

Governor's Advisory Committee on DUII

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DATE:	February 18, 2015
то:	Senate Judiciary Committee
FROM:	Teresa Douglas, Alcohol and Drug Evaluation Specialist Governor's Advisory Committee on DUII
SUBJECT:	Senate Bill 398

Introduction:

Senate Bill 398 clarifies procedure for use and reporting procedure of Ignition Interlock Devices for those under a DUII Diversion or DUII Conviction. This Bill also increases screening fee to \$275, to cover costs of additional monitoring responsibilities for Alcohol and Drug Evaluation Specialists.

Background:

The requirement for Ignition Interlock Devices was added to the Diversion program in the 2011 legislative session. Ignition Interlock Devices have been required for DUII convictions for many years. Clarification of the procedures with regards to monitoring and installation of the devices is needed to assure that the program is producing the best outcomes.

What the Bill Does:

This bill clarifies reporting procedures for Ignition Interlock Device installers to the monitoring entity, which in most cases is either the Alcohol and Drug Evaluation Specialist or the Court's designee. Each jurisdiction has agreements with the Alcohol and Drug Evaluation Specialist as to how DUII cases are to be handled. This bill will insure that the Ignition Interlock Device information is downloaded and transmitted to the monitoring agency in a timely manner. This bill also allows the Courts to require the most current technology available to address any Ignition Interlock Device violations. With the Ignition Interlock Device monitoring responsibilities being placed on the Alcohol and Drug Evaluation Specialist, an additional burden has been added to their workload. This bill will compensate Alcohol and Drug Evaluation Specialists for their time and the additional expenses incurred.

Summary:

The screening procedure is required on all DUII offenders, either through a Diversion agreement or a Conviction. While Alcohol and Drug Evaluation Specialists are required to monitor all Diversion clients, they also monitor DUII convictions that are not placed on supervised probation. The Alcohol and Drug Evaluation Specialist is the conduit through which information flows between the courts, the offender, the treatment provider and the community. The Alcohol and Drug Evaluation Specialist is able to provide valuable information to all parties involved. While the information gathered from the Ignition Interlock Device is essential to monitoring abstinence during supervision on DUII Diversion or Conviction, timeliness of the information has been an issue. Also, the ability to confirm the identity of who is blowing in the Ignition Interlock Device has been a problem.

February 18, 2015 Senate Judiciary Committee Page 2

As an Alcohol and Drug Evaluation Specialist, I have been monitoring the Ignition Interlock Device on my clients since the requirement went into effect. While it has been difficult as the information has not been available in real time, it has provided an opportunity for intervention. The treatment programs have appreciated the Ignition Interlock Device as an additional means to monitor abstinence and address relapse. The Courts have also used the Ignition Interlock Device information as a tool to monitor required abstinence. Many clients sent back to court for Ignition Interlock Device violations admit drinking alcohol after finishing treatment. This creates the option to return clients to treatment for re-evaluation and additional treatment.

While the Ignition Interlock Device has become a valuable tool in the DUII field, there is always room for improvement with the devices themselves, timeliness of reports and the ability to identify the person who is blowing into the device. The GAC on DUII believes this bill will address some of these issues. As the Ignition Interlock Device industry continues to evolve, modern technology will no doubt continue to improve. Therefore, on behalf of the Governor's Advisory Committee on DUII and as an Alcohol and Drug Evaluation Specialist, I would ask that this legislation be passed to the floor with a do pass recommendation.