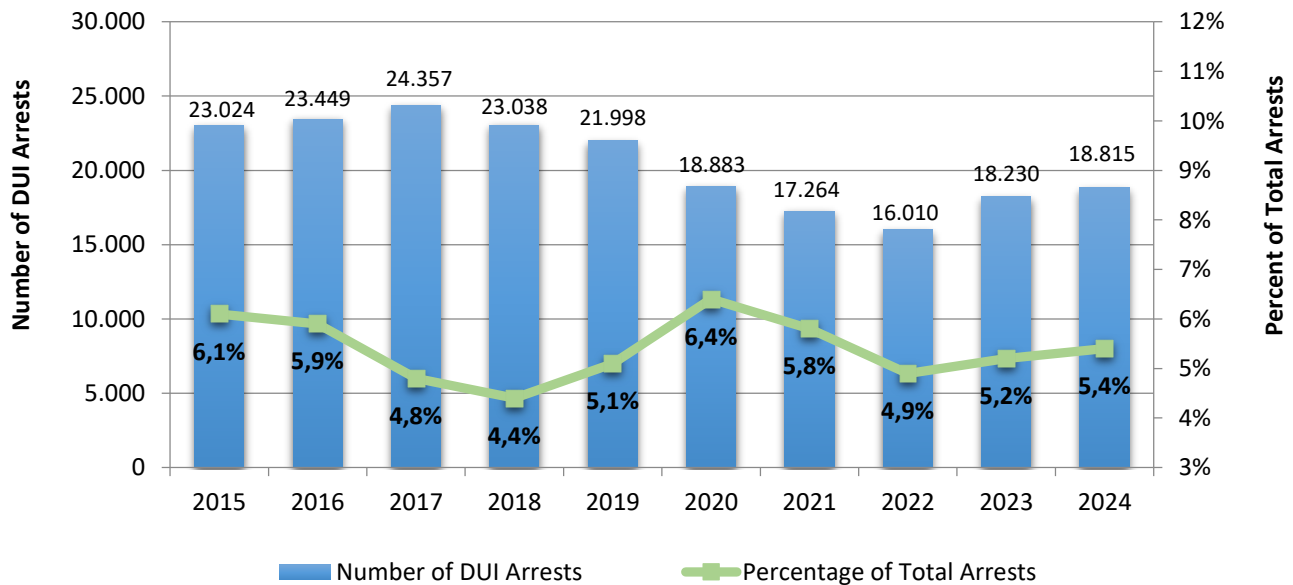
Figure 2: Number of Assessments 2016 to 2025



ARRESTS

The recent stability in assessment records corresponds to a similar trend in DUI arrests. Overall, the percentage of arrests in Kentucky for DUI decreased between 2015 and 2018 and again between 2020 and 2022 (see Figure 3). However, DUI arrests increased to 18,815 in 2024, which represented 5.4% of all arrests in Kentucky.

Figure 3: Number of DUI Arrests and Percentage of Total Arrests 2015 to 2024

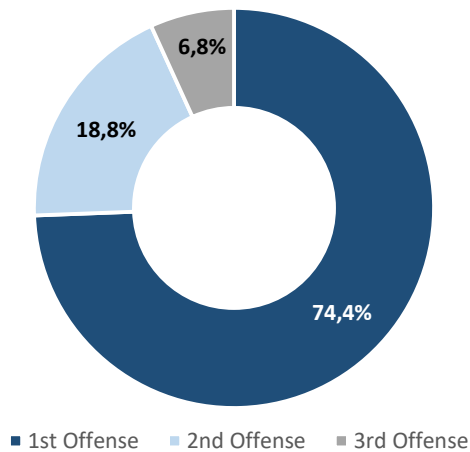


* Arrest data from Kentucky State Police were only available through 2024 at the time this report was developed.

CONVICTIONS

The majority of DUI assessment records submitted in 2025 were for individuals who reported only one lifetime DUI conviction (64.7%). Similarly, 74.4% of the assessment records in 2025 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 2025. More than one quarter (25.6%) of assessment records in 2025 were for individuals convicted of a second offense DUI or higher – a slight increase from 25.1% in 2024 (see Appendix A, Figure A.1 on page 33).

Figure 4: DUI Assessments by Offense Type*



* Note: This represents DUI convictions in the past 10 years.

SECTION 2: DEMOGRAPHICS

SEX

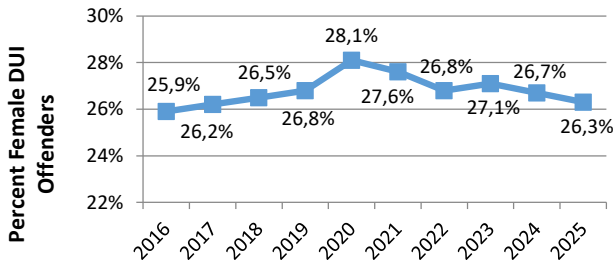
As illustrated in Figure 5, 10,363 (73.7%) of the 14,064 assessments submitted in 2025 were for males, while 3,780 (26.3%) were for females – a slight decrease from 26.7% in 2024.

Figure 5: DUI Assessments by Sex



Over the past 10 years, the percentage of assessments for females has been increasing, reaching a high of 28.1% in 2020 before decreasing again overall through 2025 (see Figure 6).

Figure 6: Percentage of Assessments for Female DUI Clients between 2016 and 2025



RACE/ETHNICITY

In 2025, 10,579 assessments (75.2%) contained client race information (race/ethnicity is an optional field in KDAI). Of those assessments, the majority were for White DUI clients (81.1%), while 1,145 assessments (10.8%) were submitted for African Americans and 856 (8.1%) for Hispanics or those of another racial/ethnic background.

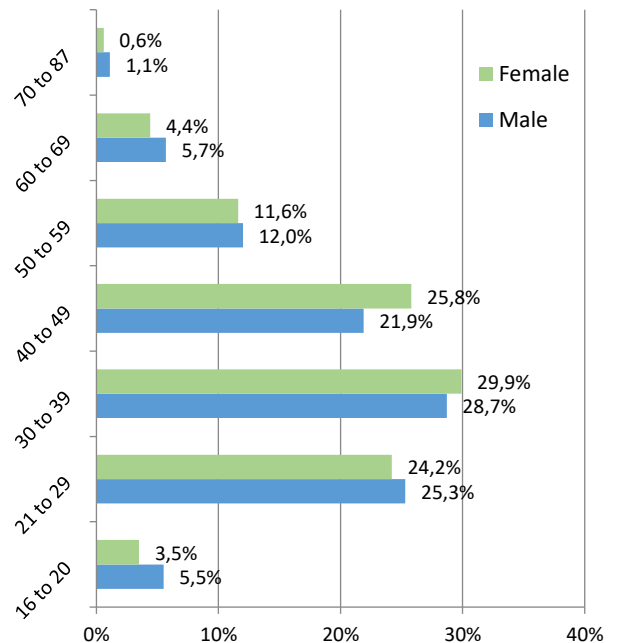
AGE*

*Age at the time of conviction was missing for 3 individuals.

The average age of DUI clients at the time of conviction was 37.8 years old. The majority of assessments were for clients between the ages of 21 and 39 years old at the time of conviction (54.0%), while 6.4% were for clients between 60 and 87 years old. There were 693 assessments (4.9%) submitted for DUI clients who were between 16 and 20 years old – comparable to the 4.8% in 2022 through 2024 – which continues to be the lowest it has been in the past decade (see Appendix A, Figure A.2 on page 33).

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

Figure 7: Age of DUI Clients by Sex



INCOME

Table 2 presents the number of DUI assessments by yearly household income range. Of those assessments in which income was reported (N=7,411), 41.9% were conducted for individuals who reported a yearly household income level less than \$20,000, while only 18.0% 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	13
\$0 to 9,999	1,772
\$10,000 to 19,999	1,321
\$20,000 to 29,999	1,035
\$30,000 to 39,999	1,188
\$40,000 to 49,999	750
\$50,000 to 59,999	502
\$60,000 to 69,999	304
\$70,000 to 79,999	167
\$80,000 to 89,999	102
\$90,000 to 99,999	61
\$100,000 or higher	196
* Missing Data = 6,653 Assessments	

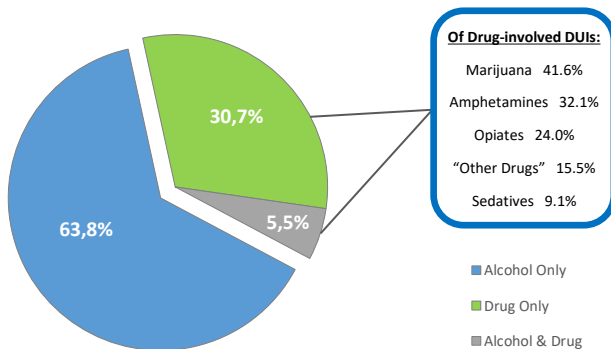
SECTION 3: SUBSTANCES INVOLVED IN DUI ARREST*

*Substances involved in DUI arrest are self-reported.

The majority of assessments submitted in 2025 were for DUI arrests that involved only alcohol (63.8%), while 36.2% were for drug-involved DUI arrests – either drug-only DUIs (30.7%) or DUIs that involved both drugs and alcohol (5.5%). This represents a slight increase in drug-involved DUIs from 2024 (35.5%). Of the DUIs in 2025 that involved drugs (N=5,097), the most common drug was marijuana, which was involved in 41.6% of drug-involved DUIs (15.1% of DUIs overall). Amphetamines were the second most common drug (32.1% of drug-involved DUIs; 11.7% of DUIs overall), followed by opiates (24.0% of drug-involved DUIs; 8.7% of DUIs overall), “other drugs” (15.5% of drug-involved DUIs; 5.6% of DUIs overall), and lastly, sedatives (9.1% of drug-involved DUIs; 3.3% of DUIs overall). Figure 8 presents the prevalence of drug-involved DUIs across specific drug categories.

36.2% of assessments in 2025 were for drug-involved DUIs.

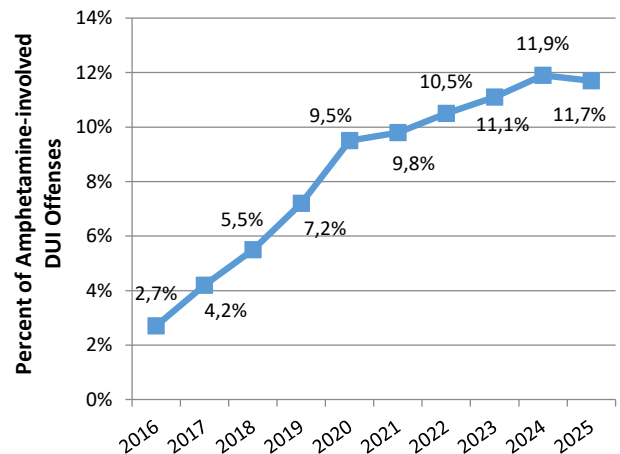
Figure 8: Percentage of Assessments for Alcohol and Drug-involved DUIs



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

As shown in Figure 9, the prevalence of amphetamine-involved DUIs decreased slightly between 2024 and 2025 – the first decrease in more than 10 years. However, since 2016, there has been an overall increase of approximately 10 percentage points in clients reporting amphetamine involvement in their current DUI arrest. Beginning in 2022, DUIs involving amphetamines were more prevalent than opiate-involved DUIs.

Figure 9: Percentage of Assessments for Amphetamine-involved DUI Offenses between 2016 and 2025



SUBSTANCES INVOLVED BY SEX

Both male (65.9%) and female (57.8%) DUI clients were most often involved in an alcohol-only DUI. Female clients, however, were more likely (42.1%) to have a drug-involved DUI than male clients (34.2%). The prevalence of drug-involved DUIs among female clients reached an all-time high in 2020 at 45.2%, but has decreased overall since then (see Appendix A, Figure A.3 on page 33).

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.”

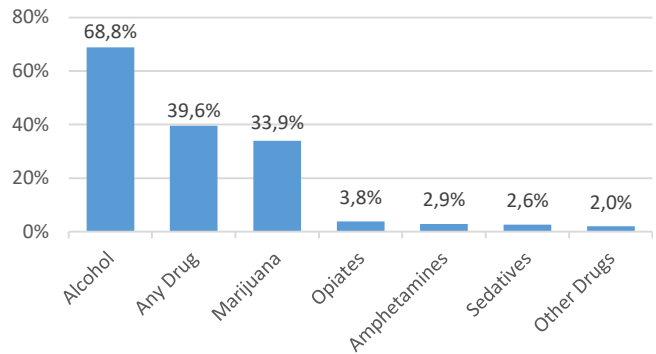
In 2025, White DUI clients were the most likely to report that their current DUI involved drugs (42.8%) compared to African American DUI clients (25.3%), Hispanic DUI clients (9.2%), and those DUI clients of any other racial or ethnic background (27.6%). Hispanic DUI clients were the most likely to be involved in alcohol-only DUIs (90.8%), followed by African American DUI clients (74.7%), DUI clients of any other racial/ethnic background (72.4%), and White DUI clients (57.1%). The percentage of clients who reported having driven under the influence of both alcohol and drugs was highest for African American DUI clients (8.9%).

SUBSTANCES INVOLVED BY AGE*

*Age at the time of conviction was missing for 3 individuals.

Similar to previous years, in 2025 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, close to three-quarters (72.6%) of DUI clients aged 60 years or older had an alcohol-only DUI. On the other hand, clients under the age of 50 years old were more likely (37.0%) 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 (8.4%). As presented in Figure 10, among underage DUI clients, marijuana was more likely to be involved than any other drug (33.9%), followed by opiates at 3.8%.

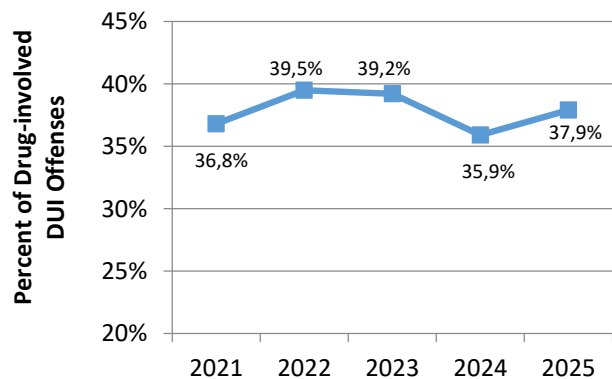
Figure 10: Substances Involved for Underage (< 21 years old) DUI Clients



SUBSTANCES INVOLVED BY OFFENSE TYPE

DUI clients convicted of a first offense DUI were slightly more likely to have an alcohol-only DUI (64.5%) compared to 61.5% of those with a second offense DUI, and 62.0% of those with a third offense DUI or higher. DUI clients with a second offense DUI were more likely to have a drug-involved DUI (38.5%) than either first offense DUI clients (35.5%) or those with a third offense DUI or higher (37.9%). This is a slight increase in drug-involved DUIs among those with a third offense or higher compared to 2024 (see Figure 11).

Figure 11: Percentage of Drug-involved DUIs among Individuals with a Third Offense DUI or Higher between 2021 and 2025



BIOLOGICAL TESTING FOR THE PRESENCE OF ALCOHOL AND DRUGS

More than two-thirds (69.3%) of DUI clients self-reported their current DUI involved alcohol, but only about half of DUI clients reported that they were tested for alcohol during their DUI arrest (48.5%). Most of those who had their alcohol level measured (n=6,824) reported receiving a breath analysis (85.8%; n=5,854).

While 5,854 clients were tested for alcohol levels, only 4,938 (35.1% of the total number of assessments) were able to provide their blood alcohol content (BAC) from their current DUI arrest. The majority of those 4,938 clients had a BAC that was between .08 g/dL (the legal limit) and .16 g/dL (58.5%). Approximately 8.6% had a BAC that was at least three times the legal limit (.24g/dL or higher).

On the other hand, 36.2% of clients self-reported being under the influence of drugs at the time of their current offense, and only 23.0% reported being drug tested as part of their current DUI. Of the 3,237 who were drug tested, nearly all had their blood tested (99.3%).

Of those tested, urine was the least frequently used test method for both alcohol and drug use (<1%).

SECTION 4: SCREENING INSTRUMENTS AND DSM-5

AUDIT

The Alcohol Use Disorders Identification Test (AUDIT) is designed to identify excessive 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 likely problematic alcohol use. Of the 14,064 submitted assessments, 4,006 (28.5%) had a positive (≥ 8) AUDIT score. The average AUDIT score was 5.89. Appendix B (page 35) 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 (34.1%). The average DAST score was 4.84. Appendix C (page 38) 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 SEX

As shown in Table 3, male DUI clients had a higher average AUDIT score than females, with 30.0% of male clients having a positive score (see

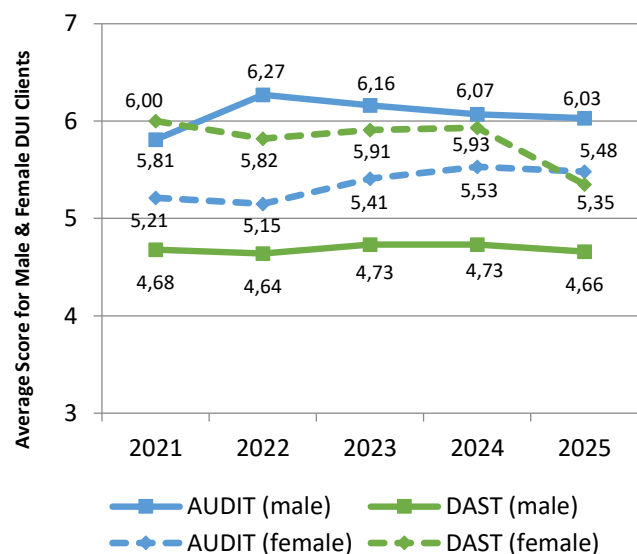
Appendix B for AUDIT questions by sex). Females, on the other hand, had a higher average DAST score than males (see Appendix C for DAST questions by sex). More than one-third (37.1%) of female DUI clients had a positive DAST score.

Table 3: Screening Instruments by Sex

	Males	Females
Positive AUDIT	30.0%	24.3%
Average AUDIT Score	6.03	5.48
Positive DAST	33.0%	37.1%
Average DAST Score	4.66	5.35

Figure 12 presents trends in AUDIT and DAST scores by sex. Males saw a decrease in AUDIT scores between 2022 and 2025, while female AUDIT scores increased overall. There was minimal change in DAST scores overall for males between 2021 and 2025. Females, however, saw a decrease from 6.00 to 5.35 during the same timeframe.

Figure 12: Screening Instruments for Males and Females between 2021 and 2025



AUDIT/DAST BY RACE/ETHNICITY*

*Race/Ethnicity is an optional field in KDAI.

Similar to 2023 and 2024, Hispanic DUI clients had the highest average AUDIT score (6.87) but the lowest average DAST score (0.92). White DUI clients, on the other hand, had the highest average DAST score (5.48) but the lowest average AUDIT score (5.47).

AUDIT/DAST BY AGE*

*Age at the time of conviction was missing for 3 individuals.

AUDIT scores varied by age group. The lowest AUDIT scores were among those between 40 and 49 years old (5.47) and the highest among those between the ages of 21 and 29 years old (6.43). DAST scores, however, were highest for those under the age of 50 years old – and highest specifically among those between the ages of 40 and 49 years old (5.92). Those between the ages of 70 and 87 years old had the lowest DAST scores (0.84).

AUDIT scores were highest for those between the ages of 21 and 29, while DAST scores were highest for those younger than 50.

AUDIT/DAST BY SUBSTANCE(S) INVOLVED

DUI clients with alcohol-involved DUIs had higher AUDIT scores – 7.83 for individuals with an alcohol-only DUI and 7.60 for those with a DUI that involved both alcohol and drugs. Clients with drug-only DUIs had an average AUDIT score of 1.54. DAST scores, however, were higher for those clients who had drug-involved DUIs – 10.41 for those with drug-only DUIs and 7.60 for clients who had a DUI involving both alcohol and drugs. Clients with alcohol-only DUIs had an average DAST score of 1.92.

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 second DUI offense had the highest average AUDIT score (6.60), but those convicted of a third or higher DUI offense had the highest DAST score (6.94). On the other hand, assessments for DUI clients convicted of a first DUI offense had the lowest average AUDIT (5.64) and DAST (4.41) scores.

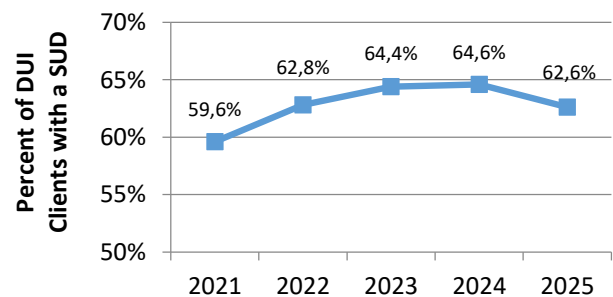
Clients with multiple DUI convictions had higher AUDIT and DAST scores.

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 or 3 criteria within a 12-month period indicates a mild disorder; 4 or 5 criteria, a moderate disorder; and 6 or more criteria, a severe substance use disorder. In 2025, 62.6% of DUI clients who were assessed met criteria for at least one substance use disorder, the first decrease since 2021 (see Figure 13).

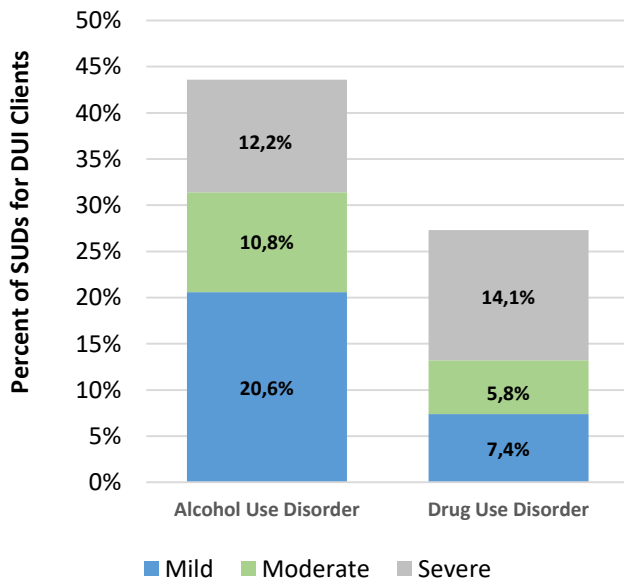
Nearly two-thirds of DUI clients met DSM-5 criteria for a substance use disorder (62.6%).

Figure 13: Percentage of Clients with a Substance Use Disorder between 2021 and 2025



DUI clients were more likely to meet criteria for an alcohol use disorder (43.6%), compared to 27.3% 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 2025, see Appendix D (page 42).

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

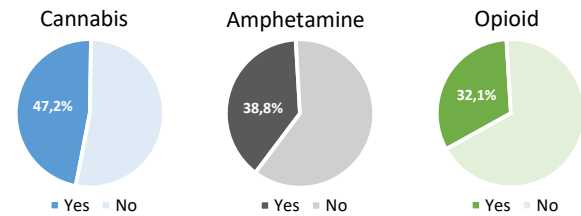


When focusing on substance use disorder information across individual substances, DUI clients were more likely to meet criteria for an alcohol use disorder than any drug. However, out of the 3,835 assessments submitted for clients who met criteria for a drug use disorder, more than one-quarter (26.4%) met criteria for multiple drug use disorders, a slight decrease from 27.1% in 2024. As shown in Figure 15, cannabis use disorders were the most common (47.2%) among those with a drug use disorder, followed by amphetamine use disorders (38.8%) and opioid use disorders (32.1%). “Other drugs”^{*} (9.3%) and

sedatives (7.0%) were the least common drug use disorders (not shown). Compared to others with a substance use disorder, individuals with an amphetamine use disorder were more likely to meet criteria for a severe substance use disorder (25.5%), followed by those with an opiate use disorder (22.3%). 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 (4.0%).

^{*}“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 SEX

In 2025, males were more likely to meet criteria for a substance use disorder (63.4%) compared to females (60.5%). Females convicted of DUI had a higher rate of drug use disorders (30.4%) compared to males convicted of DUI (26.2%). However, males had a higher rate of alcohol use disorders (45.6% vs. 38.1%). Males and females met criteria for both a drug and alcohol use disorder at similar rates (8.4% vs. 8.0%, 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 sex. Females convicted of DUI had a higher rate of severe substance use disorders (25.9%)

compared to males (22.6%), while males had a higher rate of both mild and moderate substance use disorders.

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

	Males	Females	Total
No Disorder	3,796 (36.6%)	1,461 (39.5%)	5,257 (37.4%)
Mild	2,617 (25.3%)	816 (22.0%)	3,433 (24.4%)
Moderate	1,608 (15.5%)	465 (12.6%)	2,073 (14.7%)
Severe	2,342 (22.6%)	959 (25.9%)	3,301 (23.5%)

DSM-5 SUBSTANCE USE DISORDERS BY OFFENSE TYPE

The percentage of assessments for DUI clients reporting DSM criteria for an alcohol use disorder increased with multiple DUI convictions. Fewer than half (42.0%) of assessments for individuals with a first DUI offense indicated an alcohol use disorder while 48.2% of those with a second or higher DUI offense had an alcohol use disorder. Similarly, the percentage of assessments for DUI clients reporting a drug use disorder ranged from 25.9% among those with a first DUI offense to 31.2% among those with a second or higher DUI offense.

The percentage of assessments for DUI clients who met criteria for a severe substance use disorder also increased as clients were convicted of subsequent offenses. Specifically, 19.7% of DUI clients with a first offense DUI met criteria for a severe substance use disorder compared to 38.3% 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 (25.9%) compared to those convicted of a second offense (21.1%) or a third offense or higher (17.7%).

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

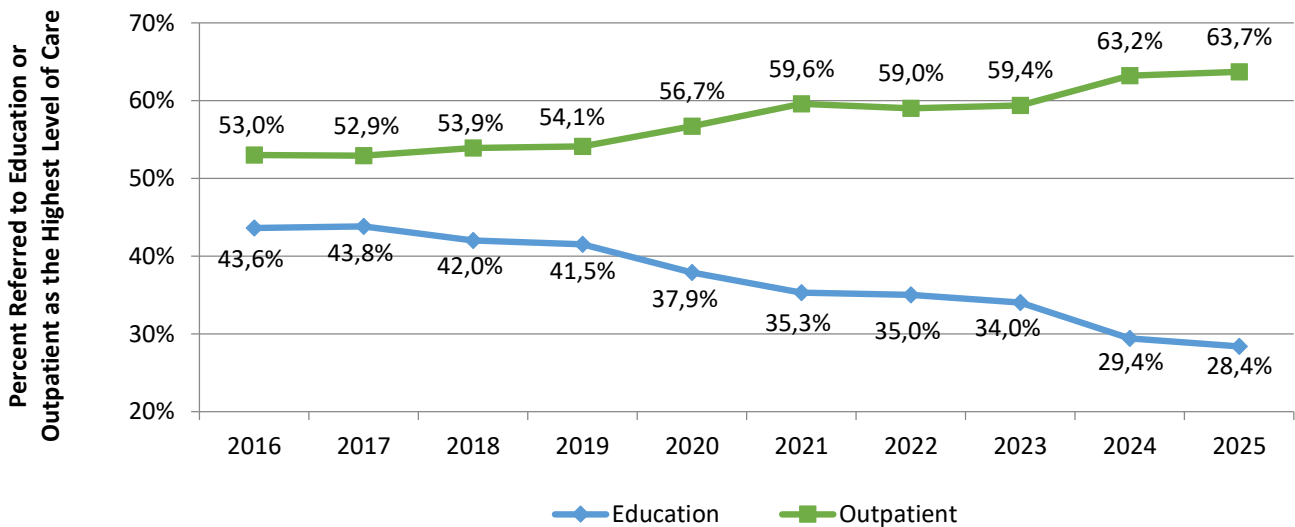
Clients whose current DUI involved both alcohol and drugs were more likely to meet criteria for a substance use disorder (68.1%) compared to those with alcohol-only (63.4%) or drug-only DUIs (60.0%). Clients whose current DUI involved only drugs were more likely to meet criteria for a drug use disorder (58.7%) while those involved in alcohol-only DUIs were more likely to meet criteria for an alcohol use disorder (60.6%). Finally, individuals whose current DUI involved drugs were more likely to meet criteria for a severe substance use disorder (33.5%) compared to those whose current DUI involved alcohol (17.7%).

SECTION 5: TREATMENT REFERRALS

This section presents education and treatment intervention referral data. Consistent with previous years, a majority of assessments submitted in 2025 were for DUI clients referred for outpatient treatment as their highest level of care (63.7%) followed by education referrals (28.4%), residential treatment referrals (5.2%), and intensive outpatient (IOP) treatment referrals (2.7%). As mentioned, level of care refers to the education and treatment referrals made by the assessor. Highest level of care represents the most intensive modality to which a client was referred, moving from education (lowest intensity), followed by outpatient treatment, intensive outpatient treatment, and residential treatment (highest intensity).

Figure 16 presents the percentage of assessments that resulted in a referral for education or outpatient as the highest level of care from 2016 to 2025. As shown, the percentage of outpatient referrals has increased by more than 10 percentage points since 2016. Simultaneously, education referrals have decreased consistently since 2016. The percentage of assessments with an intensive outpatient or residential treatment referral has more than doubled since 2016 – increasing from 3.4% to 7.9% in 2024 (see Appendix A, Figure A.4 on page 34).

Figure 16: Education and Outpatient Referrals 2016 to 2025*



*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 91.5% of recommended referrals were for outpatient

and/or education. It is interesting to note that 5.2% of assessments had a referral to multiple levels of care, but specifically among those with a residential referral, 41.7% had a recommendation for an additional level of care.

Table 5: Total Referrals*

Education	4,333
Outpatient	9,202
Intensive Outpatient	535
Residential	725

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

LEVEL OF CARE BY SEX

Both male (64.5%) and female (61.8%) DUI clients were most often referred to outpatient treatment as their highest level of care. While referrals to other types of care were less common, referrals to education were higher among female (30.2%) compared to male (27.8%) DUI clients, as were referrals to intensive outpatient and residential treatment (8.1% vs. 7.7%).

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.”

Referrals to outpatient treatment as the highest level of care were most common among DUI clients who identified as White (67.5%), Hispanic (66.8%), African American (60.8%), or any other racial/ethnic background (61.7%). Compared to all other racial/ethnic groups, White DUI clients were also more often referred to intensive outpatient and residential treatment (9.2%) as their highest level of care but were the least likely group to receive an education referral (23.3%).

LEVEL OF CARE BY AGE*

*Age at the time of conviction was missing for 3 individuals.

Older DUI clients (70+ years old) were more likely to be referred to an education intervention (38.2%) as their highest level of care compared to younger clients. Compared to other age groups,

persons who were between the ages of 50 and 59 years old were more likely to be referred to outpatient treatment (65.6%) as their highest level of care and those between the ages of 30 and 39 years old had the highest rate of referrals to intensive outpatient or residential treatment (9.7%).

LEVEL OF CARE BY OFFENSE TYPE

In 2025, clients convicted of a first offense DUI were more likely to be referred to an education intervention (36.0%) as their highest level of care compared to those convicted of a second offense (6.6%) or a third or higher offense (5.9%). Those convicted of a second (83.5%) or third or higher (82.6%) 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 (11.5%), compared to those with either a first or second DUI offense (6.9% and 10.0%, respectively).

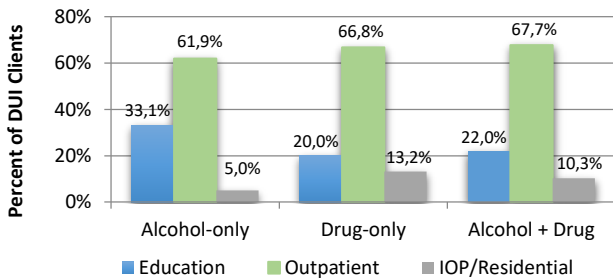
93.6% of clients convicted of a second or higher DUI offense received a referral to substance use treatment.

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 (33.1%) as their highest level of care more often than clients with a drug-involved DUI (20.3%). On the other hand, clients whose DUI involved only drugs were referred to IOP or residential treatment more often

(13.2%) than clients with an alcohol-involved DUI (5.4%). Lastly, clients with a DUI that involved both drugs and alcohol were more likely (67.7%) to be referred to outpatient treatment than those who reported their current DUI involved only alcohol (61.9%) or drugs (66.8%).

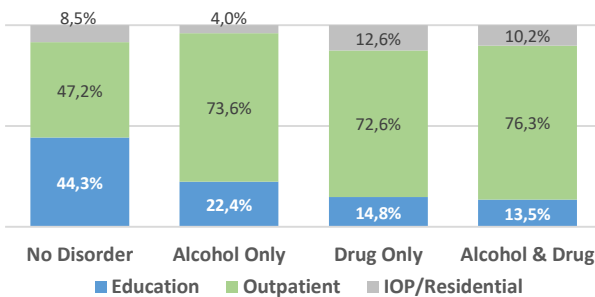
Figure 17: Highest Level of Care by Substances Involved in DUI Arrest



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 and drug use disorder in the past 12 months were more likely than other DUI clients to have received a treatment recommendation (86.5%), followed by those meeting criteria for only a drug use disorder (85.2%). Persons who did not meet criteria for a substance use disorder were most likely to be referred to education (44.3%) as their highest level of care.

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

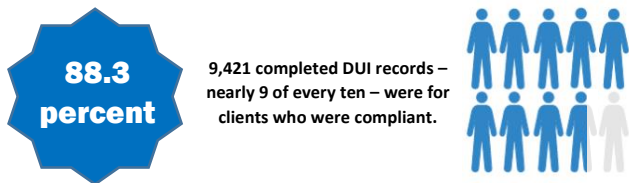


Highest level of care recommended is also related to DSM-5 substance use disorder severity. More than nine out of every ten individuals (91.2%) who met criteria for a severe substance use disorder were referred to some type of treatment; 14.5% were specifically referred to either intensive outpatient or residential treatment. Individuals meeting criteria for a mild substance use disorder were more likely to be referred to education (30.4%) compared to those with more severe substance use disorders.

SECTION 6: COMPLIANCE

Of the 14,064 assessment records, 10,669 records (75.9%) were completed before December 31, 2025. As described in the Background (page 6), 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 2025. Overall, nearly nine of every ten (88.3%) DUI assessments were for clients compliant with their education and/or treatment recommendations.

Figure 19: Compliant vs. Non-Compliant



There are four reasons a DUI client can be considered non-compliant with their education and/or treatment recommendations, which are listed in Table 6. For 2025, failure to comply with attendance requirements was the most frequently cited reason for non-compliance.

Table 6: Main Reason for Non-Compliance (N=1,248)

Failure to achieve treatment plan goals	3.7%
Failure to comply with rules of conduct	2.1%
Failure to comply with attendance requirements	90.5%
Failure to pay fees	3.7%

Compliance rates have not varied widely over the past 10 years, but 2024 and 2025 represent an all-

time high at 88.3% (see Appendix A, Figure A.5 on page 34).

COMPLIANCE BY SEX

Compliance rates were comparable across sex. Similar to previous years, male clients were slightly more likely to be compliant (88.5%) compared to female clients (87.7%).

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.”

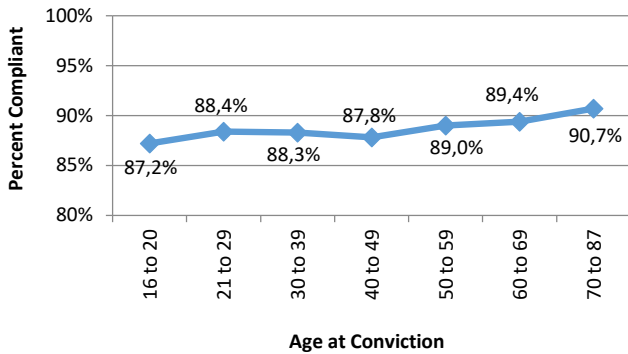
Consistent with previous years, Hispanic (89.9%) DUI clients were the most likely to be compliant with their recommended DUI interventions – compared to 87.8% White DUI clients, 85.5% of clients from another racial/ethnic background, and 84.1% of African American DUI clients.

COMPLIANCE BY AGE*

*Age at the time of conviction was missing for 1 individual who was assessed and completed during 2025; the other 2 individuals who were missing age at the time of conviction were not completed in 2025.

As shown in Figure 20 on the following page, compliance with recommended intervention was similar across age groups in 2025; however, older DUI clients were slightly more likely to comply with their recommended intervention. Specifically, those 70 years old and older were the most likely to comply (90.7%), followed by those between the ages of 50 and 69 years old (89.1%). DUI clients under the age of 21 years old were the least likely to comply with their recommended intervention (87.2%).

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 (73.1%), while DUI clients convicted of a first offense DUI were the most likely to be compliant (91.2%).

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 (86.5%) compared to clients involved in alcohol-only DUIs (89.4%). Close to eighty-five percent (84.8%) 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.

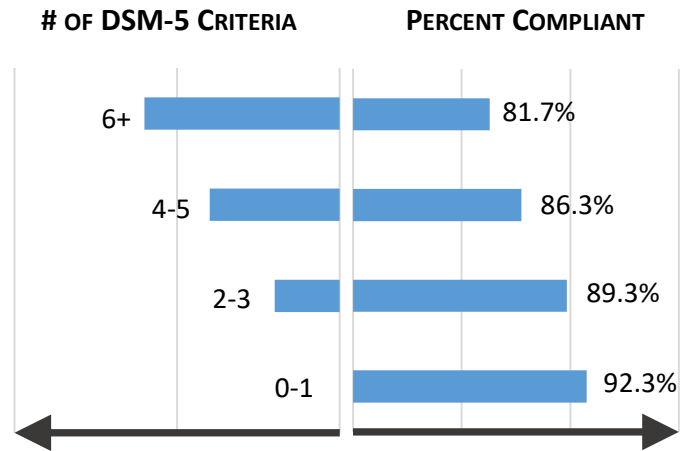
COMPLIANCE BY DSM-5 SUBSTANCE USE DISORDERS

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 (86.2% vs. 91.5%). 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 (82.4%), while those meeting criteria for only an alcohol use disorder were the most likely to be compliant (88.1%).

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 likelihood of compliance (97.0%). However, persons referred to outpatient treatment were the least likely to be compliant with their intervention (84.4%).

SECTION 7: COMMUNITY MENTAL HEALTH CENTER REGIONS

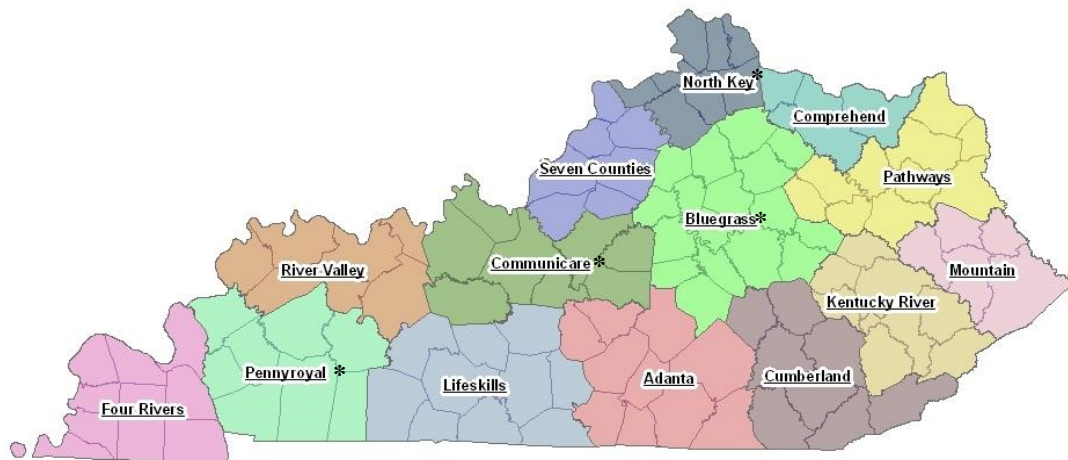
Kentucky has 14 Community Mental Health Centers (CMHCs) that provide publicly-funded services to individuals experiencing mental health or substance use problems. Of those 14 CMHCs, 10 were licensed and certified DUI programs who submitted assessment records in 2025. Table 7 presents the number of programs and assessment records submitted by these centers (publicly-funded) and privately-owned DUI programs in Kentucky. CMHCs submitted an average of 340 assessments per program in 2025, while private programs submitted an average of 114 assessments per program. There were twelve privately-owned DUI programs that submitted fewer than 10 assessments.

Table 7: CMHC and Privately-owned Program Assessments in Kentucky

	CMHC	Private	Total
Assessments Submitted	3,398	10,666	14,064
Number of Programs	10	94	104
Average Assessments per Program	339.8	113.5	135.2

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 did not provide DUI services.

CMHC DEMOGRAPHIC DIFFERENCES

There were few demographic differences found across CMHC regions. The average age of DUI clients across Kentucky was 37.8 years old but the average age across CMHC regions ranged from a low of 37.1 years old in the Bluegrass region to a high of 39.5 years old in the Cumberland River region. However, the North Key region had the highest percentage of clients younger than 40 years (63.9%). The percentage of

male DUI clients varied across regions, ranging from a low of 69.8% in the North Key region to a high of 76.6% in the Pathways region. For a more detailed breakdown of demographic information across CMHC regions, refer to Table E.1 in Appendix E (page 44).

CMHC REGIONS AND CONVICTION HISTORY

The average number of lifetime DUI convictions for Kentucky clients was 1.58. Clients in the Comprehend region had the highest average number of lifetime DUI convictions at 1.99. First-time DUI clients were a majority in most regions, with the exception of Comprehend (45.9%) and Kentucky River (48.1%). Seven Counties had the highest percentage of assessments for first-time DUI clients (77.6%). Comprehend had the highest percentage of assessments for DUI clients with a second conviction (37.6%), and Kentucky River had the highest percentage of assessments for clients with three or more lifetime DUI convictions (21.4).

Current DUI conviction (in the past 10 years) were overall similar to lifetime DUI convictions. Individuals convicted of a first DUI offense for their current DUI were a majority in all regions. Seven Counties had the highest percentage of assessments for first DUI offenses (83.5%). Four Rivers had the highest percentage of assessments for second DUI offenses (23.2%), and Kentucky River had the highest percentage for third or higher DUI convictions (10.7%).

See Tables E.2 and E.3 in Appendix E (page 45) 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 alcohol were most common in the Seven Counties region (87.2%), but were the least common in the Kentucky River region (35.7%). On the other hand, the Kentucky River region had the highest prevalence of drug-involved DUIs (71.4%). Finally, clients in the Four Rivers region were more likely than individuals from any other region to have a DUI involving both alcohol and drugs (8.0%). For a breakdown of the types of substances involved in clients' current DUI, see Table E.4 in Appendix E (page 46).

Across the state, alcohol was involved more often than any specific type of drug, while marijuana was the most commonly involved drug (15.1% of all DUIs). As shown in Figure 23 on the following page, among drug-involved DUIs (n=5,097), marijuana was the most commonly reported drug involved for DUI clients in 10 of the 14 CMHC regions. However, opiates were most common in the Mountain and North Key regions, and amphetamines were most common in the Pathways and Kentucky River regions.

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, amphetamines, opiates, and sedatives by CMHC region.

Marijuana was the most commonly reported drug involved in DUIs in 10 CMHC regions.

Figure 23: CMHC Regional Map with Most Commonly Involved Drug

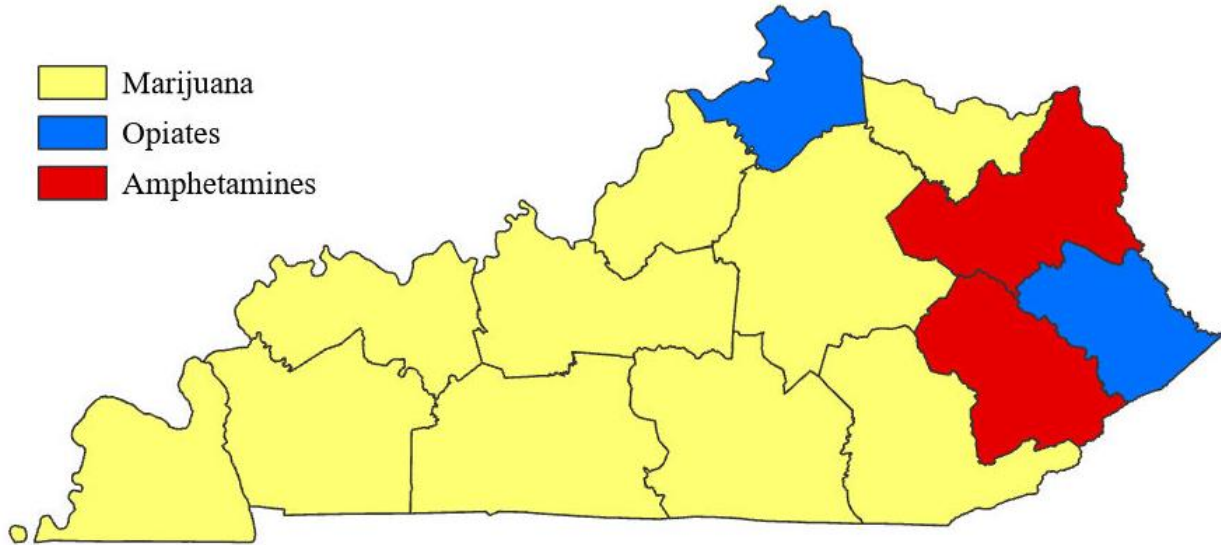


Figure 24: Marijuana Involvement by CMHC Region*

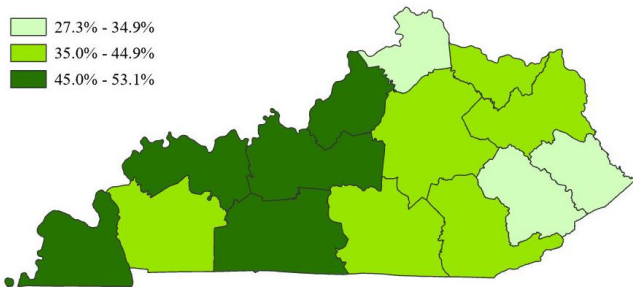


Figure 26: Opiate Involvement by CMHC Region*

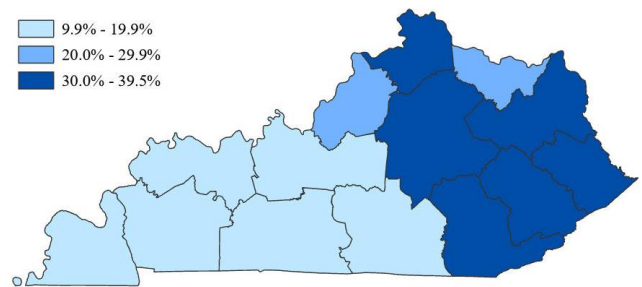


Figure 25: Amphetamine Involvement by CMHC Region*

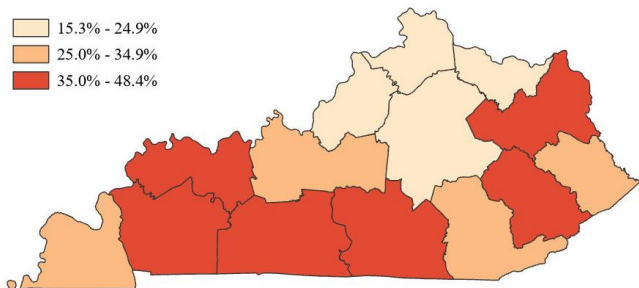
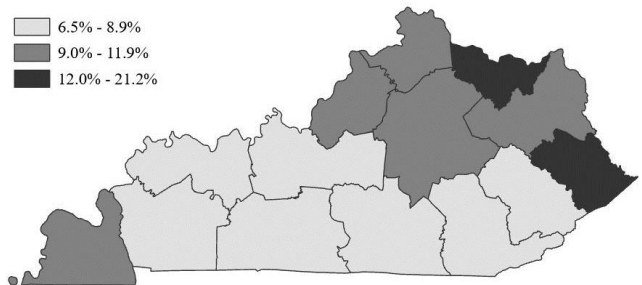


Figure 27: Sedative Involvement by CMHC Region*



*Represents the percentage of the 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 (42.4%) with an average AUDIT score of 7.54, while Cumberland River had the lowest (10.5%; average score of 2.72). The Kentucky River region had the highest percentage of positive DAST scores (71.4%), with an average DAST score of 10.56, but Seven Counties had the lowest (18.0%; average score of 2.28). Table E.5 in Appendix E (page 46) 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	27.7%	28.1%	59.3%
Pennyroyal	22.3%	41.3%	51.6%
River Valley	34.2%	40.8%	62.3%
Lifeskills	34.7%	36.5%	66.9%
Communicare	28.5%	35.1%	66.2%
Seven Counties	42.4%	18.0%	70.2%
North Key	31.4%	22.6%	75.3%
Comprehend	30.3%	34.9%	58.7%
Pathways	22.9%	45.8%	58.4%
Mountain	12.3%	47.7%	44.5%
Kentucky River	13.6%	71.4%	62.0%
Cumberland River	10.5%	41.4%	33.1%
Adanta	22.6%	50.9%	65.1%
Bluegrass	29.0%	27.7%	64.3%
All Regions	28.5%	34.1%	62.6%

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

Looking at the DSM-5, clients in the North Key region were more likely to meet DSM-5 criteria for a substance use disorder (75.3%) compared to those from other CMHC regions. Those from the Cumberland River region were the least likely to meet criteria for a substance use disorder (33.1%). The Adanta region had the highest percentage of clients meeting criteria for a severe substance use disorder (37.5%) while clients in the Pennyroyal region were less likely to meet criteria for a severe substance use disorder (12.0%) compared to other regions.

CMHC REGIONS AND LEVEL OF CARE

Outpatient treatment was the highest level of care recommended for nearly two-thirds (63.7%) of Kentucky DUI clients in 2025, but it was more likely to be recommended for clients in the Lifeskills region (84.9%) than in any other CMHC region. Education was more likely referred as the highest level of care in the Pennyroyal region (60.9%) compared to any other region. The Comprehend region had the highest prevalence of referrals to intensive outpatient treatment (9.2%), while referrals to residential treatment were most common in the Cumberland River region (28.4%). Additional referral information for CMHC regions can be found in Table E.6 in Appendix E (page 47).

CMHC REGIONS AND COMPLIANCE

Compliance refers to the percentage of assessments that were considered compliant upon completion. Out of the 10,669 assessments completed in 2025, assessors deemed 88.3% compliant with their recommended intervention. The Comprehend region had the highest rate of compliance with more than 9 out of 10 (98.4%) completed assessments being compliant. The Communicare region had the lowest percentage

(81.7%) of clients considered compliant. Compliance rates for each of the CMHC regions can be found in Table E.6 in Appendix E (page 47).



SUMMARY AND CONCLUSION

Between January 1, 2025 and December 31, 2025, certified DUI assessors submitted 14,064 assessment records. DUI assessments were predominantly for male DUI clients (73.7%), and the average age of those assessed was 37.8 years old. The majority of submitted assessments were for DUIs involving alcohol (69.3%), while 36.2% involved drugs. Female clients and younger clients were more likely to report that their DUI involved drugs. The most common drug involved in DUIs was marijuana (15.1% of all DUIs), followed by amphetamines at 11.7%. The percentage of drug-involved DUIs have continued to increase over the past decade.

Of the 14,064 DUI assessment records submitted in 2025, the average AUDIT score was 5.89, and the average DAST score was 4.84. Male clients were more likely to have a positive AUDIT score (30.0% vs. 24.3%), whereas female clients were more likely to have a positive DAST (37.1% vs. 33.0%). Assessment records also indicated that individuals convicted of driving under the influence have high rates of substance use disorders. Specifically, 62.6% of DUI clients met DSM criteria for either an alcohol or drug use disorder, which was only slightly lower than 2024 (64.6%). The percentage of DUI clients meeting criteria for a severe substance use disorder also decreased, from 24.6% in 2024 to 23.5% in 2025.

Over the past 10 years, most DUI clients have been referred to outpatient treatment as their highest level of care, a trend that continued in 2025 (63.7%). This was followed by education at 28.4%. 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. The majority of clients who were both assessed and completed in 2025 were compliant with their recommended intervention (88.3%), although lower compliance rates were found for DUI clients with more severe substance use disorders.

Overall, DUI assessment records submitted in 2025 mirror trends from earlier years and indicate the need for careful, thorough assessment to identify clients' individual needs followed by referrals to substance use services that will best address those needs.

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1. Kentucky Revised Statutes (2010). Alcohol or substance abuse treatment and education programs -- Sentencing offenders to programs -- Regulation of programs -- Appeals of decisions regarding licensure of education and treatment facilities and programs (Chapter 189A.040).
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3. Skinner HA (1982). The Drug Abuse Screening Test, *Addictive Behaviors*, Vol. 7, 363-371.
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5. Kentucky State Police (2025). *Crime in Kentucky: Commonwealth of Kentucky 2024 Crime Report*. Published by the Kentucky State Police, Frankfort, KY. Retrieved from: <https://wp.kentuckystatepolice.ky.gov/wp-content/uploads/2025/07/2024-CIK-Final-with-Letters.pdf> .

APPENDICES

APPENDIX A: DUI TRENDS – 2016 TO 2025

Figure A.1. Percentage of Assessments for Persons Convicted of a Second DUI Offense or Higher between 2016 and 2025

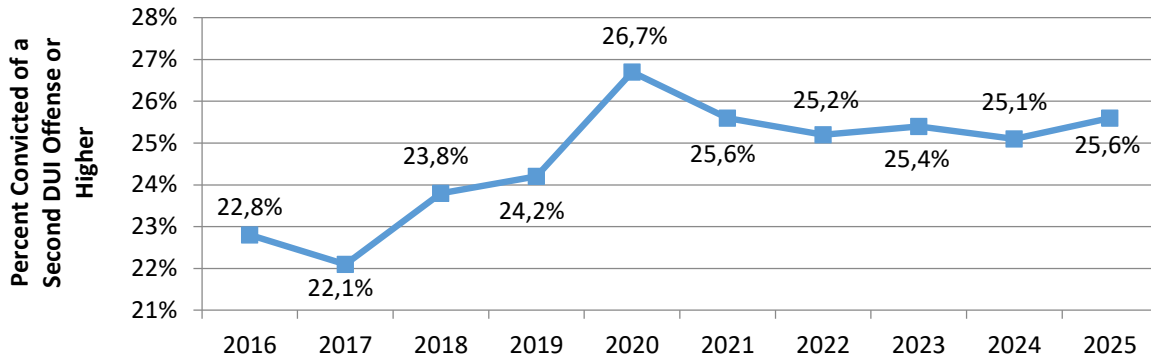


Figure A.2. Percentage of Assessments for Underage (< 21 years old) DUI Clients between 2016 and 2025

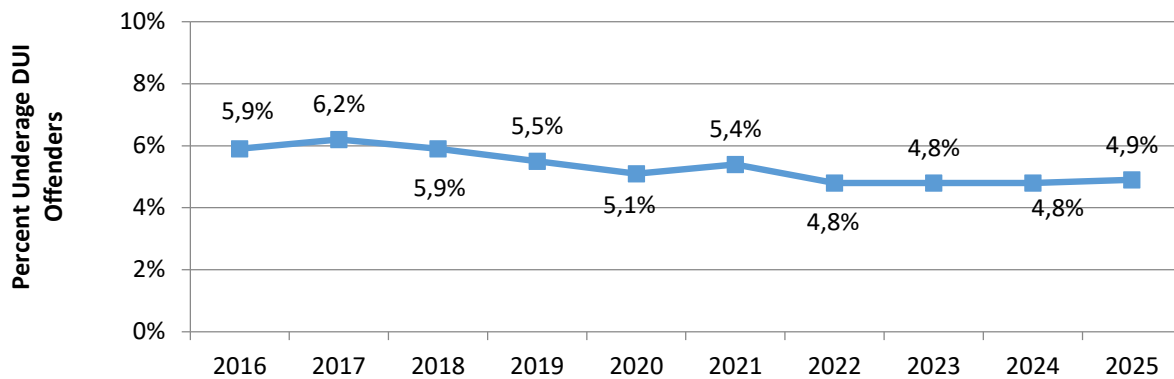


Figure A.3. Percentage of Assessments for Female DUI Clients Who Were Drug-involved between 2016 and 2025

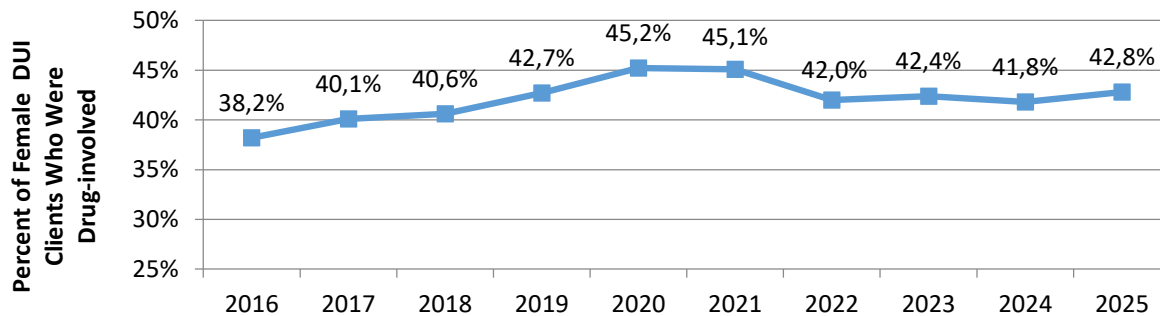


Figure A.4. Intensive Outpatient and Residential Treatment Referrals between 2016 and 2025

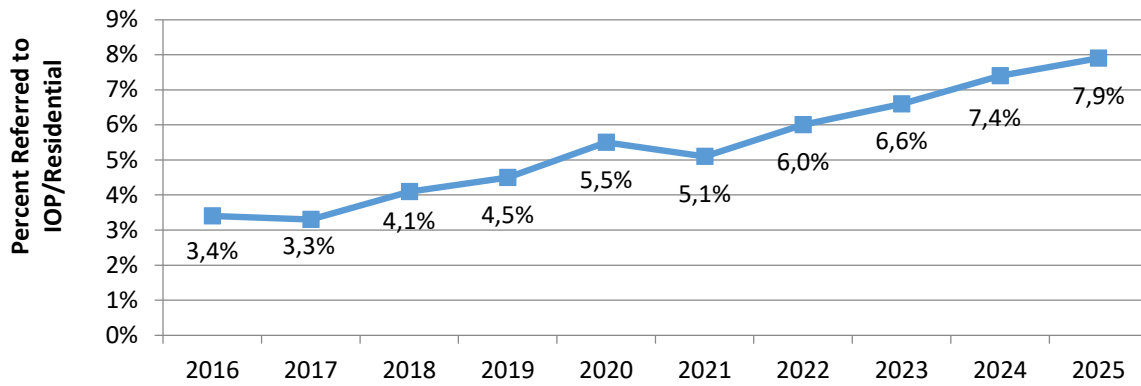
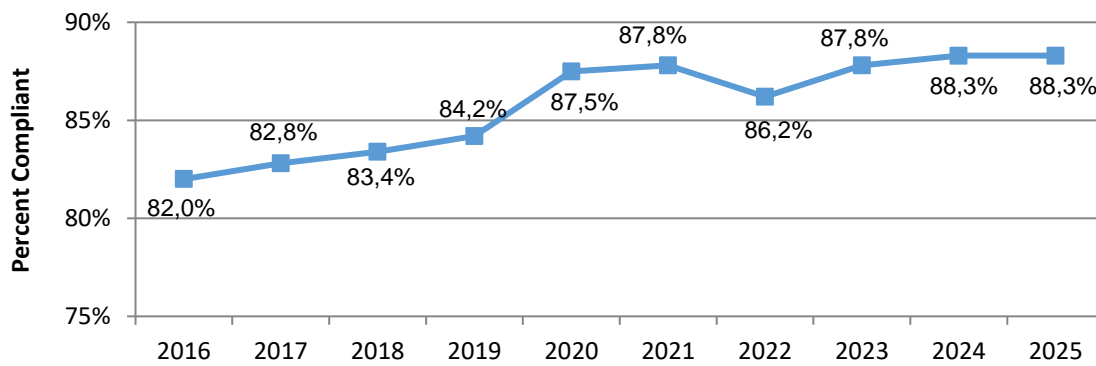


Figure A.5. Compliance Rates between 2016 and 2025



APPENDIX B: AUDIT RESPONSES AND AVERAGE SCORES BY SEX

1. How often do you have a drink containing alcohol?

	Males	Females	Total
(0) Never	35.0%	38.9%	36.0%
(1) Monthly or less	21.2%	23.5%	21.8%
(2) 2 to 4 times a month	21.0%	17.8%	20.2%
(3) 2 to 3 times a week	13.9%	12.0%	13.4%
(4) 4 or more times a week	9.0%	7.9%	8.7%
Average Score	1.41	1.27	1.37

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

	Males	Females	Total
(0) 1 or 2	47.9%	56.8%	50.2%
(1) 3 or 4	21.0%	22.8%	21.5%
(2) 5 or 6	15.5%	10.8%	14.3%
(3) 7, 8, or 9	7.2%	4.5%	6.5%
(4) 10 or more	8.5%	5.0%	7.5%
Average Score	1.07	0.78	1.00

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

	Males	Females	Total
(0) Never	50.0%	60.6%	52.8%
(1) Less than monthly	23.5%	20.0%	22.6%
(2) Monthly	10.0%	7.6%	9.4%
(3) Weekly	11.3%	7.3%	10.2%
(4) Daily or almost daily	5.2%	4.5%	5.0%
Average Score	0.98	0.75	0.92

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	79.1%	81.0%	79.6%
(1) Less than monthly	11.7%	9.4%	11.1%
(2) Monthly	3.1%	3.4%	3.2%
(3) Weekly	2.7%	3.2%	2.8%
(4) Daily or almost daily	3.3%	3.1%	3.3%
Average Score	0.39	0.38	0.39

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	82.9%	83.3%	83.0%
(1) Less than monthly	11.1%	9.9%	10.8%
(2) Monthly	2.7%	2.7%	2.7%
(3) Weekly	1.9%	2.3%	2.0%
(4) Daily or almost daily	1.4%	1.8%	1.5%
Average Score	0.28	0.29	0.28

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	90.3%	91.9%	90.7%
(1) Less than monthly	5.3%	3.2%	4.8%
(2) Monthly	1.3%	1.1%	1.3%
(3) Weekly	1.4%	1.5%	1.4%
(4) Daily or almost daily	1.7%	2.2%	1.8%
Average Score	0.19	0.19	0.19

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

	Males	Females	Total
(0) Never	75.2%	73.7%	74.8%
(1) Less than monthly	16.3%	15.2%	16.0%
(2) Monthly	3.6%	3.2%	3.5%
(3) Weekly	2.2%	3.3%	2.5%
(4) Daily or almost daily	2.8%	4.6%	3.2%
Average Score	0.41	0.50	0.43

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	81.4%	81.1%	81.3%
(1) Less than monthly	13.6%	12.2%	13.2%
(2) Monthly	2.3%	3.1%	2.5%
(3) Weekly	1.7%	2.3%	1.9%
(4) Daily or almost daily	1.0%	1.5%	1.1%
Average Score	0.27	0.31	0.28

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

	Males	Females	Total
(0) No	91.1%	90.0%	90.8%
(2) Yes, but not in the last year	6.1%	5.5%	5.9%
(4) Yes, during the last year	2.8%	4.5%	3.3%
Average Score	0.24	0.29	0.25

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	73.4%	76.9%	74.3%
(2) Yes, but not in the last year	13.6%	10.3%	12.7%
(4) Yes, during the last year	12.9%	12.8%	12.9%
Average Score	0.79	0.72	0.77

APPENDIX C: DAST RESPONSES BY SEX

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
40.5%	47.1%	42.2%

2. Have you abused prescription drugs?

Males	Females	Total
15.8%	18.1%	16.4%

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

Males	Females	Total
12.7%	15.6%	13.5%

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

Males	Females	Total
6.5%	7.6%	6.8%

Percentage of persons who responded "no"

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

Males	Females	Total
14.1%	15.8%	14.5%

Percentage of persons who responded "no"

6. Do you abuse drugs on a continuous basis?

Males	Females	Total
10.3%	11.5%	10.6%

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

Males	Females	Total
18.3%	19.5%	18.6%

Percentage of persons who responded "no"

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

Males	Females	Total
9.4%	12.1%	10.1%

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

Males	Females	Total
22.3%	28.5%	23.9%

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

Males	Females	Total
15.4%	16.2%	15.6%

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

Males	Females	Total
21.7%	23.7%	22.2%

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

Males	Females	Total
15.8%	17.4%	16.2%

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

Males	Females	Total
7.1%	8.9%	7.5%

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

Males	Females	Total
15.5%	18.9%	16.4%

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

Males	Females	Total
16.6%	21.1%	17.8%

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

Males	Females	Total
10.6%	9.9%	10.4%

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

Males	Females	Total
11.6%	11.2%	11.5%

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

Males	Females	Total
12.3%	12.9%	12.5%

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

Males	Females	Total
18.2%	20.2%	18.7%

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

Males	Females	Total
30.6%	37.0%	32.3%

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

Males	Females	Total
20.3%	21.7%	20.7%

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

Males	Females	Total
25.2%	25.6%	25.3%

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

Males	Females	Total
16.7%	20.9%	17.8%

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

Males	Females	Total
7.3%	9.3%	7.8%

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

Males	Females	Total
20.1%	23.9%	21.1%

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

Males	Females	Total
6.7%	8.5%	7.2%

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

Males	Females	Total
23.9%	27.3%	24.8%

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

Males	Females	Total
20.9%	24.8%	21.9%

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

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

Males	Females	Total
47.6%	45.7%	47.1%

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

Males	Females	Total
29.8%	31.0%	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
24.7%	27.5%	25.4%

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

Males	Females	Total
32.8%	33.2%	32.9%

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

Males	Females	Total
19.5%	21.9%	20.1%

(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
28.5%	29.1%	28.6%

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

Males	Females	Total
16.0%	18.8%	16.7%

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

Males	Females	Total
54.8%	51.7%	54.0%

(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
19.0%	23.9%	20.3%

(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
47.4%	44.9%	46.7%

(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
17.5%	19.1%	17.9%



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
Four Rivers	37.8	59.4%	73.8%
Pennyroyal	37.9	57.9%	72.3%
River Valley	37.1	59.2%	74.3%
Lifeskills	37.6	59.6%	75.2%
Communicare	37.1	61.0%	74.5%
Seven Counties	37.5	60.4%	74.9%
North Key	37.1	63.9%	69.8%
Comprehend	38.5	56.0%	74.3%
Pathways	39.2	54.8%	76.6%
Mountain	38.7	55.7%	74.7%
Kentucky River	39.1	52.3%	73.7%
Cumberland River	39.5	52.3%	72.6%
Adanta	38.7	53.8%	73.8%
Bluegrass	37.1	61.3%	72.6%
All Regions	37.8	61.6%	73.7%

* Missing Data = 3 Assessments

Table E.2. CMHC Lifetime DUI Convictions

	Average	0-1	2	3+
Four Rivers	1.65	60.4%	26.3%	13.3%
Pennyroyal	1.33	74.5%	20.7%	4.8%
River Valley	1.70	62.7%	22.1%	15.2%
Lifeskills	1.71	60.1%	22.8%	17.1%
Communicare	1.62	63.8%	21.1%	15.1%
Seven Counties	1.34	77.6%	15.2%	7.2%
North Key	1.43	69.9%	21.6%	8.5%
Comprehend	1.99	45.9%	37.6%	16.5%
Pathways	1.80	55.0%	25.7%	19.3%
Mountain	1.66	62.1%	21.7%	16.2%
Kentucky River	1.92	48.1%	30.5%	21.4%
Cumberland River	1.51	63.1%	25.7%	11.2%
Adanta	1.68	59.2%	26.2%	14.6%
Bluegrass	1.52	66.7%	20.4%	12.9%
All Regions	1.58	64.7%	22.2%	13.2%

Table E.3. CMHC DUI Offense Type

	1st	2nd	3 rd or higher
Four Rivers	70.0%	23.2%	6.8%
Pennyroyal	74.5%	20.6%	4.9%
River Valley	77.3%	16.1%	6.6%
Lifeskills	71.7%	19.5%	8.8%
Communicare	73.7%	19.1%	7.2%
Seven Counties	83.5%	12.8%	3.7%
North Key	76.2%	18.3%	5.5%
Comprehend	74.3%	19.3%	6.4%
Pathways	75.5%	19.9%	4.5%
Mountain	72.2%	21.2%	6.6%
Kentucky River	67.5%	21.8%	10.7%
Cumberland River	74.2%	19.9%	5.9%
Adanta	70.2%	21.8%	8.0%
Bluegrass	72.7%	18.7%	8.6%
All Regions	74.4%	18.8%	6.8%

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

	Alcohol Only	Drug Only	Alcohol + Drug
Four Rivers	62.9%	29.1%	8.0%
Pennyroyal	50.0%	45.7%	4.3%
River Valley	57.8%	34.3%	7.9%
Lifeskills	63.6%	29.2%	7.2%
Communicare	65.8%	30.8%	3.4%
Seven Counties	83.1%	12.8%	4.1%
North Key	80.0%	15.6%	4.4%
Comprehend	69.7%	23.9%	6.4%
Pathways	51.2%	42.9%	5.9%
Mountain	44.7%	52.1%	3.2%
Kentucky River	28.6%	64.3%	7.1%
Cumberland River	33.5%	61.4%	5.1%
Adanta	44.2%	50.0%	5.8%
Bluegrass	75.7%	18.6%	5.7%
All Regions	63.8%	30.7%	5.5%

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

	AUDIT Average	DAST Average
Four Rivers	5.79	3.44
Pennyroyal	4.89	4.99
River Valley	6.98	5.34
Lifeskills	6.81	5.29
Communicare	5.58	4.84
Seven Counties	7.54	2.28
North Key	6.92	3.27
Comprehend	5.86	5.77
Pathways	4.95	7.46
Mountain	3.33	6.77
Kentucky River	3.19	10.56
Cumberland River	2.72	5.72
Adanta	4.69	7.27
Bluegrass	6.47	4.13
All Regions	5.89	4.84

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

	Education	Outpatient	IOP	Residential	Compliance*
Four Rivers	27.1%	67.9%	0.6%	4.4%	89.1%
Pennyroyal	60.9%	39.1%	0.0%	0.0%	83.7%
River Valley	40.5%	45.2%	5.2%	9.1%	92.4%
Lifeskills	13.5%	84.9%	0.9%	0.6%	86.0%
Communicare	25.6%	70.4%	2.4%	1.6%	81.7%
Seven Counties	36.8%	61.6%	0.8%	0.8%	87.1%
North Key	30.7%	66.5%	0.9%	1.9%	91.7%
Comprehend	45.9%	43.1%	9.2%	1.8%	98.4%
Pathways	11.7%	75.8%	3.0%	9.5%	83.2%
Mountain	35.8%	54.3%	2.4%	7.5%	89.9%
Kentucky River	15.9%	75.0%	6.5%	2.6%	89.2%
Cumberland River	23.2%	44.1%	4.3%	28.4%	94.9%
Adanta	18.4%	74.4%	3.9%	3.3%	83.1%
Bluegrass	38.1%	54.0%	4.1%	3.8%	91.3%
All Regions	28.4%	63.7%	2.7%	5.2%	88.3%

*Of the 14,064 assessments submitted during 2025, only 10,669 were also completed during 2025.