

IAS response to Department for Transport consultation: Mandating vehicle safety technologies in GB type approval

Alcohol interlock installation facilitation (AIIF)

Do you agree or disagree with our proposal not to mandate AIIF technology at this time?

Disagree

Provide further information to support your answer

We believe the Government's proposal not to mandate AIIF technology is a missed opportunity that will, in the longer-term, increase the cost, complexity, and delay of any future alcohol interlock programme for convicted drink drivers – and that it risks entrenching inequalities in how rehabilitation is delivered.

The case for mandating AIIF is not contingent on mandating alcolocks in every vehicle. AIIF is a preparatory infrastructure measure – a low-cost, standardised interface that makes future alcolock installation quicker, simpler, and cheaper. The Government's stated intention to allow alcolocks as part of drink drive rehabilitation programmes (as set out in the parallel 'Proposed Changes to Motoring Offences' consultation) makes the absence of AIIF from new vehicles a forward-planning failure.

Evidence for the effectiveness of alcohol interlocks

The evidence base for alcohol ignition interlocks is strong and well-established. A Cochrane systematic review found that offenders fitted with an interlock were approximately 64% less likely to reoffend while the device was installed compared to those subject to licence suspension alone.ⁱ A 2024 evidence synthesis by Johns Hopkins University identified alcohol ignition interlocks as among the proven effective interventions for reducing drink driving, alongside sobriety checkpoints and BAC law enforcement.ⁱⁱ

Interlock programmes have been found to reduce reoffending by 65% or more during the period of installation.ⁱⁱⁱ A meta-analysis found mandatory interlock programmes are associated with a 15-16% reduction in alcohol-related fatalities compared to less stringent approaches. Studies from the Netherlands and elsewhere confirm the 'incapacitating effect' of interlocks in preventing alcohol-impaired driving.^{iv}

The evidence also highlights important caveats. The Cochrane review notes that reoffending rates tend to revert to baseline once the device is removed, unless rehabilitation is combined with the interlock period.ⁱ This underscores the importance of pairing alcolock requirements with treatment and support (as we've stated in our response to the motoring offences consultation) – but it does not undermine the case for AIIF. On the contrary, it strengthens the argument for making installation as swift, straightforward, and cost-effective as possible, so that rehabilitation programmes can begin promptly.

A 2023 Journal of Road Safety review identified programme design as a key determinant of effectiveness – with mandatory participation, prompt installation, and appropriate duration all linked to better outcomes.^v AIIF directly supports the 'prompt installation' element of an optimised programme.

Why AIIF matters for a future interlock programme

Reducing installation costs and access barriers

Cost is consistently identified in the research literature as a primary barrier to take-up of interlock programmes. A PACTS analysis estimated retrofitting costs of £1,000-£1,500 per year when alcolocks are installed in vehicles not designed to accommodate them.^{vi} AIIF would arguably reduce these costs substantially by providing standardised access points and removing the need for bespoke modifications.

Where participation is voluntary and costs are high, uptake is predictably low – in the U.S. the CDC states that only about one-fifth of those arrested for DWI have interlocks installed,^{vii} with similarly low rates in early European trials.^{viii} If the Government's intended rehabilitative programme is to be effective, it must ensure that cost does not become the determining factor in whether a convicted driver participates. Mandating AIIF now would build in a cost-reduction mechanism for any future programme before it is needed.

Equity of access

The IAS is particularly concerned about the distributional consequences of high installation costs. If an interlock programme is mandatory but cost is prohibitive for lower-income offenders, the practical effect is that wealthier convicted drivers can access rehabilitation while poorer offenders cannot. This is inequitable and may also reduce the programme's reach precisely among groups – such as people from low-incomes experiencing alcohol dependence – where intervention is most needed. It also runs contrary to the Government's stated aim of reducing health inequalities.

Several international examples illustrate how this can be addressed. New Zealand operates an alcohol interlock subsidy for those who meet financial eligibility criteria.^{ix} And the Queensland Government in Australia also provides financial assistance.^x These models are only viable where installation costs are kept manageable – which AIIF helps to achieve.

Alignment with EU standards and avoiding future trade barriers

From 6 July 2022, all new vehicle types sold in the EU were required to incorporate AIIF, with the requirement extended to all new vehicles from 7 July 2024 under Regulation (EU) 2019/2144.^{xi} This means that the UK is now diverging from an already-implemented European standard that applies to all passenger and goods vehicles across the EU bloc – and under Northern Ireland's post-Brexit arrangements, also applies to vehicles sold there.

The Society of Motor Manufacturers and Traders has consistently highlighted the deep integration of UK and EU automotive supply chains and called for close regulatory alignment, noting that divergence would increase costs for manufacturers and ultimately consumers.^{xii} Several UK manufacturers already install AIIF to ensure EU compliance. The decision to exclude AIIF creates unnecessary complexity for the industry and risks future friction as interlock programmes are developed.

Crucially, the costs of mandating AIIF during manufacture are very low. The EU's own impact assessment estimated manufacturer costs of just €1-€5 per M1/N1 vehicle and €2-€6 for heavier vehicles at 2020 price levels – making AIIF the second cheapest of the 14 safety technologies assessed.^{xiii} These are negligible sums relative to vehicle margins.

Response to the Department's stated rationale

The DfT has indicated that 'further work is needed' on the primary legislative powers required to mandate AIIF, and that excluding it avoids delaying the rest of the GSR2 package. The IAS does not dispute the need to proceed swiftly with the other GSR2 technologies. However, if AIIF is not taken forward with these other technologies, we urge the Government to commit publicly to a clear timetable for resolving the legislative question and implementing AIIF as soon as the necessary powers are identified.

The consultation also notes that the absence of AIIF does not prevent alcolock installation. This is technically true but weak as a policy argument. As mentioned, without AIIF, installation is slower, more invasive, more expensive, and more variable in quality. And for a rehabilitation programme to deliver consistent, equitable outcomes, standardised and affordable installation is essential.

We are also concerned that characterising AIIF's safety benefits as 'relatively minor' compared to the wider GSR2 package devalues the additive benefit of all components – and ignores that AIIF's benefit is conditional on a programme being in place. The Government is actively consulting on establishing such a programme. The appropriate moment to legislate for AIIF is therefore now, not after the programme is operational and the vehicle fleet has moved on.

Recommendations

The IAS recommends that the Government:

- Reconsiders the exclusion of AIIF from the current GSR2 mandation, or commits to a clear and binding timetable to mandate AIIF as a matter of priority once the necessary primary legislative powers are identified.
- Ensures that any alcohol interlock programme established for convicted drink drivers includes financial safeguards for lower-income offenders, such as a means-tested subsidy or income-scaled cost model, given that high installation costs are a proven barrier to equitable access.
- Pairs any interlock requirement with appropriate treatment and rehabilitation support, in light of evidence that behavioural change, not just incapacitation, is necessary to sustain reductions in reoffending after device removal.

-
- ⁱ Willis, C., Lybrand, S. & Bellamy, N. (2004/2010). Alcohol ignition interlock programmes for reducing drink driving recidivism. Cochrane Database of Systematic Reviews.
- ⁱⁱ Johns Hopkins International Injury Research Unit (2024). Evidence Synthesis of Best Practices and Effective Strategies to Reduce Drink Driving.
- ⁱⁱⁱ Coben, J. H., & Larkin, G. L. (1999). Effectiveness of ignition interlock devices in reducing drunk driving recidivism. *American journal of preventive medicine*, 16(1), 81-87.
- ^{iv} Blais et al. (2013); Elder et al. (2011); reviewed in: Long-term effectiveness of the alcohol ignition interlock programme, *European Journal of Psychology Applied to Legal Context*, 2024.
- ^v Roberts, P.L. & Meuleners, L.B. (2023). Optimising Alcohol Interlock Program Performance. *Journal of Road Safety*, 34(4).
- ^{vi} Norbury, F. and Webster, E. (2021). Locking out the drink driver: Using alcohol interlocks to reduce drink driving in the UK. PACTS.
- ^{vii} CDC (2024), Increasing Alcohol Ignition Interlock Use [accessed April 2026].
- ^{viii} Martino, A. et al. (2014). Technical Development and Deployment of Alcohol Interlocks in Road Safety Policy. European Parliament.
- ^{ix} Smart Start New Zealand, Alcohol Interlock Subsidy New Zealand – What’s Covered & Who Qualifies [accessed April 2026].
- ^x Queensland Government, Alcohol ignition interlocks: Financial assistance for the Alcohol Ignition Interlock Program [accessed April 2026].
- ^{xi} Regulation (EU) 2019/2144 and Commission Delegated Regulation (EU) 2021/1243.
- ^{xii} SMMT (2025), Protecting UK-EU trade is a pressing priority [accessed April 2026].
- ^{xiii} European Commission (2018). Commission Staff Working Document: Impact Assessment accompanying the General Safety Regulation proposal.