



The use of Tasers on people with mental health problems across IIMHL countries

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"I have never felt anything like it in my life," he said. "It's a thousand times worse than an electric shock. You feel it in your whole body; your arms, your legs and your brain"¹.

"Having been Tasered (in the era when that was permitted as part of training), I am confident that even the most motivated individual would rethink their intentions once the Taser was in action," he said. He described the sensation as like holding an electric fence where the kick was continuous rather than intermittent. "It hurt, but there were no ill-effects"².

Introduction

In all IIMHL countries Police use Tasers and mental health leaders are concerned about the use of Tasers on people with mental health problems.

Such concern has led to this report. This appears to be a very complex area with sometimes competing interests. During the gathering of this information, it was apparent to us that all of the stakeholders, people with lived experience, their families, police and justice, providers, clinicians and policy/funders are interested in working together on the issue of the use of Tasers on people in mental distress.

The information in this current report was obtained via two main strategies: through IIMHL contacts but mainly through a brief website search. This search assumes that all websites are

¹ Person with experience of PTSD post-Tasering <http://www.independent.co.uk/news/uk/crime/majority-of-suspects-Tasered-by-police-are-mentally-ill-figures-show-a6786996.html>

² Greg O'Connor, New Zealand Police Association, September 2015 [file:///Users/janetpeters/Downloads/2015-09%20\(1\).pdf](file:///Users/janetpeters/Downloads/2015-09%20(1).pdf)

up-to-date. To keep it manageable, most of the information was centered on 2014 to 2016, except where a major policy document or report was found at an earlier date. This report is made up of direct quotes and individual opinions from people in working in mental health, Police and other agencies.

Usually IIMHL ‘*Make it so’s*’ do not include media reporting, however some information about this topic is contained within media reports, although these may not be the “gold standard” in terms of accuracy.

Please note it is not a definitive literature search, but rather a very quick snapshot of some national or state reports and media activities across the eight IIMHL countries. If a paragraph is in italics, it is quoted from the website or article. As noted below, there is a need for quality research in this area.

If there is a major policy document missing we are happy to include it.

We hope you find it helpful.

Janet Peters and Fran Silvestri

Key points

The authors note several interesting concepts that have arisen from this quick scan:

1. Tasers are an important tool of law enforcement. Their use is guided and monitored by the relevant police authority in each country.
2. While there is some information on use of Tasers in mental health literature, most is in Police website information, in the media and human rights literature.
3. Media reports may not be accurate as there is a tendency to sensationalise issues “*if it bleeds, it leads*” is a well-known phrase used to describe this scenario. Some national mental health agencies have developed guidelines for media, Police and Courts on reporting on mental illness.
4. It goes without saying that the use of Tasers on people who experience mental health problems is seen as abhorrant by consumers, family members and mental health leaders (and thus the use of Tasers in hospitals or mental health facilities is also abhorrant).
5. Human rights agencies are opposed to the use of Tasers on people with mental illness. There are complex ethical and safety issues involved in their use any group of people.

6. In the US particularly, the description of “excited delirium” is given when a person shows *“bizarre and/or aggressive behavior, shouting, paranoia, panic, violence towards other people, unexpected physical strength, and hyperthermia”*³. However this is not a formal psychiatric diagnosis.
7. Methamphetamine use can be associated with the behaviours above and is a problem in particularly the US, New Zealand and Australia.
8. Language: in some countries the Taser is described as a “non-lethal weapon”, or a “less-lethal” weapon despite it’s lethality in some situations.
9. We are surprised that little research has been conducted with people with mental illness who have been Tasered - on the experience. Physical risks are better documented (mainly from Police during Taser training). However possible trauma created by the use of a Taser on a person with significant psychological distress is not often commented on although it could be termed “systemic trauma”⁴ in some situations?
10. One issue that is documented is “Taser-creep”. This is when Tasers are used outside of policy guidelines.
11. It appears that in countries that use firearms more (e.g. the US), the Police use Tasers more.
12. Tasers are not seen as part of an “effective, compassionate crisis response” with someone with a mental illness⁵. *“I think we always have to be striving for an objective not to have to use any of these weapons, whether it’s the Tasers or any kind of firearm... to bring those down to zero”*⁶.
13. As noted above, there is a need for research on the short, medium and long-term emotional and physical effects of tasers on people with mental distress. Several factors might effect the experience; for example, the location, whether it was a crisis situation, whether firearms or other weapons were involved, whether the person received immediate support and/or medical attention after the tasing among other factors.

³ <http://exciteddelirium.org/>

⁴ <http://www.samhsa.gov/trauma-violence/types>

⁵ Canadian Association of Chiefs of Police, “Contemporary Policing Guidelines for Working with the Mental Health System,” Police-Mental Health Subcommittee, July 2006, <http://www.pmhl.ca/webpages/reports/Guidelines%20for%20Police.pdf>

⁶ Toronto Mayor John Tory, CBC News, March 2016.

A way forward?

These may include:

Police: National or state or city

- Assessing Police Taser policies against human rights directives (e.g. United Nations 29th June 2016)
- Better training of Police in mental illness and de-escalation strategies
- Consumers being involved in Police training (e.g in New Zealand)
- Use of **PERF's Critical Decision-Making Model** (under US Police section)
- Combined mental health and Police teams (e.g. in Vancouver)
- The growing use of "on-body cameras" for Police may be one way of decreasing the use of Tasers on people with mental illness
- MOUs with Mental Health Services
- Police transparency about the investigative process post injury or death
- Knowledge of trauma principles⁷

Mental Health: National or State or City

- MOUs with Police
- Combined mental health and Police teams (e.g. in Vancouver)
- Continued lobbying for the banning of Taser use in mental health or hospital facilities where it is now used on occasion (e.g. UK)and US)
- Knowledge of Trauma Informed Care⁸

People with experience of mental illness

- To be included in Police training
- Using Advance Statements to state a "no-Taser" clause could be useful in theory (but it is unlikely to be communicated or enforced in practice)?
- Research on the effects of being Tasered (e.g. PTSD or other) on people with experience of mental illness; and, this information communicated widely
- Interventions that may help if trauma occurs
- Filming tasering incidents on their cameras

Media

- Reporting guidelines for media, Police and Courts on reporting on people with mental illness or statistice (e.g. The Mental Health Foundation in New Zealand, Mindframe in Australia and the UK)

⁷ <http://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals>

⁸ <http://www.samhsa.gov/trauma-violence/publications-resources>

What is a “Taser”?

“A **Taser** or **conducted electrical weapon (CEW)** (see Appendix one for a photo) is an electroshock weapon sold by Taser International”.

<https://en.wikipedia.org/wiki/Taser>

“The conducted-energy device (CED), or Taser (Thomas A. Swift’s Electric Rifle, and also a brand name) is a tool for law enforcement officers (LEOs) to gain control in potentially dangerous situations with less than lethal force. As the name suggests, these devices send an electrical current through the recipient’s body.

There are two main modes of applying a CED: the drive-stun mode and the probe mode.

1. Drive-stun requires the handler to drive the electrodes on the device into the recipient’s body before delivering a shock, coming into direct contact with the recipient.
2. Probe mode is a method by which the handler can deploy the electrodes, which shoot out as darts, from a distance of up to 25 to 35 feet, depending on the type of CED, to deliver shocks to the recipient. The “electrical charge overrides the central nervous system, resulting in the loss of neuromuscular control,” involuntary muscle contractions, and fatigue, which give the administrator a brief window of time to gain control over the subject.” (p.213)

<http://www.jaapl.org/content/44/2/213.full.pdf>

Taser’s own research

Taser has 700 studies on it’s website:

“The numbers tell the story, TASER products save lives, prevent injuries, reduce litigation, and save agencies a lot of money. More than 700 reviews have affirmed the safety and life-saving value of TASER technology as a safer, more effective use of force”.

https://prismic-io.s3.amazonaws.com/tasr%2Fe4776878-0327-4c58-9ad3-b96f6d3f23ca_cew-research-index-3-31-2015.pdf

“TASER exists to save lives. Law enforcement officials rely on our weapons to protect life, and we continue to innovate today, leading the world in electrical weapons technology. Our Smart Weapons specifically target the motor nerves that control movement, which enhances the effectiveness of restraint while minimizing harm—an alternative far superior to using firearms in many contexts”.

168,812 ESTIMATED LIVES SAVED FROM POTENTIAL DEATH OR SERIOUS INJURY USING A CEW”

<https://www.Taser.com/products/smart-weapons/research-and-safety>

Of interest is the following:

The Verge, 6 July, 2016: Why Taser is fighting to appeal a lawsuit it won - Taser doesn't want police to treat its devices as deadly weapons

"In January, judges on a federal circuit court instructed police departments to treat Tasers similarly to the way they treat firearms — as deadly weapons that can't be used when someone is merely resisting arrest. Those instructions were a big deal, setting policing precedent for departments in five states, and potentially leading the way for much more stringent rules about how Tasers are used by police nationwide.

Taser International, the company that exclusively produces and sells those electroshock weapons to police departments, filed a court document on June 13th asking the United States Supreme Court to give the circuit court's instructions a second look. Taser's move made sense: if the instructions go unchallenged, some police departments could change use-of-force policies to place Tasers more in line with firearms than with less-lethal devices. Taser International would thus risk competing directly with gun manufacturers to provide police departments with weapons, threatening the company's business model.

Why is Taser so interested in having this case reheard? Truzy reasons that if police departments need to start thinking about Tasers as something closer on the use of force spectrum to deadly weapons, why would they purchase Tasers at all? A Glock G43 firearm, for example — a gun often used by police officers — retails for around \$550; a Taser X26P is more than double that price, at \$1,199.99. If policies indicate both can only be used in deadly force situations, why would a police department pay double for the weapon that's less lethal by design"?

<http://www.theverge.com/2016/7/6/12108250/Taser-supreme-court-appeal-weapons-gun-competition>

Types of Tasers

- *"M26: A high-powered weapon marketed to police forces to stop "highly combative individuals." A burst of compressed nitrogen launches two small probes attached to the device by conductive wires. From as far as 10.6 metres, the device transmits electrical pulses through the wires to immobilize a person. Also has a laser sight for aiming.*
- *X26: A smaller model introduced in 2003. Launches two small probes as far as 10.6 metres.*
- *X3: A triple-shot semi-automatic introduced in 2009. Capable of deploying three separate sets of two small probes as far as 10.6 metres as a backup shot in the event of a miss or to stop up to three separate targets.*
- *X2: A double-shot semi-automatic introduced in 2011. Capable of deploying two separate sets of two small probes as far as 10.6 metres as a backup shot in the event of a miss or to stop up to two separate targets.*

- *XREP: A CED projectile deployed by a pump action 12-gauge shotgun round capable of hitting targets as far away as 30 metres”.*

<http://www.cbc.ca/news/canada/facts-about-stun-guns-and-their-use-in-canada-1.810288>

“Taser devices were initially classified as firearms by the Bureau of Alcohol, Tobacco, Firearms, and Explosives because they originally used gunpowder to discharge electrified darts at a target.

Taser International asked Cover to modify the devices in 1993, and he replaced gunpowder with compressed nitrogen — an adjustment that exempted the device from firearm regulations and government oversight”.

<https://news.vice.com/article/this-instrument-can-kill-Tasers-are-not-as-harmless-as-previously-thought>

A video shows an animation of how a Taser works.

<https://interactive.guim.co.uk/2015/10/how-Tasers-work/v/1446730291780/files/Taser.mp4>

Why were they introduced?

“Tasers were introduced as “non-lethal weapons” for police to use to subdue fleeing, belligerent, or potentially dangerous people, who would have otherwise been subjected to more lethal weapons such as firearms”.

<https://en.wikipedia.org/wiki/Taser>

“People can, and do, die after being Tasered, which is why the equipment is described as a “less-lethal” option in some countries” (e.g. New Zealand).

[file:///Users/janetpeters/Downloads/2015-09%20\(1\).pdf](file:///Users/janetpeters/Downloads/2015-09%20(1).pdf)

Use across the world

Taser International first began marketing its pistol-shaped Taser to U.S. law enforcement agencies in 1998. Today the weapon is used by 17,800 departments in the U.S. and in 18,000 law enforcement agencies in 107 countries. The devices are deployed 904 times per day, the company says”.

<http://www.sandiegouniontribune.com/news/2016/jan/02/Tasers-offer-cops-option-to-guns-but-come-with/>

“Using 2015 figures, worldwide Tasers have shocked people roughly 1.35 million times; 650 000 of them during arrests and stops, and 700 000 during police training”.

<https://www.sciencedaily.com/releases/2015/11/151118070819.htm>

Health risks

“Known health risks include eye injuries, seizures, collapsed lung (pneumothorax), skin burns, and muscle, joint, and tendon injuries. The most dangerous risk is head injury from uncontrolled falls, which has led to deaths.

But there is still much debate about whether Tasers affect the heart, in particular the potential to induce lasting heart rhythm problems (arrhythmias)”.

<https://www.sciencedaily.com/releases/2015/11/151118070819.htm>

Mental health risks

We know that childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).

<http://www.cdc.gov/violenceprevention/acestudy/>

If a person is in a state of mental distress, with a possible history of trauma AND they are Tasered, it is safe to assume that this situation could have lasting effects. However it does not seem to have been researched.

Reductions in learning and memory have been found:

“Participants who were subjected to Taser shocks demonstrated “statistically significant reductions in verbal learning and memory.” Some dropped from an HVLIT score of 26—which is above the national average—to a score of 20 or below after being Tased. That’s the equivalent of being zapped into the mindset of a 79-year-old. Fortunately, those with impacted memories returned to a normal cognitive state in less than an hour on average.

More than two million citizens have been Tased by the police, according to Drexel University. The researchers pointed out that the study participants were healthy, young, sober people who are accustomed to taking tests. An average police suspect might experience even greater reductions in cognitive ability when hit with a Taser due to alcohol or drug abuse, stress, mental illness, or a variety of other health conditions that would make them less resistant to an electrical shock”.

<http://www.popularmechanics.com/technology/a19338/what-getting-tasered-does-to-your-brain/>

Human rights issues

Tasers could potentially violate Articles 2 and 3 of the European Convention on Human Rights (ECHR) concerning inhumane treatment and the right to life.

United Nations 1st July 2016

The following information is from the website “Mental Health Innovation Network”

http://mhinnovation.net/blog/2016/jul/7/un-resolution-calls-human-rights-approach-mental-health-services?mc_cid=3ea80c8f3e&mc_eid=d327f99bf8#.V422UJN96i4

*“A new **Resolution on Mental Health and Human Rights**, adopted by the UN Human Rights Council on 01 July 2016, which calls on Member States to view mental health care from a human rights perspective and to take action accordingly. This is an exciting step forward, as it signals an escalation of the UN’s commitment to work with the World Health Organization (WHO) on addressing global mental health needs”.*

According to a **statement** released by the British Psychological Society, its President, Professor Peter Kinderman, stated:

“This resolution is good news for all of us who use mental health services, and for people in developing nations in particular. If we used a ‘rights’ approach rather than an ‘disease’ approach to mental health, we would come to some very different decisions about involuntary detention, forcible treatment, the use of inappropriate diagnoses and excessive reliance on the use of medication, and even on the relationship between mental health and welfare systems.”

Among its key points, the resolution:

- *“Defines human rights and dignity as being universal and indivisible, including the right to be free from discrimination*
- *Echoes the WHO’s stance that “health is a state of complete physical, mental, and social well-being,” emphasizing that mental health is an integral part of the right to good health*
- *Voices concern that persons with mental health conditions or using mental health services may be subject to “discrimination, stigma, prejudice, violence, social exclusion and segregation, unlawful or arbitrary institutionalization, over-medicalization, and treatment practices that fail to respect their autonomy, will, and preferences”*
- *Voices concern that “such practices may constitute violations of human rights and fundamental freedoms, sometimes amounting to torture or other cruel, inhuman, or degrading treatment”*

- *Acknowledges that greater commitment by member States is needed to address these challenges, and urges them to take measures to the maximum of their available resources, stressing that services should integrate a human rights perspective and comply with international human rights norms*
- *Recommends that States follow the leadership of the WHO and implement its **Mental Health Action Plan 2013-2020***”

“In its conclusion, the resolution calls for a report to be prepared by the UN High Commissioner for Human Rights regarding the integration of human rights into mental health care. The report is expected to identify and make recommendations on existing challenges and emerging good practices, and is to be presented to the Human Rights Council at its 34th session in March 2017”.

The full resolution can be found on:

<http://www.lisboninstituteofgmh.org/assets/files/HRC%2032%20-%20Mental%20Health%20and%20Human%20Rights%20-%20adopted%20-%2001.07.2016-20160701141220.pdf>

UK (as an example of a country’s Policing strategies and laws)

The webpage below outlines the Convention articles as it relates to policing and the laws in the UK relevant to policing as an example of the thinking that goes into this agency.

The following ECHR rights and freedoms are most relevant to policing in the UK:

ECHR rights and freedoms that may be most relevant to policing	Human rights which are most likely to be directly jeopardized in situations where force is used	Articles engaged when: <ul style="list-style-type: none"> – managing conflict – arresting offenders – responding to potentially dangerous situations
Article 2 – the right to life	✓	✓
Article 3 – prohibition of torture, inhuman or degrading treatment or punishment	✓	✓
Article 5 – the right to liberty and security of the person		✓
Article 6 – the right to a fair trial		
Article 7 – no punishment without law		
Article 8 – the right to respect for private and family life	✓	✓
Article 9 – freedom of thought, conscience and religion		
Article 10 – freedom of expression		✓
Article 11 – freedom of assembly and association		✓
Article 14 – prohibition of discrimination		✓

UK: Acts relevant to armed policing

“The HRA incorporated most of the ECHR Articles into UK domestic law. Section 3(1) of the HRA states:

So far as it is possible to do so, primary legislation and subordinate legislation must be read and given effect in a way which is compatible with the Convention rights.

The law and regulations relating to the use of force are contained in:

- *The [Human Rights Act 1998](#) (which gives further effect to the rights and freedoms guaranteed under the European Convention on Human Rights)*
- *[Section 3\(1\) Criminal Law Act 1967](#) and [Section 3\(1\) Criminal Law Act \(Northern Ireland\) 1967](#)*
- *[Section 117 Police and Criminal Evidence Act \(PACE\) 1984](#) and [Article 88 Police and Criminal Evidence \(PACE\) \(Northern Ireland\) Order 1989](#)*
- *Common Law (provisions in respect of self-defence)*
- *Police Regulations Relevant to the Use of Force and Firearms (the [Police \(Conduct\) Regulations 2012](#), the Police Standards of Professional Behaviour, PSNI’s Code of Ethics and the [Police Service of Scotland \(Conduct\) Regulations 201](#)”*

<http://www.app.college.police.uk/app-content/armed-policing/legal-framework/>

Clinical definitions of “mental illness”

There are two main sources of diagnoses used in mental health (DSM 5⁹ and ICD -10¹⁰). These are used as a clinical short-cut language for diagnosis.

Consumer perspective of mental illness

Consumers often view these diagnostic systems as unhelpful and stigmatising.

This is described in the Australian book by Merinda Epstein & Flick Grey (2010):

“We don’t see things as they are; we see them as we are.” Anais Ninn.

“Consumer perspective is a way of looking at life through eyes that have been categorised as ‘mad’ or distressed enough to require intervention from a mental health professional.

Such a perspective is acquired as a result of receiving, or being unable to receive when you wish to, services in the mental health system. It is based on a belief that as individual consumers we are ‘the experts’ about our own life and carry the wisdom to best articulate our own needs if we are accorded the time, space and means to do so.

Sometimes consumer perspective is called ‘the expertise of lived experience’ which is often under-recognised and even undermined by the social institutions that govern contemporary social life.

It’s an idea that developed out of a collective consciousness and political solidarity that grew from the consumer/survivor movement and provides a way of looking at the world from the point of view of a group that has been marginalised and discriminated against.

Consumer perspective is about ‘belonging’ and reclaiming citizenship using the language and terms defined by the group for itself”.(p.95)

<http://www.ourconsumerplace.com.au/files/MentalIllnessbook.pdf>

Police definition of “mental illness”?

Mental Health Cop, 27th Decmeber 2015

⁹ <https://www.psychiatry.org/psychiatrists/practice/dsm>

¹⁰ <http://www.cdc.gov/nchs/icd/icd10cm.htm>

A West Midlands Police officer in England summarises some of the issues about Police recognising mental illness in a fraught situation.

“It’s perfectly conceivable that police officers both under-identify and over-identify ‘mental illness’ – and that the broad definition they would naturally apply, not being mental health professionals themselves, is not the same framework that would be applied by a consultant psychiatrist or mental health nurse.

This shouldn’t come as a surprise to us! Imagine an officer detaining someone under s136 of the Act because they appear psychotic at the point of encounter, who is subsequently assessed by an AMHP and two doctors, including a psychiatrist, and then admitted to hospital under s2 MHA: are they ‘mentally ill’? ... I’d say so!

But what if, three or four days after admission, all the cannabis they had consumed has ceased to have its original impact on their cognitive functioning and they are discharged because they have no underlying mental health problems?

Are they ‘mentally ill’?... no, but they were psychologically affected by the temporary effects of the drugs. I can think of many cases where this has been the case and not just involving cannabis, but also legal highs and over-the-counter medications of various sorts.

If a Taser had been involved in such a detention it would contribute to the overall statistics where, in fact, no mental illness was involved.

We don’t follow up Taser incidents to determine whether professionals agree with that assessment.....

if we are asking untrained police officers to make a snapshot judgement of whether or not someone is mentally ill, we shouldn’t be surprised to find a load of instances where it turns out the officers were wrong. We know that when officers make decisions about their use of s136 of the Mental Health Act, they are often found to be wrong – anywhere between 20% and 50% of the time..... “

<https://mentalhealthcop.wordpress.com/2015/12/27/the-rising-use-of-Taser/>

“Excited delirium”

Excited delirium is not a formal diagnosis recognised by mental health clinicians.

*“**Excited delirium**” is a controversial proposed condition that manifests as a combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent and bizarre behaviour, insensitivity to pain, elevated body temperature, and superhuman strength. Excited delirium is sometimes called **excited delirium***

syndrome if it results in sudden death (usually via *cardiac* or *respiratory arrest*), an outcome that is sometimes associated with the use of physical control measures, including police restraint.

All or nearly all of reported cases of excited delirium involve people who are in police custody or are fighting with the police”.

Some of the above behaviours can be related to methamphetamine use (see below).

https://en.wikipedia.org/wiki/Excited_delirium

Methamphetamine

National Institute on Drug Abuse

“Methamphetamine (also called meth, crystal, chalk, and ice, among other terms) is an extremely addictive stimulant drug that is chemically similar to amphetamine.

It takes the form of a white, odorless, bitter-tasting crystalline powder and is taken orally, smoked, snorted, or dissolved in water or alcohol and injected. Smoking or injecting the drug delivers it very quickly to the brain, where it produces an immediate, intense euphoria.

Repeated methamphetamine use can easily lead to addiction—a chronic, relapsing disease characterized by compulsive drug seeking and use.

People who use methamphetamine long-term may experience anxiety, confusion, insomnia, and mood disturbances and display violent behavior. They may also show symptoms of psychosis, such as paranoia, visual and auditory hallucinations, and delusions.”

<https://www.drugabuse.gov/publications/drugfacts/methamphetamine>

Definition of “being Tasered”

“This means any incident where a Taser is removed from its holster, promoting the obligation on the officer to complete the document which forms the basis of the statistics being analysed here.

So it doesn’t just mean those situations where the Taser is discharged with the electric barbs deployed. It could just involve the officer making the device available for quick use if needed; being pointed at someone with a verbal warning or ‘red-dotted’ on someone where use is imminent”.

Mental health research

Surprisingly, there is not a large mental health literature on the use of Tasers.

There is little or no literature of peoples' experiences of being Tasered apart from Police testing of Tasers.

In order to contain the literature, three key recent articles are described below which highlight the issues; one is from the US, one from New Zealand and one from the UK.

- **US: Conducted-Energy Device (Taser) Usage in Subjects With Mental Illness**

Cassandra A. Bailey, BA, BS, William S. Smock, MD, Ashlee M. Melendez, BSN, MSPH, and Rif S. El-Mallakh, MD

J Am Acad Psychiatry Law 44:213–17, 2016

“Although CEDs have helped minimize the use of other forms of escalated force, such as guns, controversy remains over the use and abuse of CEDs in certain populations, such as people with mental illness.

The primary objective of the study by Bailey et. al was to examine the differences in use of CEDs between populations with and without mental illnesses” (p.213).

This study stated:

“Use of a conducted-energy device (CED), or Taser, by law enforcement officers (LEOs) is recommended over more lethal forms of force. LEOs interact with a wide variety of people including individuals with mental illness and those with substance use disorders.

The literature is devoid of data regarding the effect of CEDs on this special population. We used data collected by LEOs from 2008 to 2009. There were 233 cases over the two-year period. Of the 233 individuals on whom the Taser was used, 38 had a mental illness and 91 were under the influence of substances (not mutually exclusive).

The average number of shocks necessary to achieve compliance was 1.92 for persons with a mental illness (t (231) 2.565; p .011, versus non-intoxicated control subjects without mental illness and 2.55 for persons under the influence of stimulants (t (143) 3.027; p .003, versus non-intoxicated control subjects without mental illness)”(p.213)

Thus the authors undertook to determine whether there was a difference in outcome if the subject had mental illness, substance abuse, or neither. We could not document a difference

in adverse events secondary to CED use. However, persons with a mental illness (Fig. 1), or with stimulant use (Fig. 3), or both (Fig. 2) receive significantly more CED shocks than individuals without these characteristics”.

“Specifically, the Taser is used on individuals with mental illness, on average, 28 percent more frequently than on those without a mental illness. Likewise, it is used on individuals who are under the influence of stimulants 61 percent more frequently than on those who are not”.

<http://www.jaapl.org/content/44/2/213.full.pdf>

- **New Zealand: Police use of Tasers in mental health emergencies: A review**

Anthony J. O'Brien, Katey Thom

International Journal of Law and Psychiatry, 2014

“Over the past two decades many police departments internationally have deployed Tasers as part of their range of options in responding to emergencies. The available literature suggests that people with mental illness are prominent among the groups on whom Tasers are deployed. Use of Tasers is a concern to mental health professionals for two reasons. Firstly, police perceptions of people with mental illness as dangerous may contribute to an increased likelihood of use of Tasers in mental health emergencies compared to criminal arrests.

Secondly, the known health risks of Tasers are heightened in the case of people in mental health crisis who may show central nervous system arousal as a result of high levels of anxiety. People with mental illness also have a high incidence of comorbid physical illness and use of illicit substances, and may be prescribed psychotropic medications that further heighten their risk.

In this paper we review the nature of police involvement in mental health emergencies in community settings, with a particular focus on police use of Tasers. In addition to addressing the concerns noted above, we also discuss the state of current literature on police use of Tasers in mental health emergencies, and make suggestions for a research agenda in this area. The current literature on use of Tasers pays scant attention to their use on people with mental illness”.

Key issues raised in this paper include:

- Safety concerns – while Tasers may reduce the rate of officer injuries, they increase the rate of adverse effects in the person being Tasered (e.g. emotional trauma and physical injury)
- Tasers have been used in the community and in mental health settings (e.g. emergency departments of hospitals)
- Frequently, when mental health crises arise in community settings, neither police nor mental health services alone can respond effectively. Mental health teams are not empowered or trained to effect detention and police, while they may recognise features

of mental illness, are often not trained in mental health assessment. There is a need for police and mental health services to work together, and, in general this has worked well.

- The health effects of Tasers have been the subject of considerable controversy. Health concerns can be classified into three broad streams: sudden deaths, injuries and adverse effects, and the potential for the electrical energy of a Taser discharge to cause disruption to cardiac functioning. The overall conclusion of this research is that Tasers are generally safe with healthy, sober subjects, and when used in accordance with the manufacturer's and police departments' guidelines. However Tasers are not without risks as the authors outline.
- A notable gap in the literature on use of Tasers is in relation to people with mental illness. Given the extent of police involvement with mental health services and their role in responding to mental health emergencies in the community, the dearth of research into use of Tasers in mental health emergencies is surprising to say the least.
- It is notable, too, that researchers affiliated to Taser International are quick to respond to publications reporting risks associated with Tasers, or critiquing the claims of Taser affiliates. While there is nothing improper about Taser-affiliated scientists responding to published reports, overall there appears to be significant commercial interests in the Taser literature, and this has the potential to influence the volume and content of publications. An example is:

American Journal of Emergency Medicine (2007) 25, 780–785

“Impact of conducted electrical weapons in a mentally ill population: a brief report

Jeffrey D. Ho MD, Donald M. Dawes MD, Mark A. Johnson BS, Erik J. Lundin, James R. Miner MD

Department of Emergency Medicine, Hennepin County Medical Center, Minneapolis, MN, USA; Department of Emergency Medicine, Lompoc District Hospital, Lompoc, CA, USA; **Division of Medical and Technical Research, TASER International, Scottsdale, AZ, USA**

Conclusion: *The mentally ill represents a significant portion of subjects upon whom CEWs are used. These data suggest frequent use of CEWs in situations where deadly force would otherwise be justified and in situations where subjects exhibit imminent danger to themselves. These data also suggest that escalation to deadly force was avoided in many mental illness and suicidal situations by the presence of a CEW”.*

(Paper access via Paolo Delvecchio, SAMHSA, US)

The authors conclude: “It is to be hoped that in the near future a body of empirical work will develop which will enable the use and effects of Tasers in mental health emergencies to be better understood”

https://www.researchgate.net/publication/260995692_Police_use_of_TASER_devices_in_mental_health_emergencies_A_review

- **Tasers and psychiatry: some thoughts and observations**

JD Little, Ian Hogbin, Michaela Burt

Journal of Psychiatric Intensive care, 2012, pages 49-55

Tasers are tools of law enforcement. With their increasing use, Tasers may also be deployed on those occasions where the person is both threatening and mentally ill. This article considers various ethical propositions and describes the ability of psychiatry to minimise the use of physical interventions.

The authors note that the “*debate over CED us is complex, polarizing and important*”(p.50). There is less written about the ethical aspects of Taser use compared with the extensive seclusion and restraint literature yet the ethical considerations are similar.

This paper is useful for outlining several ethical concerns, however the authors note that the task of psychiatry is to “*get someone better*”.

(This paper was accessed via Paolo Delvecchio, from SAMHSA, US)

Information about use of firearms among countries

Washington Post, 2015

While the following was stated in 2015, it appears that since then some countries have increased their gun and Taser use since then.

“In Britain, Ireland, Norway, Iceland and New Zealand, officers are unarmed when they are on patrol. Police are only equipped with firearms in special circumstances. It's a strategy that seems to work surprisingly well for these countries. Police officers there have saved lives -- exactly because they were unable to shoot.

“The practice is rooted in tradition and the belief that arming the police with guns engenders more gun violence than it prevents,” Guðmundur Oddsson, an assistant professor of sociology at Northern Michigan University, told The Washington Post”.

Iceland

“In Iceland, one third of all citizens are armed -- but police officers are not most of the time. When police shot a man in Iceland in 2013, it was the first time cops had used their firearms and killed a person in the history of this country, according to the [Christian Science Monitor](#). Granted, Iceland is a tiny country with only 300,000 inhabitants.

However, one third of the country's population is armed with rifles and shotguns for hunting purposes, making it the 15th most armed country per capita in the world. Despite this, crime is extremely rare”.

Ireland

“Most of **Ireland's** officers are not even trained in using firearms. Ireland has gone a step further: There, most police officers would not even know how to use a gun if they were threatened. According to the U.N.-sponsored research site GunPolicy.org, only 20 to 25 percent of Irish police officers are qualified to use firearms. Despite that, Ireland has much lower crime rates than the United States”.

Britain

“In Britain, 82 percent of the police do not want to be armed. The practice of walking unarmed patrols is an established fact of police life everywhere in the U.K. apart from Northern Ireland.

Since the 19th century, British officers on patrol have considered themselves to be guardians of citizens, who should be easily approachable. There are far fewer incidents of deadly clashes between police and suspected criminals. While there were 461 “justifiable homicides” committed by U.S. police in 2013, according to the FBI's Uniform Crime Report, there was not a single one in the United Kingdom the same year”.

New Zealand

“In an essay, Auckland Technical University Senior Criminology Lecturer John Buttle calculated that it is in fact safer for police officers not to carry weapons. “[In New Zealand], it is more dangerous being a farmer than it is a police officer,” he wrote in a paper, published 2010.

Arming the police would inevitably lead to an arms race with criminals and a spike in casualties. “Only a dozen or so senior police officers nationwide are rostered to wear a handgun on any given shift,” Philip Alpers, Associate Professor at the Sydney School of Public Health, told *The Washington Post*”.

<https://www.washingtonpost.com/news/worldviews/wp/2015/02/18/5-countries-where-police-officers-do-not-carry-firearms-and-it-works-well/>

International agencies

United Nations, Human Rights, Office of the High Commissioner

On 13th April 2015 the following was stated: *‘Less-lethal’ weapons can kill and police misuse them for torture*”

“Law enforcement agencies around the world regularly misuse so-called “less-lethal” weapons and equipment for torture and their use can also have deadly consequences, Amnesty International and the Omega Research Foundation said today as they launched a new briefing at the United Nations Crime Congress in Doha, Qatar. The human rights impact of less lethal weapons and other law enforcement equipment details the medical and other risks associated with a wide range of weaponry and equipment used in policing, including crowd control during demonstrations, as well as in prisons”.

<https://www.amnesty.org/en/latest/news/2015/04/less-lethal-weapons-can-kill-and-police-misuse-them-for-torture/>

“This briefing exposes how police forces and prison officials have at their disposal a dizzying array of weapons and kit that, while known as ‘less-lethal’, can cause serious injury or even death,” said Marek Marczynski, Head of Military, Security and Police at Amnesty International.

“In dozens of countries around the world, we’ve documented how police have misused and abused tear gas, rubber bullets and electric shock equipment, amongst many other dangerous devices, to quell protests and subjugate detainees. “Clearer standards are urgently needed for the selection, testing, use and evaluation of such equipment to ensure its use is in line with international human rights law and standards.”

Amnesty International and Omega acknowledge the importance of developing less-lethal weapons, equipment and technologies, to reduce the risk of death or injury inherent in police use of firearms and other existing weapons. When used responsibly by well-trained and fully accountable law enforcement officials, less-lethal weapons can prevent and minimize deaths and injuries to assailants, suspects and detainees, as well as protect the police and prison officers themselves.

But such equipment can have damaging and even deadly effects if it is not used in compliance with international human rights law and standards. It can also have a particularly harmful impact on some people, including the elderly, children, and pregnant women, or those with compromised health.

Amnesty International has documented how law enforcement officials commit a wide range of human rights violations using such equipment – including torture and other ill-treatment in custody, as well as excessive, arbitrary and unnecessary use of force against demonstrators.

The briefing covers five categories of equipment:

- **Restraints:** thumb cuffs, fixed cuffs, leg irons and restraint chairs;
 - **Kinetic impact devices:** police batons and other striking weapons, spiked batons and kinetic impact projectiles including plastic bullets, rubber bullets, baton rounds and bean bag projectiles;
 - **Riot control agents:** chemical irritants such as tear gas and pepper spray, including those dispensed from fixed installation dispensers;
 - **Electric shock devices: Tasers and other projectile electric shock devices, stun batons, stun shields and body-worn electric shock equipment such as stun belts;**
 - **Acoustic devices and other technologies used to disperse crowds:** audible sound wave technology that emits a deterrent noise, as well as water cannon.
- In cases where the items have a legitimate use, the organizations recommend controls to prevent their misuse. In the case of new technology which is not yet adequately tested, suspension pending further” .*

<https://www.amnesty.org/en/latest/news/2015/04/less-lethal-weapons-can-kill-and-police-misuse-them-for-torture/>

Amnesty International

There are nine articles on concerns about the use of Tasers mainly in the US.

<https://www.amnesty.org/en/search/?q=Tasers&sort=date&country=38334>

Use of Force: Guidelines for Implementation of the UN Basic Principles on the Use of Force and Firearms by law enforcement officials August, 2015

This 207-page report marks the 25th anniversary of the adoption of the UN Basic Principles in 1990.

“The Basic Principles are regarded as the key instrument for countries to ensure compliance with their obligations for policing operations to uphold the right to life and physical integrity.

Amnesty’s publication draws on examples of national laws, internal regulations and training documents from 58 countries around the world, providing detailed conclusions and recommendations to support governments in implementing the UN Basic Principles on policing and ensure good, effective, human rights-compliant policing. The underlying principle of the international standards for police is not to use force unless it is absolutely necessary. In many countries, police resort to the use of force and firearms in an arbitrary, excessive or otherwise unlawful manner”.

<https://www.amnesty.org.uk/press-releases/amnesty-publishes-major-global-guide-curb-excessive-police-force>

The Amnesty International Report 2015/16 documents the state of the world's human rights during 2015. In a report on all countries dated 2015/16 this this agency stated that in the US:

“At least 43 people across 25 states died after police used Tasers on them, bringing the total number of Taser-related deaths since 2001 to at least 670. Most of the victims were not armed and did not appear to pose a threat of death or serious injury when the Taser was deployed”.

<https://www.amnesty.org/en/countries/americas/united-states-of-america/report-united-states-of-america/>

Amnesty International UK's Arms Programme Director Oliver Sprague said:

“Almost by stealth, British policing has become heavily Taser-dependent.

“Everyone who cares about the safety of the public and the reputation of British policing ought to be concerned by the sight of potentially lethal Tasers on the hips of police officers who've received very little training in their use. “We're not against Tasers if used by specially-trained police officers trying to prevent a death or a serious injury, but we don't know the circumstances in which people in the UK are being fired at with these potentially lethal weapons. “We need major reform of the UK police's use of Taser weapons.”

<https://www.amnesty.org.uk/press-releases/amnesty-publishes-major-global-guide-curb-excessive-police-force>

AUSTRALIA

The Australian Federal Police

“The AFP is the Australian Government’s primary law enforcement agency. Its role is to enforce Commonwealth criminal law, contribute to combating organised crime and protect Commonwealth interests from criminal activity in Australia and overseas as a key member of the national security community. The AFP leads and contributes to many whole-of-government national security initiatives”.

<https://www.afp.gov.au/afp-annual-report-2014-15>

Police weapons

“State and territory general duty police officers carry pistols (particularly Glock or Smith & Wesson semiautomatics), OC spray, batons, and handcuffs.

Following various trials and reviews, Tasers may currently be used by trained frontline officers in New South Wales, Queensland, Victoria, South Australia, Western Australia, and the Northern Territory, as well as the ACT. Tasers are only used by Special Operations Group officers in Tasmania”.

<https://www.loc.gov/law/help/police-weapons/australia.php>

Rules on the use of Police weapons

“Various statutory provisions apply in relation to the use of force by police in Australia. In addition, relevant rules, standards, procedures, and guidance on the use of weapons are set out in orders and handbooks or manuals of the different forces.

The federal Crimes Act 1914 (Cth), which contains provisions that apply to both federal and state and territory law enforcement officers, provides that

(1) A person must not, in the course of arresting another person for an offence, use more force, or subject the other person to greater indignity, than is necessary and reasonable to make the arrest or to prevent the escape of the other person after the arrest.

(2) Without limiting the operation of subsection (1), a constable must not, in the course of arresting a person for an offence:

(a) do anything that is likely to cause the death of, or grievous bodily harm to, the person unless the constable believes on reasonable grounds that doing that thing is necessary to protect life or to prevent serious injury to another person (including the constable); or

(b) if the person is attempting to escape arrest by fleeing—do such a thing unless:

(i) the constable believes on reasonable grounds that doing that thing is necessary to protect life or to prevent serious injury to another person (including the constable); and

(ii) the person has, if practicable, been called on to surrender and the constable believes on reasonable grounds that the person cannot be apprehended in any other manner”.

<https://www.loc.gov/law/help/police-weapons/australia.php>

Incidents and controversies

*“According to the Australian Institute of Criminology, 105 people were fatally shot by police between the fiscal years 1989–90 and 2010–11. In 16 cases, the person was not carrying any weapon, while in 34 cases the deceased had been in possession of a firearm, 41 cases involved a knife, and 14 involved some other weapon. **In 42% of all cases the deceased was identified “as having some form of mental illness. Police shootings receive extensive media attention and are subject to considerable scrutiny by official entities.***

Police forces and officers in different parts of Australia have been involved in various controversies over the last two decades. These have related to issues such as serious corruption, deaths of aboriginal individuals in police custody, excessive use of force, and crowd control or dispersal measures.

As a result of different incidents and concerns there have been a number of independent or parliamentary reviews and inquiries, as well as inquests and other legal proceedings. These have led to recommendations for changes to some policies and procedures as well as the establishment or enhancement of oversight and complaints bodies”.

<https://www.loc.gov/law/help/police-weapons/australia.php>

Australian Police

Prohibited Weapons

“Taser Self-Defence Weapon:

Any hand-held device that is designed to administer an electric shock on contact, such as the Taser Self-Defence Weapon or an electrified brief-case, but do not include any such hand-held device that may lawfully be used on an animal in accordance with the Prevention of Cruelty to Animals Act 1979”.

<http://www.australianpolice.com.au/prohibited-weapons/>

Deescalation of violence

“Kesic and colleagues from Monash University note that increased emphasis on communication and verbal deescalation tactics during police training and practice as well as proactive broader system-level changes should be implemented between police and mental health services to enable more effective management of these incidents to reduce the need to resort to increased use of force to resolve them”.

<http://cjb.sagepub.com/content/40/3/321>

Use across States

Possession, ownership and use of a stun gun (including Tasers) by civilians is considerably restricted, if not illegal in all States and Territories. The importation into Australia is restricted with permits being required.

“Stun gun use in Australian law enforcement is as follows:

- *Australian Federal Police and Australian Capital Territory: used only by officers attached to the Specialist Response Group, qualified general duties (patrol) Sergeants within Policing and Aviation portfolios, and qualified members of Specialist Support Teams in regional offices.*
- *New South Wales: Used by general duties (patrol), supervisors/duty officers and specialist officers attached to the Tactical Operations Unit and Public Order and Riot Squad.*
- *Northern Territory: Used by both general duties (patrol) and the Territory Response Group.*
- *Queensland: Used by both general duties (patrol) and Special Emergency Response Team.*
- *South Australia: Used by all front line Police, STAR Group and Country Members in limited capacity.^[39]*
- *Tasmania: Used only by the Special Operations Group*
- *Victoria: Used by the Critical Incident Response Team and Special Operations Group. A year long trial at Bendigo and Morwell stations is also underway by general duties police.^[40]*
- *Western Australia: Used by both general duties (patrol) and the Tactical Response Group”.*

<https://en.wikipedia.org/wiki/Taser>

Examples of State or Territory activities

Examples of the crisis mental health work of some states are outlined below.

Victoria

In March 2016 it was reported by ABC News that Tasers will be introduced in regional Victorian police stations so officers will have a non-lethal option to stop violent offenders.

“Key points:

- *31 stations across Victoria will be involved in Taser roll-out*
- *Tasers trialed in regional stations since 2010*
- *Police union calls for wider roll-out among Melbourne officers*

Victoria Police said 31 stations across the state would be involved in the rollout, including Mildura, Warrnambool, Wangaratta and Wodonga.

Deputy Commissioner Wendy Steendam said it was important police had a range of options to deal with difficult incidents. "What Tasers do for our members is to actually offer them another option in resolutions of incidents where they're having violent confrontations or where people are attempting to self-harm," she said. "[Tasers] allow them to manage some of those incidents in a way that is more appropriate and more safe for the community and our members."

Since 2010, seven regional Victorian police stations have trialed using Tasers. Deputy Commissioner Steendam said of about 120 times police carried Tasers in those trials, they were only deployed 28 times. "You'll see that it often defuses the situation," she said. Tasers are monitored by police and reviewed every time they are used, she said.

Police in Melbourne already have access to Tasers via the force's critical incident response team and specialist operations members. The Victoria Police Association said it had been advocating for Tasers for two years and the trials in regional cities had been positive. Association secretary Ron Iddles said he would like to see Tasers rolled out more widely among Melbourne police officers to subdue offenders. "The same issues apply in Melbourne metropolitan as they do in regional Victoria so each operational member who is a first responder should be equipped with one," he said".

<http://www.abc.net.au/news/2016-03-14/regional-victorian-police-to-get-Tasers/7245208>

Tasmania

In Tasmania only special tactical police are able to have Tasers. In June 2016 the following news story was published:

"There are renewed calls for police in Tasmania to be equipped with Tasers, after last week's fatal shooting in the state's north west. A 48-year-old man was [shot and killed by a policeman at Cooee near Burnie after he allegedly charged at officers with a knife.](#)

The man was shot four times and later died in hospital. The shooting has re-ignited the debate over Taser use in Tasmania where they are only available to special tactical police. In the Upper House on Tuesday, MP and former Police Commander Ivan Dean argued all police should have access to them. "It is a tragedy in my view and even more tragic when you look at the fact that a police officer is able to carry lethal force, a firearm, but isn't able to carry less-than-lethal force," he said. "It is an absolute nonsense in my view, I just cannot understand why that policy still exists in Tasmania police."

Police Minister Rene Hidding declined to comment, saying the Cooee matter was before the coroner".

<http://www.abc.net.au/news/2016-06-01/push-for-police-to-have-Tasers-after-burnie-police-shooting/7464624>

Queensland

SBS News: Fresh Taser debate sparked in Australia, 27th February, 2015

"Debate around the use of Tasers in Australia continues as findings from the inquests into the Taser-related deaths of a Queensland man and a Brazilian student were handed down today.

Taser supporters say they are a less than lethal and safer alternative to guns, however critics claim their use is abused by police.

Figures obtained by New South Wales Greens MP David Shoebridge indicate the introduction of Tasers has not reduced the use of firearms.

“So what we have seen is no displacement of guns, we're not seeing Tasers used instead of firearms, we've just seen a whole new class of corporal punishment, physical punishment, being delivered by police through the use of 50,000 volts at the end of a Taser”, he said.

Professor of Criminology at Monash University, Jude McCulloch, argues police should improve their negotiation skills instead of resorting to Tasers. “The problem with less than lethal weapons such as Tasers is that police come to rely on them as a technical quick-fix and move away from those negotiation skills that are often far more effective, particularly with people who are high on drugs or going through a psychotic episode relating to a mental illness.”

Despite the criticism of Taser use, Ian Leavers from the Queensland Police Union says they remain a vital weapon in subduing violent offenders.

“They do save lives, and they will continue to do so. It's a positive thing, but to say that police don't like to use any force at all, it is a last resort and it has to be a case by case scenario,”

<http://www.sbs.com.au/news/article/2012/11/14/fresh-Taser-debate-sparked-australia>

Report: Tasers A brief overview of the research literature. Crime and Misconduct Commission, Queensland, Australia, 2008

While this is an older report the summary is a useful guide of thinking at that time.

Summary of the research literature

“Tasers provide police officers with another use of force option for dealing with combative and physically aggressive people. Its popularity with law enforcement agencies is increasing, with a growing number of agencies adopting the technology in Australia and overseas. This is not surprising given the operational benefits afforded to police, which include high deterrent value, immediate incapacitation, the ability to deploy at a safe distance, and limited or no aftercare in most situations.

However, the safety of Tasers has been questioned in the wake of reports of deaths following Taser use. While research has not identified a direct causal relationship between the application of a Taser and the death of the person, it does indicate that Tasers may pose a risk of serious injury or death for certain subjects and in certain circumstances — e.g. where subjects are drug affected or have underlying health problems such as heart disease or mental illness, or where discharges are excessive.

Nevertheless, the academic and medical community remains very divided on the safety of Tasers — this lack of consensus arising from conflicting research findings and the scarcity of studies that have adequately tested the device on human subjects. As such, there have been repeated calls for independent and more rigorous research on the effects of Tasers, particularly on vulnerable populations and at-risk groups who may be more likely to come into contact with police.

There is also considerable public concern in some jurisdictions about the potential misuse of Tasers by police officers following reports that Tasers have been used in situations for which the device was not intended, too early in interactions, and on people who posed no threat of violence or risk of serious injury.

This range of concerns has led a number of organisations and agencies to call for stricter policies or guidelines to govern the deployment of the device. Issues that have been raised in overseas forums and are relevant to the use of Tasers in Australia include their placement on a use of force model and definition of the circumstances in which they can be used, the degree of risk of using them on vulnerable populations, and the possible risks associated with multiple, simultaneous or prolonged deployments.

While the relevant research in Australia is limited, there is much to be learnt from the experiences of international law enforcement agencies and the findings of research to date. The key for policy makers is to balance the protection and safety of officers and offenders with community concerns about the possible risks associated with this device and the importance of appropriate policies and practices to guide police in using Tasers” (p.9-10). <file:///Users/janetpeters/Downloads/research-and-issues-paper-no8-2008.pdf>

South Australia

The Advertiser, June 16, 2016

“UP TO 1000 frontline South Australian police officers will wear body-mounted video cameras by mid-2019 after the State Government pledged almost \$6 million to the safety initiative.

Treasurer Tom Koutsantonis said SA Police would receive funding for new technology, including body-worn cameras and removable vehicle-based tablets, as part of the 2015-16 State Budget to be delivered on Thursday. He said \$5.9 million will be spent over the next four years on the body-worn video devices and a further \$7.4 million over five years to roll out tablets to replace fixed in-car computers.

Deputy police commissioner Linda Williams said the new technology would boost efficiency within the force. She said the mobile tablets would reduce the risk of officers double entering data and would make taking statements from victims easier. “The body-worn videos are very useful tools — it can capture evidence (and) it is very efficient,” she said.

“It will protect our police officers from allegations of misconduct against them that are clearly unfounded so the facts will speak for themselves. There is actually evidence it (the cameras) change the public’s behaviour, it reduces anti-social behaviour because they are aware they’re being filmed.”

<http://www.adelaidenow.com.au/news/south-australia/sa-police-to-get-59-million-over-four-years-in-201516-budget-to-put-bodyworn-cameras-on-all-frontline-officers/news-story/22fe2b4f7457e751e4424ce2d3530c71>

Western Australia

The Use of Taser® Weapons by the Western Australia Police Summary Report October 2010

A summary of this report from the National Library of Australia:

“The Corruption and Crime Commission (“the Commission”) examined Taser weapon use in Western Australia from 2007 to 2009. This involved three main data sources: WAPOL data about Use of Force reports from 2007 to 2009; the Commission’s assessment and review³ work, pursuant to section 18 of the Corruption and Crime Commission Act 2003 (“the CCC Act”); and detailed analysis of Use of Force reports for the periods December 2007, July 2008 and between July and September 2009.

The majority of Taser weapon use by WAPOL is reasonable and the Taser weapon is an effective tool to assist police perform their duties.

However: firearm use has increased since the introduction of Taser weapons, and injuries to police officers have remained the same; Taser weapons are being used for compliance, including against indigenous people and those suffering mental illness, contrary to the intention of the WAPOL policy; Taser weapons are causing injury.

There is a risk that Taser weapon use will lead to a death; and there is evidence in Western Australia that Taser weapons are being used in situations for which they were not intended to be used and where such use is potentially excessive or improper. This appears to be an increasing trend. The threshold for Taser weapon use and related policy environment needs to be changed to avert this trend”.

<http://trove.nla.gov.au/work/38117517?q&versionId=50404944>

New South Wales

An example of an MOU for Health and Police:

MEMORANDUM OF UNDERSTANDING MENTAL HEALTH EMERGENCY RESPONSE JULY 2007

(Guideline: Area Health Services / Ambulance Service Divisions / Police Regions)

“The management of persons who have a mental illness or mental disorder, or who exhibit behaviours of community concern may involve a response by multiple agencies, including NSW Health and NSW Police Force. This Memorandum of Understanding has been developed by NSW Health and NSW Police Force to establish a clear framework for agencies involved in the management of such situations.

This Memorandum of Understanding commits agencies involved to work in cooperation to promote a safe and coordinated system of care and transport, and clearly defines the roles of each of the agencies at major points of the process from initial contact through assessment,

care and follow up”.

http://www.police.nsw.gov.au/_data/assets/pdf_file/0009/98469/mou_mental_health_emergency_response_nsw_health_ambulance_police200707.pdf

Examples of agencies and activities

Report: Open Government Partnership and Australia’s National Action Plan 2016

By the Public Interest Advocacy Centre (PIAC).

“PIAC is an independent, non-profit law and policy organisation that works for a fair, just and democratic society, empowering citizens, consumers and communities by taking strategic action on public interest issues. PIAC identifies public interest issues and, where possible and appropriate, works co-operatively with other organisations to advocate for individuals and groups affected”.

Reported in pages 19 and 20:

Tasers

“Tasers are used by Australian law enforcement in all States and Territories and by the Australian Federal Police. The use of Tasers by police in Australia presents an example of a nationally significant dataset that is currently not consistently available at either a state-based or national level.

Access to information regarding Taser use is important, given the human rights implications and significant risk of injury or death posed by their use on vulnerable groups.

The UN Committee Against Torture (CAT) has previously held that the use of Tasers can be a form of torture. In 2008, the CAT recommended that the UK cease its practice of using Tasers on children. In 2014, the CAT recommended that the US should ‘expressly prohibit their use on children and pregnant women and urged the US to ‘provide more stringent instructions to law enforcement personnel entitled to use electric discharge weapons, and to strictly monitor and supervise their use through mandatory reporting and review of each use.

New Zealand provided comprehensive statistics regarding the use of Tasers to the CAT in its sixth periodic report in December 2013. Similarly, the United Kingdom regularly publishes statistics regarding the use of Tasers, along with comprehensive analysis of these statistics.

However, there is little transparency in Australia regarding the use of Tasers. Statistics are not available regarding the number of times that:

- *Tasers have been drawn, discharged or applied in ‘drive stun’ mode;*
- *Tasers have been used on young or elderly people or those with a disability;*
- *Tasers have been used on Aboriginal or Torres Strait Islander people;*
- *Complaints have been made about the use of Tasers;*

- *A person has died following the use of a Taser.*

The only publicly-available data is piecemeal, and derived from proactive inquiries made under FOI laws, by the relevant Ombudsman, or by the coroner. Statistics regarding Taser use are not included in NSW Police Annual Reports. Without enquiries being undertaken by the Ombudsman and private parties under FOI law, statistics would not have been made publicly available.

In Victoria, statistics regarding Taser use were previously researched by the Federation of Community Legal Centres, and published in a 2010 report, Taser Trap: Is Victoria falling for it? Increasing transparency and accountability in the operation of weapons such as Tasers, may lead to police receiving more appropriate and rigorous training in their use. The collation and release of such data nationally would also assist Australia to provide reliable statistics to relevant UN bodies. In relation to Taser use, this could be anticipated to occur following Australia's ratification of the Optional Protocol on the Convention Against Torture (OPCAT).

Recommendation 11

PIAC recommends that the Australian Government commit to ensuring that state-based police forces, the Australian Federal Police and any other relevant agencies be required to publish statistics regarding how many times Tasers have been used in the jurisdiction, in all relevant modes, including the age and gender of the person on which it was used.

PIAC recommends that such statistics should also be reported to the Australian Institute of Criminology, or for the Australian Government to determine an effective alternative for consistent reporting of Taser use”.

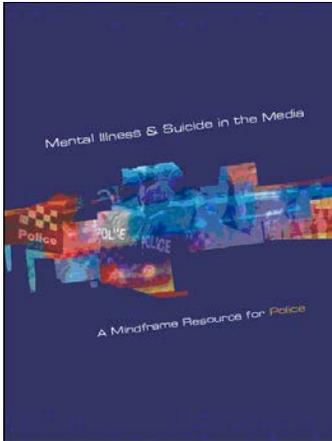
http://www.piac.asn.au/sites/default/files/publications/extras/16.3.31_piac_ogp_submission.pdf

Mindframe: National Media Initiative

“The Australian Government’s Mindframe National Media Initiative (Mindframe) aims to encourage responsible, accurate and sensitive representation of mental illness and suicide in the Australian mass media.

The initiative involves building a collaborative relationship with the media and other sectors that influence the media (such as key sources for news stories)”.

Full resource book



Mental illness and suicide in the media **A *Mindframe* resource for police**

There are also “Frontline police pocket cards” for each State.

<http://www.mindframe-media.info/for-police/police-resources>

There is also information for for Courts – “*which provides practical advice and information for judges, magistrates, coroners, media liaison officers and other court staff to support their work with the Australian media.*”

These resources have been developed as part of Mindframe for police and courts, which belongs to a suite of projects on suicide, mental illness and the media developed as part of the Mindframe National Media Initiative”.

<http://www.mindframe-media.info/for-courts>

Australian Human Rights Commission

Australia's Universal Periodic Review, 2013

“The use of Tasers in Australia raises a number of human rights considerations and was raised during Australia’s UPR appearance. The UN Committee against Torture has recognised that the use of Tasers can amount to cruel, inhuman, and degrading treatment or punishment. An inquiry conducted by the New South Wales (NSW) Ombudsman found that overall Taser use by general duties police in NSW has largely been consistent with operational procedures and policies however highlights incidents where the use of the Taser was inappropriate or where the internal review process was either inadequate or inconsistent.

The inquiry also found that 30% of Taser use is against Aboriginal and Torres Strait Island peoples, and a number of youth aged 18 or under have also been subjected to Taser use by NSW police (149 between 2008–2011). ACHRA is concerned that Tasers are being

inappropriately used and calls for more rigorous police training on Taser use. A recent review of Taser use in Queensland also found over representation of Aboriginal and Torres Strait Islanders as the subjects of Taser use, also over represented were people suspected of having a mental health condition”.

<http://www.humanrights.gov.au/publications/australias-universal-periodic-review/3-promotion-and-protection-human-rights-ground>

Guardian, 28th February, 2016: Regular methamphetamine use has soared in past five years: drug report

“There has been a substantial rise in the number of regular and dependent methamphetamine users in Australia over the past five years, with the increase most marked among young adults aged between 15 and 34 years, a study published in the [Medical Journal of Australia](#) on Monday found. It is the first time the number of regular and dependent users of the drug, which is known by many names including speed and ice, has been quantified.

The researchers, led by Prof Louisa Degenhardt from the National Drug and Alcohol Research Centre at the University of New South Wales, considered regular users to be those who used the drug at least once a month during the past year, and dependent users to be those with impaired control of their use and who continue to use despite negative consequences. Dependent users were a sub-group of regular users.

User numbers were estimated by examining treatment data for amphetamine dependence and data for amphetamine-related hospital separations [with a separation including any time a methamphetamine patient left hospital because of death, discharge, signing-out, or transferring elsewhere] for each year from 2002 to 2014.

The findings [contradict](#) recent reports. Until now, [reports have indicated](#) that methamphetamine use has remained stable in Australia since 2001 but that there had been a significant shift in use from the powdered form of the drug, known as speed, to the more potent crystallised form known as ice, leading to greater harms”.

<https://www.theguardian.com/society/2016/feb/29/regular-methamphetamine-use-has-soared-in-past-five-years-drug-report>

“Implications: *There is an increasing need for health services to engage with people who have developed problems related to their methamphetamine use”.*

https://www.mja.com.au/journal/2016/204/4/estimating-number-regular-and-dependent-methamphetamine-users-australia-2002-2014?utm_source=mja&utm_medium=web&utm_campaign=related_content

CANADA

Public Safety Canada

Guidelines for the Use of Conducted Energy Weapons, 2014

The information below is from the website:

“The purpose of this document is to provide guidance on the use of conducted energy weapons (CEWs). The guidelines are intended to assist provinces and territories as well as police services and other agencies in Canada that use CEWs. It is recognized that provinces are responsible for the administration of justice in their jurisdiction, including providing direction on the use of all types of force by police”.

“Statement of Principles

Whenever force is used by any person in Canada it shall be used in compliance with the Canadian Charter of Rights and Freedoms and the Criminal Code.

Officers should, in all instances, use an appropriate and reasonable level of force, given the totality of circumstances.

The use of a CEW, or any use-of-force option, should be consistent with a federally or provincially recognized use-of-force framework, particularly with respect to having considered or applied de-escalation techniques or other use-of-force options, as appropriate. Prior to using a CEW, officers should consider whether de-escalation techniques or other force options have not, or will not, be effective in diffusing the situation”.

This document covers several issues (e.g. training, testing, supervision etc). Under “use of Conducted Energy Weapons is the following:

“Where possible, CEW use should be avoided:

- *On a restrained subject;*
- *On a woman known to be pregnant, elderly person, young child or visibly frail person;*
- *On sensitive areas of the body (e.g., head, neck, genitals); and,*
- *On a subject in control of a moving vehicle, bicycle, snowmobile or other conveyance.*

Where operationally feasible and taking into consideration the availability of health care professionals in isolated rural, remote and Northern communities, medical assistance should be sought as soon as practicable when a situation necessitates multiple or extended cyclings of a CEW. Medical assistance should be sought when an individual has any apparent injuries, is in obvious distress, or requests medical assistance”.

<http://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/gdlns-cndctv-nrg-wpns/index-eng.aspx>

Canadian Police Knowledge Network

Course: Crisis Intervention and De-escalation

To note: This course is considered a leader in the field by the Mental Health Commission of Canada¹¹.

“Course Category: *Patrol/Operations Training*

This course has been developed specifically for officers in British Columbia and is consistent with the BC Provincial Policing Standards.

In the wake of the Robert Dziekanski tragedy in 2007, the Braidwood Commission made a number of recommendations that emphasized the importance of police being able to effectively intervene in and de-escalate crisis situations.

The Crisis Intervention and De-escalation course is designed to ensure that police officers will be able to use crisis intervention and de-escalation (CID) techniques to effectively de-escalate crisis situations, including incidents involving intervention in a mental health crisis. The course will introduce a four-phase CID model and a number of accompanying techniques designed to accomplish this goal.

The content for this course was developed by the BC Ministry of Justice (Police Services Division) in consultation with the Braidwood Recommendation Implementation Committee and a working group of police and non-police subject matter experts.

Successful completion of this course is mandatory for all frontline police officers in the province of British Columbia.

Learning objectives:

Upon completion of this course you will be able to:

- *Describe the Braidwood Report and the BC Provincial Policing Standards*
- *Explain the importance of CID techniques*
- *Explain the BC Provincial Policing Standard for Crisis Intervention and De-escalation Training*
- *Explain assessing and responding to risk in crisis situations*
- *Describe the relationship between conflict and crisis*
- *Identify Emotionally Disturbed Persons (EDPs)*
- *Explain constructive and destructive approaches to crisis intervention and de-escalation*
- *Explain the importance of understanding mental health disorders*
- *Define mental health and mental health disorders*
- *Describe major mental health disorders and observed behaviours*
- *Explain the differences between dementia and delirium*

¹¹ <http://www.mentalhealthcommission.ca/sites/default/files/2016-05/TEMPO%20Police%20Interactions%20082014.pdf>

- Explain the purpose of the BC Mental Health Act
- Define key terms and mental health related forms
- Explain the authorities according to sections of the MHA pertinent to police
- Explain police officer roles and responsibilities in crisis situations
- Explain police policy, procedures and documentation in crisis situations
- Explain medical considerations in crisis situations
- Explain the importance of communication between the apprehending officer and hospital staff
- Explain and apply the CID model
- Apply CID techniques

Target Audience

This course is mandatory training for all front-line police officers in the province of British Columbia.

Content Provider

Led by the BC Ministry of Justice, Police Services Division, the content for this course was provided by a working group of police and non-police subject matter experts. Special thanks are extended to the RCMP Pacific Region Training Centre for providing access to their Crisis Intervention Training (CIT) materials, subject matter experts and audio-visual resources”.

https://www.cpkn.ca/course_crisis_intervention_deescalation

Mental Health Commission of Canada

TEMPO: Police Interactions A report towards improving interactions between police and people living with mental health problems

Terry Coleman, MOM, PhD Dorothy Cotton, PhD, C. Psych. June 2014

The Mental Health Commission of Canada’s (MHCC) report outlines 16 recommendations for police education and training to better prepare Canadian police personnel for interactions with people with mental illness.

“The TEMPO report is the result of a comprehensive survey of Canadian police organizations; a literature review; an international comparative review of police learning programs; and direct interviews with a variety of police and mental health professionals.

The present report is focused only on police education and training, rather than on the broader systems and policies that affect interactions between police and people with mental illnesses; it addresses education and training in the broadest sense.

*As the preface to the 2010 report, *Police Interactions with Persons with a Mental Illness: Police Learning in the Environment of Contemporary Policing*, 2 stated: no matter how well designed and complete a curriculum is, it will only result in improved outcomes if the learning engages the right people and in the right context.*

Thus, in this paper, attention is also paid to contextual factors—not only what should we teach, but also to whom should we teach and in conjunction with what other organizational structures and social systems (p. 5). The present report places an emphasis on HOW we should teach as well as what we should teach, given the many developments in the field of adult education and curriculum design. That is, how can we better prepare police personnel for interactions with people with mental illness”?

The MHCC states as a footnote:

“There are a variety of different terms used by researchers, police, consumers and others to describe people who are living with mental illnesses or people with lived experience of mental illness.

In this paper, the term “person with a mental illness” or PMI has been employed as it is familiar to the target audience, and most accurately describes the situation in which police interact with this population—that is, at times when signs and symptoms of mental illness are readily apparent—as opposed to people who might have a history or past experience of mental illness but whose symptoms are not evident at the moment” (p.5)

“Based on responses to a comprehensive survey, Canadian police organizations at the basic training/academy level appear to be doing a reasonable job of providing the foundations for successful interactions between police and people with mental illnesses. Curricula increasingly tend to be multi-faceted using a variety of teaching methods (lectures, videos, online resources, role playing and scenarios, simulation, and written resources). Virtually all police academies included a firm grounding in the more academic aspects of understanding mental illness. They covered signs and symptoms of mental illness, assessment of suicide risk, basic communication strategies, essentials of mental health law, and intervention strategies. Most also include, at least to some degree, a discussion of societal attitudes and biases about mental illness and its accompanying stigma.

The majority of police academies provide this education not only in a formal didactic fashion but also through scenario training and simulations. However, there are still notable gaps. Most notable is the common failure to include people with mental illnesses in the development and delivery of curricula. The research literature about attitude change strongly supports the value of direct interactions with people with mental illnesses in order to change attitudes and, therefore, change behaviours”.

To a lesser extent, police academies some still do not include mental health professionals in the development or delivery of curricula. The failure to include mental health professionals has, in some cases, led to the production of curriculum which is inaccurate or outdated. However, it also denies new officers the opportunity to become familiar with their mental health counterparts and begin to develop working alliances with mental health agencies (p.6).

There are five pages describing the recommendations. Recommendation 1 is shown here in full:

Recommendation 1:

A Framework for Learning Design and Delivery

That notwithstanding the many important elements of police/mental health learning design and delivery, the overriding theme should be a focus on:

- ***anti-stigma education to challenge the attitudinal barriers that lead to discriminatory action;***
- ***the de-escalation/defusing interactions with people with mental illness (PMI) by means of effective verbal and non-verbal communications; and,***
- ***ethical decision making, human rights protection and social responsibility” (p.7)***

Key training/education recommendations include:

- *“That police learning be designed and delivered by a combination of police personnel, adult educators, mental health professionals, mental health advocacy organizations and people living with mental illness.*
- *More uniform inclusion of non-physical interventions (verbal communications, interpersonal skills, de-escalation, defusing and calming techniques) in use-of-force training.*
- *The incorporation of anti-stigma education to challenge the attitudinal barriers that lead to discriminatory action.*
- *That provincial governments establish policing standards that include provision for mandatory basic and periodic police training qualification/requalification for interactions with people with mental illness.*
- *Provision of training on the role of police, mental health professionals, family and community supports in encounters with persons with mental illness.*
- *That training provides a better understanding of the symptoms of mental illness and the ability to assess the influence a mental illness might be having on a person’s behaviour and comprehension”.*

<http://www.mentalhealthcommission.ca/sites/default/files/2016-05/TEMPO%20Police%20Interactions%20082014.pdf>

Police: Police Weapons Canada

“With the increasing use of Tasers by Police agencies, guidelines and policies for Taser use have been developed at the federal and provincial levels. (see below) Federal Police use the Taser International M26 and X26”.

<https://www.loc.gov/law/help/police-weapons/canada.php>

Canadian Police/Mental Health Liaison Information

An activity of the Canadian Chiefs of Police

“In the last decade there has been a significant growth in the number of formal agreements that police services have entered into with their local mental health agencies. A number of agencies have agreed to having copies of their agreements posted here for reference.

These are meant as examples only—but will give you some idea of the ways other jurisdictions have approached things. Each jurisdiction has different resources, different legislation and different concerns and agreements should be adjusted accordingly, but these documents may give you a head start in developing your own”.

Below are 3 of 15 examples given:

1. *“Lanark, Leeds and Grenville: Mental Health Crisis Response Protocols (PDF | Word Doc)*
2. *Sample Memorandum of Understanding between a (Mental Health Agency) and (A Police Agency) regarding the disclosure of information. (Word Doc)*
3. *City of Winnipeg Transfer of Custody for Mental Health Patients Agreement” (PDF | Word Doc)*

<http://www.pmhl.ca/webpages/MOUs.html>

Canadian Police College

There are several pages of references: books and articles on Tasers.

<https://www.cpc.gc.ca/en/cpclibrary/conducted-energy-devices-Tasers>

Report: Taser Technology in Canada: Examining Whether Tasers Constitute Reasonable or Excessive Force

By Samantha Bradshaw

“This essay will explore how and when Tasers are used by RCMP officials in Canada, to determine whether or not the force inflicted on individuals constitutes reasonable force as defined under the Canadian Criminal Code. It will begin by providing a background on Tasers and describe the models that are currently used by law enforcement officials. It will then discuss the medical risks associated with discharging a Taser in both healthy and non-healthy individuals.

Furthermore, it will outline the current checks and balances to the use of force as defined in the Criminal Code, and will briefly outline Canada’s commitment to international treaties and conventions and the United Nations 1987 Convention against Torture and other Cruel, Inhumane or Degrading Treatment or Punishment. Finally, through a discussion of a Canadian court case and an RCMP Subject Behavior/Officer Response report, this essay will bring together medical risks with the law in an attempt to answer the central question to this essay: do Tasers constitute reasonable or excessive harm? This essay will conclude with a summary, recommendations and my own personal opinion (p.1).

In conclusion, CEWs are currently being used by RCMP agencies across Canada to ensure and promote the safety and self-preservation of officers, bystanders, and individuals involved in incidents of crime. CEWs ensure compliance through pain and incapacitation by sending electrical pulses through an individual’s body. Many medical risks have been associated with Taser use, and these medical risks are heightened based on factors such as weight, health and substance use. Our law currently allows officers extraordinary powers and privileges to help ensure the safety of society. These laws give officers the right to use force that can cause death if the situation calls for it. As demonstrated in R. v. J.W., our system can be effective in protecting citizens and punishing the abuse of these rights. However, the law does not provide protection for those who are at an increased risk of severe adverse health effects from Tasers. Police models have attempted to fill this void through the creation of training and policy models. However, these training programs are inconsistent within provinces and across Canada. It is important that training becomes regulated in order to ensure that in the future, individuals do not die in-custody.

In my own opinion, I think Tasers are an alternative to lethal weapons, and necessary to help preserve and protect lives, and that abuse of this tool must be addressed in order to prevent excessive harm. However, when it comes to abusing Tasers I think that the law is successful in punishing abuse, but not in preventing it. If the law regulated training and taught officers how to respond better to situations that may need to deploy Tasers, I think the prevention of abuse would be lessened, and the risk of in-custody deaths would also be reduced because everyone would receive the same mandatory knowledge and training. If everyone was on the same page, and the risks of abuse and deploying Tasers on those who are most vulnerable to risks are reduced, then Tasers would be a practical non-lethal weapon. However, until proper training issues are addressed, individuals will continue to misuse them and victims of such abuse will continue to die in-custody. (p.17,18)

<https://www.sju.ca/sites/default/files/Library/Headley%20essays/Headley%20Samantha%20Bradshaw.pdf>

Provinces

Toronto

Toronto has had much focus on this area coming from the 2014 report below.

TORONTO - REPORT: POLICE ENCOUNTERS WITH PEOPLE IN CRISIS

An independent review conducted by The Honourable Frank Iacobucci for Chief of Police William Blair, Toronto Police Service, July 2014

This **434-page independent** report is an extensive study with 84 recommendations – excerpts are outlined below.

People with lived experience were part of the process.

On August 28, 2013, Chief of Police William Blair of the Toronto Police Service (TPS) requested that I undertake an independent review of the use of lethal force by the TPS, with a particular focus on encounters between police and what I refer to in this Report as “people in crisis.”

By a person in crisis I mean a member of the public whose behaviour brings them into contact with police either because of an apparent need for urgent care within the mental health system, or because they are otherwise experiencing a mental or emotional crisis involving behaviour that is sufficiently erratic, threatening or dangerous that the police are called in order to protect the person or those around them. The term “person in crisis” includes those who are mentally ill as well as people who would be described by police as “emotionally disturbed.”

The premise of the Report is that the target should be zero deaths when police interact with a member of the public—no death of the subject, the police officer involved, or any member of the public. I believe the death of a fellow human being in these encounters is a failure for which blame in many situations cannot be assigned; it is more likely a failure of a system. Policies and procedures should be designed and Police Encounters With People in Crisis exercised with that zero target in mind but, of course, not at the cost of ignoring the safety of the subject, the police, or the public. (p.8,9)

“As for the recommendations that my mandate permits, several themes emerge.

- First, the recommendations are comprehensive to cover the topics in my mandate such as recruitment of police officers, their training, supervision and oversight, their wellness, their discipline and positive reinforcements, and the numerous procedures that impact encounters with people in crisis, notably those on the use of force and police equipment available to police officers.*

- *Second, the recommendations seek to achieve a balance between using the minimal force required in the circumstances while acknowledging the police officer is exercising judgment in a situation of great pressure and stress.*
- *Third, the importance of de-escalation in police encounters cannot be overemphasized nor can the importance of protecting the lives and safety of everyone.*
- *Fourth, the recommendations are many and raise resource issues that may prove to be difficult, but one cannot ignore that what is at stake is human life as well as the treatment of a vulnerable group in our society.*
- *Fifth, some recommendations involve further study—for example, regarding possible harmful effects of using conducted energy weapons or the introduction of a pilot project.*
- *Sixth, although recommendations are directed at the TPS, other parties or institutions implicitly are urged to be more involved—for example, the Ministry of Health and Long Term Care.*
- *Seventh, increased evaluation and monitoring are encouraged to continue the search for improvements.*
- *Finally, I have attempted to make recommendations that are practical”.(P.9,10)*

Example of best practice in the report (with more recent information provided by Lynn Nofle, Mental Health Unit, Vancouver Police Department, July 2016 by email).

Note: the Team was an IIMHL “match” in 2015 – organised by Police, Health and City officials.

Vancouver

Currently there are three ACT teams in Vancouver: Assertive Community Team, Assertive Outreach Team and Car 87.

“Car 87

Crisis intervention through Car 87 typically provides a mental health assessment for clients without a previously documented mental health background. They also receive Form 21 Director’s Warrants from community mental health and assist to locate clients for apprehension and for transport to a designated facility. In addition, Car 87 provides support to frontline Patrol members and assists the Crisis Negotiation Team with mental health backgrounds when required. The complete team includes psychiatric nurses, a clinical supervisor, support staff, and VPD members. Four full-time police officers, work a four-day shift rotation, covering almost 21 hours every day. The day shift works from 0700 to 1815 hours and the afternoon shift is from 1600 to 0345 hours.

Assertive Community Treatment teams

These are managed by VCH, provide a full-service mental health program to their clients. The first ‘full fidelity’ ACT team in Vancouver was created in January 2012. The goal of ACT is to provide higher intensity and greater frequency support for severe mental health and/or substance use clients where traditional services have been unsuccessful. It delivers an evidence-based model of care and provides a client-centered recovery-oriented service delivery model in an effort to reduce emergency psychiatric hospital admissions. Services are not brokered to individual agencies. Rather, all service needs for the client are met by the team.

The primary objective of ACT is to prepare the client for a successful transfer to a step-down community service. ACT clients are typically pre-contemplative in their substance use, experience severe functional challenges related to community living, and have an extensive history of police involvement and high use of health services. Clients demonstrate high-risk behaviour and long-standing complex mental health issues. ACT teams are comprised of ten to twelve professionals focused on the well-being of a limited number of clients. Each team has a maximum caseload of 80 clients and they include psychiatrists, social workers, nurses,

vocational counsellors, occupational therapists, recreational therapists, and peer counsellors, among others. A unique feature to the five Vancouver ACT teams, although not a requirement under the British Columbia ACT Standards, is that police members are embedded in the teams. Two full-time VPD members work with the Vancouver teams, on a four-day shift rotation that provides police support seven days a week, between 0700 and 1815 hours.

Assertive Outreach Team

The Assertive Outreach Team is a VPD mental health program, created in March 2014 as an outcome of the SAMI 120-day action plan. This team also involves a partnership with VCH, providing short-term transitional support, from hospital or detention to a primary care service provider. The program addresses the needs of clients with moderate to severe substance use and/or mental health issues while addressing the gap in the continuum of care, while they transition from the health or criminal justice systems back into the community. The goal of AOT is to reduce the incidences of violence and self-harm, prevent further deterioration in the quality of life of the individual, and reduce re-engagement with the criminal justice system while bridging services, through a practice of intensive case management.

AOT functions to connect individuals to their primary-care provider over a one to two month transitional period, using a creative and collaborative problem-solving approach. Clients are typically pre-contemplative in their substance use, experience functional challenges related to community living, and have a history of police involvement and complex mental health issues. The team consists of psychiatrists, nurses, clinical supervisors, and the police.

AOT is more police-intensive than ACT, allowing the team to readily assess risk, proactively locate individuals in risk-laden environments, and provide input and support for future services. Referrals are received directly through recent police interactions, from health services and the criminal justice system, and through an in-house 'Early Warning System' that identifies individuals with increasing mental illness related police interactions.

AOT has an average caseload of 40 clients. Four full-time police officers work a four-day shift rotation, covering 16 hours every day. The day shift works from 0700 to 1815 hours and the afternoon shift is from 1200 to 2315 hours.

<i>Police</i>		1 year	Current
	<i>Mental health Act apprehensions</i>	-52%	-41%
	<i>Negative police contact</i>	-21%	-61%
	<i>Street disorder</i>	-15%	-36%
	<i>Violent offences</i>	-32%	-57%
	<i>Charges and convictions</i>	-26%	-42%
<i>Health</i>	<i>Visits to EDs</i>	-38%	-58%
		-35%	-39%”

Tasers – some recommendations include:

RECOMMENDATION 60: The TPS ensure that all CEWs issued to members (including those CEWs already in service) are accompanied by body-worn cameras, CEW audio/visual recording devices, or other effective monitoring technology.

RECOMMENDATION 61: The TPS ensure that CEW Reports are reviewed regularly, and that inappropriate or excessive uses are investigated.

RECOMMENDATION 62: The TPS discipline, as appropriate, officers who over-rely on or misuse CEWs, especially in situations involving non-violent people in crisis.

RECOMMENDATION 63: The TPS provide additional training, as appropriate, to officers who misuse CEWs in the course of good faith efforts to contain situations without using lethal force.

RECOMMENDATION 64: The TPS require officers to indicate on CEW Reports whether, and what, de-escalation measures were attempted prior to deploying the CEW (p.32)
<https://shawglobalnews.files.wordpress.com/2015/06/police-encounters-with-people-in-crisis.pdf>

CBC News Toronto, March 17, 2016

“Taser use on 'emotionally disturbed' people a 'serious problem,' Tory says. Nearly half of Taser incidents in 2015 involved 'emotionally disturbed' people, according to report.

Toronto Mayor John Tory is calling on the provincial government to provide more mental health support after a new report showed that nearly half of the incidents in which police used a Taser in 2015 involved an "emotionally disturbed" person.

According to the report, 81 of the 265 incidents in which a conducted-energy weapon — more commonly known by one of its brand names, Taser — was deployed involved an emotionally disturbed person, or what the police call an EDP. That figure rises to 121, or 45.7 per cent, when including subjects who are emotionally disturbed and at the same time are under the influence of drugs and/or alcohol.

"The following is clear: We have a serious problem with respect to the number of encounters police have generally with emotionally disturbed people," Tory said Thursday following a Toronto Police Services Board meeting. "The fact that many of those people would have been cared for better by the mental health system and in some cases end up being Tasered — this is not the best treatment we can think of by a long shot."

The report defines an EDP as someone "perceived to be suffering from a mental disorder or emotional distress and includes a person in crisis." It further defines someone in crisis as suffering a temporary breakdown of coping skills but who remains in touch with reality.

The mayor noted that the "one thing that leaps off the page" of the report is the number of times that Tasers are used.

But Tory also said he didn't want to be critical of police, who he described as often having to sit for hours at the hospital waiting until people in crisis undergo mental health assessments. That, he suggested, can exacerbate the condition of someone who is suffering and has also put financial strain on the police budget.

"I think they're being put in a very bad position," the mayor said. The report does not capture the results of mental health assessments and cautions against concluding that those apprehended were necessarily suffering from a mental disorder. It also states that a Taser was used only in response to a person's behaviour and not because of his or her condition.

'Bring those down to zero'

An overwhelming majority of those Tasered were male, making up 87 per cent of the total number of targets. Of those, nearly 60 per cent were under 35 years of age. Direct use of

a Taser is authorized only when a person is defined as "assaultive," meaning that he or she displays threatening behaviour or where a person shows an intent to seriously harm themselves or carry out suicide. Those policies are set by the Ministry of Community Safety and Correctional Services and police.

No deaths directly associated with Taser use by Toronto police were reported in 2015. "I think we always have to be striving for an objective not to have to use any of these weapons, whether it's the Tasers or any kind of firearm... to bring those down to zero," Tory said".

<http://www.cbc.ca/news/canada/toronto/Taser-report-toronto-police-emotionally-disturbed-mayor-tory-1.3496833>

The Star March, 2015

"New figures released Monday detail the Toronto Police Service's use of conducted energy weapons, better known as Tasers — data that show the controversial tool was used slightly more last year than in 2013. One or more Tasers were employed — though not necessarily by delivering an actual shock — in 205 incidents in 2014. That's up slightly from 188 the year before, but down from a five-year high reached in 2012, when the weapon was used in 252 incidents.

In his [annual Taser report to the Toronto Police Services Board](#), Chief Bill Blair highlights the upward trend of his officers' milder use of the weapon, where it is unholstered and pointed in the direction of the person, but a shock is not administered.

In 2014, that type of use — called "demonstrated force presence" — accounted for 58 per cent of incidents involving Tasers. "This percentage rose to its highest level since the introduction of (Tasers) to frontline supervisors in 2007," Blair writes in the report. "This indicates that officers are using only as much force as necessary to gain control of subjects."

In one-third of last year's cases, the weapon was fully activated and an electrical pulse was applied to incapacitate the subject. In the remaining 10 per cent, it was used in "drive stun mode," meaning the weapon was placed against the subject's body but not fired.

In 108 of the 205 incidents, "emotionally disturbed people" — people in emotional distress or suffering from a mental illness — were the targets. Among those, police believed some were also under the influence of alcohol or drugs or both.

John Sewell, the former Toronto mayor who leads the Toronto Police Accountability Coalition, said Monday he was concerned that emotionally disturbed people were involved in half of the cases involving Tasers. He wants to see an increase in the use of non-aggressive de-escalation techniques, including police offering help to those in emotional crisis. "We'd like to see that number go down; there's no question about that," Sewell said.

Global News

“In July 2015 Police Services Board Chair Alok Mukherjee said:

Police need better, more frequent training in how to defuse situations. “I’m not saying ‘No Tasers,’ but very well trained, limited number of personnel across the police service should have Tasers to back up when all else fails. “My fear is that if we don’t do that, we will run the risk of the Taser being used more often than negotiating skills, engagement, learning how to disengage, how to bring things down from a state of tension.”

Mukherjee wants to see Toronto cops trained to be social workers as much as law-enforcement. That includes exposing them early in training to people with mental illness, people who’ve been abused — the kind of vulnerable individuals frontline officers interact with most.”

<http://globalnews.ca/news/2073284/without-the-Taser-hed-be-alive-today-how-should-we-police-Taser-use/>

Canadian Civil Liberties Association – submission excerpts

*“The Honourable Frank Iacobucci
Independent Review of the Use of Lethal Force by
the Toronto Police Service
March 29, 2014*

Dear Justice Iacobucci:

“Thank you for the opportunity to provide comments to the Independent Review of the Use of Lethal Force by the Toronto Police Service. We welcome the focus of this Review, as noted in your letter to us of March 6th, 2014, on the “overarching issue of how police officers use force in interacting with people who may be suffering from mental illness.”

“We recognize that police have come to be “first responders” to many individuals affected by mental health issues. While there may be many cases in which the police exercise judgment and defuse a situation commendably, we are deeply concerned whenever an individual with mental health disability is killed by police use of lethal force.....

*We note as well the findings of the Braidwood Commission that “it is not helpful to blame resulting deaths [of emotionally disturbed people] on “**excited delirium**” since this conveniently avoids having to examine the underlying medical condition or conditions that actually caused death, let alone examining whether use of the conducted energy weapon and/or subsequent measures to physically restrain the subject contributed to those causes of death”. In our view, incorporating training, sensitivity, and awareness of underlying medical conditions to police officers may predispose the officers to implement appropriate de-escalation and crisis intervention techniques that move away from the use of force.....*

The TPS uses certain equipment, such as firearms, that are categorized as lethal. We note that Conducted Energy Weapons (Tasers) have been classified as non-lethal weapons, although they have been known to cause deaths in Canada and elsewhere. The potential to use Tasers with emotionally disturbed persons is high, and the CCLA is also concerned about the potential impact on populations in the federal corrections system, which concerns remain relevant to review of TPS practice in the field and greater injury of Tasers upon individuals with mental and physical disability, and the increased scope for misuse inherent in Tasers.....”(p. 6-7)....

<https://ccla.org/cclanewsites/wp-content/uploads/2015/02/CCLA-Submissions-to-Iacobucci-Review.pdf>

British Columbia

“VANCOUVER, 28 Mar 2016 (IPS) - The Royal Canadian Mounted Police (RCMP) has doubled its use of Taser stun guns since 2005, according to an investigation by CBC and the Canadian Press. The RCMP has also been found to be less than forthright in producing information related to Taser incidents.

The use of Tasers by Canadian policing forces has become a national and international issue since Robert Dziekanski, a Polish man wishing to immigrate to the country, was Tasered and killed at the Vancouver International Airport. The RCMP was ordered to conduct an internal review and there will be further reviews by the British Columbia coroner's office, the Vancouver Airport Authority and the provincial government.

There have been 19 Taser-related deaths in Canada since 2001, and of 563 incidents analysed by the Canadian Press, 75 percent of suspects were unarmed.

The rise in usage of Tasers has been most dramatic in British Columbia, where the number of incidents rose from 218 in 2005 to 496 in 2007, and from 89 to 371 in Alberta in the same period.

The Toronto Police Services Board is planning to buy 3,000 new Taser electric shock weapons for 8.4 million dollars. In 2006, police used the devices 156 times, and all but nine incidents involved people who appeared to have a mental disorder or were in crisis.

The RCMP has also heavily censored documents related to the use of Tasers, citing privacy issues. With the recent deaths in Canada, the RCMP is now coming under further direct criticism for its lack of transparency.

A state known as 'excited delirium', associated with drug use or poor mental health, could also be a contributing factor in the deaths related to the Tasers, according to policing officials.

Taser International, the U.S.-based manufacturer of most of these conducted energy weapons, argues that the weapons have never been directly blamed for a death. Taser International claims it has never lost a lawsuit related to its weapons but some cases have been settled out of court.

Amnesty International reports that 310 people have died in North America following Taser use”.

<http://ipsnorthamerica.net/news.php?idnews=1385>

Ontario

Policing Standards Manual Use of Force

This is given as an example.

<https://shawglobalnews.files.wordpress.com/2015/06/use-of-force.pdf>

Seattle

Doubling Down on Force With Tasers Makes Police Problems Worse

Tuesday, 05 January 2016 00:00 By [Alison Flowers](#), *Truthout* | **News Analysis**

“After expanding its Taser usage, Seattle claims to have gone an entire year in 2003 without a fatal shooting by police. The case study is supported by some experts at the [National Institute of Justice](#) who report that stun guns reduce injuries to those involved in cop-suspect conflicts.

Yet this finding seems to say more about force as a go-to option for cops than it does about the mode or means of using force. Swapping a gun with a Taser to save a life or reduce injuries can distract from the real question of how the police should engage with civilians in the first place.”

<http://www.truth-out.org/news/item/34282-doubling-down-on-force-with-Tasers-makes-police-problems-worse>

Seattle Times: Security officers at Seattle medical center to carry TASERs

A common tool for police, TASERs are relatively rare in a hospital setting *May 27, 2014*

“SEATTLE — Security staff for Swedish Medical Center will soon be carrying Tasers to assist them in handling dangerous or unruly people they encounter while patrolling the health-care facility's campuses.

A common tool for police, Tasers are relatively rare in a hospital setting. In fact, security officers at Swedish's Seattle campuses will be the first in the city to be armed with Tasers.

A spokesman for Taser International, maker of the stun guns, told The Seattle Times that about 230 hospitals in the United States use their devices. "Health care is one of the places where workplace violence is a problem because [employees] are working with volatile or

unstable people," said Elaine Fischer, spokeswoman for the Washington Department of Labor and Industries. "They're working alone or working late at night. They're providing services to anybody who comes in."

Swedish spokesman Clay Holtzman said Swedish Medical Center spent about a year considering adding a weapon for security officers and found Tasers were "our best, less-lethal option when compared to batons and pepper spray." Holtzman said that the 70 security officers who patrol six of Swedish's seven campuses are all being trained to use Tasers, which is expected to happen around June 1. The devices also will be capable of recording audio and video.

Swedish has hospitals in Seattle's First Hill, Ballard and Cherry Hill neighborhoods and in Issaquah; it also has care centers in Redmond and Mill Creek. Security officers at the hospital system's Edmonds campus are handled by a private firm and will not be carrying Tasers, Holtzman said.

Seattle police declined to comment on the health-care facility's intention to equip security officers with Tasers, but the use of stun guns in hospitals has raised concerns among some medical professionals. "This tool is not used to subdue unruly patients. It is to address violent circumstances in which our caregivers, our other patients or others in the hospital are at risk," Holtzman said.

One Indiana cardiologist who has studied the effects of Tasers on the heart said the use of electric-shock weapons on medically fragile people would be disastrous. "I've maintained and published that the Taser can cause cardiac arrest. It does so by revving up the heart rate from the normal 70 or so times a minute to extremely rapid rates," said Dr. Douglas Zipes, of Indiana University School of Medicine. Zipes said patients hospitalized for heart conditions, or taking certain prescription drugs or coming into the hospital drunk would be more vulnerable to death.

Holtzman said Tasers are going to be used as "a security tool" to "maintain a safe environment." "These will never be used on a patient. Period," Holtzman said.

"We cannot stress this enough — these tools are never, ever to be used to subdue an uncooperative patient. They are for preventing or stopping violence that is a danger to staff, other patients, the subject themselves, etc.," he said. As an example of the types of dangers security staffers face while on patrol, Holtzman recounted one incident from last year when two people tried to have their dog attack a hospital security officer. When faced with someone who poses a danger, security staffers at Swedish have had little recourse other than calling police for help, Holtzman said.

After the security officers begin carrying Tasers, they will announce their intention to use the device. They will notify the person that the activity is being recorded and if the person does not stop the activity the weapon will be deployed, Holtzman added. Security officers then will handcuff those people and detain them for police. Harborview Medical Center spokeswoman Susan Gregg said the hospital's security staffers carry handcuffs and batons and that a State

Patrol trooper is on site to assist with security issues. VA Puget Sound Health Care System spokesman Chad Hutson said its security staffers carry pepper spray and batons.

Taser International said its devices are used by security staffers at EvergreenHealth hospital in Kirkland, PeaceHealth St. John Medical Center in Longview and Madigan Army Medical Center in Pierce County.

Holtzman said he hopes that when potential criminals see the stun gun or hear that one is about to be used, they'll stop what they're doing. He said the use of a Taser would be "a last-case scenario."

<https://www.policeone.com/less-lethal/articles/7230709-Security-officers-at-Seattle-medical-center-to-carry-TASERs/>

Agencies and activities

Canadian Mental Health Association (CMHA)

CMHA Ontario

Justice & Mental Health Website 2016

*"Canada's criminal justice system is governed by the **Criminal Code of Canada** and is a complex network of independent but procedurally connected agents, such as police, prosecutors, courts, correctional agencies, and parole boards. Federal, provincial, territorial, and municipal agencies and organizations all play a part, but no agency or jurisdiction has control or ownership of the entire system.*

It is important to note that the majority of people with mental health conditions rarely come into contact with the criminal justice system. Yet, mental health-related emergencies do occur. In most cases, 911 is dialed and police, by virtue of their role as emergency responders, are called upon to assist in the crisis. Criminal and non-criminal situations can arise from these police interactions.

There is evidence that the culture of the justice system, especially within correctional facilities, may aggravate pre-existing mental health conditions, impeding recovery and transition back into the community. On the other hand, the justice system sometimes provides the first point of contact for accessing mental health services that can make a positive difference in the lives of those with mental illnesses. Therefore, it is imperative that a cross-sectoral approach be utilized to coordinate services and supports for individuals with mental health conditions who come into contact with the justice system.

How CMHA Ontario is addressing this issue:

Provincial Human Services and Justice Coordinating Committee

CMHA Ontario provides support to the Provincial Human Services and Justice Coordinating Committee (HSJCC), a cross-sectoral collaborative that coordinates resources and services and plans more effectively for people who are in conflict with the law. Priority consideration is for people with a serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, and/or fetal alcohol spectrum disorder.

Police Records Check Coalition

CMHA Ontario is Co-Chair of the Police Records Check Coalition, a group of organizations and individuals who have been working together to end the discriminatory practice of disclosing non-conviction information, particularly mental health and addictions-related information, on police records.

Tasers

CMHA Ontario has developed **a position paper** on conducted energy weapons (CEWs) also known as Tasers. CMHA Ontario is concerned about the use and safety of Tasers, as well as the propensity of law enforcement officials to deploy Tasers on people experiencing a mental health crisis or demonstrating signs of emotional distress”.

<http://ontario.cmha.ca/public-policy/cmha-public-policy/current-issues/justice-mental-health/>

CBC News: New agreement will keep mental health patients, police out of ER: Memorandum of understanding to shorten emergency room wait, Apr 19, 2016

“The Windsor Police Service and Windsor Regional Hospital have entered into an agreement that will help shorten the amount of time police and mental health patients spend in the emergency room. Police Chief Al Frederick told CBC News police are often tied up responding to mental health calls. "It occurs every day," he said. "On the higher-end days, we have four or five cases, simultaneous or consecutive. Sometimes, our officers are at the hospital for the majority of their shift. [If] the person is missing, we could also spend hours searching for that person. We find them, apprehend them, transport them to hospital. It's a huge drain on our resources." Just last month, Windsor police officers responded to five "high-risk mental health calls" in a seven-hour period. As many as eight patrol units were involved with one of the calls, logging a total of 28 police hours.

The "memorandum of understanding" between the two institutions is an attempt to alleviate that, get the patient to a doctor faster and shorten the amount of time police officers spend at the hospital”.

<http://www.cbc.ca/news/canada/windsor/new-agreement-will-keep-mental-health-patients-police-out-of-er-1.3541171>

ENGLAND

House of Commons

Norman Lamb, the Liberal Democrat spokesperson for Health, June 14, 2016

“Norman Lamb argued for a change in the law which would prohibit the use of Tasers in psychiatric wards and end the use of police cells to detain adults under Sections 135/136 of the Mental Health Act. The proposals were part of a raft of amendments to the Policing and Crime Bill, tabled by the North Norfolk MP to protect the rights and wellbeing of people with mental illness.

In 2007, the United Nations Committee Against Torture has stated that Taser X26 weapons – the type used by trained police officers in the UK – provoke extreme pain and constitute a form of torture, and have even been known to cause death in certain cases. The Home Secretary was also quoted earlier this year saying: “I have been hearing stories, for example, of Tasers having been used in mental health wards and you think, ‘Hang on a minute, what is happening here?’”

Speaking in the House of Commons, Norman Lamb said that he wanted to begin a wider debate on whether it is appropriate to use electroshock weapons against mental health patients, after the charity Black Mental Health UK called for an end to the practice.

Mr. Lamb also praised the “inspiring leadership” of police officers and mental health services in places such as London and the West Midlands, where the use of police cells for people experiencing a mental health crisis has ended in all but the most extreme cases.

The Policing and Crime Bill prohibits any child aged under 18 from being removed to a police station as a place of safety under S135/136 of the Mental Health Act. Arguing for the ban to be extended to cover adults, which is supported by the mental health charity Mind, Mr. Lamb said: “If those areas of the country with impressive leadership can do it, we should challenge every part of the country to do so, and the Bill should lead the way.”

The amendments were not supported by the Conservative Government or the Labour Party, and will not become law.

Speaking after the debate in the House of Commons, Norman Lamb said:

“I was pleased to put forward these important amendments to improve the rights of people with mental ill health, who are too often let down by the system.

“Tasers present an enormous ethical dilemma. Whilst I appreciate the arguments put forward by some police officers for the use of Tasers as a last resort, there is a powerful case to be made for ending their use in mental health wards altogether.

“In some U.S. states including New York, Pennsylvania, and Ohio, Tasers are not permitted in state psychiatric wards. Police officers are required to store their weapons in a secure area or lock box before entering a patient area.”

“I hope that my amendments will help to kick-start a full and frank debate on the circumstances, if any, in which it can be necessary or justified to use a Taser in a mental health ward.

“I will also continue to argue against the use of police cells for adults detained under the Mental Health Act. Although I welcome the Government’s commitment to end the use of police stations for children, it seems arbitrary that adults in some parts of the country will still have to suffer this indignity due to a lack of health-based alternatives. People with mental illness should not be treated like criminals.”

<http://www.normanlamb.org.uk/>

Independent, February 2016: United Nations warns UK Government to 'stop Tasering children'

“Police use of stun guns on under-18s is rising against a backdrop of deprivation and bad housing

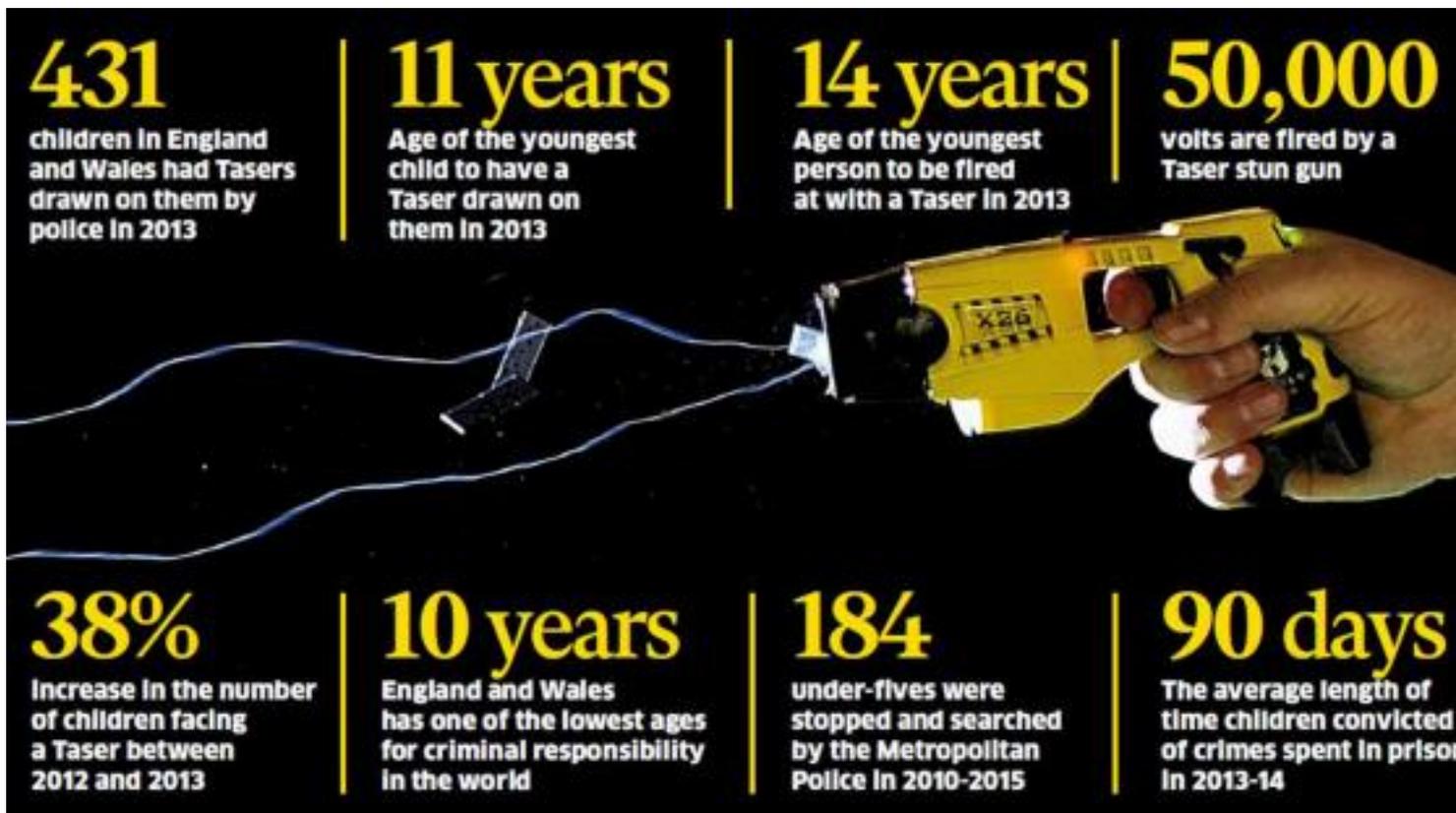
The United Nations will condemn and publicly shame the Government in May for allowing police to use 50,000-volt stun guns on children, as well as stopping and searching toddlers.

The Government faces a six-hour grilling in Switzerland over the extent of its compliance with the UN Convention on the Rights of the Child, which the UK signed in 1990 and ratified the following year.

The last time the UK was measured up against the convention, in 2008, the UN said that it wanted England and Wales to treat “Taser guns and AEPs [attenuating energy projectiles] as weapons subject to the applicable rules and restrictions and put an end to the use of all harmful devices on children”. British police started using Tasers in 2003.

Police use of stun guns has increased since that hearing, with 38 per cent more incidents in which they were aimed at children in England and Wales in 2013 than the previous year. Tasers fire two darts, and temporarily disable their targets with a five-second discharge of 50,000 volts that contracts the muscles and bewilders the nervous system.

A UN source said the UK has been asked to provide data on police Taser use, as well as the number of rubber or plastic bullets that have been fired at children. The source added: “Members do intend to raise the issue, along with stop and search and the appropriate use of force, especially regarding adolescents.”



“Carla Garnelas, the co-director of the Children’s Rights Alliance for England (Crae), said: “The use of Taser on children is a breach of their human rights. UN bodies have repeatedly called for the UK government to ban their use on children, highlighting the serious risk of physical and psychological harm they pose; yet the use of Taser on children continues. We want to see a ban on Taser use on children.”

Police stopped and searched nearly 300 children aged under five in the five years to 2014, meaning officers might have believed toddlers were carrying a knife or involved in terrorism. Typically, though, the searches are undertaken because officers suspect the children have been used by adults to hide weapons, stolen goods, or drugs”.

<http://www.independent.co.uk/news/uk/crime/united-nations-warns-uk-government-to-stop-Tasering-children-a6872591.html>

Following on from the article above was:

Independent, 27 December 2015: Majority of suspects Tasered by police are mentally ill, figures show

“Forces’ use of the stun guns in England and Wales increased from 6,238 incidents in 2010 to 9,196 last year. More than two-thirds of people who had a Taser used against them in

England and Wales between 2010 and 2014 had been identified by police as mentally ill, according to Home Office figures.

Police use of the stun guns increased over the period from 6,238 incidents in 2010 to 9,196 last year, and there has been a corresponding rise in the number of incidents involving mentally ill people, from 2,737 in 2010 to 4,200 in 2014.

The latest statistics were released in response to a Freedom of Information request made by the website The Justice Gap. It revealed that in 67 per cent of cases in which Tasers were discharged, they were fired at people identified by officers as mentally ill. When cases in which the weapons were drawn, aimed but not fired were included in the data, mentally ill people were the target in only 45 per cent of incidents.

Norman Lamb, the Liberal Democrat health spokesperson who launched the cross-party Equality for Mental Health campaign last month, described the findings as “clearly very worrying”. He said: “It is crucial that police forces have proper guidance and training in place to ensure officers are able to act in a safe manner when working with someone with mental ill health.”

Any officer equipped with a Taser must pass a nationally recognised training course, which covers encounters with people who are suffering from mental illness, a National Police Chiefs’ Council spokesman said. “Dealing with people in crisis is a core part of policing,” he added. “We have made great strides in ensuring that our officers treat people with mental ill health sensitively and help them get the right treatment. However, the first duty of the police is to protect the public from harm so use of Tasers will remain an option when someone is posing a risk of harm either to themselves or others.”

Brian Dow, the director of external affairs at the charity Rethink Mental Illness, recognised that officers “had to take tough and quick decisions in highly pressurised circumstances”. But he said: “These people are unwell and will already be in great distress so every other option should be exhausted before force is used. The police do their best, but this suggests they need better training in mental health and better support from the health system so they are not put in a position where they feel they need to resort to Taser.”

<http://www.independent.co.uk/news/uk/crime/majority-of-suspects-Tasered-by-police-are-mentally-ill-figures-show-a6786996.html>

Independent: Tasers deployed on more than 400 children in a single year by police

25th February 2015

David Blunkett, who authorised stun gun’s use, urges review amid concerns of ‘mission creep’

“The former Home Secretary who authorised the use of Taser stun guns has called for a review into their use after new figures found that they were deployed on more than 400 children in 2013. David Blunkett asked for the review after Home Office figures revealed that 431 children were involved in police Taser incidents in 2013, an increase of 37 per cent on the previous year.

The youngest person shot with the 50,000-volt stun gun was 14, research from BBC Radio 5 Live Breakfast found, while police threatened to deploy the weapon on a boy as young as 11. Mr Blunkett said in the case of the 11-year-old that using a Taser was not “an appropriate way” of dealing with a situation “which clearly must have been out of hand” but where “we need to train people to use more traditional alternatives”.

“This is a moment, perhaps, to take a step back and to get Chief Constables and Police and Crime Commissioners together across England and Wales,” he told the BBC. He said the inquiry should look at who is authorised to use Tasers, in what circumstances and whether alternatives are available. Iain Gould, a solicitor at DPP Law, who specialises in civil actions against police, said he has seen an increase in the inappropriate use of the weapon. He is concerned about “mission creep” and the militarisation of the police. He said Tasers were deployed to certain trained firearms officers when they were first introduced.

“We now have a situation where rank and file officers are being given Tasers to use,” he said. “My concern is that it has got out of hand and what we are seeing is effectively militarisation by stealth.” The Association of Chief Police Officers (Acpo) said any use of Tasers has to be justifiable in court.

Commander Neil Basu, Acpo’s lead on the use of Tasers, said: “We have to remember that children can commit violent crime too. The police are paid to intervene in those situations and Taser can be an appropriate use of force.”

Earlier this month, the Police Federation voted for all uniformed officers to be issued with Tasers.

In December, another solicitor called for a temporary ban on the use of Tasers after a man was shot with one during a suspected burglary in Staffordshire. Sophie Khan, a solicitor advocate at Sophie Khan and Associates, said a ban was needed while a government review of their use is taking place. The death in Newcastle-under-Lyme was the third fatal incident after someone was hit by a Taser.

Home Secretary Theresa May announced the review in October last year. It will assess the use of the stun guns on people with mental health problems and on children. Tasers – which deliver a 50,000-volt shock to victims, temporarily immobilising them – were only introduced in England and Wales in 2003 for people who presented a risk to police at a time when Mr Blunkett was home secretary.

Home Office figures show the use of the stun guns increased by 13 per cent in 12 months and they were used on 5,107 occasions in England and Wales between January and June 2014. However, in the majority of cases (81 per cent), they were not fired”.

<http://www.independent.co.uk/news/uk/home-news/use-of-police-tasers-on-children-rises-37-in-a-year-10067988.html>

RT: Laying charges: UK police Taser use on rise against mentally ill, minorities

Published time: 23 Oct, 2014 14:10

“Home Secretary Theresa May has ordered an inquiry into police use of Taser stun guns, after it emerged the weapons were increasingly and disproportionately used against black Londoners and the mentally ill.

On Thursday, May said she wanted to see clear data on the reasons why officers deployed Tasers in specific incidents. The weapons were introduced to UK police forces in 2004. “Taser is an important operational tactic which can protect the public, but we are right to demand transparency,” the Home Secretary said. “So I have asked the national policing lead and Home Office officials to conduct an in-depth review of the publication of Taser data and other use of force by police officers. “This will present options for publishing data on how police officers are deploying these sensitive powers, who they are being used on and what the outcome was. Just as with ‘stop and search’, we need to bring proper transparency to these powers by improving data reporting.”

Evidence from the London Assembly shows up to 30 percent of people Tasered by the Metropolitan Police are emotionally or mentally distressed. It further shows 50 percent are from black or other minority ethnic backgrounds.

May’s comments follow last week’s publication of Home Office figures, revealing the use of Tasers by British police has continued to skyrocket. The figures show the electroshock weapons were used 10,488 times in the past 12 months, a 13 percent rise compared to last year. There is little clarity on why the weapons are increasingly used.

May spoke at a conference in London on policing and mental health on Thursday.

In her speech, she also announced measures aimed at improving the way police deal with the mentally ill. More detained people will be put into hospitals or other healthcare institutions, rather than police cells, she said”.

<https://www.rt.com/uk/198532-may-Tasers-mentally-ill/>

Police

Official Statistics: Police use of Taser statistics, England and Wales, 2015

Published 28 April 2016

“This release contains statistics on police use of Taser from the 43 Home Office police forces in England and Wales for 2015. Taser use is recorded against seven categories: ‘Drawn’, ‘Aimed’, ‘Arced’, ‘Red-dot’, ‘Drive stun’, ‘Angled drive stun’ and ‘Fired’. Definitions on each of the Taser use types are set out in the [user guide](#).

Drawn is known as the lowest use. Drawn, aimed, arced and red-dot are known as non-discharges as the Taser does not make contact with the subject. Drive stun, angled drive stun

and fired are known as discharges; fired has the most physical impact and can result in incapacitation.

Presented in this release is the number of Taser 'uses' as opposed to the number of Taser 'incidents'. This is to ensure full transparency on Taser deployment as more than one Taser may be used at an incident. Every time a Taser is used, for the purposes of this report, only its highest use is recorded. For example, if a Taser is drawn, aimed, arced, red-dot and then fired, only fired will be recorded.

Key facts

- In 2015 there were 10,329 uses of Taser by police representing a 2% (234) increase on the previous year.

Discharge

- Of the 10,329 Taser uses, 19% (1,921) were discharges; a decrease of 3% (-68) from the previous year.
- Of the 1,921 discharges, 90% (1,730) were fired and 10% (191) were drive stun and angled drive stun.
- The proportion of discharges decreased by one percentage point to 19% when compared with the previous year.

Non-discharge

- Of the 10,329 uses of Taser, 81% (8,408) were non-discharges; an increase of 4% (303) on the previous year.
- Red-dot was the most common use and accounted for 51% (5,238) of the total use in 2015.
- The proportion of non-discharges (81%) increased by one percentage point when compared with the previous year".

<https://www.gov.uk/government/publications/police-use-of-Taser-statistics-england-and-wales-1-january-to-31-december-2015/police-use-of-Taser-statistics-england-and-wales-2015>

National Policing Improvement Agency: ACPO Guidance on the Safer Detention and Handling of Persons in Police Custody, Second Edition 2012

Produced on behalf of the Association of Chief Police Officers

Excerpts:

"Many people who come into custody or police contact do so with physical or mental vulnerabilities or both. There are also problems of alcohol or drug-related abuse or misuse. The police service often provides the gateway to healthcare services. A police station is not

the most appropriate place for diagnostic assessment or healthcare treatment. The guidance, therefore strongly promotes and advises engaging the right healthcare professional at the right time and in the right place (p. 12).

The custody officer must ensure that appropriate medical attention is given as soon as practicable to any detainee who:

- *Appears to be suffering from physical illness;*
- *Is injured;*
- *Appears to be suffering from mental ill health (or disablement, or difficulty that means that the detainee is likely to be mentally vulnerable or require additional support);*
- *Appears to have a drug or alcohol dependence or withdrawal likely to affect safety;*
- *Appears to need medical attention;*
- *Requests a medical examination (p.26).*

The following medical conditions may cause violent, aggressive or changing behaviour and confusion:

- *Diabetes;*
- *Epilepsy;*
- *Stroke;*
- *Infections;*
- *Angina and other heart problems;*
- ***Excited delirium;***
- *Head injury;*
- *Dehydration (and salt imbalance);*
- *Sickle Cell Anemia;*
- ***Acute mental illness such as paranoia, hearing voices;***
- *Neurological diseases such as dementia and brain injury;*
- *Learning difficulties (p.43).*

3.3.5 EXCITED DELIRIUM

Of all the forms of acute behavioural disturbance, excited delirium is the most extreme and potentially life threatening. Excited delirium can be caused by heavy use of certain drugs, typically stimulants, of which cocaine is the most common.

The symptoms of excited delirium include:

- *A state of high mental and physiological arousal –perceiving others as frightening and dangerous, ‘fight or flight reaction’;*
- *Breathing problems;*
- *Agitation;*
- *High body temperature and/or sweating – so may try to undress;*
- *Violence aggression and hostility;*
- *Insensitivity to pain and incapacitant sprays.*

People who appear to have this condition should only be restrained in an emergency. They must be taken by ambulance to hospital as soon as the condition is suspected. If no ambulance is immediately available, the individual should be transported to hospital in a suitable police vehicle. It is important that people experiencing excited delirium have their physical health needs assessed prior to any further mental health assessment (p.45).

Experience from the use of Conductive Energy Devices (including Taser) in other countries, which is supported by medical assessment in the UK, has shown that the persons most likely to be at greatest risk from any harmful effects of the device are those also suffering from the effects of drugs, or those who have been struggling violently. There are cases where persons exposed to the effects of Taser Conductive Energy Devices have died some time after discharge where the cause of death is unlikely to have been the device itself” (p.61).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/117555/safer-detention-guidance-2012.pdf

Agencies & activities

Manchester Users Network

This consumer agency aims to support users and ex-users of psychiatric services in the Manchester area. The organisation provides a forum for users to have a bona - fide say in the planning and provision of mental health services. On 13th June 2016 this agency stated that they supported Norman Lamb's bill.

“Taser has been used against patients detained in secure psychiatric settings for more than 10 years: But the culture of cover-up that dominates these sectors and the unequal power balance between those subject to such treatment and statutory providers and the police has silenced public debate around this issue”.

<https://www.manchesterusersnetwork.org.uk/2016/06/13/calls-ban-Taser-use-people-locked-psychiatric-wards-debated-parliament/>

National Institute for Health and Care Excellence – NICE

Violence and Aggression Short-term management in mental health, health and community settings Updated edition NICE Guideline NG10

While not mentioning Tasers (that I could see in 253 pages!) this document is relevant as it shows other means of de-escalation.

This was published by the British Psychological Society and The Royal College of Psychiatrists, in 2015.

“This guideline has been developed to advise on the short-term management of violence and aggression in mental health, health and community settings in adults, children (aged 12 years or under) and young people (aged 13 to 17 years)”.

“... there have been some important advances in our knowledge of the management of violence and aggression, including service users’ views on the use of physical intervention and seclusion, and the effectiveness, acceptability and safety of drugs and their dosages for rapid tranquillisation” (p.12)

<https://www.nice.org.uk/guidance/ng10/evidence/full-guideline-70830253>

The Guardian, 16th August 2016, Editorial - “The Guardian view on Police Taser use: Time to tighten up the rules”

The sad death of the former football star Dalian Atkinson highlights the need to get a grip on the use of ‘less lethal’ weapons that can still cause avoidable fatalities.

“Through recent years, Taser deployment has expanded rapidly, from 3,128 cases in 2009 to 10,329 last year, although numbers have leveled off since 2013. In England and Wales, most police “red-dot” suspects – pointing rather than firing the weapons. Tasers have actually been discharged in about one in five recent cases – in 2015 there were 1,921 discharges, a slight drop from the previous year. But that is still an average of more than five discharges every day. Discharge rates in 2015 were particularly high in Greater Manchester, South Yorkshire and Surrey, but low in London and elsewhere.

Home Office guidelines call Tasers “an important tactical option to help specially trained officers resolve potentially violent situations safely”. That is hard to dispute, and it is in the public interest for such situations to be resolved without killings.

Yet Taser use is also now very widespread. In some cases, like Mr Atkinson’s, Taser use also kills. All such cases are rightly referred to the IPCC. Nevertheless, as anecdotal evidence and the statistics suggest, police practice differs more than it should. Taser use against children, old people, those with mental health and drug problems, as well as ethnic minorities, raises particular concerns. Any death at police hands is a legitimate matter of concern. The home secretary must do more to reassure the public that each use of Tasers is a last resort and proportionate to a real and present danger. Right now, that is simply not the case.”

https://www.theguardian.com/commentisfree/2016/aug/16/the-guardian-view-on-police-taser-use-time-to-tighten-up-the-rules?utm_term=Autofeed&CMP=soc_3156#link_time=1471373544

The Justice Gap

Posted on 15th February 2016 by Alastair Logan

....."I remain concerned that the introduction of Tasers has relegated the skills required to de-escalate violent or potentially violent situations to a much lower level. Such skills reduce the risk to the police officer, the subject and to the public. Indeed, these skills may be lost, as the experience in the US demonstrates, especially if Tasers were to become standard issue to all police officers.

The issue of a Taser to every police officer would, I believe, condemn us to follow the US example where these weapons have become a method of coercing citizens to obey police officers and punishing them for not doing so".

<http://thejusticegap.com/2016/02/12536/>

Black Mental Health UK

"The disproportionate use of Taser against people from the community, and the way the Mental Health Act is used against this group, were among the issues raised in a position paper that human rights campaigns group Black Mental Health UK (BMH UK) presented to members of the 18th session of the United Nations Working Group of Experts on people of African Descent (WGPAD), at the Palais de Nations in Switzerland.

*Entitled: '**State Violence Against People of African Descent in the UK**', this six page document raised a number of human rights concerns over the treatment often experienced by black people from the UK's African Caribbean communities, with a particular focus on those detained under the Mental Health Act.*

The paper brought the human rights concerns over the use Taser also known as Conductive Electrical Devices (CED) against people black people detained on locked psychiatric wards to the attention of delegates attending this forum.

A section in this brief also focused on the disturbing practice of specialist riot TSG (Territorial Support Group) police being called to hospitals to deal with patients who are distressed, or viewed as difficult or dangerous by staff".

<http://www.blackmentalhealth.org.uk/index.php/home/bmh-uk-announcements/1669-bmh-uk-position-paper-on-state-violence-against-black-britons-presented-to-the-united-nations>

"African Caribbean people are also more likely to be treated under a section of the Mental Health Act, receive medication and be in high and medium-secure units and prisons. Evidence from the London Assembly suggests that not only are up to 30% of people Tasered by the Metropolitan Police emotionally or mentally distressed, but that 50% of those Tasered are from black or ethnic minority backgrounds.'

Director of Black Mental Health UK Matilda MacAttram said: It is encouraging that the Home Secretary has recognised the disproportionate number of black people being detained by police under the Mental Health Act and shares my commitment to addressing this age old

issue. This commitment urgently needs to be turned into a practical reality so people's experience of the emergency services is one of care and not coercion."

<http://www.blackmentalhealth.org.uk/index.php/expert-opinion-mainmenu-127/1584-home-office-a-bmh-uk->

BMH UK also published their magazine entitled **The Solution** , which focused on the theme of policing and mental health.

<http://content.yudu.com/Library/A36jvr/BMHUKsTheSolutionMag/resources/index.htm?referrerUrl=http%3A%2F%2Ffree.yudu.com%2Fitem%2Fdetails%2F2425731%2FBMH-UK-s-The-Solution-Magazine-Issue-7-Oct-2014->

*"In a bid for greater transparency on the disturbing use of Taser against patients detained on locked psychiatric wards, shadow Lib Dem health spokesman The Rt Hon Norman Lamb MP has tabled a series of written questions asking for details on the number of times that this firearm has been deployed against patients in the past five years. This comes on the back of the former minister for mental health's call for a **ban on Tasers in hospitals** in support of BMH UK's campaign to end this human rights abuse".*

<http://www.blackmentalhealth.org.uk/index.php/news>

Mind

Vicki Nash, head of policy and campaigns at national mental health charity Mind, said:

"Tasers are extreme and controversial weapons that we believe should only be used as a last resort by police.

"They can cause extreme distress, so to use them on people who are experiencing a mental health crisis and already displaying signs of distress, can make things even more traumatic."

Speaking about the police nationwide, she said: "A better understanding of mental health problems would allow police to recognise those experiencing a crisis and defuse a situation before resorting to weapons such as Tasers.

"There is no substitute for comprehensive mental health training."

<http://www.leicestermercury.co.uk/Tasers-used-subdue-mentally-ill-patients/story-18980069-detail/story.html>

Restraint in mental health services: What the guidance says, 2015

This report was produced by Mind's Policy & Campaigns team in partnership with the National Survivor User Network. While it does not discuss the use of Tasers as a means of restraint, the issues are similar.

"Being physically restrained by staff as a patient on a psychiatric ward is not only humiliating and distressing, it can also be dangerous – even life-threatening. In 2011–12 there were

almost 1,000 incidents of physical injury reported after restraint had been used. But the emotional damage is costly, traumatising and can last a lifetime”(p.5).

Service users said they wanted the following:

<p>Information and support</p> <ul style="list-style-type: none"> • Mutual support from other patients • Staff talking to you, being open and supportive • Support from advocates and advisers • Rights information, Mental Health Act Code of practice on wards • A patients’ survival guide with tips <p>Staffing, training and attitudes</p> <ul style="list-style-type: none"> • Staff selection, training and assessment to include compassion and person-centredness • Peer workers involved in de-escalation • Training by service users • Promoting empathy and compassion, where staff imagine how it feels to be on the receiving end of restraint and choose the least restrictive option. 	<p>Environments and culture</p> <ul style="list-style-type: none"> • Culture of rights and positive attitude • Acceptance of individual cultures and beliefs • Sensitivity to people’s gender, ethnicity, age, sexual orientations, physical health conditions/ physical, learning and sensory disabilities • More choice of treatments and activities, occupational therapy and alternatives to medication and medical model approaches <p>Organisational responsiveness</p> <ul style="list-style-type: none"> • Management and leadership focus on prevention • Involving patients in service design and delivery • Including patient perspectives in incident reports/records <p>P. 16</p>
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In addition a range of successful practices and innovations were described.

<http://www.mind.org.uk/media/3352178/restraintguidanceweb.pdf>

Mind: Advance decisions

Applicable in England but also relevant in other countries:

“An advance decision is a statement of instructions about what medical and healthcare treatment you want to refuse in the future, in case you lose the capacity to make these decisions. For example, you could use it to say you do not wish to be resuscitated if you develop certain medical conditions in the future.

You can only make an advance decision if:

- You have the capacity to make those decisions now
- You are an adult (at least 18 years old)”

<http://www.mind.org.uk/information-support/legal-rights/mental-capacity-act-2005/advance-decisions/#one>

Time to change

Media Guidelines

“Are you a journalist who wants to know the difference between schizophrenia and a personality disorder? Are you planning to write a drama script about mental health but don't know how to make it realistic or do you work in a breaking news environment and come out in a cold sweat when a story featuring someone with a mental health problem flashes across the wires?”

<http://www.time-to-change.org.uk/news-media>

Independent, 8th May 2013, Mentally-ill patients were 'Tasered' more than 50 times in three years

“Freedom of Information request reveals extent of stun-gun use by police in psychiatric wards

Police have resorted to firing Tasers to subdue mentally-ill patients in hospital and care homes more than 50 times in three years, Freedom of Information requests have disclosed. Charities have expressed alarm over the levels of Taser use and warned that it could aggravate the condition of people already suffering extreme distress.

The Care Quality Commission (CQC), the health service watchdog, has said Tasers should be deployed only as a last resort in psychiatric wards.

However, The Independent has established from replies received under the FoI Act that English and Welsh police forces authorised Taser use against people receiving psychiatric care on 52 occasions in the last three years.

Leicestershire Police reported officers fired their Tasers 14 times over that period, 11 times while patients were being transported and three where they were being treated. They included occasions where police intervened to restrain a man wielding a knife and to stop patients threatening to self-harm.

Officers in Avon and Somerset used Tasers ten times to restrain people held under the Mental Health Act between February 2012 and February 2013. It also disclosed one person aged under 18 was Tasered in that period. Greater Manchester police fired Tasers nine times and used them twice in “drive stun” mode, where the weapons are held against the target without firing. Fifteen forces responded to requests for information about Taser use on people receiving psychiatric care. Others acknowledging its use included Norfolk (four times) and Essex, Gloucestershire, South Yorkshire and Surrey (twice each)”.

The national tally of 52 instances is certain to under-estimate the actual total as several large forces, including the Metropolitan Police, did not respond to the FoI requests. In its most recent annual report, the CQC cited four incidents where patients were Tasered - two on a hospital ward and two who were being transferred. It said: “It is of great concern a Taser was used within hospital premises in this way. It may be that the use of a Taser can never be ruled out in this context, but any incidence of its use should trigger a thorough consideration of

whether the staffing of the hospital unit is adequate to maintain safety, both in terms of staff numbers and staff training.”

The Association of Chief Police Officers (ACPO) said that officers were trained to negotiate before they Tasered people who were often extremely strong and violent. Deputy Chief Constable Simon Chesterman, ACPO spokesman on armed policing, said Tasers were often “less injurious” than alternatives such as physical restraint or the use of batons or sprays. He said: “If the health service or care provider needs to call us to assist with a violent patient, we will have a duty to help.”

But Paul Jenkins, the chief executive of Rethink Mental Illness, said: “It is a sad indictment of in-patient care that police have resorted to using Taser guns on people who are in crisis. He added: “Police should be especially careful when handling someone taking antipsychotic medication - this medication can weaken the heart, meaning Taser guns can have potentially fatal effects on this group.” Paul Farmer, the chief executive of Mind, said: “Using them on people who are experiencing a mental health crisis and who are already displaying signs of distress, can make things even more traumatic.”

<http://www.independent.co.uk/life-style/health-and-families/health-news/mentally-ill-patients-were-Tasered-more-than-50-times-in-three-years-8606726.html>

IRELAND

Overall there appears to be little information on the use of Tasers on people with mental health problems.

Police

“Specialist units of Ireland's national police force (Garda Síochána) use the X26 model; Special Detective Unit, Emergency Response Unit and Regional Support Unit. Issuing Tasers to all members of the force (who are generally unarmed) is currently under consideration.^[54] Use of Tasers in Ireland by private individuals is prohibited.”

<https://en.wikipedia.org/wiki/Taser>

The Mental Health Commission

The main vehicle for the implementation of the provisions of the [Mental Health Act, 2001](#) is the [Mental Health Commission](#), which was established in April 2002. It is an independent statutory body, whose primary function is to promote and foster high standards and good practices in the delivery of mental health services and to ensure that the interests of detained persons are protected.

<http://www.mhcirl.ie/>

Mental Health Commission Seclusion and Physical Restraint Reduction Strategy – Consultation Report

This information does not include the use of Tasers, but does include comprehensive information on seclusion and restraint.

[Mental Health Commission Seclusion and Physical Restraint Reduction Strategy - Consultation Report](#)

- [Seclusion and Physical Restraint Reduction - Consultation Document](#)
- [Seclusion and Physical Restraint Reduction - Knowledge Review and Draft Strategy](#)

http://www.mhcirl.ie/for_H_Prof/Consultations/prevconsult2013/

Agencies and activities

While Northern Ireland is not part of IIMHL, the information below is useful.

From the PSNI Manual of Policy, Procedure and Guidance on Conflict Management

Police Service Northern Ireland (PSNI) Operational Use of Taser: Notes for Guidance on Police Use, 2013

Excerpts only from Chapter 12. **Please note that access to this document may be denied because of restrictions?**

The purpose of this Chapter is to outline the Police Service of Northern Ireland's (PSNI) Guidelines on the use of the Taser as a less lethal option by Specialist Firearms Officers and AFOs. The guidance reflects National ACPO Guidelines and takes cognisance of the provisions of the Human Rights Act 1998, the UN Code of Conduct for Law Enforcement Officials and the UN Convention on the Rights of the Child. Article 3 of the Convention on the Rights of the Child requires the best interests of children to be a primary consideration in all actions concerning children. This document should be read in conjunction with the PSNI Code of Ethics and Chapter 9 – Police Use of Firearms (p.205).

1 Preface

1.1 Managing conflict and responding to violence are core police functions. Police action is underpinned by respect for human rights. The right to life is a fundamental human right, and the availability of Taser, with appropriate safeguards, can facilitate the PSNI in complying with its obligations in this respect.

1.2 This guidance is intended to inform the operational use of Taser. The use referred to in this document, during the pilot, will be by specialist police firearms officers and will be subject to continued monitoring and regular review.

1.3 The use of the Taser will be informed by reference to the ACPO Conflict Management Model, and is intended to provide Firearms Officers with an additional option when dealing with threats of serious violence. The availability or deployment of the Taser should not be considered as a replacement for conventional firearms where the criteria for the issue of firearms is met (p.207)

*“Medical evidence indicates that certain categories of persons may be at heightened risk from negative health effects resulting from Taser. **While there is no definitive list of such categories, pregnant women, juveniles and children, persons of low body weight, persons under the influence of certain illegal drugs (including amphetamines and cocaine), persons suffering from mental illness and persons with pre-existing heart conditions are generally considered to be more vulnerable to serious medical consequences as a result of Taser use.***

In addition to the guidance provided, an Equality Impact Assessment (EQIA) carried out by the PSNI has highlighted the potential for adverse or differential impact on the following groups:

- *Children and Young People.*
- *Women and Pregnant Women.*
- *Men.*
- *People from Minority Ethnic Groups.*
- *People with Disabilities.*

In order to minimise the potential for any adverse or differential impacts on the above-mentioned groups, the following guidance will be adhered to

Children and Young Persons – *The Bronze Firearms Commander will make a dynamic risk assessment at the scene on the use of Taser if the subject appears to be a child, and will ensure that the reason for the use of Taser involving a child is clearly documented.*

Women - *The Bronze Firearms Commander will make a dynamic risk assessment at the scene on the use of Taser if the subject appears to be a woman, and will ensure that the reason for the use of Taser involving a woman is clearly documented.*

Pregnant Women – *The Bronze Firearms Commander should dynamically risk assess the requirement to use Taser on a woman whom they know or have reasonable cause to believe is pregnant, taking into account the unique circumstances of each incident.*

Men – *Officers will receive training, which will include information on the DOMILL statement DSTL/BSC/27/01/07 on the implications of the use of Taser on persons of smaller stature.*

People from Minority Ethnic Groups - *Officers should receive training specifically on the impact of Taser on persons who may have different needs and/or expectations due to their ethnicity. (This should include young persons from minority ethnic groups). If it is identified that a subject cannot or would not be able to understand instructions from police due to a language barrier, then where possible the services of an interpreter via radio or mobile telephone should be considered.*

People with Mental health or Neurological Conditions - *Officers should be trained in dealing with persons who have mental health problems or neurological conditions, including where possible provision of training from an independent outside organisation.*

People who are wearing Pace-Makers or who have heart problems - *Firearms teams who are deployed with availability of Taser should have at least one officer who is trained to an appropriately high level in dealing with persons with such a medical condition and appropriate medical equipment should be available to that officer commensurate with the high level of training. This level of training will be directed by the Chief Medical Adviser, Occupational Health & Welfare.*

People with Epilepsy - *Firearms teams who are deployed with availability of Taser should have at least one officer who is trained to an appropriately high level in dealing with persons with such a medical condition and appropriate medical equipment should be available to that officer commensurate with the high level of training. This level of training will be directed by the Chief Medical Adviser, Occupational Health & Welfare.*

People with a Hearing Loss - *Officers should be trained in dealing with persons who have hearing loss including where possible professional training from an independent outside organisation.*

5.14 People with Mental Health or Neurological Conditions - Officers should be trained in dealing with persons who have mental health problems or neurological conditions, including where possible provision of training from an independent outside organisation (p.210,211).

https://www.google.co.nz/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiv5ozxwZXPahVJH5QKHS1HBxMQFggaMAA&url=https%3A%2F%2Fwww.psnipolice.uk%2Fglobalassets%2Fadvice--information%2Four-publications%2Fconflict-management-manual%2Fchapter_12_-_police_use_of_taser.pdf&usq=AFQjCNFlc_F6nkkJXN6UbF2eHKQsQo7n6A&bvm=bv.133178914,d.dGo

Again the document below is from Northern Ireland.

PSNI Operational Use of Taser: Notes for Guidance on Police Use Appendix C Association of Chief Police Officers – Operational deployment of Taser

Please note that access to this document may be denied because of restrictions?

“Information leaflet for persons upon whom a Taser has been used.

You have been subjected to the effects of a Taser. The Taser passed short pulses of electricity into your body. The electricity made your muscles contract. You may have lost balance and fallen to the ground.

The device was used by a specially trained police officer.

During, or shortly after the use of the Taser, you may have experienced the following:

- *Being dazed for several minutes;*
- *Muscle twitches;*
- *Loss of memory of the event;*
- *Unsteadiness, and a spinning sensation;*
- *Temporary tingling;*
- *Weakness in the limbs;*
- *Local aches and pains, and tissue swelling.*

These sensations are normal effects of the Taser.

If any of these effects are still present a day later, see a doctor.

*You may have two small marks (like bee stings) in your skin. These are small puncture wounds from the short needles used to inject the electricity directly into your skin. There may be small burns similar to sunburn around these marks. These should return to normal in a few days. If they do not and there is pain and swelling, you may have a local infection – see a doctor. If the probes only stuck in your clothing, you may still have two small areas of skin underneath that look sunburned”. **Information for GPs and hospitals are also within this document.** No page number is given.*

<https://www.google.co.nz/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwib9KSewpXPAhVBk5QKHed7CGsQFggaMAA&url=https%3A%2F%2Fwww.psnipolice.uk%2Fglobalassets%2Finside-the-psni%2Four-policies-and->

[procedures%2Fequality-diversity--good-relations%2Feqia-archive%2Ftaser_eqia_appendix_3_part_2.pdf&usq=AFQjCNFzoE6LsVdAkBj8jTbXHZ-sOo_cMq&bvm=bv.133178914,d.dGo](#)

Irish News: Taser disguised as a iPhone

23 July 2016

"A WOMAN was given a conditional discharge after police seized a Taser disguised as an iPhone from her. Police in Armagh said that thanks to a "quick thinking member of the public" the woman was arrested and the Taser seized.

The woman pleaded guilty to possession of a prohibited weapon in court and was given a conditional discharge by the Magistrate. Police indicated that the two metal pins on the device in the picture which "could give you a nasty shock and are more than capable of incapacitating you temporarily."

"These things are common across the world, and in some places can be bought on the street," police said. "Do not be tempted to buy one to bring home, or pick one up at a market. They are illegal. You will go to court, and if you use it on someone, you will almost certainly go to jail."

<http://www.irishnews.com/news/northernirelandnews/2016/05/04/news/police-seize-Taser-disguised-as-iphone-from-woman-508959/>

From the "Irish Times" July 1st 2016

"Taser stun guns should be available more widely to respond to the estimated 1,000 attacks carried out on gardaí each year, the Garda Representative Association has said. Association president John Parker believed the issue of violence against rank-and-file gardaí needed to be more urgently addressed than ever as numbers in the force continued to reduce, leaving gardaí on the beat more isolated and vulnerable.

"Our members have to deal with intensely stressful situations," he said. "You're standing outside a nightclub and there's 400 or 500 people coming out and you're the guard – not one of the guards, but the guard – minding that corner. We expect to have the resources to back up, to cope with that situation when it does get out of hand."

While such gardaí could call on colleagues in patrol cars for back-up and armed units provided a higher level of protection when required, greater availability of Taser stun guns should be at least trialled. "Okay, you needn't issue them on a widespread basis to every officer because it would be cost prohibitive," he said at the opening of the association's annual conference in Killarney, Co Kerry, last night. "But there should be a situation where particular units across every division in the country would have a Taser-equipped officer. We shouldn't have to depend on our regional support units which are armed units not available 24/7."

Mr Parker said Garda members trained in the use of a Taser could be available locally and more quickly to deal with situations that rapidly escalated".

<http://www.irishtimes.com/news/crime-and-law/gra-calls-for-more-availability-of-Taser-guns-for-garda%C3%AD-1.1776873>

Analysis of incidents involving the discharge of Tasers by the PSNI 25 January 2008 – 30 September 2011

A report under Section 60A of the Police (NI) Act 1998
Office of the Police Ombudsman for Northern Ireland
January 2012

“Executive summary

Following the introduction of Tasers by the PSNI in 2008, there have been twenty-nine incidents during which Tasers were discharged as at 30th September 2011. In accordance with established protocols, each incident was referred to the Office of the Police Ombudsman for investigation. In the vast majority of incidents referred, there were clear risks of self harm, or indeed harm to others, from those subject to Taser discharge.

The majority of individuals who were subjected to the discharge of a Taser were males aged between 18 and 29 years. Most police officers who used their Tasers had at least ten years’ service, and had received Personal Safety refresher training in the twelve month period before the incident. Of the incidents investigated to date, the Police Ombudsman has found no misconduct or criminality which explicitly involved the discharge of Taser. In all circumstances, the Police Ombudsman found that police actions were justified and proportionate. However, informal action was recommended on a residual allegation that was identified during the course of one investigation, which was not explicitly related to the discharge of Taser. The Police Ombudsman has also made nine policy recommendations regarding the use of Tasers, the majority of which have since been implemented by PSNI.

Summary of Recommendations

This Policy and Practice Investigation has found that there is no evidence that PSNI has acted improperly in the discharge of Tasers. However, during the course of this research a number of issues have arisen which need to be considered by the PSNI. The Police Ombudsman therefore makes the following recommendations:

- 1. That the electronic Use of Force Monitoring Form should have a new field included which allows officers to input details of the next of kin or friend who has been informed of the Taser discharge.*
- 2. That the electronic Use of Force Monitoring Form be amended to include a new field, which allows officers to input details of their most recent Taser training, if Taser is initially selected as the weapon.*
- 3. That PSNI consider a more balanced urban/rural split of Taser trained officers, in order to prevent any delays in arriving at the scene of an incident. The Police Ombudsman’s Office is aware that this issue is currently being reviewed by PSNI.*
- 4. That PSNI remind Taser trained officers of the correct warning to be used prior to the discharge of the Taser, allowing the subject time to react to that warning.*
- 5. That Service Procedure 06/08 is amended to state that TAS2 information leaflets should be given to all subjects of Taser discharge, rather than only those who are conveyed to custody” (p.4)*

<https://www.policeombudsman.org/PONI/files/31/31ff7cc8-c5da-428d-89e8-933aefef30f3.pdf>

NEW ZEALAND

New Zealand Police

New Zealand Police have a national mental health team which is aimed at “improving outcomes for service users” (see below).

Statistics:

In the 2013/14 year, 25,300 mental health-related calls were received by police.

* Between 2008 and 2012 police have attended: 99,000 mental health-related calls, which have been rising by about 5 per cent each year 53,500 attempts or threatens suicide calls, which have been rising by about 8 per cent each year.

* Each time police are called to a mental health-related call out they spend between 2.1 and 2.5 hours resolving the matter.

http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11342157

Information from Police is put in date order below.

Police investigations following a shooting

From John Rivers¹², Superintendent, Police National Headquarters:

In NZ it is standard practice following any event that involves a shooting by Police; or of Police:

An investigation conducted by the Independent Police Conduct Authority (IPCA)

A Police criminal investigation

A Police review of policy, practice and procedure

NZ Police, Infographic, February 2016: “Our business”

“New Zealand Police is working with the community to make New Zealanders be safe and feel safe. With nearly 12,000 staff, we provide policing services 24 hours a day, every day. We operate by land, sea and air, manage over 770,000 emergency calls a year and are always actively preventing crime and crashes. We’re working towards specific goals that are linked to our key strategies. View the infographic to find out why we’re here, what we do and how we’re going about it.”

<http://www.police.govt.nz/about-us/publication/our-business>

¹² Telephone and email communication, 18th July 2016.

New Zealand Police Four Year Plan (2016/17–2019/20)

An excerpt from this describes the content that alluded to people with mental illness:

“OPPORTUNITIES

The table below describes some of the value-add opportunities for Police over the next four years.

<p>Meaningful partnerships with key stakeholders Clarify ownership and responsibility within Police, and the broader engagement required to be a ‘meaningful partner’ with key sector stakeholders.</p>	<p>.....</p> <ul style="list-style-type: none"> • Work with the Ministry of Health and other social sector partners to provide a more effective and efficient response to mental health emergencies. • Work closely with iwi to focus on Māori at risk of being victims and offenders “(p.16)
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<http://www.police.govt.nz/sites/default/files/publications/strategic-plan-2016-2020-four-year-plan.pdf>

July 2016

The figures below are updated by Inspector McGrogan:

“Police now have 1609 operational Taser. Whilst the X26 model is still in use, there will be replaced by the newer X2 model by the end of 2016”¹³.

Police News: NEW ZEALAND POLICE ASSOCIATION SEPTEMBER 2015

“About 5500 frontline officers are trained as Level 1 responders, which means they can now officially carry a Taser at all times. Police already has 1000 Tasers, the X26 and X2 models, and between 400 and 600 extra Tasers will be needed to meet peak shift demand.

Most Taser events do not involve the weapon being discharged.

Police report that in 88 per cent of cases, Taser “shows” (presentation, laser painting, or arcing) are enough to gain compliance from an offender. In newly four years, there were 4198 Taser “events” recorded by Police (22nd March 2010 to 31 December 2014). The Taser was shown 3656 times and discharged (including discharges that did not make contact with a person) 542 times, or in 13 per cent of events. Tasers are fired once for every nine times they are shown. That means that when an officer has a Taser handy, it will invariably defuse a potential confrontation, meaning a better outcome for suspects, offenders and officers.

¹³ Inspector Jimi McGrogan, Operations Manager, New Zealand Police | Response & Operations 20th July 2016

Taser cameras, which record during a Taser event, provide additional information about incidents”.

<http://www.police.govt.nz/sites/default/files/publications/summary-taser-tor-data-mar2010-dec2014.pdf>

“Tasers have been part of Police’s tactical options toolkit since 2010 and their use by police has already been well documented here and overseas. The data is clear that, in comparison with the other use-of-force tools, a Taser is extremely safe and effective.

There is also wide public support for the Taser initiative. In a recent Nielsen survey, 73 per cent agreed that officers should carry Tasers at all times. Those who are opposed to Tasers usually put forward two arguments: that they can cause death and injury; and that they are part of an escalation towards general arming.

- *People can, and do, die after being Tasered, which is why the equipment is defined as a “less-lethal” option. In New Zealand there have been no deaths directly attributable to Taser shocks. Most of the injuries that do occur are bumps, bruises and scrapes from falling to the ground.*
- *On the issue of escalation of arming, although most frontline officers have indicated a preference for general arming, Police continues to hold the line against it”.*

[file:///Users/janetpeters/Downloads/2015-09%20\(1\).pdf](file:///Users/janetpeters/Downloads/2015-09%20(1).pdf)

NZ Police, 31st July 2015: Commissioner Mike Bush

“Ngā mihi. This morning, I announced that all level one responders will routinely carry Tasers. This decision is based on feedback from frontline staff and an extensive review of the use of Tasers since they became available to staff in March 2010.

Frontline staff consistently tell us that Taser is an effective tool for preventing and responding to high-risk situations without further injury to themselves, the subject or the public. The evidence also shows that it is one of the least injury-causing tactical options our staff have, with a subject injury rate of just over one percent.

Our staff have reported numerous examples where the Taser has proved a life-saving alternative to a firearm. This is always preferable to having to use firearms against someone, which remains a last resort.

We constantly evaluate our operating environment to ensure our staff have the training and tools to keep themselves and the public we serve safe. The decision to roll out Tasers to all level one responders is based on overwhelming evidence that it is an extremely effective tactical option that will greatly assist in achieving that objective”.

<http://www.police.govt.nz/news/commissioners-blog/routine-carriage-Taser>

NZ Police Annual Tactical Options Research Report #3 NZ Police Annual Tactical Options Research Report #3 1 January to 31 December 2014 Response and Operations: Research and Evaluation (RORE)

Example only of this annual report:

“This Annual Tactical Options Research Report covers the 2014 calendar year (1 January to 31 December), with a focus on all tactical options. It is part of an external tactical options reporting series produced by Response and Operations: Research and Evaluation, Police National Headquarters, for monitoring and accountability purposes.

Taser usage is included in this report; data includes age, ethnicity, location of Taser use among other factors. (the data were difficult to copy and paste)”.

<http://www.police.govt.nz/sites/default/files/publications/annual-tactical-options-research-report-3.pdf>

**The Independent Police Conduct Authority
Review of Police Custodial management, March 2015**

“The purpose of this 87-page report is twofold: to identify systemic issues and recurring problems in Police custodial management practices and procedures that may have been contributing factors in the incidents of injury or self-harm reviewed for this report; and to facilitate debate about the appropriate initiatives to address those issues and problems”.

Of interest are the definitions used below by Police, a description of Police training and the recommendations.

Excerpts:

“Mental disorder	<i>Mental disorder is defined in the Mental Health (Compulsory Assessment and Treatment) Act 1992 to mean an abnormal state of mind characterised by delusions, or by disorders of mood or perception or volition or cognition, that is of such a degree that it poses a serious danger to the health or safety of the person affected or seriously diminishes his or her capacity to care for himself or herself</i>
Mental distress	<i>After receiving feedback from focus groups, in 2014 Police adopted the term mental distress to describe people who Police interact with because of concerns about their mental health. In this report the term is confined to people who, as a result of their mental impairment or disorder, behave in a distressed manner</i>
Mental impairment	<i>This term is not defined in legislation. Police policy refers to its ordinary meaning: “a person who has sustained loss to their mental functioning for any reason.” It includes mental disorder and intellectual disability and in the Police context may include mental distress. (p.10)</i>

Police mental health training

“The first one hour session is led by recruit instructors and covers the roles and responsibilities of Police under the Mental Health (Compulsory Assessment and Treatment) Act 1992 (Mental Health (CAT) Act 1992).

Police redesigned the second two hour session on mental health awareness in 2014. It is now facilitated by mental health service users who are trained to deliver the Health Promotion Agency’s “Like Minds, Like Mine” training in a Police context. It covers:

- *understanding mental health, and the effect of stigma and discrimination;*
- *a Māori and cross-cultural component;*
- *empathy;*
- *practical advice on responding to the behaviour of a person experiencing mental distress (not diagnosis); and*
- *scenarios where staff practise applying theory and being empathetic.*

As at February 2015, all RNZPC recruit trainers and 260 recruits had completed the re-designed mental health awareness and suicide prevention training session.

In addition to these training components, Police will pilot three mental health e-learning modules designed by Otago University in May 2015. Police will train all frontline staff and are considering training other relevant staff, for example, front counter and communications staff, and authorised officers. These modules will be 30 minutes each in duration and cover the same topics as the initial Police recruit training on mental health awareness and Police officers’ roles and responsibilities under the Mental Health (CAT) Act 1992”. (p.15)

Recommendations:

...”Pursuant to the section 27(2) of the Independent Police Conduct Authority Act 1988, the Authority recommends that:

1) the Police introduce more systematic and nationally consistent training for both sworn staff and authorised officers working in custodial facilities, particularly in relation to:

- a) the risk assessment and treatment of intoxicated and mentally impaired persons;*
- and b) how to recognise the signs that a prisoner requires urgent medical attention (such as the symptoms of drug overdose/head injury).*

2) the other issues raised in this report are addressed as part of the development of the National Standards governing Police custodial facilities;

and 3) the Police work with the Ministry of Health and other agencies to identify options for minimising the number of mentally impaired people who are detained in Police cells to await a mental health assessment” (p.86)

<file:///Users/janetpeters/Downloads/27%20March%202015%20IPCA%20Generic%20Report%20-%20Review%20of%20Police%20custodial%20management.pdf>

Welcome to the first New Zealand Police Mental Health Team newsletter.

“Since starting in October 2013, I have been on a steep learning curve. Mental health service users have taught me a lot about ways we could make things better. This 4-page newsletter is an update from our team, to give our partners and stakeholders an insight into our approach and objectives. We aim to improve our response to people in mental distress, and to work with stakeholders to improve the interagency response. I’m proud of our Team who are committed to making a difference and bring a range of skills to the project”.

– Inspector Sue Douglas Project, Manager: Mental Health Team

“On average, we respond to almost 500 mental health jobs a week.”

- *Mental Health Non-Government Organisations arranged focus groups for MHSU to discuss their experiences – good or bad with Police. Feedback from these groups has informed the development of new training packages for both recruit and frontline officers, and has also highlighted the importance of having MHSU involved in future thinking around mental health crisis response.*
- *Assistant Commissioner Dave Cliff says, the Mental Health Team at Police National Headquarters is working to identify and resolve issues between agencies in order to improve the overall multi-agency response to people in mental distress.*
- *Dr Sarah Gordon states:
'The University of Otago is thrilled to have been contracted by the New Zealand Police to develop a mental health eLearning package to support the Police to recognise, engage and respond to people experiencing mental distress in a way that is understanding, communicative, compassionate and respectful' (p.4)*
- *Dave Cliff continues: “In addition to ongoing work with the Ministry of Health to clarify inter-agency roles and responsibilities, and work to understand and reduce demand, the team is partnering other areas of Police to support frontline staff. “In August 2014, the Royal New Zealand Police College rolled out new mental health training for recruits, and next year Otago University’s leading-edge e-learning packages on mental health will be available for frontline staff.”*

<http://www.police.govt.nz/sites/default/files/publications/nz-police-mental-health-team-newsletter-issue-1.pdf>

NZ Police news: scope Taser X2

Wednesday, 28 March 2012 - 12:51pm

“Police has initiated work to scope the replacement of its current fleet of Taser X26’s with a more current model, the Taser X2. This will provide the opportunity to replace the fleet with the most up to date model.

The Taser X2 delivers exactly the same benefits as the Taser X26; it will fire a cartridge containing two small prongs which when attached to a violent offender’s clothing or body, will

deliver electrical pulses that will incapacitate the offender, predominantly without having to resort to other tactical options, potentially including lethal options.

"It 'minimises harm and maximises safety' for all parties involved in a violent incident," said Superintendent Rivers today. The main points of difference for the Taser X2 are firstly that it has many more self diagnostic computing tools incorporated into it and secondly, it is capable of firing two cartridges instead of one.

"The Taser X26 is extremely reliable and the Taser X2, while being more advanced, works on the same principles and requires the same operator and operating conditions to be effective," he said. Mr Rivers said the national Taser programme had been a resounding success in stopping violence offences. "The mere presentation of a Taser is sufficient to stop violent and threatening behaviour 80 per cent of the time," he said. "This makes the Taser a valuable tactical option". <http://www.police.govt.nz/news/featured/police-scope-Taser-x2>

Agencies and activities

United Nations: International Covenant on Civil and Political Rights, 2016

“Human Rights Committee 116th session Summary record of the 3245th meeting Held at the Palais Wilson, Geneva, on Tuesday, 15 March 2016, at 10 a.m. Chair: Mr. Salvioli Contents Consideration of reports submitted by States parties under article 40 of the Covenant (continued) Sixth periodic report of New Zealand (continued)

33. Ms. Leota (New Zealand), responding to a question about Tasers, said that the police did not routinely carry firearms.

Tasers were therefore one of the technical options available to them in dealing with offences such as assault. The police had no intention of relinquishing their use of Tasers, but such use was closely monitored. Taser users received initial training and annual recertification training. The policy on the use of Tasers by police reflected the provisions on the statutory use of force contained in the Crimes Act 1961.

All Taser use was subject to review by the Taser Assurance Forum, which was made up of police operations groups, a district representative and a representative of the New Zealand Police Association. A report was made by officials at inspector level or above on every use of technical options. There was a camera on the Taser, showing what had occurred before its deployment, and the presentation of footage of incidents was mandatory.

34. In 2014, there had been 7,163 uses of technical options at 4,823 events. Tasers had been used 1,014 times, or 21 per cent of the times that technical options had been used. Technical options were rarely used in interactions with the public.

Tasers had been displayed 95 times, in presentation, laser painting or arcing mode, but discharged only 119 times, or 12 per cent of all deployment. Only 1.4 per cent of persons hit by a Taser suffered injury, as against 2.3 per cent of those struck by oleoresin capsicum (OC) spray, 5.7 per cent of those secured in handcuffs, 23.4 per cent of those struck with batons and 86.3 per cent of those disciplined using a police dog.

The police were exploring the possibility of adopting on-body cameras, the use of which had already undergone trials in a number of prisons”.

<http://www.converge.org.nz/pma/CCPR-C-SR-3245.pdf>

Human Rights Committee Concluding observations on the sixth periodic report of New Zealand. The report is dated 28th April 2016.

At its 3259th meeting, held on 24 March 2016, it adopted the present concluding observations.

An excerpt:

“Electro-muscular disruption devices, such as Tasers 33.

The Committee is concerned about information received regarding the systematic equipment of front-line law enforcement officers with electro-muscular disruption devices, such as Tasers, and about the absence of information in the State party’s report about rules and guidelines governing the use of such equipment (arts. 6 and 7). 34.

The Committee reiterates its previous recommendation (CCPR/C/NZL/CO/5, para. 10) and calls on the State party to re-evaluate its policies on the use of electromuscular disruption devices, such as Tasers, with a view to minimizing the use and effects of these “less-lethal weapons”, and ensuring consistency with the Basic Principles on the Use of Force and Firearms by Law Enforcement Officials.

The State party should consider equipping law enforcement officers with body-mounted cameras in order to better monitor the deployment of all tactical options, including Tasers” (p.7).

<https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/087/77/PDF/G1608777.pdf?OpenElement>

Mental Health Foundation, July 2016

Position statement on the use of tasers:

<u>Tasers</u>	The Mental Health Foundation is concerned about the disproportionate use of Tasers on people with mental health problems and the potential interactions with medication. We call for a review of cases from a full medical/health perspective. We are
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	concerned that Tasers are not being used as absolute last resort but are becoming the norm.
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Media information

The Foundation also has guides for journalists on the best approach to writing about mental illness and health:

Reporting and portrayal of mental illness

<https://www.mentalhealth.org.nz/get-help/media/reporting-and-portraying-of-mental-illness/>

Bay of Plenty Times, 22nd July 2016

"Methamphetamine use appears to be on the rise in the Bay of Plenty, with more people testing positive in the workplace and more people seeking addiction treatment. Figures supplied to the Bay of Plenty Times by The Drug Detection Agency show workplace drug tests containing traces of methamphetamine have increased in three years. In the first half of 2014, 10.6 per cent of all tests the agency carried out found traces of methamphetamine, rising to 14.8 per cent in the first half of this year. This comes as a suspected methamphetamine lab was uncovered by police on Walker Rd East, between Tauranga and Katikati yesterday.

ESR scientists and the clan lab team were processing the address yesterday and police were continuing to make inquiries. A man thought to have links to the address was dropped off at Tauranga Hospital in a serious condition in. Police are wanting to speak to the man in hospital and the person who dropped him off there.

The Drug Detection Agency chief executive Kirk Hardy said the higher detection rate of methamphetamine in the workplace was a concern. The last 24 months had seen a significant increase in positive tests. "It's not too dissimilar to what we saw in 2006 and 7 when we did see that increase in the workplace, then it died off." Mr Hardy said there was a mixture of both existing drug users needing higher amounts of meth to experience a high, and new users entering the market.

It was not uncommon for a high-user in a workplace to start dealing to colleagues to fund their own addiction.

National Council for Addiction Treatment chairwoman Vanessa Caldwell said two things were being seen nationally - a slow rise in the number of users and a rise in people experiencing problems with methamphetamine. "It takes a while to develop an addiction, I think what people are responding to is the number of people that have developed addiction issues. It's the problematic use of it that has a bit more visibility in the community I think."

Bay of Plenty District Health Board clinical director mental health Sue Mackersey said she believed methamphetamine use was on the rise because it was becoming more available. Dr Mackersey said it was hard to quantify how much of a problem the drug was in the community.

"There are many variables involved such as how much methamphetamine a person uses and any physical and psychological co-morbidities that they experience. It commonly precipitates physical, psychological and social problems and can precipitate serious mental illness."

Police Detective Superintendent Virginia Le Bas, national manager of organised crime, said methamphetamine was used by people from all walks of life and as methamphetamine was an illegal drug, people did not discuss their usage freely and it was difficult to measure accurately. Ms Le Bas said Police and Customs were making considerably larger seizures each year. In 2015 334.3kg was seized, which was over nine times the amount seized in 2013. This year has seen record-breaking seizures of the precursor ephedrine, a single seizure of about 200kg, and methamphetamine, a single seizure of 494kg. She said the police were generally detecting fewer clan labs, but some of the clan labs detected were able to make larger than usual amounts of methamphetamine".

http://www.nzherald.co.nz/bay-of-plenty-times/news/article.cfm?c_id=1503343&objectid=11676758

NZ City News, 14th July 2016, Rotorua man shot after spray, Tasers fail

A Rotorua man armed with a machete has been shot twice in the stomach by police after pepper spray and three Taser blasts failed to stop him.

"Rotorua police have shot a man twice in the stomach after he was waving a "four-foot slasher", and pepper spray and Tasers couldn't stop him. The 35-year-old was taken to the local hospital following the shooting on busy Te Ngae Road early on Thursday afternoon. He was later transferred via helicopter to Waikato Hospital, still in a critical condition.

Footage of the moment the man was shot was caught by a passing motorist and posted to the Kiwi Az Bro Facebook page. It was viewed at least 70,000 times by early on Thursday evening. It was believed the man was affected by a substance, possibly methamphetamine, Bay of Plenty district commander, Superintendent Andy McGregor, told reporters afterwards.

After attacking a police car there were repeated requests to drop the slasher. He was pepper sprayed and then shot with the 50,000-volt Taser stun gun three times, but without effect. "Following further warnings by police, an armed officer has then shot the man twice," Supt McGregor said.

There were no injuries to police.

It was concerning they had to resort to a potentially deadly method to stop the man, he said. "He was acting in a very violent, aggressive manner and it may have been an effect of the substance as to why the Tasers weren't effective." Supt McGregor denied the man was shot too soon, as he was walking towards a shopping centre and members of the public".

<http://home.nzcity.co.nz/news/article.aspx?id=229727&fm=newsmain%2Cnup>

The Telegraph News, 14th June 2016: New Zealand police makes record-setting methamphetamine bust

"Northland Police in New Zealand have made a record-setting methamphetamine bust on Monday. Police shared on Tuesday images and video of the 448 kilograms of the drug believed to have a street value of \$NZ448 million (£220m).

"This is without a doubt, the largest ever seizure of methamphetamine in New Zealand, and what is so great about this is that it's not only the result of hard work by the Northland Police, but it's the result of information we got from the community," said superintendent Russell Le Prou.

Local residents became suspicious when three men began offering them wads of cash to help launch a boat from a remote Ninety Mile Beach. "We received notification of several cases of suspicious behaviour in the past few weeks, and that has allowed us to get to this point," he added. The seizure outstrips the total combined [amount of methamphetamine seized](#) in New Zealand in 2015, which came to a total of 334kg.

New Zealand police and customs are now looking into where the methamphetamine had come from. Many of the bags showed signs of exposure to salt water on the outside. Methamphetamine, [also known as crystal meth or "ice"](#), is a highly addictive stimulant that induces euphoria.

Neighbouring [Australia has among the highest rates of methamphetamine use in the world.](#)

A federal "ice task force" was set up in 2015 in an attempt to fight what has been defined a "devastating epidemic." About 7 per cent of the Australian population has used the drug, with more than 2 per cent using in the past year, compared with about 0.5 per cent in the United States and 1 per cent in Britain".

<http://www.telegraph.co.uk/news/2016/06/14/new-zealand-police-makes-record-setting-methamphetamine-bust/>

NZ Herald: Patients, not prisoners: New system for mentally ill

5:30 AM Thursday Dec 17, 2015

"Police cells have long been the default "safe place" for New Zealanders suffering from mental health issues whose worried family or friends call 111 for urgent help.

Now, a new initiative between the police and the Ministry of Health will see these people treated as patients, not prisoners. Police around the country deal with more than 100 mental-health related calls each day, a number that has increased 350 per cent since the mid-1990s.

A new memorandum of understanding between the police and health authorities is intended to address those issues, and work is already under way at regional level.

In the Auckland Central police district, the initiative began on November 30 and has seen on average two people each day taken to the Auckland City Hospital emergency department instead of being detained in a police cell until medical staff are able to assess them. Auckland

district commander Superintendent Richard Chambers said the change meant not only did people get better care, but police staff were able to spend more time on the frontline.

"There aren't too many people who haven't got someone reasonably close to them who hasn't to some degree experienced the effects of mental illness and because of that, most people can relate to how important it is that people who are unwell get the right treatment," he said. The police had worked closely with the Auckland District Health Board this year on a new process under which people in distress would be taken to "the right place" quickly and got the right treatment from medical practitioners.

Mental Health Foundation chief executive Judi Clements said the initiative came after repeated comments from the Independent Police Conduct Authority. "The IPCA really have commented how unsuitable it is for someone who's in distress to be in a police cell; it's not really acceptable. "It can only be a good thing if people are in a more therapeutic hospital environment, where it's about help and not custodial."

http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11562233

Stuff, July 2015

"All frontline police officers will soon carry 50,000-volt stun guns. Friday's announcement was labelled a "sad day" by an anti-Taser campaigner but police and the police union were shoulder-to-shoulder in their support for the move.

Within "weeks or months" all 5500 frontline police staff would carry the weapon, Police Commissioner Mike Bush said. This would include road police staff, beat cops, and any other frontline staff.

There were currently 908 Tasers kept in cars alongside Glock pistols but they were only brought out if violence was likely.

Now all frontline officers would carry Tasers, meaning up to 600 more would be bought. Tasers remained "one of the least injury-causing tactical options available" compared to other options such as dogs and pepper spray, he said.

Police on Friday released figures showing that since March 2010, Tasers had been used 4198 times resulting in 47 injuries showing that - after firearms - Tasers had the lowest injury rate.

Anti-Taser campaigner Keith Locke said it was a sad day for policing. "Our country has prided itself on having a less armed police force than other countries. "It has made our officers more approachable in the eyes of the public. "It is an unnecessary development, our crime rate is dropping."

Auckland University senior nursing lecturer Anthony O'Brien said the "significant extension of current policy" needed careful monitoring. "In particular, the use of Tasers with vulnerable groups such as people with mental illness and addiction need to be monitored as in many instances individuals with mental illness are the subject of police attention due to aspects of mental illness, not criminal behaviour."

<http://www.stuff.co.nz/dominion-post/news/70711858/New-Zealand-police-to-routinely-carry-Tasers>

[Daily blog, General arming of Police with Tasers not justified, by Keith Locke, August 5, 2015](#)

“When Tasers were brought in a few years ago, we were told they would only be accessed to prevent physical – to the Police, a suspect or a member of the public. Now Police often pull out their Tasers in essentially non-violent situations, when suspects are challenging their instructions, or delaying an arrest. This was true in the Mark Smillie case, where a Whakatane man was Tasered in his own front yard as he argued with the Police. Smillie’s complaint was by the Independent Police Conduct Authority.

The Taser is such a frightening weapon that most people comply with police instructions when it is pointed at them. So it is tempting for officers is to present a Taser simply when someone is being uncooperative. That may have occurred many times last year: there were [895 occasions](#) when officers pulled out a Taser without actually firing it.

Seeing a Taser on an officer’s hip, and knowing it can be pulled out at any time, will make people that little bit more wary of Police. That can make it more difficult for Police to get the community cooperation they need to prevent and solve crimes.

I worry about what might happen on political protests when every officer has a Taser on his or her hip. If policing of the protest doesn’t go to plan, as it often doesn’t, officers will be tempted to pull out a Taser. But this would exacerbate most protest situations, precipitating more problems than it solves.

Finally, we should not forget that Tasers are a very dangerous weapon and can kill people: particularly those with dicky hearts. We await the coroner’s report of [a Napier man who died in March](#) after being Tasered.

The Police boast the low injury rate for Tasers. But when there are injuries they can be very serious, and even fatal. Also, let us not forget the psychological trauma suffered by everyone who has 50,000 Taser volts pumped through them”.

<http://thedailyblog.co.nz/2015/08/05/general-arming-of-police-with-Tasers-not-justified/>

[Newshub, 4th August 2015](#)

“The Mental Health Foundation says it is concerned Taser use on those with mental illnesses will grow after the decision to arm frontline officers.

But police say they're getting better at dealing with people with mental illness. It's intimidating for anyone, but mental health organisations say it can be worst for more vulnerable members of society.

"The whole idea of someone who is going through a crisis having a uniformed, armed police officer coming toward them is pretty alarming," says the Mental Health Foundation's Judi Clements. The foundation says it is concerned at the prospect of all frontline officers carrying Tasers, and those with mental health issues are most likely to be in the gun. We've certainly

seen a disproportionate use of the Taser in situations where the person [who] is on the receiving end has a mental health problem," says Ms Clements.

In March the Independent Police Conduct Authority released a report highlighting what it said were serious issues around how police deal with people in custody, particularly those with mental health issues. A mental health team was set up to give officers training. Police say training is already paying off.

"The training is around countering stigma and discrimination, and also giving officers advice on how to deal with people who are in mental distress," says Inspector Sue Douglas, mental health project manager. In 2014 alone, police dealt with 147 mental health-related incidents a day, and that's increasing 8 percent year-on-year. While statistics show Tasers are twice as likely to be used at mental health emergencies, police say with further training that'll likely come down".

<http://www.newshub.co.nz/nznews/police-sure-Taser-on-mentally-ill-wont-increase-2015080418#axzz4EQarcHgY>

Dominion Post, 4 August 2015

"Auckland academic Anthony O'Brien rightly says the "significant extension of current policy" needs careful monitoring. The best approach would be to make this a trial followed by an independent review in a year. The police must not do the review: they cannot be an impartial judge of a major increase in their own powers.

The review should be either done by an independent tribunal, or perhaps by the Independent Police Conduct Authority. The authority, after all, has a deep knowledge of the police but also the duty and the experience to judge their actions impartially.

The main issue with Tasers, as the British Independent Police Complaints Commission noted in a review of their use this year, is the risk of "mission creep". Since 2007, when its more widespread use by police was allowed, the use of Tasers in Britain has increased 232 per cent. The number of complaints about their use has risen by about the same amount.

Police Commissioner Mike Bush says that between March 2010 and December last year, Tasers were used 4198 times in New Zealand, with 47 injuries. This means that after firearms Tasers had the lowest injury rate.

The Taser also has the advantage that its use is automatically recorded by a video camera attached to it. This is an added safeguard against its improper use, but misuse is still possible. The IPCA found that Tasers were repeatedly and illegally used against Whakatane man Mark Smillie last year and against Troy Reuben of Timaru".

<http://www.stuff.co.nz/dominion-post/comment/70796870/editorialgiving-Tasers-to-all-frontline-police-should-be-a-trial-only>

Stuff, 6/1/2003

“A disproportionate number of people with mental health issues are being stung by Tasers, figures show. Since the nationwide rollout of Tasers in March 2010, they have been drawn by police officers 1320 times and discharged 212 times.

The battery-powered stun guns fire electric barbs, which penetrate a person's skin and deliver a shock of up to 50,000 volts.

Numbers released under the Official Information Act show nearly a third of those hit were considered by police to have mental health issues.

In New Zealand research by in 2010 O'Brien et al noted:

“If, as seems likely, the national deployment of Tasers in New Zealand is associated with proportionately greater use in mental health emergencies, it is a matter of some urgency that the existing Memorandum of Understanding between the police and mental health services is reviewed to include Taser use.

With the planned nation-wide introduction of Tasers in 2010 the opportunity exists for planned evaluation of the impact of this device on mental health service users. This could include merging data from police and health databases to gain a better understanding of the extent and nature of service users' involvement with Tasers, and to better understand the implications for service users, police and mental health clinicians”.

<http://www.converge.org.nz/pma/taijlp10.pdf>

Human Rights in New Zealand, 2010

Section four: Rights of people who are detained

“The introduction of Tasers in 2008 represented a departure from New Zealand's tradition of a police force that does not routinely carry arms.....

In August 2008, the Police Commissioner announced the nationwide introduction of the Taser X26, following a 12-month trial. While the trial evaluation report indicated support for the introduction of Tasers among police and the public, some significant concerns were raised by those who opposed its use.

Both the UN Human Rights Committee and the Committee Against Torture have cautioned against the use of Tasers and have stressed the importance of strict monitoring of their use” (p.366).

https://www.hrc.co.nz/files/3114/2388/0520/HRNZ_10_rights_of_people_who_are_detained.pdf

SCOTLAND

There appears to be little information on the use of Tasers on people with mental illness in Scotland. A search of the Police Scotland website yielded no results.

Preventing Deaths in Detention of Adults with Mental Health Conditions An Inquiry by the Equality and Human Rights Commission, 2015

Scotland has its own legal and justice system, and legislates on issues to do with police, prisons and the court service.

The Scottish Parliament is also responsible for the NHS in Scotland which includes mental health and public health issues such as alcohol and drug use (p.81)

Organisational landscape across settings in Scotland	Police	Prisons	Hospitals
Delivery	<i>Police Scotland</i>	<i>Scottish Prison Service</i>	<i>National Health Service</i>
Accountable to	<i>Scottish Government</i>		
	<i>Scottish Police Authority</i>		
Inspection	<i>HM Inspectorate of Constabulary in Scotland</i>	<i>HM Inspectorate of Prisons for Scotland</i>	<i>Healthcare Improvement Scotland</i>
	<i>Independent Custody Visitors</i>	<i>Mental Welfare Commission for Scotland</i>	
		<i>Visiting Committees (from August 2015 – Independent Prison Monitoring)</i>	
Review	<i>Police Scotland</i>	<i>Scottish Prison Service</i>	<i>NHS Scotland Healthcare Improvement Scotland</i>
Investigation	<i>Crown Office Police Investigation</i>	<i>Police Scotland Crown Office</i>	<i>Police Scotland Crown Office</i>

and Review
Commissioner

Mental Welfare Commission for Scotland

Scottish Fatalities Investigation Unit

Health and Safety Executive

P.98

<https://www.equalityhumanrights.com/en/publication-download/preventing-deaths-detention-adults-mental-health-conditions-report>

Police Scotland

“On 1 April 2013, the Police and Fire Reform (Scotland) Act 2012 brought together Scotland's eight police services, the Scottish Crime and Drug Enforcement Agency and the Scottish Police Services Authority into the single Police Scotland.

<http://pirc.scotland.gov.uk/about>

Armed Policing - Statement from Deputy Chief Constable Livingstone

“There’s been a lot of debate about the benefits of having armed police officers on our streets. We have more than 17,234 police officers working across Scotland to keep people safe. Our armed officers play a critically important role in that, from responding to a robbery at gunpoint at bookmakers in Inverness in March to tackling a knife-wielding criminal who recently threatened the public and attacked our officers on Edinburgh’s busiest street.

Armed officers have long been a feature of policing in Scotland. Standing authorities for the deployment of armed officers have been in place across more than half the country for many years. Since early 2008 in former Strathclyde Police, 2009 in Tayside Police and from March 2013 in the former Northern Constabulary.

With the creation of Police Scotland, the Chief Constable was for the first time, able to make a decision informed by all the intelligence and evidence for Scotland as a whole in front of him, to deploy a small number of high trained, specialist armed officers to be available right across the country 24 hours a day, 7 days a week.

There are currently 275 dedicated armed officers who are deployed on a shift basis across Scotland which means only a small number will be on duty at any one time. Put another way, for every 1000 officers there will be less than 10 officers armed and on shift. These officers are highly trained specialists, available to respond to incidents at a moment’s notice where the deployment of armed officers is considered appropriate. Officers volunteer for these roles to keep us all safe.

They’re armed so that the other 17,000 officers don’t need to be”.

<http://www.scotland.police.uk/about-us/police-scotland/armed-policing/>

Police Investigations & Review Commissioner (PIRC).

“At the same time as above, the remit of the Police Complaints Commissioner for Scotland (PCCS) expanded to include investigations into the most serious incidents involving the police. To mark this change, the PCCS was renamed the Police Investigations & Review Commissioner (PIRC).

The Police Investigations & Review Commissioner (PIRC) is an independent organisation not connected to the police. Our service is free and impartial. The role of the PIRC is to undertake independent investigations into the most serious incidents involving the police and to provide independent scrutiny of the way police bodies operating in Scotland respond to complaints from the public”.

An example of a report:

On Saturday 10 January 2015, officers of Police Scotland discharged a conducted energy device (a ‘Taser’) at a 47 year old male within his home in Dundee. Officers had been called to the flat by a family friend who was concerned about his welfare as he had barricaded himself in his home and was threatening to harm himself.

The initial officers who attended were informed by the male, through the closed door of his flat, that he had taken an overdose. When attempts to persuade him to allow them into the flat failed, the officers asked for back-up from a unit carrying ‘method of entry’ equipment. The nearest such unit was an armed response vehicle. Although armed officers would not normally be used to gain entry in this way, it was concluded that this was a life-threatening situation that warranted their use.

On forcing entry to the flat, the four authorised firearms officers found that he had placed a knife to his neck. The officers attempted to negotiate with him but, when it became clear that he was pressing the blade further into his neck, one officer discharged his Taser. This incapacitated him, enabling officers to remove the knife from him. He suffered no injuries as a result of the discharge. The male was later charged with an offence of breach of the peace.

All incidents of Police Scotland's use of firearms, including CED (Taser), must be referred to the Police Investigations & Review Commissioner (PIRC) for independent investigation.

Following investigation, the PIRC concluded that:

- *Given the information available to Police Scotland, the decision to deploy the most readily available method of entry team, who in this case were armed officers, was appropriate. It enabled officers to gain entry quickly into the flat to assist a 47 year old male.*
- *Given the rapidly escalating nature of the incident, the decision by officers to self-authorise and to subsequently discharge the Taser was proportionate and justified. It allowed officers to prevent the man from inflicting a potentially serious injury on himself.*

<http://pirc.scotland.gov.uk/about>

Four examples of other PIRC investigations:

1. **Police justified in using Tasers against 34 year old man with sword**
An investigation by the Police Investigations & Review Commissioner (PIRC) has found that police were justified in using Tasers to control and disarm a 34 year old man who was threatening harm to himself, members of the public and officers.
[news/1339_police_justified_in_using_Tasers_against_34_year_old_man_with_sword](#)
2. **Police justified in using Taser against 32 year-old man with knife**
The Police Investigations & Review Commissioner (PIRC) has found that police were justified in using Tasers to control and disarm a 32 year old man who was threatening harm to himself, members of the public and officers.
[investigations/investigations_reports/1252_police_justified_in_using_Taser_against_32_year-old_man_with_knife](#)
3. **Police justified in using Taser against 34 year-old man with sword**
The Police Investigations & Review Commissioner (PIRC) has found that police were justified in using Tasers to control and disarm a 34 year old man who was threatening harm to himself, members of the public and officers.
[investigations/investigations_reports/1338_police_justified_in_using_Taser_against_34_year-old_man_with_sword](#)
4. **Discharge of a Taser in Alloa on 31 March 2015**
On 31 March 2015, officers of Police Scotland discharged a conducted energy device (commonly known as a 'Taser') at a 24 year old man in his home in Alloa. Officers had been called after the man had been seen chasing people in the street with an axe.
<http://pirc.scotland.gov.uk/search?q=Tasers&x=18&y=6>

Police Executive Research Forum, 2016 Report: CRITICAL ISSUES IN POLICING SERIES Guiding Principles on Use of Force

This US 124-page report is made up of several articles. The following are excerpts on Police Scotland's work:

"In fact, only about 2 percent of the approximately 17,200 members of Police Scotland carry firearms, and those officers are part of specially designated units that respond only to the most critical incidents with the most significant threats.

Knowing that Scotland does not have a gun violence problem like the United States does, but that knives are prevalent in urban areas such as Glasgow and Edinburgh, Wexler asked one of the young constables, "How do you deal with people with knives when you don't have a gun?"

The officer replied that he was trained to use the tools that all constables are provided with: communications skills, tactical defense skills, a baton, chemical spray, and handcuffs. In addition, Wexler learned that police in Scotland and throughout the United Kingdom are trained in a National Decision Model that helps officers assess risks and threats, and manage a wide range of incidents—including edged weapon incidents—in a structured and safe manner (p.90)

On May 7, 2015, PERF convened a meeting in Washington, D.C., of approximately 300 police chiefs and other law enforcement executives, federal government officials, academic experts, and others to share their views on new approaches to police use-of-force training.

Because police in the UK have achieved great success in reducing the use of deadly force, especially in situations involving persons with mental illness wielding a knife or other nonfirearm weapon, PERF invited two UK police officials—Chief Inspector Robert Pell of the Greater Manchester Police and Assistant Chief Constable Bernard Higgins of Police Scotland—to participate in the conference. Both officials described the training, tactics, and less-lethal equipment that members of their agencies use when handling critical incidents that involve combative individuals armed with knives, baseball bats, or other non-firearm weapons.

As in Police Scotland, only about 3 percent of officers in the Greater Manchester Police have firearms, and about 6 percent have Electronic Control Weapons. Chief Inspector Pell and Assistant Chief Constable Higgins also described the National Decision Model and how their officers use the model every day in a wide range of incidents to assess threats and risks, consider options, and develop action plans.

To the surprise of some of their U.S. counterparts, both men made it clear that in their agencies, general patrol officers—typically equipped only with a baton, chemical spray, and handcuffs—would be expected to deal with the threat of a knife-wielding subject, primarily through de-escalation and tactical approaches, and without calling in specially trained Public Order officers or Firearms officers unless the threat escalated. (p.90)

Police Scotland uses the acronym “PLANE” as a test of whether an officer’s use of force is reasonable and meets the standard of what is expected.

PLANE stands for:

- **Proportionate.** The action must be proportionate given all of the circumstances; the action is not proportionate if a less injurious alternative existed to meet the same lawful objective.
- **Lawful.** There must be a legal basis for taking action.
- **Accountable.** Officers must be able to explain why they chose a particular option (justification), as well as what other options were available and why those were not chosen (preclusion).
- **Necessary.** The action must be required to carry out an officer’s lawful duty, absent another tactical option.
- **Ethical.** The action must reflect the values of Police Scotland: fairness, integrity, respect, and human rights. (p.91)

<http://www.policeforum.org/assets/guidingprinciples1.pdf>

Chapter 9: Progress review in Scotland

Following the publication of the Equality and Human Rights Commission’s inquiry report (2015b), key stakeholders across the sectors (police, prisons, hospitals) submitted action

plans to the Commission in Scotland, based on the five Scottish recommendations made in the report. The Commission will review progress against these action plans in October 2016.

Excerpt:

“Police

There were five deaths in police custody in 2014 and no deaths in 2015. The Her Majesty’s Inspectorate of Constabulary in Scotland (HMICS) Custody Inspection Framework is under review. As part of this work, HMICS have completed an exercise to map the Equality and Human Rights Commission’s Human Rights Framework against their own Custody Inspection Framework. HMICS will continue to develop their Framework further in 2016 following completion of the review.

Across Scotland, Police Scotland and NHS Boards are working collaboratively to develop a model of mental health community triage. This follows successful work undertaken between January and June 2015 involving Police Scotland and NHS Greater Glasgow and Clyde Crisis Out of Hours CPN Service. Police Scotland have developed e-learning training on mental health awareness for all staff and a four-hour blended learning package on dealing with people in mental health crisis/suicide prevention. This training was delivered to all probationers throughout 2015 and will be rolled out to all operational officers. Police Scotland are developing a suicide prevention document focused on people coming in to police custody and also includes the pre-release risk assessment process. The Police Investigations and Review Commissioner (PIRC) are reviewing the feasibility of widening the protected characteristics 12 currently collated in relation to non-natural deaths”.

[file:///Users/janetpeters/Downloads/adi -
_preventing deaths in the detention of adults with mental health conditions updated 31
-03-16.pdf](file:///Users/janetpeters/Downloads/adi_-_preventing_deaths_in_the_detention_of_adults_with_mental_health_conditions_updated_31-03-16.pdf)

Holyrood, 9th March 2015

Scottish police chiefs have ruled out making Tasers widely available among frontline officers to counter the heightened terror threat.

The Police Federation in England and Wales last month voted for all operational police officers to be offered the option of carrying a Taser and receiving training in their use.

It followed elevation of the threat level to police officers across the UK amid fears that they may be the target of a ‘lone wolf’ terrorist attack. The Scottish Police Federation, which has previously called for Tasers to be made available in every police vehicle, were not consulted on the policy change by their counterparts south of the border.

Police Scotland officers and staff have been briefed about their own personal safety while the force has been involved in developing contingency plans looking at the response should a Paris-style attack happen on home soil. However, deputy chief constable Iain Livingstone said offering stun guns to uniformed officers – as urged by the Federation south of the border – is not on the table. “We would never wholly discount any measure because we need to [respond] as the nature of the threat increased or changed,” he told Holyrood.

“But at this time we have absolutely no plans to go down that line. We don’t think it’s proportionate or needed [and] we don’t think that it would be welcomed in our own communities.

Tasers are only issued to authorised firearms officers in Scotland at present. As of last week, there were 538 authorised firearms officers within Police Scotland, 268 of whom were full-time armed response vehicle (ARV) officers.

<https://www.holyrood.com/articles/news/police-chiefs-dismiss-call-Tasers-combat-terror-threat>

Daily Record, 14th June, 2015

“A BOY aged 15 is among 19 Scots zapped by police officers using controversial Taser stun guns in the past three years. The teenager was targeted when he threatened to harm himself outside a school. And six of the 18 others targeted by the weapons – which deliver a shock of up to 50,000 volts – were under 18. Figures obtained by the Sunday Mail reveal that at least four of the Tasered teenagers were girls.

In the last 12 months, the stun guns have also been used on five occasions where it was later judged the person involved was mentally ill.

Over the three-year period, police officers have drawn their Tasers on 80 occasions, although they were only discharged 19 times. The stun guns are often used to defuse violent incidents – usually where a person has a weapon. But human rights groups say they should only be used on under-18s and suspected mentally ill offenders as a last resort. Pauline Kelly, of Amnesty International in Scotland, said: “The police have a duty to protect themselves and our communities from violent situations.

“But Tasers are potentially lethal weapons and should only be used in circumstances where there’s a threat to life or very serious injury to either the victim or others. People under the age of 18 and those judged to be mentally ill are particularly vulnerable and Taser use against them should be limited to the most serious cases where there is no alternative.”

Within Police Scotland, 459 officers are authorised to use Tasers and 273 officers are routinely equipped with them”.

<http://www.dailyrecord.co.uk/news/scottish-news/15-year-old-boy-among-19-scots-5877792#hK4495BJXepfJ2j.97>

Holyrood, October 2014

Police Scotland Assistant Chief Constable for Operational Support, Bernard Higgins, said: “We have a fundamental duty to protect life and keep people safe. The operational decision making process around the use of armed officers is one that is informed by a range of evidence and intelligence and adheres to guidance set for all police forces throughout the UK.

“Having a small number of armed police officers available means we can retain our operational flexibility and ensure that more than 98% of our officers remain unarmed but we remain best placed to support the public, no matter where or when. The public would expect nothing less”.

<https://www.holyrood.com/articles/news/firearms-decision-police-backed>

The Scottish Human Rights Commission Police and Fire Reform (Scotland) Act 2012 Police Investigations and Review Commissioner - Scottish Government Consultation on Proposals for Regulations relating to Investigations January 2013

“The Scottish Human Rights Commission (the Commission) welcomes the opportunity to submit comments to the Scottish Government Consultation on Proposals for Regulations relating to Investigations (the Proposals).....

Other weapons

Paragraph 18 of the Proposals lists batons and CS spray as ‘other weapons’. The Proposals make no reference to either Tasers or attenuating energy projectile impact rounds (AEPs), both potentially lethal weapons.

The Commission would like the Scottish Government to confirm whether Tasers and AEPs are included in the definition of firearms for the purposes of the definition of a ‘serious incident’ under the 2012 Act. If this is not the case, the Commission recommends that the Regulations include both Taser and AEPs within the definition of ‘other weapons’ for the purposes of the definition of a ‘serious incident’ under the 2012 Act.

In addition, the Proposals indicate that not all incidents where these ‘other weapons’ are used must be referred to the PIRC. Rather, the chief constable and the SPA will have the discretion to decide whether an independent investigation by the PIRC would be ‘appropriate’ where such ‘other weapons’ have been used. No guidance is given as to the criteria that will be applied by either the chief constable or the SPA in deciding whether an independent investigation would be ‘appropriate’. The Commission is concerned that this gives considerable discretion to the chief constable and/or the SPA which may lead to claims of lack of transparency and inadequate independent accountability.

All of the weapons referred above (batons, CS spray, Tasers and AEPs) have the potential to cause serious and potentially lethal injury, raising significant issues under Articles 2, 3 and 8 of the Convention. In these cases, there may be a duty to conduct an effective investigation into the police use of any of these weapons. The Scottish Government should consider imposing a duty that the chief constable automatically refers all incidents where such weapons have been used by the police to the PIRC and allow the PIRC to decide whether or not to conduct an independent investigation or to refer the incident back to the chief constable for internal review. This practice reflects the current procedure adopted in Northern Ireland.

Recommendation 10: The Regulations should require that (i) all uses of Taser or AEPs are automatically referred to the PIRC to decide whether to conduct an independent investigation; and (ii) the chief constable and the SPA monitor all other uses of force by the Police Service and refer any incident which appears to raise human rights concerns to the PIRC. (p.7)

<http://www.gov.scot/Resource/0041/00416126.pdf>

The Scotsman, 20 October 2012

“Tasers ‘useful to police’ despite risk of breaching EU human rights law. A GROUNDBREAKING study has suggested Tasers would prove a useful tool to officers in the new Police Service of Scotland.

A report, which will go to Strathclyde Police Authority, highlights legal hurdles to their use, but also found they have value. “In our judgement, the specially-trained officers who took part in the Strathclyde pilot... found Tasers to be a tactical option which enabled them to bring dangerous situations, in which there were risks of violence of varying degrees, under control,” it said.

However, legal advice, obtained by the authority, indicates officers run the risk of breaching article two of the European Convention on Human Rights (ECHR) if they use Tasers in certain circumstances. This is because Tasers are classified as potentially lethal. CS gas, batons, and officers using their bare hands are all classed as non-lethal. In his advice to the police authority, Simon Di Rollo QC warned: “It is not proportionate to deploy potentially lethal force where non-lethal force would suffice.”

That means, under the ECHR, Tasers could only be used as an alternative to firearms – another lethal weapon – and not to batons or CS gas. However, Mr Di Rollo admitted the risk of killing someone with a Taser is “remote”.

The authors of the police authority report believe tests should now be done, comparing it to other police weapons”.

<http://www.scotsman.com/news/Tasers-useful-to-police-despite-risk-of-breaching-eu-human-rights-law-1-2590107>

2010 briefing from a question to Parliament about Tasers and Police.

Excerpt:

Thank you for your email dated 26 January 2010 to the First Minister regarding your concerns about the use of Tasers by police officers in Scotland. I have been asked to respond to you on his behalf. Taser weapons are defined as firearms under section 5(1)(b) of the Firearms Act 1968. Firearms legislation is a reserved matter and is the responsibility of the UK Government.

Training, deployment and Use of firearms are operational matters for Chief Constables. The Scottish Government has repeatedly called for firearms legislation to be devolved. If firearms legislation were to be devolved, the Scottish Parliament would have the power to legislate on Tasers and other firearms and to direct Scottish police forces in their use (p12).

<http://www.gov.scot/Resource/Doc/254429/0101391.pdf>

Agencies and activities

Voices of Experience

“VOX is a National Mental Health Service User Led organisation, we work in partnership with mental health and related services to ensure that service users get every opportunity to contribute positively to changes in the services that serve them and wider society.

We are involved in the Mental Health Cross Party Group, the Royal College of Psychiatrists, the Independent Living In Scotland Project Development Steering Group, The Mental Welfare Commissions Practice Network and the Peer Support Development Group”. [read more](#)

<http://www.voxscotland.org.uk/about/our-work/improving-services>

The use of Advance Statements could include a “no-Taser” clause?

<http://voxscotland.org.uk/advance-statements/>

SWEDEN

Fredrik Lindencrona stated:

"I spoke to our lawyers about TASER. They say the following: An electrical gun of the TASER brand is a weapon and therefore requires a license in Sweden. No weapons are allowed in any mental health service"¹⁴.

2005 Wikipedia

*"Tasers and other electronic control devices are considered **firearms** in **Sweden** and are banned for civilian use. The Swedish police had purchased a limited quantity of Tasers, and was about to initiate field trials when these were cancelled in 2005 after an ethics commission found that the need for (and risks of) such devices was not firmly established.^[63]*

The purchased Tasers were then donated to Finland, where field trials were initiated".

<https://en.wikipedia.org/wiki/Taser>

However in 2016 the following was published.

The Local: Swedish police to trial use of Taser guns, Published: 30 May 2016

"Police in Sweden are set to trial the use of electroshock weapons in a move that has been welcomed by the country's union for law enforcement.

"The weapons will aid certain situations, but at the same time I don't think the test process needs to be as far-reaching as it will be," police union spokesperson Lena Nitz told news agency TT. The union has pushed for the use of the weapons after a number of fatal police shootings in recent years. Only last Saturday a man was shot multiple times by officers in central Stockholm after he attacked them with a knife. He was subsequently taken to hospital and remains critically injured.

The proposal to trial arming officers with Taser guns came from within the police force, and has now been approved by its ethics council.

National police chief Dan Eliasson was quoted by TT as arguing that police research shows injuries and death could be avoided if the officers are armed with some form of electroshock weapon, citing examples where knife-wielding individuals have continued to attack an officer despite being shot with a regular gun. The authority's internal research shows that electroshock weapons are more effective at incapacitating suspects in those situations. Colloquially known as tasers, electroshock weapons fire two electrodes capable of delivering an electrical current into the human body. Working best at short distances, the current makes muscles contract and prevents further movement from the individual it is transferred into.

¹⁴ Fredrik Lindencrona, email communication 25th April 2016.

If the trials go well the plan is for at least one officer in every police patrol in Sweden to be armed with a taser, but tests are expected to take some time, with procuring equipment and training on the use of the weapons part of the process.

Trials in some parts of the country should begin in 2018, and are expected to cost 8.5 million kronor (\$1.19 million). A hypothetical nation-wide roll-out of the weapons would cost an estimated 26 million kronor.

<http://www.thelocal.se/20160530/swedish-police-to-trial-use-of-taser-guns>

Improving Police: A veteran Police Chief discusses effective ways to lead, improve and restore trust, 6th August, 2015

A Note From Sweden on Use of Force

“I received the following comment from a police officer in Sweden after my recent post “Using Force: A Reflection and Some Suggestions for Police.” I think these comments bear publishing here as a post”.

“Dear Chief: It’s not just Czech police who shoot at the legs. It’s definitely not a novel or forward-thinking policy, it’s just the way it’s done here. I’m no expert on the rest of Europe, but I know the legs are the primary target in Sweden and the rest of Scandinavia. Center-mass shooting is only when absolutely warranted or the legs aren’t feasible due to too much or too little distance.

“The first time I encountered the American mantra of ‘shooting at the legs, firing warning shots, aiming your gun without intent to fire, but only as a grave warning... that’s only in the movies,’ I was floored. “Our police do ALL those things even though these practices are apparently deemed unrealistic and unprofessional by police in the U.S. We ‘violate’ all your sacred cows — not out of carelessness but as very deliberate policy. Needless to say it’s working just fine.

“I wonder why these practices are not only so completely opposite one another but also are seemingly unaware of each other. Probably it has a lot to do with the prevalence of armed citizens in the U.S. but that can in no way explain or justify U.S. police not even being ALLOWED to shoot a confused, mentally ill, knife wielding man in the leg, then back up and reassess. Needless to say, police around here are a lot safer with their guns...”

<https://improvingpolice.wordpress.com/2015/08/06/a-note-from-sweden-on-use-of-force/>

USA

There is obviously a huge amount of information from the US, in order to keep it manageable Police information is given and recent media quoted.

Department of Justice's National Institute of Justice

Reported in the Justice Gap February 2016

"A new study carried out by Drexel University and Arizona State University in the USA, which was funded by the US Department of Justice's National Institute of Justice, and which involved participants being subjected to 50,000 volt Taser shocks and then tested for cognitive impairment showed "short-term declines in cognitive functioning comparable to dementia".

The researchers said the study raised "serious questions about the ability of police suspects to understand their rights at the point of arrest". The study stated: "Taser exposure caused statistically significant reductions in verbal learning and memory. The effects lasted, on average, less than one hour." The researchers point out that the study participants were high-functioning, healthy young people who were accustomed to test-taking, were sober and drug-free at the time that they were Tasered and thus were functioning at a much higher level of cognition than would typical suspects in the field. Typical suspects might be high on drugs or alcohol or drunk, mentally ill or with some other crisis in process at the time of exposure to the Taser and thus would experience even greater impairment to cognitive function. Other side effects were found to be difficulty in concentrating, increased levels of anxiety, emotional debilitation caused by the experience and a feeling of being overwhelmed. Professor White from the Arizona State University's School of Criminology and Criminal Justice, and one of the report's authors, said:

"Tasers are a great alternative to deadly force. When used in lieu of firearms, Tasers can save lives. But using a Taser is not without risk although they are considered safe when used on healthy people; people have died from being Tasered. They should be treated as a dangerous weapon."

<http://thejusticegap.com/2016/02/12536/>

Police

Information is put in date order.

Police Executive Research Forum, 2016

Report: CRITICAL ISSUES IN POLICING SERIES Guiding Principles on Use of Force

“There are approximately 18,000 law enforcement agencies in the United States, and these agencies have a variety of policies and practices on use of Force.....

Police agencies also have a wide range of policies and training on use of Electronic Control Weapons (ECWs), such as Tasers. In 2005 and then in 2011, PERF and the U.S. Justice Department’s Office of Community Oriented Policing Services (COPS) released guidelines on the use of ECWs. Police departments nationwide have adopted some or all of those guidelines to varying degrees”. (p.15)

<http://www.policeforum.org/assets/guidingprinciples1.pdf>

Police Executive Research Forum, 2016

Report: CRITICAL ISSUES IN POLICING SERIES Guiding Principles on Use of Force

This 124-page report is made up of several articles. An excerpt:

“What’s the difference between that man in Denver or Washington, D.C. and that person on the streets of Glasgow, the streets of Edinburgh, the streets of London? We are talking about primarily unarmed cops in the UK, and they’re dealing with the same situations that you do on a one-on-one basis. And where we come from, often the outcome is very different” (p.91).

“A Focus on Mental Illness and Non-Gun Incidents

This document details 18 months of intensive work on the issue of police use of force and its impact on community-police relationships and on officer safety and public safety. PERF members and other experts provided the information and insights that are the foundation of this report. Our work has centered on how the profession can improve in the key areas of use-of-force policies, training, tactics, and equipment. We have focused especially on two types of police encounters:

- 1. With subjects who have a mental illness, a developmental disability, a condition such as autism, a drug addiction, or another condition that can cause them to behave erratically or threateningly; and**
- 2. With subjects who either are unarmed, or are armed with a knife, a baseball bat, rocks, or other weapons, but not a firearm.**

It is these situations—not incidents involving criminal offenders brandishing guns—where we see significant potential for reducing use of force, while also increasing officer safety. It is important to note that in nearly all of the use-of-force incidents that have proved controversial,

the officers should not be faulted, because their actions reflected the training they received. What PERF and leading police chiefs call for in this report are changes in policies, training, tactics, and equipment that provide officers with better tools for handling difficult situations.

And we recommend discontinuing outdated concepts, such as use-of-force continuums, the so-called “21-foot rule,” and the idea that police must “draw a line in the sand” and resolve all situations as quickly as possible.

In short, this report attempts to move policing to a higher standard when it comes to how and when officers use force in situations where they and the public are not threatened with firearms. By adopting the Guiding Principles it is safer for officers and the public they serve—and, in the process, restore public trust and advance as a profession. (p.5-6).

Regarding non-firearm encounters, the Washington Post data indicate the following:

- *In approximately 25 percent of the 990 fatal officer-involved shootings in 2015, the subject displayed signs of mental illness.*
- *In 16 percent of the cases, the subject was armed with a knife.*
- *In 9 percent, the subject was unarmed.*
- *In 5 percent, the subject was “armed” with a vehicle.*

It is in these types of cases, representing as many as one-third of the annual total of fatal officer-involved shootings, that leading police executives believe there is significant potential for de-escalation and resolving encounters by means other than the use of deadly force.(p.7)

Northern Ireland field study

Police from 23 US agencies undertook a field study at the Police Service of Northern Ireland: In January 2016, PERF staff members visited Belfast to learn how the principles of de-escalation and the National Decision Model are used in Northern Ireland. Northern Ireland has experienced significant problems with both firearms violence and terrorism, and its police officers are armed, unlike the police forces in England and Scotland, where large majorities of officers do not carry firearms. Despite these differences, PSNI personnel told us that, like their colleagues in other parts of the UK, they rely on communications, de-escalation, and the National Decision Model in their encounters with combative subjects. Officers rarely use their firearms against offenders with edged weapons.

Police Service of Northern Ireland Sergeant Dave McNally: Our Officers Are Seldom Required To Use Firearms Because They Have Other Options

It’s a consequence of the terrorist threat that our police officers are all armed with a handgun, which isn’t the case in Scotland, England, and Wales. Our officers are armed for their protection, but there are many, many circumstances that routine officers respond to—domestic disturbances, robberies, burglaries—where they are not required to use their firearms because they have other options available to them. I can’t think of an example where a police officer in Northern Ireland has had to use live rounds against an individual with a knife or a bat. There are numerous calls to those individuals that are dealt with daily by routine officers, armed only with a handgun for personal protection.

There are numerous calls on a weekly basis. I can't think of an example where officers have had to open fire.(p.12)

PERF's Critical Decision-Making Model

This model, like the UK version, is designed to train officers how to think more critically about their response to various types of situations. For example, officers responding to a call about a man on the street, apparently with a mental illness and brandishing a knife, would be asking themselves the following types of questions:

- ***What do I know about the person I'm responding to? Has he been the subject of previous calls to the police? What was the nature of those calls?***
- ***What exactly is happening? How can I communicate with this person to get an idea of what is going on in his mind?***
- ***Is this person presenting a threat to me or anyone else? If so, what is the nature of the threat, and how serious is the threat?***
- ***Do I need to take action immediately?***
- ***If I do not need to take action immediately, are there additional resources that could help resolve this situation? Additional police or crisis intervention personnel? Should I ask a supervisor to respond? Is there special equipment such as less-lethal tools that could be helpful?***
- ***What are my legal authorities and what are my department policies governing this situation? • What am I trying to achieve? What options are open to me?***

Asking and answering these types of questions will help officers determine the most effective and safest actions to take. Even after taking an action, officers continue to ask themselves questions about whether the response had the desired effect and what lessons were learned. If the desired outcome was not achieved, they begin the process again, which is called "spinning the model." Importantly, the CDM is anchored by the ideals of ethics, values, proportionality, and the sanctity of human life. Everything in the model flows from that principled core. (p.28)

TRAINING AND TACTICS 19 Mental Illness: Implement a comprehensive agency training program on dealing with people with mental health issues.

Officers must be trained in how to recognize people with mental health issues and deal with them in a safe and humane manner. Many agencies already provide some form of crisis intervention training as a key element of de-escalation, but crisis intervention policies and training must be merged with a new focus on tactics that officers can use to de-escalate situations.

At a minimum, agencies should seek to:

- *Provide all officers with awareness and recognition of mental health and substance abuse issues, as well as basic techniques for communicating with people with these problems.*
- *Provide in-depth training (for example, the 40-hour Crisis Intervention Team or "CIT" training) to a subset of officers and field supervisors (preferably those who have indicated an interest in this area), with the goal of having CIT-trained personnel on duty and available*

to respond at all times. This training should focus heavily on communication and de-escalation strategies.

- Some agencies may choose to provide in-depth CIT training to all of their personnel.
- Crisis Intervention Teams, made up of police officers and mental health workers, can often be the most effective option. These teams are called to respond to incidents involving mental illness or similar issues, and thus the teams develop expertise, as well as familiarity with individuals who generate multiple calls for service over time. In some cases, Crisis Intervention Teams also work to solve underlying problems by helping persons with mental illness to obtain treatment.
- For all of their mental health training, agencies should coordinate with local mental health professionals on content and delivery.(p.57)

“Best practice in Seattle

In May 2015, Seattle officers began using a three-page form called the “Crisis Template” to capture data on every contact police make with someone in crisis. In the first three months, from June to August, there were 2,516 such contacts. Subjects Were Disorderly, Belligerent, Had Knives and Other Weapons Many of the incidents involved “significant challenges ... posed to officers,” the Monitor’s report noted.

Of the 2,516 incidents: • 823 involved persons who were “disorderly disruptive.” • 590 were “belligerent uncooperative.” • 611 of the persons made a suicide threat or attempt. • 96 had a knife. • 16 had a gun. • And 109 had other weapons.

Police Used Force in 2 Percent of the Encounters Despite those serious challenges, the Monitor found that officers used force in only 51 of those incidents—2 percent of the 2,516 incidents” (p.58)

INFORMATION EXCHANGE 30 Educate the families of persons with mental illness on communicating with call-takers.

Agencies should work with their local mental health provider community and organizations such as the National Alliance on Mental Illness (NAMI) to create outreach and education programs for the families of persons with mental illness. Specifically, agencies should instruct family members on the types of information and details they should provide when calling 9-1-1 for an incident involving their loved ones.

This type of outreach can minimize any stigma family members may feel and increase their confidence in the police response. It will also help ensure that call-takers, dispatchers, and responding officers have a more complete picture of any mental health issues associated with a call for service” (p. 71)

<http://www.policeforum.org/assets/guidingprinciples1.pdf>

Police: The Law Enforcement Magazine January 15, 2016

“Police officers lacked clear legal guidance on when they may zap people with Tasers, the 4th Circuit Court of Appeals decided on Monday, so it made a new rule to restrict their use, reports the Fayetteville Observer.

If a person is not creating "an immediate safety risk," the court said, officers aren't allowed to shock him with a Taser. The pain it causes is an excessive use of force that violates the person's constitutional rights under the 4th Amendment, it said.

The ruling arose from a lawsuit against Pinehurst over the death of a mentally ill man. Pinehurst police used a Taser's pain mode in a failed attempt to make the man let go of a post. He died a few minutes later.

The decision applies in the five states in the 4th Circuit: North Carolina, South Carolina, Maryland, Virginia, and West Virginia. The N.C. Justice Academy advised law enforcement agencies to revise their Taser policies to comply.

Officers likely will resort to other weapons, like pepper spray and batons, plus hands-on techniques to make people comply with their orders, said Cumberland County (NC) Sheriff's Office attorney Ronnie Mitchell.

"I'm afraid it will lead to more injuries to individuals," Mitchell said, both law enforcement officers and the people they are attempting to detain or control”.

<http://www.policemag.com/channel/weapons/news/2016/01/15/Taser-use-restricted-in-five-states-by-u-s-4th-circuit-court-of-appeals.aspx>

The 2011 Electronic Control Weapon Guidelines

This document is a joint project of the Police Executive Research Forum and Community Oriented Policing Services.

“The 2011 Electronic Control Weapon Guidelines publication is based on information gathered from workshops, interviews, and a national survey that examined the use of ECWs. In August 2010, an executive session comprising police, medical, and legal professionals convened in Philadelphia to focus on ECW policy and practice. Afterward, a concentrated working group spent a second day reviewing and modifying an earlier set of guidelines produced in 2005.

As a result, this 2011 revised version represents the collective knowledge, experience, and expertise of participants who shared their ideas and concerns throughout this process. This publication is intended to guide law enforcement agencies as they consider how ECWs can be used in use-of-force situations, balancing responsibility and accountability as well as recognizing that ECWs are appropriate weapons when officers must resort to use of force” (p.60).

The 2011 guidelines are based on a set of principles that foster the responsible and accountable use of ECWs, while recognizing that they are an appropriate tool for officers who must resort to use of force.

“These guiding principles are the following:

- 1. ECWs should be considered less-lethal weapons.*
- 2. ECWs should be used as a weapon of need, not a tool of convenience.*
- 3. Officers should not over-rely on ECWs in situations where more effective and less risky alternatives are available.*
- 4. ECWs are just one of a number of tools that police have available to do their jobs, and they should be considered one part of an agency’s overall use-of-force policy.*
- 5. In agencies that deploy ECWs, officers should receive comprehensive training on when and how to use ECWs.*
- 6. Agencies should monitor their own use of ECWs and should conduct periodic analyses of practices and trends.*
- 7. Agencies should consider the expectations of their community when developing an overall strategy for using ECWs” (p.11).*

<https://assets.documentcloud.org/documents/2504551/electronic-control-weapon-guidelines-2011.pdf>

National Association of State Mental Health Program Directors (NASMHPD)

“This is the only member organization representing state executives responsible for the \$41 billion public mental health service delivery system serving 7.3¹⁵ million people annually in all 50 states, 4 territories, and the District of Columbia. NASMHPD operates under a cooperative agreement with the National Governors Association”.

<http://www.nasmhpd.org/>

A request for information was sent to NASMHPD in April 2016 by the Director of Policy.
Question: Does your state allow weapons, such as guns or Tasers, by security personnel in state psychiatric facilities?

Replies came from fourteen States and overall they reported no weapons were allowed.

Other state information:

¹⁵ Stuart Gordon, email communication, 2nd July 2016

Chicago

Truthout, Tuesday, 05 January 2016

Doubling Down on Force With Tasers Makes Police Problems Worse

“Chicago Mayor Rahm Emanuel ushered in 2016 with an announcement that dumbfounded many activists: In the coming months, the Chicago Police Department will double its supply of Tasers, placing the weapons in the hands of every responding officer, and in every beat car.

This move is part of a national push to arm more police with conducted-energy weapons. The percentage of local police departments authorizing such usage increased from 60 percent in 2007 to 81 percent in 2013, the [Bureau of Justice Statistics](#) reported in 2015. But while proponents of this trend argue that arming police with Tasers could reduce the number of people shot each year by the police, critics point out that supplying police with yet another weapon could simply increase misuse.

“I don't understand the mindset that how you end police violence is by providing more tools that police can use violently,” said Mariame Kaba, a member of We Charge Genocide, which documents police brutality and violence in Chicago.

In Emanuel's latest attempt to salvage public fidelity in his office and city law enforcement, this may be his most tone-deaf decision yet. “Ultimately, what we are doing is injecting some humanity into the work of our police department and our police officers,” the Chicago mayor said at a press conference on December 30, 2015.

By presenting Tasers as an alternative to lethal force, despite pairing this new protocol with much-needed crisis intervention training for officers, the mayor failed to recognize that Tasers can, and have, killed people.

The members of We Charge Genocide, along with many other activists within the Black Lives Matter movement, see the use of Tasers by officers as no exception to ongoing police violence. But others, including some Black Lives Matter activists, are more specifically concerned with stopping the bleeding from police gun-shooting deaths.

Campaign Zero, a policy group formed by some Black Lives Matter activists in response to critics calling for the movement to articulate a specific agenda, recently released a set of policy prescriptions that [call on police officers](#) to carry “less-lethal” weapons, citing Seattle Police Department policy, which also emphasizes “de-escalation-first” tactics”.

<http://www.truth-out.org/news/item/34282-doubling-down-on-force-with-tasers-makes-police-problems-worse>

Florida

Pacific Standard, Jan 2, 2015, The Very Real Dangers of Tasers, by Lauren Kirchner

“On Tuesday, the [Miami New Times](#) published the results of a yearlong investigation into the lethal misuse of Tasers by three of Miami’s police departments. The wide-sweeping piece describes how police officers often use Tasers in instances where there is no arrest taking place, and where the victims of Taser pose no physical danger. The cops Taser the homeless to get them to leave an area, they Taser the mentally ill who aren’t understanding their instructions, and they even once Tasered a six-year-old who was having a tantrum in kindergarten.

“In less than eight years, Miami Police, Miami-Dade Police, and Miami Beach Police officers have used their Tasers more than 3,000 times,” Michael E. Miller writes. “At least 11 men have died after being Tasered by cops during that same period, including five in the past 16 months.”

*The impact of a Taser shock depends a lot on the overall health of the person being shocked, what substances may be in his or her body at the time, and how long the shock lasts. Often, when a person dies after being Tasered, the autopsy will find a pre-existing heart condition, or the cause of death will be listed as a drug overdose. But many studies have looked at what makes Tasers so dangerous all on their own. A [2012 article](#) in the journal *Circulation* showed how electrical shocks from Tasers can cause irregular heart rhythms, and, in some cases, send people into cardiac arrest. (Another [Circulation](#) article this year backed up that conclusion.)*

There are other effects of a Taser shock that, while not lethal, still cause problems. A study published in the [Journal of Experimental Criminology](#) by a group of criminologists from Arizona State University and Drexel University compared the cognitive abilities of new police recruits before and after they were Tasered during training. The recruits took a battery of tests—measuring memory, learning, and coordination—three hours before being Tasered, and then five minutes afterward, and again 24 hours later.

The authors added that defense attorneys have previously tried to get judges to throw out statements made by their clients immediately after being Tasered, precisely because of their mentally impaired states at the time. But in the absence of research like theirs, the authors wrote, judges have made “idiosyncratic decisions” in these cases. They argued that these new findings “involve serious issues including constitutionally protected rights of the accused.”

None of the researchers of these studies go so far as to suggest that Tasers should not be used at all in police departments; they only stress that anyone who use them be very well trained and aware of the immediate risks they pose to both body and mind”.

<https://psmag.com/the-very-real-dangers-of-Tasers-17f3bb77f28#.pzityiqzv>

Washington DC

Washington Post, Improper techniques, increased risks, November 26, 2015

“At least 48 people who have died in the United States since January — about one death a week — in incidents in which police used Tasers, according to a Washington Post examination of scores of police, court and autopsy records.

The link between the use of Tasers and the 48 deaths this year is unclear. At least one of the deaths occurred when an incapacitated person fell and hit his head. Other factors mentioned among the causes of death were excited delirium, methamphetamine or PCP intoxication, hypertensive heart disease, coronary artery disease, and cocaine toxicity. Twelve of the 26 cases in which The Post was able to obtain autopsy reports or cause-of-death information mentioned a Taser along with other factors.

More than half of the 48 suffered from mental illness or had illegal drugs in their system at the time. At least 10 were Tasered while handcuffed or shackled. Only one was female. Nearly 55 percent of the people who died were minorities.

This long article gives case studies where it appears that Tasers are used to punish.

“There was a culture from top to bottom that they thought they could use the Taser however they wanted,” St. Lawrence said in September in an interview with The Post. “Deputies were using it as punishment, and you can’t use it as a form of punishment. There was just too much use”.

<http://www.washingtonpost.com/sf/investigative/2015/11/26/improper-techniques-increased-risks/>

New York: Taser International Dominates the Police Body Camera Market

July 12, 2016

“When Micah Johnson went on a deadly shooting rampage in Dallas last week, body cameras worn by police officers were rolling, capturing at least 170 hours of video of the mayhem.

That footage is now stored on a sophisticated cloud computing system that lets police manage digital evidence and hosts more hours of video than Netflix has available to stream. These paired offerings — body cameras for police and cloud storage — have transformed policing in recent years, adding a new level of transparency and accountability but also raising questions about privacy and who has the right to view those videos.

Behind the scenes, one company is at the center of it all: [Taser International](#). Best known for making [Taser](#) stun guns, it controls about three-quarters of the body camera business in the United States. Until recently a one-note provider of electrical weapons, Taser has swiftly cornered the market for body cameras and related software, making it one of the most important suppliers of technology to law enforcement today. Its Axon body cameras are worn by officers in dozens of big cities including Los Angeles, New York, Chicago, Washington

and, yes, Dallas. And using computing power from Microsoft and Amazon, Taser runs Evidence.com, the site that lets police host and manage body camera video.

Demand for the products has soared in the two years since Michael Brown was shot dead by an officer in Ferguson, Mo., and analysts now estimate that the market will soon be worth \$1 billion a year.

“When the rest of us are snapping pictures and videos, police can’t pull out a note pad and start writing,” said Patrick W. Smith, the chief executive of Taser. “There’s now an expectation from society that they’re getting good documentation of what they’re involved in. It’s in everyone’s interest to know what happened.”

Interest in body cameras was already picking up two years ago, as police departments around the country started responding to calls for greater accountability. Then, in August 2014, a white police officer killed Mr. Brown, an unarmed black teenager, in Ferguson. The officer was not wearing a body camera, and witnesses disputed his account of the altercation that led to the shooting. The officer was not charged, and critics said that had he been wearing a body camera, the outcome might have been different.

Video captured by body cameras can be [difficult to interpret](#). Yet as more Taser cameras are deployed around the country, the grainy images they produce are playing an increasingly important role in the aftermath of deadly shootings.

At times, the video can exonerate officers. In 2009, shortly after Taser began selling its cameras through its Axon division, Sgt. Brandon Davis shot and killed a man in Fort Smith, Ark. Video recorded by his body camera captured the shooting, and Mr. Davis was cleared of wrongdoing.

In other instances, the footage can portray police as needlessly aggressive. In 2014, a Taser Axon camera worn by an officer in Albuquerque captured the fatal shooting of a homeless man by officers who did not appear to be threatened. The two officers have been charged with second-degree murder and are expected to stand trial soon”.

http://www.nytimes.com/2016/07/13/business/taser-international-dominates-the-police-body-camera-market.html?_r=0

New York Times: When the Hospital Fires the Bullet, Feb 12, 2016

“More and more hospital guards across the country carry weapons. For Alan Pean, seeking help for mental distress, that resulted in a gunshot to the chest.

When doctors and nurses arrived at Room 834 just after 11 a.m., a college student admitted to the hospital hours earlier lay motionless on the floor, breathing shallowly, a sheet draped over his body. A Houston police officer with a cut on his head was being helped onto a stretcher, while another hovered over the student.

Blood smeared the floor and walls. “What happened?” asked Dr. Daniel Arango, a surgical resident at the hospital, St. Joseph Medical Center.

The student, 26-year-old Alan Pean, had come to the hospital for treatment of possible [bipolar disorder](#), accidentally striking several cars while pulling into the parking lot. Kept overnight for monitoring of minor injuries, he never saw a psychiatrist and became increasingly delusional. He sang and danced naked in his room, occasionally drifting into the hall. When two nurses coaxed him into a gown, he refused to have it fastened. Following protocol, a nurse summoned security, even though he was not aggressive or threatening.

Soon, from inside the room, there was shouting, sounds of a scuffle and a loud pop. During an altercation, two off-duty Houston police officers, moonlighting as security guards, had shocked Mr. Pean with a [Taser](#), fired a bullet into his chest, then handcuffed him. “I thought of the hospital as a beacon, a safe haven,” said Mr. Pean, who survived the wound just millimeters from his heart last Aug. 27. “I can’t quite believe that I ended up shot.”

Like Mr. Pean, patients seeking help at hospitals across the country have instead been injured or killed by those guarding the institutions. Medical centers are not required to report such encounters, so little data is available and health experts suspect that some cases go unnoticed. Police blotters, court documents and government health reports have identified more than a dozen in recent years.

They have occurred as more and more American hospitals are arming guards with guns and Tasers, setting off a fierce debate among health care officials about whether such steps — along with greater reliance on law enforcement or military veterans — improve safety or endanger patients.....

To protect their corridors, 52 percent of medical centers reported that their security personnel carried handguns and 47 percent said they used Tasers, according to a 2014 [national survey](#). [That was](#) more than double [estimates from studies](#) just three years before. Institutions that prohibit them argue that such weapons — and security guards not adequately trained to work in medical settings — add a dangerous element in an already tense environment. They say many other steps can be taken to address problems, particularly with people who have a mental illness.

Massachusetts General Hospital in Boston, for example, sends some of its security officers through the state police academy, but the strongest weapon they carry is pepper spray, which has been used only 11 times in 10 years. In New York City’s public hospital system, which runs several of the 20 busiest emergency rooms in the country, security personnel carry nothing more than plastic wrist restraints. (Like many other hospitals, the system coordinates with the local police for crises its staff cannot handle.)

“Tasers and guns send a bad message in a health care facility,” said Antonio D. Martin, the system’s executive vice president for security. “I have some concerns about even having uniforms because I think that could agitate some patients.”....

http://www.nytimes.com/2016/02/14/us/hospital-guns-mental-health.html?_r=1

Same journalist February 16, 2016.

I asked Scott Martin, head of security at the University of California, Irvine, Medical Center, how often weapons are deployed in hospitals across the country. At his hospital, which has a

Taser program, there is extensive training and officers must report each instance in which he or she displays or deploys a weapon.

But others are not so rigorous. He said: "It's hard to know. It's like if a tree falls in the forest and there's no one there to hear it, is there sound?"

http://www.nytimes.com/2016/02/16/insider/staph-infections-yes-but-Tasers-and-guns-in-hospital-rooms.html?_r=0

NEW YORK CIVIL LIBERTIES UNION: Taking Tasers Seriously: The Need for Better Regulation of Stun Guns in New York, 2011

While this is an older report it has useful information.

The NYCLU's analysis found:

- *Nearly 60 percent of reported Taser incidents did not meet expert recommended criteria for justifying Taser use—criteria that limit the weapon's use to situations where law enforcement officers can document active aggression or a risk of physical injury.*
- *Fifteen percent of incident reports indicated clearly inappropriate Taser use, such as officers shocking people who were merely passively or verbally noncompliant with a police order, or where a suspect was already handcuffed or restrained.*
- *Only 15 percent of documented Taser incidents involved people who were armed or who were thought to be armed, belying the myth that Tasers are most frequently used as an alternative to deadly force.*
- *More than one-third of Taser incidents involved multiple or prolonged Taser shocks, which experts link to an increased risk of injury and death.*
- *More than 1 in 4 (27 percent) of Taser incidents involved shocks directly to subjects' chest area, despite explicit 2009 guidelines by the weapon's manufacturer instructing users to avoid firing Tasers at the chest area, citing a risk of "potential cardiac consequences."*
- *In 75 percent of incidents, no verbal warnings were reported, despite expert recommendations that verbal warnings precede Taser firings. Half of the jurisdictions surveyed do not, in fact, require officers to issue verbal warnings.*
- *Forty percent of the Taser incidents analyzed involved at-risk subjects. Taser experts caution against Taser use on children, the elderly, the visibly infirm and individuals who are seriously intoxicated or mentally ill — "the very individuals" most likely to be in contact with police, according to the International Association of Chiefs of Police. Of these incidents, 30 percent involved situations where officers were called to assist with a mentally disturbed individual with no indication or suggestion of criminal activity.*
- *People of color are overwhelmingly represented in Taser incidents. Of all incidents in which race was recorded, 58 percent involved black or Latino New Yorkers. In Albany, where 28 percent of the population is black, 68 percent of Taser incidents involved black subjects; similar disproportionalities were evident in Syracuse and Rochester".*

http://www.nyclu.org/files/publications/nyclu_TaserFinal.pdf

Portland, Oregon

Police Use of Force: A Review of the Literature, Portland State University. Criminology and Criminal Justice Senior Capstone, 2012

Excerpt:

“Johnson (2011) argues that future research should study officers in the field in order to provide a precise definition for mentally disordered subjects and more accurately understand why force is disproportionately used against the mentally disordered (p.143). Another study revealed most officers felt unsupported and uncomfortable when dealing with the mentally ill and mental health services (Godfredson et al., 2010, p.1402).

To overcome this significant obstacle, Godfredson et Police Use of Force: A Review of the Literature Page 8 of 12 al. (2010) recommended providing training and interagency collaboration with mental health services (p.1402). In another study, researchers suggested that using a standardized and proactive approach in encounters with the mentally ill could reduce the number of fatal meetings (Kesic et. al., 2012, p.1123).

Finally, Morabito et al. (2012) found that specialized crisis intervention training allows officers to identify symptoms of mental illness effectively and provides the skills needed to de-escalate these situations (p.71). Morabito et al. (2012) emphasized that dealing with the mentally ill is a community issue and officers need support to provide them with the resources they need” (p.73). (p.7,8).

http://pdxscholar.library.pdx.edu/cgi/viewcontent.cgi?article=1006&context=ccj_capstone

Michigan

MJC | September 17, 2015

“In 2012, Michigan joined the 44 other states around the U.S. who had already legalized Tasers for civilian use. But like gun ownership, there are requirements that must be met before a person can walk around with a 50,000 volt weapon in their pocket. Which a Manistee man recently discovered when he was arrested in Frankfort, MI.

Court documents show that 22-year-old Tyler James Vincent was arrested by detectives from the State Sheriffs Chiefs Enforcement Narcotics Team and Troopers with the MSP Seventh District Fugitive Team. The teams were after Vincent for drug possession, and the Taser possession was simply another chance for authorities to press charges.

Two days after his arrest on September 2nd, Vincent was arraigned on two felony charges. A single count of Possession of methamphetamine, which under Michigan law is a ten year felony, and a single count of Possession of a Taser, which could earn you up to four years in prison. He was arraigned in the Manistee 85th District Court.

Michigan law treats Tasers in a similar way to guns. In order to carry one, you will need to apply for a concealed carry permit. This does not apply to law enforcement, military personnel and corrections officers, but all other civilians would be required by law to have a permit. Like

guns, there are also a number of places where carrying a Taser, even if you have a permit, is not allowed. Places like schools, hospitals, bars and sports stadiums are examples, although there are several more on the list.

For those who do have permits for their Tasers, they will still need to be careful how they use them. It is illegal to use your Taser against another human being except in self defense. Violation of this law will result in misdemeanor charges that could earn you up to 30 days in jail and a \$500 fine”.

<http://www.aggressivecriminaldefense.com/manistee-methamphetamine-and-Taser-charges.html>

Connecticut

PressTV, US police more likely to use tasers on minorities, July 30, 2016

“A new report suggests police in the US state of Connecticut are more likely to use stun guns on minorities, another shocking revelation about police brutality in the country. The report shows Hispanics shot with stun guns, or tasers, were more likely to be fired upon multiple times than other racial groups in 2015.

The report is based on an analysis of the first statewide data of police stun gun use in the United States. According to the data, Connecticut officers fired their stun guns at 419 people last year.

The majority of those targeted were Hispanics and African Americans with many of them shocked twice and more. "With this basic information you can start asking more questions and figure out whether policies governing Tasers need to be modified," said Michael Lawlor, Connecticut undersecretary for criminal justice policy and planning.

"I'm sure over time it will have a big impact. You can expect the use of tasers will change simply because law enforcement is aware this data is being collected and reported publicly," Lawlor said.

The report also found that one-third of people involved in police taser incidents were described as "emotionally disturbed" and 13 percent were labeled as "suicidal."

The report comes as police across the US face mounting criticism for racial profiling, use of excessive force and discrimination against minorities. Although stun guns have been billed as non-lethal alternatives to firearms, they have many times resulted in deaths”.

<http://www.presstv.com/Detail/2016/06/30/472906/US-Connecticut-stun-guns-minorities>

Other Agencies and activities

Human Rights Recommendations to the United States: A Desk Reference for State and Local Human Rights Agencies

Prepared by the Columbia Law School Human Rights Institute for the International Association of Official Human Rights Agencies, April 2016

Excerpts:

“This resource draws from the standards in human rights treaties ratified by the United States. These treaties address discrimination in a range of areas, including housing, employment, and criminal justice, and address the rights of children as well. For each of these areas, the resource distills recommendations made to the U.S. during reviews of the U.S. human rights record between 2013 and 2015. Collectively, these reviews offer guidance on ways in which the United States can strengthen law, policy, and practice to enhance human rights protections.” (p.5)

“Excessive Use of Force

In their 2014 reviews of the U.S., the CERD Committee, the Human Rights Committee, and the Committee Against Torture expressed concern regarding excessive use of force in policing, and particularly its disparate impact on minorities. The Committee Against Torture also called attention to “the frequent and recurrent shootings . . . of unarmed black individuals” as well as the lack of statistical data and information on allegations of police brutality and investigations in response to those allegations. The Committees recommended that the U.S. address the problem of excessive use of force by law enforcement officials, specifically through more accurate reporting of the incidents of use of force, prosecution of offenders, and compensation for victims and their families.

The Committee Against Torture also addressed the use of electrical discharge weapons (Tasers), expressing particular concern at their use against unarmed individuals, and the number of deaths reportedly following Taser use. The Committee urged the U.S. to provide more stringent training and regulations on the use of Tasers.

Nearly thirty countries made recommendations to the United States during the 2015 UPR process regarding excessive use of force in policing. The U.S. supported or supported, in part, all of these recommendations.”(p.9)

http://web.law.columbia.edu/sites/default/files/microsites/human-rights-institute/desk_reference.pdf

Inter-American Commission on Human Rights Written Submission in Support of the Thematic Hearing on Excessive Use of Force by the Police against Black Americans in the United States Original Submission: October 23, 2015 Updated: February 12, 2016

156th Ordinary Period of Sessions Written Submission Prepared by Robert F. Kennedy Human Rights Global Justice Clinic, New York University School of Law International Human

Excerpt:

“There is no comprehensive data available on the numbers of police departments in the United States that conduct de-escalation training for officers or otherwise require exhaustion of non-violent or less-than lethal force. Studies of individual departments, however, have revealed inadequate attention to de-escalation, and a corresponding failure by officers to use non-violent alternatives to force. The Department of Justice Report on Ferguson, Missouri found that officers had not been trained to use de-escalation techniques.

The NYPD Report, discussed above, found not only that NYPD officers rarely use de-escalation tactics, but also that they have in fact escalated situations. The NYPD Report recommends that the NYPD Patrol Guide require “officers to de-escalate all encounters where appropriate.”

In the aftermath of the killing of Michael Brown by a police officer in Ferguson, Missouri, many Missouri cities have reportedly been reexamining their use of force policies. These reforms represent important steps toward bringing police training practices in line with international human rights law. In 2015, the Kansas City Police Department (“KCPD”) and the St. Louis Police Department (“SLPD”) have been instituting a policy called “tactical disengagement” or “tactical retreat.” The new policy aims to change the way police approach citizen interactions: “Instead of responding to a threatening suspect, officers are being trained to create a protective distance up to 30 feet, communicate with the suspect and think about the proper way to proceed; for instance, calling for backup.” The police chief of the KCPD posted on his blog: “Throughout the history of law enforcement, we’ve had the idea of ‘never back down, never retreat.’”

According to the chief, the purpose of the training changes is to allow officers to overcome the fear of being considered a “coward,” by requiring them to retreat.

*Moreover, some police officers recognize the need to make reforms in de-escalation training. For example, a former member of the New Haven police force emphasized the need to address de-escalation techniques in training: “**We certainly have enough training in how to escalate We need more training in how to de-escalate**”.* (p. 53,54)

http://rfkcenter.org/media/filer_public/7d/84/7d8409c1-588f-4163-b552-1f6428e685db/iachr_thematic_hearing_submission_-_excessive_use_of_force_by_police_against_black_americans.pdf

National Action Alliance for Suicide Prevention: Crisis Services Task Force, 2016 - Crisis now: Transforming services is within our reach. Washington, DC: Education Development Center, Inc.

Excerpt:

“Law enforcement working as “mobile crisis”: Law enforcement resources in many communities are tied up delivering “substitute crisis care” because mental health crisis care is inadequate. The results have sometimes been tragic, have added to the stigma associated with mental illness, and have drawn police resources away from other priorities. A January 13, 2015, New York Times Op-Ed piece described the recent death of 19-year-old Quintonio

LeGrier, who was shot and killed by a Chicago police officer a month earlier. The author links the death with recent substantial cutbacks in Illinois's troubled mental health system (including the closure of half of Chicago's mental health centers) and recommends that "we need to invest more broadly in a mental health crisis system to work in conjunction with the police" (p.4)

Solutions:

1. **Regional or Statewide Crisis Call Centers.** *These programs use technology for real-time coordination across a system of care and leverage big data for performance improvement and accountability across systems. At the same time, they provide high-touch support to individuals and families in crisis that adheres to National Suicide Prevention Lifeline (NSPL) standards.*
2. **Centrally Deployed Mobile Crisis on a 24/7 Basis.** *Mobile crisis offers outreach and support where people in crisis are. Programs should include contractually required response times and medical backup.*
3. **Residential Crisis Stabilization Programs.** *These programs offer short-term "sub-acute" care for individuals who need support and observation, but not ED holds or medical inpatient stay, at lower costs and without the overhead of hospital-based acute care.*
4. **Essential Crisis Care Principles and Practices.** *These must include a recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement". (p.5)*

In addition to these long-established principles, the evolution of information and communications technology and of best practices in mental health care has led to newer elements of comprehensive crisis care that we can now define as essential:

Harnessing Data and Technology. *The Georgia Crisis and Access Line utilizes technology and secure Web interfaces to provide a kind of "air traffic control" (ATC) that brings big data to crisis care and provides the ability of real-time coordination. This essential capability could not have been envisioned a generation ago.*

Power of Peer Staff. *PEOPLE, Inc.'s Living Room model, peer staffing, and the retreat model provide safety, relief, and recovery in an environment more like a home than an institution. The paradigm of recovery and the value of peers, highlighted in the Surgeon General's report on mental health (DHHS, 1999) and the report of the President's New Freedom Commission on Mental Health (DHHS, 2003), are now cornerstones of modern mental health care.*

Power of Going to the Person. *Colorado mobile crisis teams do not wait for law enforcement to transport a person in need to the hospital. They go to the person. Colorado is the first state to prove this can be done everywhere, and in any area: urban, rural, and even frontier. Combining modern technology with the long-established value of care close to home, this approach is essential in modern crisis care (also, see the Action Alliance's The Way Forward report").*

Evidence-based Suicide Prevention. *The effectiveness of high-quality crisis lines in suicide prevention has been well established (e.g., Gould et al., 2007). The nation has a national crisis line in the NSPL, but crisis care in many communities is lacking. Since the NSPL's network of qualified local crisis lines depends on state and local resources to fund*

participating centers, many parts of the United States do not have a local crisis line. Thus, many calls to the NSPL's 1- 800-273-TALK (8255) number are answered in their regions or in a national call center, not in a local center where both crisis calls and in-person crisis support can be most effectively delivered". (p.6)

<http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/CrisisNow.pdf>

THE CARTER CENTER Journalism Resource Guide on Behavioral Health

"This resource guide is for reporting on behavioral health issues. The information and resources found within these pages can support your efforts to report on behavioral health stories in ways that shed new light on a topic too often misunderstood. We believe your reporting can create a positive impact on the world that could be felt for years to come".

Excerpt:

"When Reporting on Violence and Suicide Most people with mental illnesses, such as schizophrenia, bipolar disorder, and major depression, are not violent and are actually more than four times more likely to be victims of violent crime than the general population.

Only 3–5 percent of violent crimes are attributable to people who have been diagnosed with a serious mental illness even though approximately 1 in 5 Americans aged 18 or older experienced a mental illness last year.

Several guides are available for reporting on suicide, traumatic events, and violence. It is recommended that journalists refer to these guides, especially when violence is a part of breaking news, to produce the most accurate reporting.

- *The Dart Center for Journalism and Trauma: Tragedies and Journalists*

<http://bit.ly/1MYUV56>

The guide includes tips for interviewing victims, self-care during a crisis, and special points for photojournalists and editors.

- *The Dart Center for Journalism and Trauma: Tip Sheet for Reporting on Suicide*

<http://bit.ly/1UheBP>

The tip sheet offers information about warning signs, avoiding misinformation and offering hope, and special suggestions for social media and bloggers".

https://www.cartercenter.org/resources/pdfs/health/mental_health/2015-journalism-resource-guide-on-behavioral-health.pdf

Appendix 1



<https://news.vice.com/article/this-instrument-can-kill-Tasers-are-not-as-harmless-as-previously-thought>