Recommendations on the Effectiveness of Ignition Interlocks for Preventing Alcohol-Impaired Driving and Alcohol-Related Crashes

Task Force on Community Preventive Services

Alcohol-impaired driving is responsible for one death every 45 minutes in the U.S.1 The Task Force on Community Preventive Services (Task Force) has previously studied and made recommendations on several ways to reduce alcohol-impaired driving.2,3 The most recent findings relate to programs to install ignition interlocks in the vehicles of people arrested for alcohol-impaired driving.

The recommendation in this report represents the work of the Task Force, an independent, nonfederal group. The Task Force is developing the Guide to Community Preventive Services (Community Guide) with the support of DHHS in collaboration with public and private partners. The CDC provides staff support to the Task Force, but the recommendation presented here was developed by the Task Force and is not necessarily the recommendation of CDC, DHHS, or collaborating agencies or partners. The specific methods for and results of the reviews of evidence on which this recommendation is based are provided in the accompanying article.4 The methods for conducting systematic evidence reviews and translating the evidence on effectiveness into recommendations for the Community Guide have been previously published.5

Intervention Recommendation

On the basis of the evidence reviewed,4 the Task Force finds strong evidence that interlocks are effective in reducing re-arrest rates while they are installed in offenders’ vehicles. However, the public health benefits of the intervention on reducing alcohol-related crashes are currently limited by the small proportion of offenders who have interlocks installed in their vehicles. More widespread and sustained use of interlocks among this population could have a substantial impact on alcohol-related crashes.

Interpreting and Using the Recommendation

The accompanying evidence review4 offers several potential solutions to the challenges that have prevented ignition interlocks from reaching their full potential for reducing alcohol-impaired driving. One important need is to increase the number of DWI (driving while impaired) offenders who have interlocks installed in their cars by increasing the number of drivers who are eligible for interlock programs and by increasing the incentives for participation of eligible drivers.

Further, because the protective effects of ignition interlocks quickly dissipate after the interlocks are removed from offenders’ vehicles, it will be important to explore ways to extend the protective period by mandating longer installation periods or setting performance-based standards for removal that require longer installation periods for offenders who have attempted to drive after drinking. Finally, methods for combining interlock programs with alcohol treatment programs should be explored further as a potential means of extending the effectiveness of interlocks beyond the period during which they are installed.

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References