



Electrical stun weapons: alternative to lethal force or a compliance tool?

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In the UK at present Taser electrical stun weapons can only be used by trained firearms officers in situations where the use of firearms is also authorised. But the Association of Chief Police Officers (ACPO) is asking for these 'non-lethal' weapons to be made more widely available to other police officers. If this is agreed there will be significant implications for the use of force by police in the UK.

The rationale behind the deployment of 'non-lethal' or 'less-lethal' weapons, such as the Taser, is to provide police officers with an alternative to lethal force for dangerous and life-threatening situations they face. Wider availability of such weapons should, it is argued, further limit the need to resort to lethal firearms and thereby reduce incidence of serious injury and death. Over the past few months senior police officers have issued public statements that the Taser weapon should be made available to all officers on the beat. They argue that because police are facing dangerous individuals on an everyday basis, the Taser is required to protect their officers and deal with violent offenders without having to call in a firearms unit in appropriate situations. A crucial point about this proposal is that it would represent a scaling up in the 'visible' arming of police officers in the UK. It is claimed by opponents that such an extended use of Taser would actually result in an increase in the level of force used by police in the UK, a concern also echoed by the Independent Police Complaints Committee (IPCC) in the minute of their 27 April 2005 Casework and Investigations Committee meeting.

The lessons of wider deployment from the United States are not encouraging. A report from Amnesty International in 2004 found evidence that "...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." In other words, the Taser has suffered from mission creep. It is not merely employed against dangerous individuals where the alternative is lethal force, but also against school children, mentally ill individuals, people in handcuffs or other restraints, and people passively resisting or simply arguing with the police. In an increasing number of cases it has become a compliance tool for police officers rather than a weapon used to prevent injury or death caused by use of other means. A 2004 study by the *Denver Post* of Taser use in Colorado found that in one county a third of the 112 people shot with a Taser had been handcuffed at the time. The 1990 UN *Basic Principles on the Use of Force and Firearms by Law Enforcement Officials* state that "Law

enforcement officials, in carrying out their duty, shall, as far as possible, apply non-violent means before resorting to the use of force and firearms.” Unfortunately the US experience indicates that non-violent techniques, such as simple negotiation, are being bypassed in many instances by early use of the Taser to gain compliance.

What is it like to be incapacitated by a Taser weapon? When fired the Taser propels two barbed darts with trailing wires that attach to the skin or clothing. Upon impact a 50,000-volt electric shock is discharged into the victim for a period of five seconds. Whilst the barbs remain attached this discharge can be repeated multiple times by pulling the trigger again (and again). The immediate effects are debilitating. The current causes involuntary muscle contraction and extreme pain. The victim completely loses control over their body and falls to the floor until the current stops. The whole experience is both painful and degrading. So much so that in 1997 Robin Cook, the then Foreign Secretary, considered electro-shock weapons, including Tasers, amongst equipment “designed primarily for torture”, saying that the UK Government would “press for a global ban.” In the intervening years the marketing of electro-shock weapons has changed significantly but their profound effects remain.

Receiving a shock from a Taser is not without its health risks. Whilst initial research carried out by the MoD’s Defence Science and Technology Laboratory (Dstl) prior to the Home Office’s introduction of the Taser concluded that the electrical discharge is unlikely to have an adverse effect on the heart in healthy individuals, there are concerns about the increased susceptibility of those with existing heart problems (at least 2.5 million people in the UK) and those under the influence of recreational drugs, including alcohol. Subsequent research at Dstl found that increased risk of heart failure amongst such individuals following Taser use could not be excluded. This is significant given that, during the year-long trial in the UK, over 50% of Taser victims were under the influence of drugs or alcohol. Interim results of a US study of over 21,000 uses of various ‘less-lethal’ weapons, including the Taser, have showed that 23% of victims were under the influence of drugs and/or alcohol. Canadian Police highlighted two other safety concerns in a recent report. The muscle spasms caused by the Taser can impair breathing, particularly if a person receives multiple shocks, and this may also contribute to a lowering of pH in the body, a potentially life-threatening chemical imbalance. Also the electric shock does not affect everyone equally. Those with smaller body size and lower weight are more susceptible to potential adverse effects.

Secondary injuries to the head and other parts of the body have occurred since the victim falls to the ground once shocked. Often this fall will be on a hard surface such as a road or pavement, a far cry from the controlled conditions under which some police officers have volunteered to experience a Taser shock (with two officers supporting them under each arm and a safety mat on the floor). The barbs can leave small cuts and burn marks on the skin but worse injuries can result if they hit sensitive areas of the body such as the eye, mouth, neck and groin.

Amnesty International has documented 103 deaths in the United States and Canada between June 2001 and March 2005 following the use of the Taser by the police. In 17 of these cases medical examiners cited the Taser either as a contributing factor or could not rule it out. In many cases the victim received multiple shocks from the Taser. Other factors such as drug intoxication, existing heart problems and a condition called 'excited delirium' have commonly been cited as the primary cause of death. The manufacturer and other observers argue that these factors would have caused death independent of Taser use, whilst others claim that the interaction of the Taser's electric shock with these factors is not sufficiently well understood to justify this assertion.

The Home Office and UK police forces have engaged in an in depth review of Taser weapons and participated in some public debate with respect to their deployment plans. Their conclusions are that potential adverse health effects and possibilities of abuse are outweighed by their operational utility. But we would argue that the painful and degrading effects of the Taser, its susceptibility to misuse, and the associated health risks militate against a wider deployment on our streets and could, as the US experience has shown, result in the weapon becoming a compliance tool. Of course we must support the police so that they can carry out, on our behalf, often difficult and dangerous duties, but we are concerned that such a wider deployment of the Taser will further undermine the ethos of 'policing by consent' and increase a perception of armed officers 'policing by compliance'.

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