

**Jim Thompson  
State Representative  
District 23**



**HOUSE OF REPRESENTATIVES  
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**I am Jim Thompson, Representative from the 23rd District.**

**18 months ago, I had the privilege, along with Representatives, Greenlick, Barker and Krieger putting together a DUII Work Group consisting of about 25 individuals. These people are involved in some aspect of DUII and came from state agencies dealing with DUII, local ADES and treatment providers, law enforcement, the Courts, MADD, defense attorneys and others.**

**The group was put together because we are at a new intersection. We are at the corner of medicine and judicial process. It was very apparent from the start that the traditional criminal justice model addressing DUII was not successful in addressing the medical needs of the number of addicts involved with DUII. We, as a state legislature, have, through our own laws, have adopted the federal affordable health care laws. These laws require the identification and treatment of not only medical conditions but all mental and physical health issues and provide for better delivery of health care including those are addicted and arrested for DUII.**

**I asked for the group to consider impairment by any substance as impairment for the DUII statutes. If our goal is to ensure a safe highway system, it does not make any difference of what substance is causing the impairment, let's get the driver off the road, and look at the various reasons when the roads are safer. I have been alarmed by the explosion of synthetic drugs which are created faster than any regulatory body can keep up with. We do know that individuals are impacted by the new synthetic drugs and we also know that we do not know the affect of these "designer" drugs on regular prescription medicines. We do know that even prescription drugs are labeled that the drugs may cause impairment and users should not drive. Without ways to understand the drugs in the drivers system, how can we ensure a safe highway system much less provide the necessary medical help to the individual and reduce reoccurrence.**

**We have a problem we do not want to recognize. Our Oregon police log 70 stops per day, (22,000 stops per year) for suspected driving impairment and four stops per day (1500 stops per year) are investigated by drug recognition specialists. Several months ago, health specialists in Multnomah County were calling four cases of whooping cough in a three month period, an epidemic..**

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Increased coordination and communication is viewed as a critical necessity as the DUI issues move out of just an alcohol/justice system arena and into an arena where medical/health care is a major component in addressing impairment due to physical or mental health and or addictions. To this end our working group took on three additional issues. Having the Governors Advisory committee on DUI form an interagency working group so the issues before the Advisory Committee could be addressed from a wider perspective. The group looked at the process for interlock devices and coordination communication between the courts, treatment agencies and the installers of the devices. The recommendations on Interlock devices provide a better quality of devices used in Oregon and allow a strong framework on how the devices are used, monitored and reported-something that is not in the statue now.

Participants also recommend closing a current loophole in the statue that allows an individual to "wait out" the IID requirements and re-obtain a license without having to install a interlock device. Finally the group recommends a process where the courts determine when a individual has completed treatment and issue a authorization for reissuance of a drivers license.

We discussed a lot more and more can be done such as: How can we provide more education on the impact of driving while impaired including issues surrounding the expanded the scope of medicines available today; Can we develop a good educational program for pharmacists for the five most common driving impairment drugs. Urgent care facilities should also be included in an education program to increase awareness of drug shopping by addicts; Should courts have a standard protocol on DUI processing so as to create a common practice in all circuit courts and municipal courts; Can we increase coordination between courts and treatment providers to have effective outcomes for court ordered treatment and the treatment of medical conditions of drug addiction and mental health.

We offer the following bills today as a start on an expanded conversation and methods needed to address this intersection of medical and judicial.

- **HB 2114** Directs the state police to adopt administrative rules for the 12 steps of drug recognition evaluations provides language on presenting evidence based upon the 12 steps and recognizes the courts decisions in these areas. Declares an emergency.
- **HB 2115** Expands the offense of driving while under influence of intoxicants to include any drug that adversely affects person's physical or mental faculties to noticeable or perceptible degree. Defines "intoxicant." Permits conviction of driving while under influence of intoxicants even if accusatory instrument does not plead the fact that person was under influence of controlled substance or inhalant.
- **HB 2116** provides for exemptions to individuals in diversion for medical and employment reasons.
- **HB 2117** Extends suspension of driving privileges indefinitely until the person submits proof of and maintains installation of required ignition interlock device. Provides direction to ADES and treatment agencies on their responsibilities for information in reports generated from the ignition reports.
- **HB 2121** Provides that the courts are responsible for approving the completion of treatment instead of DMV. DMV receives notification from the courts and reissues the license.