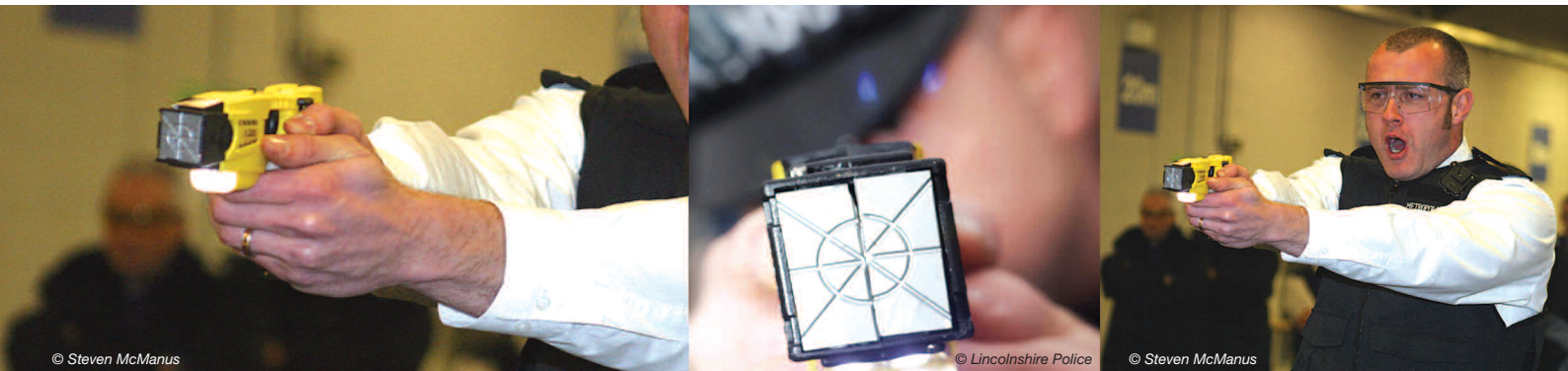


The briefing

Series 1, Edition 3 – February 2009



Tasers

This Police Foundation Briefing looks at the latest developments in the use of Tasers in the UK and abroad, and highlights some of the key arguments for and against the device.

What are Tasers?

Tasers ('Thomas A. Swift's Electric Rifle') are gun shaped weapons that fire an electrical charge. They are used by police firearms officers and specially trained officers as a 'less lethal weapon'. The police use a range of less-lethal weapons including CS spray, AEP (Attenuating Energy Projectile), tear gas, pepper spray and dogs.

How do Tasers work?

Taser has a laser-guided sight. The holder lines up the laser dot from up to 7 metres away and discharges Taser like a gun. Two barbs attached to a cable enter the skin and a current passes down the cable causing a 50,000-volt shock (4-5,000 volts on touching the subject).

Each Taser costs £940 and the price of equipping all officers with Taser would be over £160 million (1).

The shock of 0.021 amps affects the nervous system and causes the muscles to contract. While the barbs remain in the skin, Taser can be fired repeatedly, releasing further waves of electrical current.

The barbs need not make direct contact with the skin in order for the device to work. The voltage is sufficiently high that if the barbs catch on a piece of clothing, Taser will still operate effectively.

Taser can also be used in 'drive stun' mode where the holder places the device directly against the skin and a shock is applied without the use of barbs.

Due to the laser dot, a suspect is given warning that Taser is about to be discharged. In the majority of cases, this 'red dotting' is found to sufficiently deter a suspect from his or her course of action ⁽²⁾.

In July 2005 the late Chief Constable Mike Todd allowed Taser to be demonstrated on him under controlled conditions.

Tasers do cause pain but there are no lasting effects. They are not intended to make a subject unconscious, but in most cases the subject will be incapacitated and fall to the ground and will lose control of bodily functions.

After the current has been switched off, the subject should immediately recover, but the barbs will remain in the body and should be removed by a medical professional.

Recent developments

In April 2003, a twelve-month operational trial of the M26 Taser began in the UK.

Authorised Fire Officers (AFOs) trained in the use of firearms were issued with Tasers for use in firearms incidents in five police forces. AFOs are issued with firearms only when there is reason to believe that a police officer may have to protect themselves or others from a person who is armed or has immediate access to a firearm or is otherwise so dangerous that they could not safely be restrained without the use of firearms.

A report on the trial, prepared by Price Waterhouse Coopers on behalf of the Association of Chief Police Officers ⁽³⁾, concluded that its use could potentially reduce injury and loss of life. During the twelve-month trial, Taser was drawn 58 times and discharged at a person 14 times. In over 70% of cases Taser was drawn by an officer faced with a subject holding a knife or a gun and in 95% of cases the subject was subsequently arrested. Taser was found to be an effective means of de-escalating potentially violent situations and to be more accurate than other less lethal alternatives such as CS spray. In nearly half (44%) of all cases, the sight of the laser red dot was sufficient to calm down a subject and reduce the threat.

Although the trial was an examination of Taser's use in cases where firearms would have been considered necessary, it was also found that Taser could be used *before* a situation reaches the stage of requiring a firearm. Figures supporting this were analysed on behalf of the Northern Ireland

Policing Board⁽⁴⁾. They show that of the 624 incidents in which Taser was used in the UK in 2007, over 50% (328 cases) Taser was aimed at a subject and not fired. As in the trial, in the majority of cases the subject was armed with a knife or a firearm.

In September 2004 the Home Office officially authorised the use of Taser in firearms incidents. Three years later, it extended the use of Taser to incidents where the authorising officer has reason to suppose the police are facing violence or threats of violence of such severity that they would need to use force to protect the public, themselves or the subject. Later the same year, a second twelve-month trial began allowing the use of Taser by specially trained units who are not firearms officers. During the first six months of the trial, Tasers were drawn 252 times but only discharged 31 times⁽⁵⁾. This contrasts with the earlier trial, where Tasers were used less than had been anticipated; they were drawn on 58 occasions over the twelve months, and discharged 14 times. The Home Office, which is evaluating this trial, has indicated that if it is successful, Taser could be given to all police officers⁽⁶⁾.

Between September 2004 and August 2008 Tasers have been used on over 2,700 occasions and fired 949 times. 300 members of the public were given shocks in 2007⁽⁷⁾.

In November 2008, the Home Office authorised Taser for non-firearms officers who have been trained to use Taser in violent or potentially violent situations where it is considered necessary to use force to protect the public, themselves and/or the

subject(s) and a budget of £8m was set aside to fund 10,000 devices. In response, both the Metropolitan Police Authority (MPA) and Amnesty International raised concerns about extending the use of Taser to non-firearm officers, with the MPA restricting their use to trained firearms officers only. It also warned that the expansion of Taser's use would increase fear and damage public confidence⁽⁸⁾ at a time when the government was putting in place its single target to improve public confidence in the police. Amnesty too was concerned that the routine use of Taser would increase the risk of misuse and undermine the notion of policing by consent⁽⁹⁾. In contrast, the Police Federation welcomed the expansion, stating there was no evidence to suggest it would increase fear or undermine public confidence⁽¹⁰⁾.

How safe are Tasers?

Over 50 countries employ Taser, but it is most commonly used in the US, where 7,000 of the 18,000 law enforcement agencies employ their use. One of the most important issues concerning the deployment of Taser is whether they are in fact safe. According to one study, 99.7 per cent of a sample of just under 1,000 people subjected to Taser had mild injuries, such as scrapes and bruises, or incurred no injury at all⁽¹¹⁾. However Amnesty International claims to have documented 334 Taser-related deaths over a seven-year period (2001-Sept 2008)⁽¹²⁾. Although it is not stated that Taser directly caused these deaths, Amnesty maintains that it is likely that in some of these incidents Tasers were an important contributory factor.

Where there are underlying health problems, such as heart conditions, there is some evidence to suggest that Taser could potentially increase the risk of heart failure ⁽¹³⁾. Similarly, where a suspect is under the influence of drugs that affect a person's heart rate, Taser may contribute to cardiac arrest ⁽¹⁴⁾. Since more than half of all Taser victims during the 12 month trial were under the influence of drugs or alcohol, this is an important consideration. Analysis on behalf of the Northern Ireland Policing Board ⁽¹⁵⁾ shows that up to February 2007, 57% of Taser subjects were under the influence of alcohol, 27% under the influence of drugs and 49% may either have been suffering from mental illness or have had mental health issues ⁽¹⁶⁾.

In the case of Robert Earl Williams, who was Tasered 4 times on 14 June 2005, the Dallas medical examiner stated Williams died of "acute stress associated with multiple electrical shocks during attempted restraint by police." Similarly, in the case of Douglas G Meldrum (17 December 2004), it was held that the use of Taser may have been an additional contributing factor in his death.

Research undertaken in the US concludes that based on the available evidence, the risk of life threatening or serious injuries from the M26 Advanced Taser appears to be very low ⁽¹⁷⁾. But research by the same organisation based on trials using pigs of different body weights suggests that children and adults of smaller stature are at increased risk of cardiac complications from being Tasered ⁽¹⁸⁾. Controversially, the use of Taser against children has not been banned and in the US, the Defence Scientific

Advisory Council Sub-Committee of the Medical Implications of Less Lethal Weapons (DOMILL) anticipates an increase in the number of minors subjected to the device. DOMILL has stated that the risk to minors should be emphasised in the training given to officers, who are urged to be "particularly vigilant" in such cases, and this is reflected in the ACPO guidance ⁽¹⁹⁾.

The use of Taser on pregnant women has also been questioned. An American study undertaken by the Human Effects Centre of Excellence concluded that the risk of possible harm to a foetus is low, but suggested that this area be investigated further ⁽²⁰⁾.

Other safety concerns include barbs striking vulnerable areas such as the eyes, groin or mouth; excessive charges to the chest leading to impaired breathing; and injuries sustained following a fall. In one recent study, two subjects out of 1000 were admitted to hospital after hitting their heads following a Taser fall ⁽²¹⁾. There is also a risk of flammability if Taser is used on a person who has been sprayed with CS gas, which is recognised (amongst the other safety issues raised above) in the ACPO Guidance ⁽²²⁾ on the use of Taser. The same Guidance, in contrast to in the US, emphasises that Taser should never be used to inflict pain or achieve compliance.

Unlike CS gas or baton rounds, the laser sight of Taser is more precise, allowing only the subject to be targeted and being less of a risk to bystanders. Officers in the 2003 trial found that Tasers were easier and more effective to use than baton guns, which use pain and trauma, or the threat of pain and trauma, to deter subjects from particular courses of action.

A report by ACPO concluded that in nearly half of all cases (44%), simply aiming a Taser at a person – ‘red-dotting’ them – can be sufficient to calm them down and secure compliance ⁽²³⁾. This is supported by the fact that in the first six months of the 2007/8 Taser trial, of the 252 times Taser was drawn, it was discharged only 31 times. ACPO maintains this demonstrates that Tasers provide an effective pre-emptive tactical option that acts as a powerful deterrent, without the need to resort to the use of a firearm. It could however be argued that in the UK, in most cases the alternative would be to calm the subject and diffuse the situation without the use of any weapons, relying instead on the professional and personal skills of the officer in charge.

Amnesty International have criticised the use of Taser in the US on a number of grounds:

- that there are no guidelines governing their use;
- that there is a potential risk of Taser abuse by law enforcement officers;
- that the deployment of Taser against unarmed suspects represents an excessive use of force; and
- that the use of Taser against vulnerable groups such as pregnant women, children and people with mental illnesses is particularly dangerous ⁽²⁴⁾.

Amnesty has called for the use of Taser to be suspended pending a full independent inquiry into its use ⁽²⁵⁾. Amnesty UK supports the police use of Taser where it is strictly necessary to protect life or serious harm, such as cases where a firearm would be authorised however, it opposes wide deployment of Tasers to officers who are not

firearms trained and states the device should be used only as a last resort ⁽²⁶⁾.

Unlike in the US, here in the UK Taser is formally classified as ‘Work Related Equipment’ (like firearms) rather than Personal Protective Equipment, which is issued to all officers. In the US, Taser is not classified as a firearm and is not subject to federal firearms legislation. Regulations on the use of Taser therefore vary from state to state and there is no official code of practice governing its deployment or use.

In the UK, all Taser-use by Police Officers is monitored and reported and, as with other incidents, if the situation results in death or serious injury or a danger to the public, the Independent Police Complaints Commission investigates the case. Since September 2004, 35 cases have been referred to the IPCC ⁽²⁷⁾ (see further below).

Will Taser change policing in the UK?

An important question is whether the expansion of the use of Taser may risk an escalation towards a more routine arming of police officers in the UK. Once Taser is accepted as a non-lethal and effective deterrent, would the next logical step be to suggest that firearms might offer the same gains in more serious incidents (i.e. where the target person is armed or seriously dangerous)?

According to ACPO Guidance, Taser should not be considered as “a replacement for other routinely issued protective equipment, or for firearms capable of discharging conventional ammunition, but rather one of a

number of options”. ACPO therefore clearly view Taser not as an alternative to conventional firearms but as an alternative to other, less-lethal weapons. But this does not necessarily mean this will actually be the case in practice or that Taser is perceived in this way by the public.

In the UK, the predominant ethos is ‘policing by consent’ whereby the respect and trust of the public plays a crucial role. The extension of Taser powers means an increase in the number of police officers carrying weapons in public places. Concerns have been raised about whether Taser will undermine this ethos, leading instead to an increasing perception of the police as an armed force ‘policing by compliance’⁽²⁸⁾.

Currently Taser is only to be used where firearms would have been authorised or where an officer faces severe violence such that he or she needs to use force to protect the public, themselves and/or the subject. Critics of the device, however, point to parallels with the US, where the overuse of Taser has been much criticised⁽²⁹⁾. The 2006 Amnesty International report, for example, found the US police were using Taser as a means for securing compliance, including using them in prisons where subjects posed little threat to the public⁽³⁰⁾. The 2008 Amnesty report found 90% of Taser subjects who died were unarmed and that many were subjected to prolonged or repeated shocks⁽³¹⁾. However there is little if any evidence so far to suggest that the same may apply in the UK.

Police attracted criticism for failing to use a Taser in the case of Mark Saunders, who was shot and killed on May 6 2008 after a five hour siege during which Saunders fired a gun out of his bedroom window. The family of Saunders complained that police had used a firearm rather than Taser to resolve the situation⁽³⁵⁾. In October 2008 the High Court held the shooting of Mark Saunders was not unlawful.

ACPO’s Guidelines emphasise that the duration of an initial discharge and any subsequent discharge must be proportionate, lawful, appropriate, necessary and non-discriminate in all circumstances and that the decision to use Taser is an individual one for which the individual officer is accountable⁽³²⁾. The Independent Police Complaints Commission (IPCC) has also made it clear that police forces using Taser have an important responsibility to explain to their public the circumstances in which Taser might be deployed and that people have a right to complain if they feel the use of such force is excessive⁽³³⁾. The IPCC however received 35 complaints on Taser use between April 2004 and September 2008, 10 of which were investigated. The majority concerned the use of Taser in drive-stun mode, where Taser is applied directly to the body. In some of these cases the Taser had been applied to the neck or head, contravening ACPO guidance which only condones the use of Taser in this way if absolutely necessary to prevent loss of life⁽³⁴⁾.

Conclusion

In the UK, the use of Taser follows ACPO guidelines and is not used as a pain or compliance tool. So far, pilot studies have shown few problems with the use of the device, although there are some important safety considerations. The deterrent effect of 'red-dotting' would seem to assist officers at an early stage to reduce the risk of violence, providing an additional option for calming potentially and actually dangerous situations. Its use is however growing and it will become increasingly important to ensure it is used proportionately, lawfully, appropriately, non-discriminatorily and only when necessary. Failure to do so may only serve to undermine the invaluable quality of the British Police Service as one of the few unarmed police forces left in the world.

References

1. *Police Review* 5 September 2008 'Officers want less-lethal gun at any cost'
2. in 75% of cases G Smith C Hussain (November 2008) *Home Office Scientific Development Branch* TASER: Trial Evaluation Final Data
3. Independent Evaluation of the Operational Trial of Taser, May 2004
4. Starmer, K QC and Gordan, J 23rd May 2007 The PSNI'S Proposed Introduction of Taser Human Rights Advice
5. Home Office figures – <http://police.homeoffice.gov.uk>
6. *Police Review* 5 September 2008 'Taser roll out would help keep public safer, say beat bobbies'
7. *Ananova* 5 August 2008 'Police use of Tasers Increases'
8. *Police Oracle* 25 November 2008 'Met rejects plans for more Tasers'
9. www.amnesty.org.uk 24 November 2008 'Tasers: Only best-trained officers should have Tasers, says Amnesty'
10. *Police Oracle* 26 November 2008 'Federation criticises MPA over Tasers'
11. Bozeman, William Wake Forest University School of Medicine Presented 8 October 2007 at the American College of Emergency Physicians' Research Forum in Seattle
12. *Guardian* 16 December 2008 'Amnesty demands limits on Taser use'
13. Lewer N and Davison N January 2006 *Bradford Non-Lethal Weapons Research Project* 'Electrical stun weapons: alternative to lethal force or a compliance tool?'. 2
14. DSAC Sub-committee on the Medical Implications of Less-lethal Weapons (DOMILL) Second statement on the medical implications of the use of the M26 Advanced Taser July 2004, Paragraph 9
15. Starmer, K QC and Gordan, J 23rd May 2007 The PSNI'S Proposed Introduction of Taser Human Rights Advice
16. Starmer, K QC and Gordan, J 23rd May 2007 The PSNI'S Proposed Introduction of Taser Human Rights Advice, Table 3

17. DSAC Sub-committee on the Medical Implications of Less-lethal Weapons (DOMILL) Second statement on the medical implications of the use of the M26 Advanced Taser July 2004, Annex, Paragraph 29
18. The evidence of DSAC (Defence Scientific Advisory Council Sub Committee) and DSTL (MoD's Science and Technology Laboratory) was reviewed by DOMILL in Medical Implications of Less Lethal Weapons in May 2007
19. ACPO Operational Use of Taser by Authorised Firearms Officers Version 3 November 2008 and Extended operational Deployment of Taser for Specially Trained Units Version 3 November 2008
20. The Joint Non-Lethal Weapons Human Effects Center of Excellence, Human Effectiveness and Risk Characterization of the Electromuscular Incapacitation Device – A Limited Analysis of the TASER, Part 1 Technical Report, March 2005
21. Bozeman, W Wake Forest University School of Medicine Presented 8 October 2007 at the American College of Emergency Physicians' Research Forum in Seattle
22. ACPO Operational Use of Taser 'extended deployment' document – version 2 July 2007
23. ACPO Operational Use of Taser 'extended deployment' document – version 2 July 2007
24. Amnesty March 2006 'Amnesty International's continuing concerns about Taser use', AI Index: AMR 51/030/2006
25. *Boston Herald* 16 December 2008 'Amnesty International: Cops should stop using Tasers'
26. Amnesty press release 24 November 2008, 'Tasers: Only best-trained officers should have Tasers, says Amnesty'
27. IPCC Press release 9 October 2007
28. Amnesty press release 24 November 2008, 'Tasers: Only best-trained officers should have Tasers, says Amnesty'
29. "far from being used to avoid lethal force, many US police agencies are deploying Tasers as a routine force option to subdue non-compliant or disturbed individuals who do not pose a serious danger to themselves or others." Amnesty International's continuing concerns about Taser use, March 2006 AI Index: AMR 51/030/2006
30. *Amnesty* March 2006 Amnesty International's continuing concerns about Taser use, AI Index: AMR 51/030/2006
31. *Amnesty* 2008, Less than Lethal? The use of stun weapons in law enforcement
32. ACPO Operational Use of Taser by Authorised Firearms Officers Version 3 November 2008 and Extended operational Deployment of Taser for Specially Trained Units Version 3 November 2008
33. IPCC press release 9 October 2007, IPCC to monitor complaints from non-firearms officers Taser use
34. ACPO Operational Use of Taser by Authorised Firearms Officers Version 3 November 2008 and Extended operational Deployment of Taser for Specially Trained Units Version 3 November 2008
35. *The Times* 31 October 2008 'Lawyer Mark Saunders did not have to die' sister says

£3.50

© The Police Foundation

The Police Foundation is the only independent charity that acts as a bridge between the public, the police and the Government, while being owned by none of them.