

Operational Evaluation of the New Zealand Taser Trial

A report prepared by

Police Operations Group and the Evaluation Team at
Police National Headquarters

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Glossary of terms

AI	Amnesty International
AOS	Armed Offenders Squad responds to situations in which there is an actual or threatened use of firearms or other weapons against members of the public or Police
ACPO	Association of Chief Police Officers (United Kingdom)
Arcing	Activating a Taser without an air cartridge fitted, as a visual deterrent
CED	Conductive Energy Device
CEW	Conducted Energy Weapon
CPRC	Canadian Police Research Centre
DAO	Duly Authorised Officer - a mental health professional designated and authorised by Directors of Area Mental Health Services under section 93 of the Mental Health Acts to perform the functions and exercise powers conferred by the Mental Health Acts
DDC	District Device Coordinator – a police officer appointed in each Taser trial district in NZ to oversee trial implementation; conduct monthly downloads of data from Tasers and audits of registers, and maintain records of the devices
Discharge	Firing Taser probes over a distance from an air cartridge attached to the device, or subsequent applications of electrical current via probes, which are in contact with the subject
Discharge mode	Unless otherwise specified, discharge mode is a collective term used in this report for the actions of firing probes and drive stun of the Taser
DOMILL	Defence Scientific Advisory Council’s Sub-Committee on the Medical Implications of Less Lethal Technologies (United Kingdom)
DSTL	Defence Science and Technology Laboratory (United Kingdom)
Drive Stun	Firing the Taser with or without the air cartridge attached while the device is applied to the body of the subject
Empty hand tactics	Empty hand tactics or techniques are close-quarter skills using arms, hands, legs and feet to control or defend against a subject. They are generally used when an officer finds that because of proximity of the subject the time and distance to react and employ another tactical option has been reduced considerably. Empty hand techniques can be used to distract a subject, thus creating space and time to deploy another tactical option
EDH	Emergency Department of Public Hospital
ED	Excited Delirium - a state of extreme mental and physiological excitement, characterised by extreme agitation, hypothermia, hostility, exceptional strength and endurance without apparent fatigue
EID	Electrical Incapacitation Devices

EMI	Electro Muscular Incapacitation devices – a conducted energy weapon, of which a Taser is one, that uses an electrical discharge to disrupt the body’s ability to communicate messages from the brain to the muscles
FLETC	Federal Law Enforcement Training Centre (USA)
GAO	Government Accountability Office (USA)
GDB	General Duties Branch
Laser painting	Applying the laser, sighting system of a Taser, on a subject as a visual deterrent
LLW	Less Lethal Weapon
M26 Taser	An earlier model of Taser than the X26 which was used in the NZ trial. The M26 was used in a trial in the UK
MAG	External Medical Advisory Group created for the NZ Taser trial
NIA	National Intelligence Application- a NZ Police database of offence information supporting operational policing
NUFF	National Use of Force Framework (Canada)
OC spray	Oleoresin Capsicum spray, commonly called pepper spray
PCA	Perceived Cumulative Assessment - The PCA is the officer’s overall subjective assessment of the situation and the subject’s behaviour throughout the incident. Situational information may comprise information supplied by the Communications Centre, results of background information checks, environmental conditions, number of subjects and officers involved, abilities of the officer and the subject such as their physical size, strength, skills, emotional state, influence of drugs and alcohol, proximity to weapons, similar previous experiences, and time and distance. The PCA recognises that personal characteristics unique to the officer will inform his/her assessment
PMO	A General Practitioner (GP) contracted for the purpose of providing services as a Police Medical Officer
PMO*	A General Practitioner acting in the role of Police Medical Officer in an on call basis
Presentation	Drawing and presenting a Taser at a subject as a visual deterrent
Presentation mode	Unless otherwise specified, presentation mode is a collective term used in this report for the actions of presentation, laser painting and arcing of the Taser
Probes fired	Firing Taser probes - see discharge and discharge mode
PNHQ	Police National Headquarters
RNZPC	Royal New Zealand Police College
SOP	Standard Operating Procedures developed by NZ Police for the Taser trial – see Appendix 1

SSTT	Staff Safety Tactical Training, a national training group based at the Royal NZ Police College responsible for developing and providing training to recruits and district staff in approved defensive tactics including mandatory appointments (OC Spray, batons, etc.) and firearms
STG	Special Tactics Group - provides a 'tactical capability' to deal with armed incidents beyond the capability of the Armed Offender Squads
Tactical Options Framework	Framework used by police officers to assess which tactical option is appropriate in a situation. The framework identifies assaultive behaviour as 'actively hostile behaviour accompanied by physical actions or an intent, expressed either verbally and/or through body language, to cause bodily harm' and death or grievous bodily harm as behaviour in which 'the subject exhibits actions that the officer believes are intended to, or likely to, cause grievous bodily harm to any person'
Taser	An electro-muscular incapacitation (EMI) device that uses cartridges to fire probes
TOR	Tactical Options Report - electronic report NZ Police officers use to notify deployment of tactical options during a use of force situation
WAPOL	Western Australian Police
X26 Taser	The model of Taser used in the NZ trial

Executive summary

Introduction

The NZ Police Taser trial was conducted from 1 September 2006 to 31 August 2007 in the Police Districts of Auckland, Waitematā, Counties Manukau and Wellington. This arose from a review initiated by the NZ Commissioner of Police following the fatal shooting of Stephen Wallace in 2000. This review examined less lethal weapons options for managing violent individuals to ensure tactics and equipment are the most effective, and least likely to endanger the safety of police, the public and offenders. A conducted energy weapon, or electro muscular incapacitation device was identified as a potentially relevant option.

Prior to the start of the trial police undertook a literature review about the use of electro muscular incapacitation devices by police agencies, and the scientific and medical research about the impact of these devices. Standard Operating Procedures were developed to guide the trial and the use of Tasers, and a comprehensive staff training package was developed based on international good practice. District Device Coordinators were appointed in each of the trial areas to oversee the implementation of the trial and to conduct audits of Taser use. An external Medical Advisory Group was established to review the medical records of those who were exposed to a Taser discharge and to provide expert medical advice on areas of risk. Police also engaged with various organisations and individuals about the trial.

Evaluation approach

New Zealand Police evaluated the Taser trial, with the overall aim of assessing the use of Tasers in an operational environment in order to identify key issues about use and effectiveness of the device, the potential benefits and risks to staff and public safety and public opinion on police Taser use.

The evaluation, conducted by a combined internal and external evaluation team, used a wide range of qualitative and quantitative data including: international literature; incident and injury data from the Tactical Options Report database; incident data from police Taser discharge files, offence information from the National Intelligence Application database, a survey and in-depth interviews with officers; a national survey of 1200 people; media coverage; and the external report provided by the Medical Advisory Group.

The evaluation report provides detailed analysis of each of these data sources. A summary of the main findings and conclusions is discussed below.

Main findings and conclusions

The main findings and conclusions are drawn by synthesising information from each of the chapters in order to address the evaluation aims.

Aim 1: Description of Taser use during the trial period

A total of 128 incident reports of Taser use were submitted during the trial period, one of which was used against a dog and has not been included in the analysis. The majority (114) were mandatory reports for use of a Taser in the presentation or discharge modes. The remaining 13 reports were voluntary reports, submitted by a small number of officers when they deholstered the Taser.

Of the 114 incidents where reports were required, the majority (83%) of Taser deployments were in one of the presentation modes, i.e. presentation, laser painting or arcing.¹ A Taser was discharged in the remaining 17 percent of incidents, where six incidents involved initiating a second cycle of the device after probes fired in order to restrain the subject.²

Subject weapons were present in two-thirds (66%) of 127 incidents and in a further 18% police believed weapons were present and considered them in their perceived cumulative assessment of the incident. Weapons were involved in the majority of incidents (16 of 19) where the Taser was discharged. The most common weapon types were cutting/stabbing instruments (73), the majority being knives (44).

Tasers were typically deployed in situations where a subject was behaving in a violent or threatening manner. Over half (52%) of the offence classes were intimidation and threats, serious assaults, and grievous assaults. Family violence events were the most common (39%) event type to which Tasers were deployed.

Police, most commonly general duties officers, deployed firearms to 28 incidents where Tasers were also available and presented firearms at subjects in 13 of those incidents.

Alcohol and drug use was a factor in 51 percent of incidents where a Taser was deployed, which is about the same proportion as that found in the first operational trial of the M26 Taser in England and Wales.

Approximately one-fifth (21%) of all incidents involved subjects who appeared to be experiencing mental health issues. Of the 17 medical reports for subjects who had been exposed to a Taser discharge, reviewed by the Medical Advisory Group, 8 noted a history of mental health problems.

The majority (95%) of subjects were male, aged between 20 and 39 years (71%). Five subjects, against whom a Taser was presented, were aged between 14 and 16 years old. NZ European/Pākehā subjects comprised 33% of all subjects, Māori comprised 32%, and Pacific Island peoples 26%.

Aim 2: Effectiveness of Tasers in a range of operational situations

Tasers were effective in de-escalating and resolving the majority (86%) of incidents; and the presentation of a Taser alone was sufficient to resolve 71% of incidents without the use of additional tactics. Officers observed positive changes in subjects' behaviour when a Taser was

¹ See the Glossary for an explanation of these terms.

² Subject is used in this report instead of 'person', 'offender' or 'suspect' as the involved person may not be charged with an offence; furthermore 'subject' can easily be distinguished from victim, officer, or complainant.

deployed, such as increased cooperation and general de-escalation of volatile situations. In general, officers felt that the Taser was effective in a range of operational situations.

The majority (88%) of officers surveyed thought that Taser availability had a positive impact on how they performed their job, with almost half (46%) stating they had increased confidence, particularly when dealing with violent people, or those under the influence of alcohol and drugs, or when attending incidents where weapons were present. Officers suggested that in some situations Tasers were a more effective tool than other options such as OC spray (see Glossary), which is difficult to use in confined spaces, in certain weather conditions, or from a distance. Officers also thought Tasers filled a gap in options between OC Spray, batons and dogs and firearms.

Officers thought that the availability of the Taser reduced the need to rely solely on firearms, in turn reducing the risk of firearms fatalities. Police deployed firearms and Tasers to 28 incidents during the trial and presented them at subjects in 13 incidents. Tasers resolved 9 of the 13 incidents using discharge mode in five and presentation mode in four. One District Device Coordinator interviewed described an incident where he thought discharge of a police firearm was averted due to the availability of a Taser.

All officers strongly agreed (72%) or agreed (28%) that they were confident about the effectiveness of the device.

The main issue officers identified with a Taser during operational deployment was the holster, which did not fit comfortably or easily with the duty belt and body armour.

Aim 3: Health and safety issues

Officers were required to ensure that subjects exposed to a Taser discharge were constantly monitored and provided with appropriate aftercare. As required, all subjects were seen by a doctor, most commonly the Police Medical Officer.

The removal of probes occurred promptly, with the majority being removed in less than five minutes. Probes were most commonly removed by police officers, who reported that this was manageable and without incident.

Only a small number of minor injuries were sustained by subjects. According to the Medical Advisory Group's report, none of the subjects exposed to a Taser discharge showed any moderate or severe injuries that required follow-up treatment, and the mild injuries that subjects sustained could not necessarily be linked to the use of a Taser.

In the incidents where a Taser was used in the discharge mode, probes caused expected minor penetration wounds and the drive stun mode caused reddened areas of skin. The most common probe contact areas on the body were the arm, back and chest.

Officers suggested that Tasers have the potential to reduce injuries, particularly injuries caused by the use of dogs and batons. Some officers also suggested that the risk of firearms fatalities was reduced when Tasers were available. An officer described an incident in addition to that described by a District Device Coordinator where discharge of a police firearm was avoided due to Taser availability.

Officers also reported that they were less likely to be injured because the Taser allowed them to maintain a safer operating distance from violent and/or armed subjects, whereas OC spray and batons required them to be in closer proximity. This was supported by tactical options reports, which showed that no officers, in the course of deploying a Taser, sustained injuries that required medical attention.

The majority (84%) of officers stated that the availability of Tasers positively impacted on how they felt about doing their job, with 50% stating they felt safer and more protected.

Aim 4: Utility of the Standard Operating Procedures

In general the Standard Operating Procedures (SOPs) worked well, with the majority of police officers stating they strongly agreed or agreed that the SOPs were clearly explained during training; the language/terminology was clear; they were clearly presented and clearly written. District Device Coordinators reported that overall tasks were manageable and that there were no issues with carrying out the trial SOPs; however, some refinements were suggested by trial participants.

Among other things, Taser use had to be in accordance with the Tactical Options Framework (see Glossary). The concept of being ‘within and beyond the assaultive range’ caused some operational challenges for officers where the reality of highly volatile situations made it difficult to assess. Officers felt there was a risk they might under-assess the situation and elect not to use the Taser when it could be effective. Officers also described a ‘grey’ area where a subject’s behaviour could be assessed as actively resistant bordering on assaultive, and believed there were differences in interpretation about the point at which the Taser could be presented to deescalate a situation. It was suggested that refinements to training could address this.

Officers were critical of the requirement to have Tasers in a locked container in the boot of a patrol vehicle, saying it presented them with practical difficulties and caused delays in getting the device from the car. Officers also suggested that having Tasers in the boot of the patrol car left them vulnerable to theft.

During the trial Tasers were not permitted to be carried as a matter of course on routine duties. However, the majority (72%) of officers surveyed felt that Tasers should be worn full-time, largely (73%) due to the unpredictable and volatile nature of many situations they are required to attend. The majority of officers agreed that issue of Tasers should be limited to experienced staff, although some staff suggested that maintaining adequate numbers of Taser operators with limited issue would be difficult in areas that experience high attrition rates.

Aim 5: Public attitudes towards the Taser

Findings from a representative survey of 1200 New Zealanders indicated a high level of awareness of the Taser trial (83%) and support for the use of Tasers by police (79%), particularly in situations where police need to protect themselves and the public from violence and harm, and in situations where subjects have weapons. The 10% of respondents who opposed the use of Tasers by police gave reasons such as the Taser might injure someone, they did not trust police, or the police might overuse the Taser.

Of the 71 individuals or organisations who corresponded with the Minister of Police and/or the Commissioner of Police about the use of the Taser, 90 percent opposed its introduction. Their concerns included the risk of fatalities and injuries; the potential for Tasers to be used inappropriately or in a discriminatory way; that there had been a lack of consultation and informed debate; that police are becoming increasingly armed, and that there is no justification for their introduction.

Media coverage of the trial tended to be supportive in tone, with the level of supportive reports increasing from 72 percent prior to the trial to 82 percent of reports following the conclusion of the trial. Supportive coverage focused on the need for police to protect themselves from violent offenders; the perception that Tasers offer a good alternative to firearms; and Tasers are a necessary and useful tool for modern policing. Media coverage that was not supportive focused on the potential risk of fatalities; the risk that police will not adhere to guidelines or use Tasers appropriately; and that Tasers can be considered a form of torture, largely following a United Nations panel comment to this effect.

Aim 6: Perceived benefits of Tasers

One of the main benefits identified by officers is that Taser availability reduced the need to solely rely on firearms, thereby reducing the risk of fatalities. Officers felt that Tasers ‘filled a gap’ between options such as OC spray or batons and firearms.

Tasers were seen to provide officers with increased safety by allowing them to maintain a safer operating distance from subjects who were often violent and unpredictable. Officers stated they had increased confidence dealing with subjects who were under the influence of alcohol and/or drugs, and attending incidents where weapons were present. Furthermore, they stated that Tasers encouraged increased cooperation from subjects and led to quicker resolution of volatile incidents.

Tasers were also believed to be less resource intensive because they provided an option to first response staff to attempt to resolve some situations prior to having to call on the Armed Offenders Squad or Dog Section staff. This also resulted in quicker resolutions of incidents.

Aim 7: Perceived disadvantages of Tasers

The main concern and perceived disadvantage of Tasers, identified in correspondence to the Minister of Police and Commissioner of Police, the national public survey, and the media, was the potential for Tasers to cause injuries and fatalities. Many referred to international research, particularly reports prepared by Amnesty International, which suggested there were links between Taser use and serious injury and death.

Another common concern was that officers may use the device inappropriately or excessively. Related to this was the concern that certain groups, such as those with mental health issues, Māori or Pacific peoples, will be unfairly targeted. This concern was identified in the correspondence to the Minister of Police and Commissioner of Police and the media.

In contrast, many surveyed police officers (39%) felt that there were no disadvantages or risks with the introduction of Tasers. Of the officers who did identify potential risks, some suggested there was the potential for injuries to subjects, operator handling errors, as well as the

risk of subjects gaining control of a Taser and using it to incapacitate officers. Some also thought there were risks that officers may become overly reliant on Tasers, electing to use them at incidents where firearms should be used.

It was suggested by officers interviewed that these are risks or disadvantages applying to any tactical option and can be mitigated through the maintenance of discipline and professionalism and the SOPs covering officer selection, training, debriefing, auditing, and sanctioning of inappropriate use.

Conclusion

On balance, the trial of the deployment of the Taser at 128 incidents appears to have been successful. Use of the Taser, most commonly in presentation mode only, was sufficient in the majority of incidents to bring a subject's violent and threatening behaviour under control and to de-escalate the situation.

Injuries to subjects and police officers were minor despite the serious circumstances of incidents. Subjects sustained expected minor injuries associated with probe wounds and drive stun contact, and the medical review by the Medical Advisory Group indicated injuries were minor with no additional medical follow up required. Similarly, officers reported a small number of minor injuries that did not require medical attention.

The most common concerns from those who opposed use of Tasers was that the device would be used inappropriately or excessively, and that it would cause injuries and fatalities. However, generally the public was accepting of police Taser use with the majority of the public surveyed supportive of Taser use in situations where police needed to protect themselves and the public from violence and harm, and in situations where subjects had weapons.

The views of staff were overwhelmingly supportive of the availability of the Taser, particularly those in General Duties Branch, to deal with assaultive situations including those where they are facing a subject with a weapon. The high numbers of incidents with subject weapons or alcohol and drugs involved illustrates the often unpredictable and volatile nature of situations that officers attend, and officers felt that the Taser filled a gap in their options for safely dealing with these situations. Feelings of increased confidence and safety were commonly reported by the officers involved in the trial.

Officers also reported benefits related to firearms deployments such as the reduced need to rely solely on firearms and the potential to reduce firearm fatalities as a result. One officer and one DDC described two separate situations where they thought the potential for a firearms fatality was averted because a Taser was also available.

Trial participants felt that with adherence to the guidelines set out in the SOPs such as selection of staff, ongoing auditing, mandatory reporting of Taser use and ongoing operator training that any potential risks such as handling and operator errors, inappropriate use, and injury to subjects could be minimised.

Overall the NZ Police Taser trial experience indicates there is the potential to realise benefits such as a reduction in firearms presentations, assaults on police officers, and injuries to subjects if Tasers were available more widely as a tactical option for NZ Police.

The Standard Operating Procedures, the training developed for the trial, and the mandatory reporting framework for Taser deployment, in the main worked well and will provide a useful foundation for any refinements that may be considered should Tasers be made available to NZ Police.

Chapter 1 Introduction

Chapter summary

The NZ Police Taser trial was conducted from 1 September 2006 to 31 August 2007 in the police districts of Auckland, Waitematā, Counties Manukau and Wellington. These districts were selected for the trial based on analysis of workload statistics and examination of Armed Offenders Squad (AOS) call outs. Thirty-two devices were available for use among the four trial districts.

Prior to the trial, staff from Police National Headquarters (PNHQ) and the Royal New Zealand Police College (RNZPC) developed Standard Operating Procedures (SOPs) to provide guidelines on Taser use. The SOPs were based on documentation supplied by law enforcement, police, and justice sector agencies from the United Kingdom, the United States of America and Canada, as well as meetings with the Home Office Secretariat (UK) and New Scotland Yard (UK).

A comprehensive training package was developed by staff at the RNZPC, based on international good practice. Prior to the trial, 18 instructors were trained by the NZ certified Master Instructor. Taser operators were selected based on guidelines set out in the SOPs.

Staff from General Duties Branch (GDB), Armed Offenders Squad, Team Policing, and Special Tactics Group were trained, with a total of 295 staff trained throughout the trial period.

Taser use was reported through the electronic Tactical Options Report (TOR) database. Reporting was mandatory when a Taser was presented, laser painted, arced, and when probes fired or drive stun was used.

Each of the trial areas had a District Device Coordinator appointed to oversee the implementation of the trial; conduct monthly downloads of discharge data from the devices; audit registers; and maintain records of the devices.

A Medical Advisory Group was established for the trial, comprising medical professionals across a number of disciplines including general practice, mental health, emergency medicine, cardiology, and psychiatry. The purpose of this group was to monitor the trial, review medical records of those exposed to a Taser discharge, and provide medical advice on matters of risk. They were also tasked with providing a report (refer to Chapter 7).

1.1 Background

The Project Lincoln review was initiated by the New Zealand (NZ) Commissioner of Police following the fatal shooting by police of Stephen Wallace in 2000. A focus of Project Lincoln was ‘to examine the current range of less lethal weapons (LLW) used by the New Zealand Police, appraise international trends in these areas, and establish whether any additions, alternatives or amendments need to be made’. (New Zealand Police, 2003).

Project Lincoln encompassed a review of the way police manage violent individuals to ensure the tactics and equipment options are the most effective, and least likely to endanger the safety of police staff, the public or offenders.

The Project Lincoln report, released following the review, provided detailed recommendations regarding the development of LLW options within the NZ policing environment. A conducted energy weapon, or electro muscular incapacitation (EMI) device was identified in the report as a potentially relevant LLW option. Police in the United States have used EMI devices since 1980, and more recently Australia, Canada and the United Kingdom have adopted EMI devices following trials in their respective countries.

An EMI device is a conducted energy weapon that utilises an electrical discharge to disrupt the body's ability to communicate messages from the brain to the muscles. The device causes temporary incapacitation through motor skill dysfunction.

The Project Lincoln report identified the following advantages of EMI devices:

- distance may be maintained from the subject (approximately 7 metres)
- immediate, temporary incapacitation occurs with discharge
- effectiveness of the device is maintained in situations where subjects have consumed alcohol, drugs, or are exhibiting behaviour associated with mental health issues
- recovery is immediate with little aftercare required
- no major medical concerns, with the chance of life threatening, and serious injuries being low
- sighting systems enable the weapon to be used discriminately with low risk of cross contamination
- the device operator can control the effect and reapply the discharge if necessary.

Disadvantages reported included:

- similar appearance to a pistol
- one discharge capability (with a miss requiring reload of the device)
- extreme care must be taken around flammable substances.

Prior to the trial and evaluation, NZ Police undertook a review of literature on the use of EMIs by police agencies, and scientific and medical research associated with the devices. This review produced a series of papers that were provided to Police Executive members between April 2004 and December 2005 considering the implications of an operational trial. Issues included:

- identifying potential participating staff and districts
- identifying the training and cost implications
- developing Standard Operating Procedures
- identifying the potential benefits, including the potential for reduced

These considerations guided the focus of the trial and the evaluation. A twelve-month operational trial of the device, specifically the X26 Taser, was approved by the Police Executive in December 2005.³ The overall aim of the trial was to assess the value of the device within the

³ For the purposes of this report 'Taser', 'EMI device', and 'device' are used to refer to the X26 Taser.

NZ Police operating environment, and assess the potential safety benefits that may be achieved, while maintaining public trust and confidence in NZ Police's use of less lethal tactical options. Additionally, it was expected that the trial would provide an opportunity to raise awareness of the police priority of maintaining public and staff safety during violent confrontations, and an opportunity to engage with stakeholders⁴.

In May 2006, NZ Police representatives met participants of the UK Taser Practitioners Working Group conference at Lincolnshire (which included speakers from ACPO (Association of Chief Police Officers), Police Executive Research Forum (USA), Home Office Scientific Development Branch, and a wide representation from UK Constabularies). This provided information to help finalise arrangements for the operational trial of an EMI device in New Zealand. Meetings at the Home Office Secretariat and New Scotland Yard provided comprehensive information that enabled consolidation of details of the NZ Police SOPs for electro muscular incapacitation devices (refer Appendix 1) in relation to:

- training
- operational use and evaluation
- medical aftercare protocols
- scene management requirements
- professional standards.

1.2 Overview of the trial

Participating police districts

The trial operated between 1 September 2006 to 31 August 2007 in the police districts of Auckland, Waitematā, Counties Manukau and Wellington. These districts were selected for the trial based on analysis of workload statistics and examination of AOS call outs. Thirty-two devices were available for use among the four trial districts. A breakdown of the police districts and areas that received the Tasers is shown in Table 1 below.

⁴ See Appendix 2 for a list of meetings and engagements.

Table 1: Number of Tasers available by police district and area

Auckland City District	Number of Tasers
Armed Offenders Squad	2
Special Tactics Group	2
Auckland Central	1
Avondale	1
Mt Wellington	1
Auckland Team Policing Unit	1
Downtown	1
Total	9
Waitematā District	
Henderson	2
North Shore	1
Orewa	1
Total	4
Counties Manukau District	
Hub	1
Pukekohe	1
Howick	1
Otahuhu	1
Total	4
Wellington District	
Wellington Central	4
Kapiti	2
Armed Offender Squad	2
Special Tactics Group	2
Lower Hutt	1
Wainuiomata	1
Featherston	1
Greytown	1
Masterton	1
Total	15

Standard Operating Procedures

The Operations Group at NZ Police National Headquarters and Staff Safety and Tactical Training (SSTT) at the RNZPC developed SOPs to provide guidelines on use of the device. The SOPs were based on information supplied by the International Association of Chiefs of Police (IACP in USA), Government Accountability Office (GAO in USA), Police Scientific Development Branch (PSDB in UK), Association of Chief Police Officers (ACPO in UK) and the Canadian Police Research Centre, and information received from meetings with the Home Office Secretariat (UK), and New Scotland Yard (UK). The SOPs included instructions for staff concerning:

- the Tactical Options Framework, i.e. an intermediate option for use within or beyond the assaultive range of behaviour⁵

⁵ See Glossary under Tactical Options Framework.

- legal implications of use of force and accountability, i.e. use based on Tactical Options Framework and justification under the Crimes Act 1961
- restrictions of use
- security of device (e.g. storage, record of issue and use, and audit)
- pre-operational checks
- carriage
- warnings prior to deployment and discharge
- deployment, i.e. presentation, laser painting, arcing, discharge and drive stun (refer to Glossary for these terms)
- aftercare, i.e. medical care, restraint, reassurance, probe removal, monitoring in custody
- post-incident procedures, i.e. supervisor reporting, Tactical Options Report.

Training

A comprehensive training package was developed by SSTT at the RNZPC, based on international good practice about effective deployment of the technology-based options detailed in the information supplied by the international organisations mentioned under SOPs.

Prior to the trial 18 instructors were trained by the New Zealand certified Master Instructor and subsequently conducted operator training for selected staff in the Auckland region and in Wellington. Participating Taser operators were selected for the trial based on guidelines set out in the SOPs, i.e. staff will hold a current NZ Police First Aid certification, NZ Police EMI device operator's or instructor's certification, SSTT certification, and have a minimum of two years relevant police service, and be approved by the District Commander and National Manager: Professional Standards.

General duties branch (GDB), Armed Offenders Squad (AOS), Team Policing, and Special Tactics Group (STG) staff were trained as Taser operators for the trial. Staff attrition resulted in the need for ongoing operator training during the trial. A total of 295 staff were trained throughout the trial.

Training content consisted of the following components:

- use of force – Tactical Options Framework and SOPs
- medical – Taser-specific implications and excited delirium
- technology overview – Electrical and neuro-muscular incapacitation
- safe handling, nomenclature, function and design
- issue, checks, and weapon states – records, carriage, and draw
- deployment – presentation, laser painting, arcing, discharge and drive stun
- post-deployment procedures – restraint, aftercare, medical attention, and post-incident procedures
- reporting – Tactical Options Report database.

Taser deployment

As specified in the SOPs a Taser may be deployed operationally to effect the required purpose, in conjunction with a verbal warning, in the following ways:

- presentation – drawing and presenting the device at a subject as a visual deterrent
- laser painting – applying the laser, sighting system of the device, on a subject
- arcing – activating the device without an air cartridge fitted as a visual deterrent
- discharge – firing probes over a distance from an air cartridge attached to the device, or subsequent applications of electrical current via probes, which are in contact with the subject
- drive stun – firing the device with or without the air cartridge attached while the device is applied to the body of the subject.

Reporting deployment of a Taser

Taser deployment was the subject of mandatory reporting through an electronic Tactical Options Report (TOR) form. It was mandatory for officers to report when they presented a Taser at a subject, which included use of presentation only, laser painting and arcing; these deployments were categorised collectively as use of the device in presentation mode. A hierarchy categorised presentation mode reports beginning with presentation only, laser painting then arcing. Officers were also required to create a TOR form when a Taser was discharged at a subject, which included firing probes and use of drive stun; these deployments were categorised collectively as use of the device in discharge mode. In addition, some officers submitted a TOR when removing the Taser from its holster ('deholstering'), although these reports were not mandatory.

Electronic reporting enabled close monitoring of Taser use and the ability to quickly respond to information requests from stakeholders and the public. The reporting included incident location details; subject details; the nature of the incident; whether drug use or weapons were involved; and the mode in which the Taser was used.

Taser discharge data and auditing Taser use

In addition to self reporting Taser discharges via the electronic TOR form, discharge data from each Taser was available for download, allowing police to reliably determine the frequency and duration of discharges where Tasers were deployed at incidents. Records of discharges were also audited monthly by comparing records of Taser download data with information contained in the device register of issue and use. Any discrepancies between the download data and the register required immediate reporting to Police National Headquarters. Full details of audit and records procedures can be found in the SOPs (sections 5.2 Records of Issue and Use, and 5.3 Audit) in Appendix 1.

District Device Coordinators

Ongoing liaison with districts was conducted via District Device Coordinators (DDCs) based in each of the four districts. DDCs were responsible for a range of tasks including:

- overseeing implementation of the trial in their respective areas
- conducting monthly download of devices and auditing of registers to ensure details of download usage and records corresponded
- maintaining records of EMI devices, TORs, and associated documents for audit purposes.

External Medical Advisory Group

An external Medical Advisory Group (MAG) was established for the trial. This group comprised medical professionals across a number of disciplines including general practice, mental health, emergency medicine, cardiology, and psychiatry. The purpose of the MAG was to monitor the operational trial, approve medical aftercare arrangements, review the outcome to the mandatory medical examination of subjects who had been exposed to a Taser discharge, and provide expert medical advice on relevant matters of significance or risk, if and when they emerged (refer Appendix 3 for the Terms of Reference and details of the Medical Advisory Group).

1.3 Report structure

In the remainder of the report, Chapter 2 provides a description of the evaluation approach. Chapter 3 provides a limited review of international literature related to medical risks of Tasers, operational policies for Taser use internationally, and police experience of Taser use. Chapters 4 through 9 provide detailed evaluation findings according to the various methodologies employed. Chapter 9 concludes the report by summarising the detailed evaluation findings in relation to each of the evaluation aims, and providing some overall conclusions about NZ Police experience of Taser use.

Chapter 2 Evaluation approach

Chapter summary

The overall aim of the Taser trial evaluation was to examine Taser use within the NZ Police operating environment to identify key issues about use of the device, and the potential benefits and risks related to staff and public safety, and public opinion about Taser use.

A mixed-method approach was adopted for the evaluation, using a range of qualitative and quantitative information, including:

- a review of relevant international literature about Taser use
- analysis of incident and injury data from the TOR database and related data from the National Intelligence Application (NIA) database, police Taser discharge files, and discharge data from Tasers
- a survey with officers who had deployed a Taser
- in-depth interviews with a selection of officers, DDCs, and the Taser Project Officer
- a national survey of 1200 people to elicit public opinion and understanding of Taser use in New Zealand
- a review of project documentation and official correspondence about the trial
- analysis of media coverage about Taser use and the trial, between 6 February 2006 and 1 December 2007
- a report by the MAG based on analysis of medical reports of those who had been exposed to a Taser discharge.

Although the evaluation incorporates a broad range of data sources, there are some limitations with the evaluation approach, including:

- the small number of Tasers available meant it was not possible to quantitatively assess the extent to which Tasers contributed to a reduction in the use of other tactics, or a reduction in overall numbers of injuries
- subjects who were exposed to a Taser discharge were not interviewed as part of the trial
- staff who were trained to use Tasers but had not presented or discharged a Taser were not surveyed as part of the evaluation
- categories such as mental health issues and carriage of police firearms are not mandatory to report in TOR and therefore the number of incidents may be higher than the number recorded.

2.1 Introduction

This chapter provides an overview of the approach that was used for the Taser trial evaluation. It lists the intended aims of the evaluation, and identifies the data sources and collection methods used to address these aims.

2.2 Evaluation aims

The overall aim of the evaluation was to examine Taser use within the NZ Police operating environment to identify key issues about the use of the device, the potential benefits and risks related to staff and public safety, and to gauge public opinion about use of Tasers. Specifically, the aims of the Taser trial evaluation were to:

- describe Taser use during the trial
- assess the effectiveness of Tasers in a range of operational situations
- assess the health and safety implications arising from Taser use
- assess the utility of the Taser SOPs
- assess public opinion about use of the Taser
- assess the benefits of using the Taser
- assess the disadvantages/risks of using the Taser.

2.3 Methodology

A mixed-method evaluation approach was adopted for the Taser trial, using a range of qualitative and quantitative information. The advantage of this approach was that it provided a comprehensive picture of what occurred throughout the trial. In addition, the data sources were cross-referenced (triangulated) to ensure that more rigorous and reliable results were obtained.

The evaluation comprised the following:

- a review of relevant international literature about Taser use
- analysis of the incident data from the TOR database, discharge data from the Tasers, and related data from the NIA database, and police Taser discharge files
- a survey with officers who had either deholstered, presented or discharged a Taser
- in-depth interviews with a selection of frontline staff, including staff who had used a Taser, staff who were trained but had not used the Taser, DDCs, and the Taser Project Officer
- analysis of injury data from the TOR database and an analysis of medical reports of subjects who were exposed to a Taser discharge, conducted by the MAG
- a review of project documentation, and analysis of information contained in Official Information Act requests, Ministerial correspondence, and Parliamentary questions
- analysis of Police Public Confidence and Satisfaction Survey data
- analysis of media coverage between 6 February 2006 and 1 December 2007.

Each of these components is discussed in more detail below.

Literature review

A range of literature was analysed to provide a brief overview of Taser use internationally. This included a short history of the development of the Taser, medical risks of Taser use, and operational policies and experiences of Taser use by police in Australia, Canada, the United Kingdom and the United States of America. This is reported in chapter 3.

Analysis of incident data in the Tactical Options Report database

The TOR database contains comprehensive information about Taser use, as officers were required to complete a report in every instance when a Taser was deployed in presentation or discharge mode. Data from TOR were analysed to provide a picture of the circumstances in which Tasers were used, including:

- incident location details
- subject details
- the nature of incidents
- whether drug use or weapons were involved
- the mode in which Tasers were used, i.e. whether it was presented or discharged.

The purpose of the TOR is to report use of tactical options. This report form is one component within a file that may be generated for each incident. Information is entered directly by officers who self-report their use of tactical options as is relevant to their personal experience and knowledge of the incident. Question and answer fields are automatically generated depending on the information provided by the officer and consist of multi-select answers, single-select fields and fields for narrative descriptions. Relevant fields were selected for review, particularly those that may influence an officer's Perceived Cumulative Assessment (PCA) of the situation and behaviour related to risk assessment of the event, plus descriptive elements, i.e. location, event types, subject details.⁶

Information from multi-select answers and single-select fields were checked for accuracy against narrative descriptions included in the TOR, to ensure that any data entry errors were identified. Information from all fields selected for analysis was used to create a picture of the circumstances of incidents. If more than one officer reported the incident via TOR, all reports were reviewed to provide as much information as possible. Categorisation of incident data was reviewed by researchers and sworn police staff to ensure accurate interpretation of events and use of police coding systems relating to event types, and modes of use of tactical options. The findings are discussed in chapter 4.

National Intelligence Application, police files and audit information

In addition to use of the TOR, information was collected from NIA, police files, and discharge data taken directly from the devices in relation to specific Taser incidents. NIA was used to collect offence information for individuals involved in Taser incidents, as well as to complete age group and ethnicity information when this information was not present in TOR.⁷ Police files relating to Taser discharge incidents were reviewed to provide additional information about deployment of police firearms, Taser discharges, and indications of mental health issues for subjects involved in these incidents. Finally, discharge information from TOR was confirmed against the discharge frequency and duration data downloaded from the Taser device itself via the audit process. This information is included in chapter 4.

⁶ See Glossary for PCA.

⁷ Information may be absent due to technical difficulties, or information not being available at the time of creating the report.

Survey with frontline staff who have deployed the Taser

The survey sample (N=66) was drawn from the TOR database. All staff who deployed a Taser (as reported in the TOR) were invited to respond to a survey about their experiences and views of the operational use and impact of the Taser.⁸ The survey focused on the actual use of the Taser; the SOPs guiding the use of Tasers; training; and the impact of the Taser's availability on policing. (Refer to Appendix 4 for a copy of the staff survey questions). In total, 57 officers responded to the survey, i.e. a response rate of 86.4 per cent.

The survey was prepared by researchers in the Evaluation Team and Operations Group at Police National Headquarters, and reviewed by researchers from Staff Safety Tactical Training at the RNZPC, and the Crime and Justice Research Centre at Victoria University of Wellington.

Mail-out surveys were sent to staff on 13 September 2007, with reminder letters/emails sent on 24 September 2007. Staff who had not returned a completed survey by the cut-off date of 28 September 2007 received a reminder telephone call the following week. Completed surveys were sent directly to the research team for coding, data entry and analysis. A coding schedule was developed, and a selection of surveys was reliability-checked by other researchers within the team. The findings are discussed in chapter 5.

In-depth interviews with police staff

Individual interviews were conducted with a selection of police staff to examine in more detail their experiences of using the Taser; the perceived benefits; and the potential disadvantages or risks. (Refer to Appendix 5 for a copy of the interview guides.) A total of 23 staff from Wellington and Auckland Districts participated in an interview.

Staff in various roles were selected for interviews to obtain views from officers with a range of policing experiences. The sample for interviews was as follows:

- first response officers, e.g. Incident car (I-Car), general duties staff (n=9)
- specialist operators, e.g. AOS, Special Tactics Group (n=4)
- team policing (n=2)
- rural area (n=1)
- staff who were trained but did not use a Taser (n=2).

Nine first response officers were interviewed. Officers in this role are the first to arrive at the scene of an incident and may be working alone or in teams of two when they answer calls for service that require immediate attendance. They may cordon and contain the situation until other officers can arrive to assist, which may include specialist officers such as Dog Handlers and the AOS. The arrival of other officers depends on availability. Frequently first response officers must act to resolve critical incidents when the situation escalates and they deem it necessary to resolve the situation immediately. First response or General Duties Branch (GDB) officers' carry batons, OC spray, handcuffs, and have access to firearms if required. Stab resistant body armour was introduced during the trial.

⁸ The 19 officers who participated in an in-depth interview were excluded from the survey sample.

Four specialist officers from the AOS were interviewed. These officers are deployed as part of a large team – an optimum number of response staff is 14 (including officer in charge, dog handler and 12 officers). A large majority of call outs involve subject firearms or the threat of death or grievous bodily harm with a weapon. AOS members have access to similar options as GDB, but deploy firearms to every incident and undertake additional training to work dependently and interdependently as part of a large team to bring volatile incidents to a safe resolution.

Team policing officers work on foot and vehicle patrols in metropolitan areas. They typically deal with incidents involving large numbers of people, e.g. licensed premises, special events, crowds. They can also assist foot patrols in the city when required. Beat patrols work on foot in downtown city areas. They carry the same equipment as GDB staff. Two officers from this grouping were interviewed.

Rural areas include small towns and country areas. Officers often work alone in rural areas, and access to additional staff to provide back-up is often limited or not available; there can be lengthy delays waiting for specialist groups to arrive. One rural officer was interviewed.

Two staff who were trained but did not use a Taser were interviewed to ascertain reasons for non use.

In addition to Taser operators, the DDCs from each of the four districts and the Taser Project Officer at the national level were interviewed.

Interview guides were prepared and reviewed by the same groups as the survey mentioned above. Interviews were conducted by two teams of two police researchers, between 14 and 21 September 2007. Interviews were tape-recorded and transcribed.

The interview material from 21 interviews was analysed qualitatively for key themes by an external researcher.⁹ Quotes from these interviews are used in the report where they represent a key theme, or because they express a point of difference from the majority. The findings are presented in chapter 6.

Analysis of injury data in the Tactical Options Report database

Injury data from Taser reports in the TOR database was assessed for the type and severity of injuries received by staff and subjects during incidents where the Taser was deployed. Injuries sustained by others, such as the victim, were also included to consider potential safety benefits for parties other than officers and subjects. All data were analysed and coded separately by two evaluators, and reviewed to ensure that themes and issues were consistently identified and coded, following which a coding schedule was developed. These findings are included in chapter 7.

⁹ The information from the two staff who were trained but did not use a Taser was not included in subsequent analysis.

Medical Advisory Group

As stated earlier, an external Medical Advisory Group (MAG) was established specifically for the Taser trial, and included representatives of the St John's Ambulance Service, Emergency Departments and Police Medical Officers (PMO).¹⁰ Two members had expertise in the mental health field and one holds an academic appointment at the Auckland School of Medicine.

The MAG was responsible for assessing medical examination reports of those who had been exposed to a Taser discharge. They assessed 17 reports.¹¹ The group produced a written report to NZ Police at the end of the trial. The information from this report is included in Chapter 7, as it was provided from the group.

Review of official correspondence

Documentation generated in response to the trial, such as Official Information Act requests, Parliamentary Questions and Ministerial correspondence, was reviewed to assess the interest and response of the public, and stakeholder groups to police Taser use. This review provides a general indication of interest and concerns from these parties during the trial.

In total, 71 documents were analysed, i.e. correspondence with the Minister of Police (n=48); Official Information Act requests (n=15); and correspondence with the Commissioner of Police (n=8). A small number of organisations and individuals submitted more than one enquiry / submission / letter about the trial (refer to Appendix 6 for a list of those who made submissions). One letter included an Amnesty International petition signed by 48 people.

All documents were reviewed, summarised, and entered into an excel spreadsheet, following which a coding schedule was developed and responses were analysed and thematically coded. The findings are discussed in chapter 8.

Public opinion survey

NZ Police has an ongoing contract with an external research company to conduct a national telephone survey primarily focusing on public confidence and satisfaction with the police. Approximately 1200 people are contacted each quarter, i.e. 100 from each of the 12 police districts. As part of the September 2007 quarterly survey, seven questions were included in the survey specifically to elicit opinions and understanding of NZ Police Taser use. (Refer to Appendix 7 for a copy of the Taser questions included in the public survey.)

The questions were drafted by researchers in the Evaluation Team and Operations Group at Police National Headquarters, in consultation with Staff Safety Tactical Training at the Royal New Zealand Police College, the Crime and Justice Research Centre at Victoria University of Wellington, and MM Research (the externally-contracted research organisation responsible for the data collection).

¹⁰ For Terms of Reference refer to Appendix 3.

¹¹ There were 19 incidents of Taser deployments in discharge mode against subjects. In one incident probes did not make contact with the subject thus no medical examination report was required, and one report was not able to be obtained from medical authorities.

Respondents were asked to identify the types of force police can use to restrain someone who is dangerous to themselves or others, whether they had heard NZ Police had trialled the Taser, whether respondents thought NZ Police should have Tasers, reasons police should or should not have Tasers, situations where police may use the Taser, and where respondents had heard about the Taser trial.

The results were weighted to take account of demographic factors and the size of the police district when combining district results to produce national results. The results were also analysed by Police district and the following demographic groups:

- age group – 15–24; 25–34; 35–44; 45–54; 55–64; 65+ years
- ethnicity – NZ European/Pākehā, Māori, other ethnic groups
- gender.

Analysis according to age groups showed little difference in views across the age groups with the exception of respondents aged 15 – 24 years, whose views consistently differed from the majority view. For this reason findings are presented for all age groups, with particular reference to the 15–24 age group, where required. Statistical tests were not used to assess any differences among demographic groupings.

Interviews were conducted between 22 September and 2 October 2007. On 27 September there was an incident in Christchurch where a subject was fatally shot by police. Data were compared prior to and following this incident to assess whether it impacted on results. Analysis showed that there was no statistically significant difference in results before and after the incident. The survey findings are discussed in chapter 8.

Analysis of media coverage

A review of media coverage about Taser use and the trial, encompassing the period 6 February 2006 to 1 December 2007, was conducted to gauge opinions towards Taser use and the tone of media reporting; to identify key areas of concern or support; and to assess whether there had been a shift in the tone and focus of reporting during the trial period. A total of 1182 radio, television, print and electronic media reports were analysed.

Items were given a unique identifying number, and entered into an excel spreadsheet which recorded the date the item was published, the source, and the publication type, following which they were thematically coded. The coding system was based on the following:

- whether the item was supportive of the trial/Taser use, not supportive, or neutral – with ‘1’ indicating support, ‘2’ indicating no support, and ‘3’ indicating a neutral report
- the strength of opinion, with ‘3’ being neutral, ‘4’ being some emotion/strength of opinion, and ‘5’ being a strongly expressed or emotive report
- the type of comment made or the tone of the news item.

The analysis is discussed in chapter 8.

2.4 Evaluation limitations

Small number of Tasers in trial areas

A total of 32 Tasers were available during the trial, i.e. 17 Tasers for the three police districts of Waitemata, Auckland City and Counties Manukau, and a further 15 for the Wellington District. This meant that Tasers were not as freely available as other tactical options, such as OC spray and batons (which are allocated to all staff), and not all staff were trained and/or had access to Tasers within the trial districts. As such it was not possible to quantitatively assess whether the introduction of Tasers contributed to a reduction in use of other tactics. Similarly it was not possible to assess the extent to which Tasers contributed to a reduction in the overall number of injuries.

Instead, this information was sought in interviews with officers, where they were asked to comment about what tactical options they would have been most likely to use if Tasers had not been available in certain situations; their perceptions of how Tasers work with other available tactical options; and their views about the potential to reduce injuries or harm when using Tasers.

Experiences of those who have been exposed to a Taser

The evaluation examined health and safety issues that arose for individuals involved in Taser incidents. This was done by analysis of information provided in surveys and interviews with frontline staff, injury data from Taser reports in the TOR database, and the report provided by the MAG. Officers who were surveyed were also asked about their perceptions of how subjects responded to the device in a range of modes. However, subjects who had been exposed to a Taser discharge were not interviewed as part of this evaluation.

Staff who have not used used a Taser

Staff who were trained to use the Taser but had not reported a deholster, presentation or discharge of the Taser, were not surveyed as part of the evaluation. Had they been surveyed it may have been possible to identify further potential training, confidence or other issues regarding the operational setting that contributed to non-use. It was not practicable to conduct this type of survey within the evaluation timeframe due to the number of staff trained.

Tactical Options Report database

Some categories of information, including mental health issues and police carriage of firearms, are not mandatory to report through the TOR. This information was recorded when it was present and available in Taser reports in the TOR database, and through review of police files for incidents where Tasers were deployed in discharge mode. Therefore the number of incidents involving individuals with apparent mental health issues, or the carriage of police firearms may be higher than the number recorded.

2.5 Ethics statement

The evaluation adhered to the Australasian Evaluation Society code of ethics. The purpose of the evaluation was explained to participants, and they were informed of their right not to participate, or to withdraw consent. They were told how their information would be used in the report. Interview participants were offered the opportunity to review their interview transcripts.

The evaluation team complied with the principles of the Privacy Act 1993. Individual participants' information was treated confidentially, which means that interview/survey data was only seen by the evaluators involved in the project; and any personal and identifying information was locked in a secure cabinet, and electronic data was password protected.

Chapter 3 Review of international literature

Chapter summary

Chapter 3 provides a brief review of some of the international literature, firstly the medical risks of Taser use and secondly police operational policies and experiences of Taser use.

There is some conflicting evidence in the recent literature about Taser use in discharge mode and its link to deaths and injuries in a small number of subjects. The debate centres around whether use of the Taser is associated or causally related to the deaths. The majority of literature suggests that the risk of life threatening events associated with the heart is very low; however one study found that the Taser was the primary cause of death in some cases. The report that states Tasers are a primary cause of death calls for police to suspend their use of the device or limit use to deadly force situations, and states that strict guidelines and monitoring must be in place.

Overall, reports recognise that Tasers are not risk free and that steps should be taken to prevent injuries where possible. Potential injuries discussed related to the risk of injury from falls, use against individuals exhibiting signs of excited delirium, and people of smaller stature, and the use of multiple tactical options in conjunction with a Taser.

The operational policies of law enforcement agencies regarding the Taser in Australia, Canada, United Kingdom and the USA (and states) revealed some differences in approach and use.

All Australian jurisdictions use Tasers in some form, with the majority restricting use to specialist units. However, police in Northern Territories and Western Australia make the device available to general duties staff. Both states place the device in the 'intermediate' range of options and provide guidelines for use and aftercare in order to minimise potential risks of the device.

In Canada the use of Tasers is guided by policies established by agencies at the federal, provincial and municipal levels, based on the National Use of Force Framework. Tasers are considered to be 'intermediate' weapons, along with options such as OC spray and batons, and the Canadian Police Research Centre has outlined situations for police to be aware of in order to minimise the potential risks of the device.

In the United Kingdom, after a trial of Tasers in 2003, all forces in England and Wales were approved to make Tasers available to authorised firearms officers as a less lethal alternative for use in situations where a firearms authority had been granted. This approval was further extended in 2007 to include the issue of Tasers to specially trained units who were not firearms officers.

The widest use and variability in guidelines was found in the United States of America where 8,000 of its 18,000 law enforcement agencies reportedly use Tasers. There is no national use of force model and as such the use and issue of Tasers varies widely between agencies, with some agencies restricting Tasers to incidents involving assaultive behaviour, while other agencies use Tasers at lower levels where people are actively or passively resisting arrest.

3.1 Introduction

The purpose of this chapter is to provide a limited review of some international literature, with an emphasis on literature related to the X26 Taser since it is the device used in the New Zealand trial.

The review is not intended to be comprehensive. It is limited to relatively recent reports, primarily of a review nature, that have been sourced from Australia, Canada, United Kingdom and the United States of America.

The chapter begins with a short history of the development of the Taser, then goes on to examine the medical risks of Tasers (including estimates of risk of death and injury to subjects), and to look at the experiences of some countries use of the Taser in the context of their operational policies.

3.2 Short history of development of the Taser

The first weapon capable of generating effective electro-muscular disruption was developed in the 1960s by a National Aeronautics and Space Administration (NASA) scientist Jack Cover, in response to a Presidential Crime Commission call for the development of non-lethal weapons. His work resulted in the early 1970s introduction of a weapon he named the ‘TASER.’¹² This early version utilised gunpowder to explosively launch small probes into targeted subjects to generate a physical disruption effect.

Early versions of the Taser were adopted by the Los Angeles Police Department and the Los Angeles Sheriff’s Department, and between 1981 and 1991 the departments used the Taser several thousand times. In some incidents they found it to be ineffective. Further research and development followed, culminating in more advanced electro-muscular incapacitation (EMI) devices that use nitrogen cartridges rather than gunpowder to fire probes at targeted subjects.

Since the M26 Taser became available in 1999, it has been used by police agencies internationally and widely throughout the United States.¹³ The next evolution of the Taser, the X26, is the device used in the New Zealand trial.

3.3 Medical risks of Taser use

Australia

In 2004 the state of Victoria Police commissioned the Alfred Hospital to conduct a safety analysis of the X26 Taser. The study reviewed literature, tested the electrical output of the X26 device, and made recommendations on post-use checks on a person after Taser probes were discharged. The authors were of the opinion that:

¹² TASER stands for Thomas A. Swift’s Electric Rifle, a weapon used by a popular early 20th century science fiction character.

¹³ The term ‘Taser’ will be used generically when discussing the two most commonly used devices, the M26 and X26 Taser, developed and sold commercially by TASER International.

- No proven connection had been reported between use of the Taser and subsequent deaths of offenders.
- There was no comparative electro-physiology literature to indicate the Taser electrical output was beyond published acceptable limits.
- Secondary effects such as fire, muscle spasm, falling over etc. also needed to be considered.
- There were no comprehensive studies relating to long term physiological effects on subjects who have been hit by a Taser dart.¹⁴

Overall, the Alfred Hospital study concluded that the X26 Taser represented, from an electrical perspective, an ‘acceptable risk when used by trained law enforcement officers in accordance with the manufacturer’s directions for use’ (page 25).

Canada

The following year, 2005, researchers at the Canadian Police Research Centre (CPRC) conducted a comprehensive review of existing scientific research and data on the safety and use of Conductive Energy Devices (CEDs) for the Canadian Association of Chiefs of Police.¹⁵ The medical safety of the Taser (M26 and X26) was part of the review.

Based on existing research available to the review team, the researchers concluded:

- ‘Definitive research or evidence does not exist that implicated a causal relationship between the use of CEDs and death.
- Existing studies indicate that the risk of cardiac harm to subjects from a CED is very low.
- Excited Delirium (ED), although not a universally recognised medical condition, is gaining increasing acceptance as a main contributor to deaths proximal to CED use.¹⁶
- The issue related to multiple CED applications and its impact on respiration, pH levels, and other associated physical effects, offers a plausible theory on the possible connection between deaths, CED use, and people exhibiting the symptoms of the ED.’ (page ii)

It was the researchers’ belief that ‘CEDs are effective law enforcement tools that are safe in the vast majority of cases’. (page ii)

United Kingdom

Earlier in the decade (2002) researchers at the Police Scientific Development Branch (PSDB) of the Home Office in the United Kingdom were tasked by the Home Office, the Association of Chief Police Officers (ACPO) and the Northern Ireland Office (NIO) with carrying out a broad evaluation of less lethal technologies.¹⁷

¹⁴ The Alfred Hospital (2004) *Taser X-26 Safety Analysis*. Melbourne, 29 June 2004, p. 11.

¹⁵ Manojlovic D, Hall C, Laur D, Goodkey S, Lawrence C, Shaw R, St-Amour S, Neufeld A, Palmer S. (2005) *Review of Conducted Energy Devices*. Canadian Police Research Centre Technical Report TR-01-2006.

¹⁶ Excited Delirium was described by Morrison & Sadler (2001) as: ‘A state of extreme mental and physiological excitement characterised by extreme agitation, hypothermia, euphoria, hostility, exceptional strength and endurance without apparent fatigue’.

¹⁷ Donnelly T, Douse K, Gardner M, Wilkinson D. (2002) *PSDB Evaluation of Taser Devices*. Home Office Police Scientific Development Branch Publication No 9/02.

The Defence Science and Technology Laboratory (DSTL) contributed to the evaluation by reviewing published information from a wide range of sources on the reported incidence of injuries associated with the use of Electrical Incapacitation Devices (EIDs), including Tasers. DSTL's findings included that:

‘There were no fatalities reported in the literature that were directly and unequivocally attributable solely to a lower-power Taser or stun gun. The overall reported frequency of serious injury, based on over 50,000 uses was very low. The information on the operational and volunteer use of higher-power devices was less robust.

There have been no rigorous, peer-reviewed experimental studies on animals to determine the cardiac arrhythmic potential of Tasers; the studies that have been undertaken used small numbers of animals. The experimental evidence of the interaction of EIDs with pacemakers is contradictory and equivocal.

The magnitude and distribution in the body (animal or human) of electric currents from Tasers is not known; this is a notable deficiency.’ (Appendix A2, page 79)

The DSTL findings were subsequently endorsed by the Defence Scientific Advisory Council Sub-committee of the Medical Implications of Less Lethal Weapons (DOMILL).

In keeping with the DSTL findings, one of the main conclusions the authors of the broader evaluation drew was that:

‘[T]asers rarely cause injury, even secondary injuries and are even more rarely associated with death. Tasers have never been declared the sole cause of someone’s death.’ (page 53)

In April 2003, with the support of Home Office ministers, the ACPO began an operational trial in five forces in the United Kingdom using the M26 Taser. Subsequently, in July 2004, DOMILL issued a second statement on the medical implications of the use of the M26 Taser. Its overall conclusion was that:

‘The risk of life-threatening or serious injuries from the M26 Taser is very low.’ (DOMILL, in Wilkinson (2005) page 96)¹⁸

The X26 Taser – the device used in the New Zealand trial – subsequently became available. Wilkinson (2005) was asked by the ACPO Working Group on Police Use of Firearms to undertake an evaluation of the newer X26 Taser. DOMILL was subsequently asked to make a statement as to risk of the X26 Taser:

‘The risk of a life-threatening event arising from the direct interaction of the currents of the X26 Taser with the heart, is less than the already low risk of such an event from the M26 Taser.’ (DOMILL, in Wilkinson (2005) page 109)

¹⁸ Wilkinson DI. (2005) *Further Evaluation of Taser Devices*. Home Office Police Scientific Development Branch Publication No. 19/05.

While the risk of serious head injury with the X26 was considered to be low, DOMILL also cautioned that there may be a greater likelihood of head contact with surfaces following use of the X26 Taser compared with the M26.

‘The claim that the X26 is more effective than the M26 in stimulating skeletal muscle implies that falls following X26 application may be less controlled. This will increase the risk of head injury. It is anticipated therefore that there may be a greater likelihood of head contact with surfaces following use of the X26. Overall, the risk of serious head injury is still considered to be low.’ (DOMILL, in Wilkinson (2005) page 109)

In 2007, the ACPO proposed that two groups of police officers (Authorised Firearms Officers (AFOs) and members of Specially Trained Units (STUs)) be authorised to use Tasers in non-firearms incidents. Policy and guidance documents were prepared for Taser use by these officers at incidents involving violence, or threats of violence, of such severity they would need to use force outside firearms authority to control the situation.

DOMILL was again asked for its view on the medical implications of the proposed extended Taser use. DOMILL recommended that:

- ‘AFOs and members of STUs should be particularly vigilant for any Taser-induced adverse responses in smaller individuals.
- The guidance document be amended to identify children and adults of small stature as being at potentially greater risk from the cardiac effects of Taser currents than normal adults of average or large stature.’¹⁹

United States of America

Amnesty International (AI) (2004) expressed concerns about deaths and ill-treatment of people associated with police use of Tasers in the United States of America and Canada.²⁰ Between June 2001 and October 2004, AI reported that more than 70 people had died in police custody in the USA and Canada after an M26 or X26 Taser had been discharged against them.

AI acknowledged that in most of these cases coroners had attributed the cause of death to other factors, such as drug intoxication. However, in at least 5 of the 74 cases AI reviewed, coroners had found the Taser to have directly contributed to their deaths, along with other factors, including heart disease, restraint and/or drug intoxication. This led AI to express concerns about the safety of Tasers and the lack of ‘rigorous, independent testing of their medical effects’. (p1)

In 2005, the Potomac Institute for Policy Studies, an American independent not-for-profit public policy research institute, hosted a conference of world-class experts to discuss what was known about stun device technology and to offer suggestions on filling gaps in knowledge.

¹⁹ DOMILL (2007) *Statement on the medical implications of M26 and X26 Taser use at incidents where firearms authority has not been granted*. DSTL/BSC/27/01/07 dated 30 May 2007.

²⁰ Amnesty International (2004), *Excessive and lethal force? Amnesty International's concerns about deaths and ill-treatment involving police use of Tasers*. AI Index: AMR 51/139/2004 issued by Amnesty International (United States of America) in November 2004.

The conference informed the publication of a report, co-authored by McBride and Tedder (2005), evaluating the relative efficacy and safety of stun devices for law enforcement use.²¹

McBride and Tedder (2005) were of the view that:

‘an examination of the 72 mortality cases appearing in an Amnesty International 2004 report revealed that in no instance was stun employment singularly indicated or implicated as the specific cause of death, although the application of stun devices could not be ruled out as a possible contributing factor. Analysis of these cases showed that other contributing factors included pre-existing health conditions, such as heart disease; and other significant factors such as excessive drug ingestion, and multiple force applications (e.g. baton & wrestling & stun).’

Based on available evidence, McBride and Tedder concluded that when the stun technology was appropriately applied, it was relatively safe. They estimated the odds, at worst, as 1 in 1,000 that a stun device would contribute to (and this did not imply ‘cause’) death. They observed that such a figure was likely to be no different than the odds of death when stun devices were not used, but when other multiple force measures were. They thought a more defensible figure was 1 in 100,000.

Bozeman et al. (2007) reported the results of the first large, independent epidemiological study in the United States to examine the incidence of injuries and their severity associated with use of Conducted Energy Weapons (CEWs).²²

The prospective, multi-centre cohort study at six law enforcement agencies involved the review of police records and medical records relating to 962 CEW electrical discharge uses on criminal suspects over a two year period (7/2005 – 6/2007).

One of the tactical physicians/site investigators at each site classified injuries as mild, moderate or severe and the relationship of the injuries to the CEW as direct, indirect, or uncertain.

Of the 962 CEW uses that occurred, 96% used the Taser X26 and 4% the M26 model. Sixty-six per cent of cases used probes fired mode, 26% used drive stun mode, and 8% used both. The mean number of shocks delivered was 1.6 in probe mode and 1.8 in drive stun mode.

Seventy-seven per cent of study subjects had no injuries and nearly 23% had mild injuries (puncture wounds, contusions, lacerations, other soft tissue injury and fractures). Two were classified as having moderate injuries and one as having severe injury. These three required hospital admission.

- rhabdomyolysis, n=1 (moderate severity, uncertain relationship to CEW)²³
- cerebral contusion, n=1 (moderate severity, indirectly related to CEW)
- epidural haematoma, n=1 (severe, indirectly related to CEW).

²¹ McBride DK & Tedder NB. (2005) *Efficacy and Safety of Electrical Stun Devices*. A Potomac Institute for Policy Studies Report: Number 05-04.

²² Bozeman WP, Winslow JE, Hauda WE, Graham D, Martin BP, Heck JJ. (2007) *Injury Profile of Taser Electrical Conducted Weapons (CEWs)* Wake Forest University, Virginia Commonwealth University, Louisiana State University and University of Nevada Medical Center.

²³ Rhabdomyolysis - breakdown of muscle fibres; release of muscle fibre contents (myoglobin) into the bloodstream.

Two in-custody deaths occurred in the study cohort. Neither occurred immediately after CEW use and, after investigation and autopsy, both were determined to be unrelated to CEW use.

The authors concluded that the study findings:

‘support the safety of CEWs use by law enforcement agencies. It is important to recognise that CEW are not risk free. Significant injuries, while rare, can be caused by these weapons. Steps should be taken to prevent these injuries when possible and address them when they do occur’. (page 1)

Amnesty International (2007) recently released a report in which it again expressed concerns about deaths and ill-treatment associated with police use of Tasers in the United States.²⁴ Since June 2001, AI reported that more than 150 people have died in the USA after a Taser had been discharged against them. According to AI, of the 152 Taser related deaths:

- ‘Most of those who died in custody were unarmed and were not posing a serious threat to police officers, members of the public, or themselves.
- Those who died were generally subjected to repeated or prolonged shocks.
- Use of the Taser was often accompanied by the use of restraints and/or chemical incapacitant sprays.
- Many of those who died had underlying health problems, such as heart conditions or mental illness, or were under the influence of drugs.
- Most of those who died went into cardiac or respiratory arrest at the scene.’ (page 2)

AI expressed its concerns about the increasing number of deaths in which the Taser was implicated. While in most cases the cause of death was attributed to other factors such as ‘excited delirium’ brought on by cocaine intoxication, in 23 cases out of the 152 the medical examiner or coroner performing the autopsy had cited the Taser as a contributory factor. In seven cases the autopsy listed the Taser as a primary cause of death and had classified the death as a homicide. This has led AI to repeat its call:

‘on all police departments and authorities to suspend their use of Tasers or strictly limit their use to deadly force situations as defined under international standards. Strict guidelines and monitoring should govern all such use’. (page 1)

AI cited the Human Effectiveness and Risk Characterization of the Electromuscular Incapacitation Device study (known as the HECOIE study)²⁵ which evaluated the M26 and X26 Tasers for their effectiveness and also ‘key potential unintended side effects such as ocular injury for the Taser probes, seizures, ventricular fibrillation, and fall injuries’. While the HECOIE study suggested that healthy adults would not be at significant risk when exposed to a Taser discharge, one of their conclusions was that ‘sufficient information does not exist to characterise the risk of all potential effects’. The authors of the HECOIE report recommended that further research needed to be conducted in several areas.

²⁴ Amnesty International (2007) *Amnesty International's continuing concerns about Taser use*. Amnesty [International (USA) [<http://asiapacific.amnesty.org/library/index/ENGAMR511512007>]].

²⁵ Maier A, Nance P, Price P, Sherry CJ, Reilly JP. (2005) *Human Effectiveness and Risk Characterization of the Electromuscular Incapacitation Device – A Limited Analysis of the TASER*. Part 2. Appendices. [<http://www.stormingmedia.us/89/8924/A892434.html>].

Further studies aimed at evaluating the safety of Conducted Energy Devices (CEDs) are underway in the United States. The National Institute of Justice (NIJ) has commissioned several studies to examine:

- deaths following electro-muscular disruption²⁶
- the chain of events surrounding an incident
- CEDs effects on internal organ systems
- less-lethal monitoring system
- excited delirium.²⁷

3.4 Operational policies and experiences of use of the taser

Australia

All Australian state jurisdictions employ Tasers in some form.²⁸ Most restrict their use to specialist units; however, police in the Northern Territories and Western Australia make the device available to general duties staff. The States that restrict its use to specialist teams tend to use it as an alternative to lethal force. The Australian Federal Police (AFP) uses it in a similar way to Western Australia.²⁹ Taser use in New South Wales has recently expanded beyond their Specialist Operations Group and Force Response Units to public order units. This indicates a willingness to employ the Taser in non lethal force situations.

Western Australia

The Western Australian Police (WAPOL) has the most experience in using EMI devices, having used Taser technology since 2000. WAPOL has over 1300 Tasers deployed throughout Western Australia. To ensure that all operational officers have access to the device a further 1000 X26 Tasers are currently being acquired.³⁰

Taser use is guided by their Stun Gun Regulation (FR-1.6).³¹ The key guidance for officer authorisation of the Taser states that the ‘stun gun shall only be used to prevent injury to any person.’³² This statement places the device within the North American ‘intermediate’ weapon category. This overarching guidance is limited by the following:

- The use of the Stun Gun should be reasonable and appropriate in the circumstances and members will be accountable for any use of force.

²⁶ The study, titled ‘In-Custody Deaths Due to Use of Conducted Energy Devices’ began in May 2006 and is expected to last approximately 24 months; findings are expected later in 2008.

²⁷ See <http://www.ojp.usdoj.gov/nij/topics/technology/less-lethal/conducted-energy-devices.htm>. Sourced 14/11/2007.

²⁸ Information in this section is derived from responses received from information requests made to Australian state and federal police departments. Discussion will be limited to the jurisdictions that responded; namely, the Northern Territories, Western Australia, Victoria and the Australian Federal Police (AFP). All of these jurisdictions employ the X26 Taser as the preferred EMI device.

²⁹ Gordon M Response to NZ Police Request for Information, Australian Federal Police, Letter dated 28 August 2007.

³⁰ Frankling A Response to NZ Police Request for Information, Western Australia Police, Memorandum Dated 14 September 2007.

³¹ The regulation was attached to the above response from the Western Australian Police.

³² WAPOL Guideline FR-1.6 *Stun Guns (Use of)*, FR-1.6.4.

- Consideration must be given to the nature of the incident, the location of the person of interest and any overt susceptibilities of the person of interest.³³

WAPOL thus allows its officers to use discretion when deciding to use a Taser. The WAPOL guidance also identifies risks with Taser use and instructs operators:

- not [to] deploy the weapon to the face and/or genital groin region of the target
- not to deploy in the near vicinity of flammable liquids or fumes
- to deploy additional members within a safe distance with a view to supporting the target at the earliest opportunity.

The WAPOL guidance also gives instructions for the aftercare of subjects who have been exposed to the Taser. Officers are instructed to administer first aid if required and provide medical assistance if necessary. Immediate medical assistance is to be given in any of the following circumstances, if the subject:

- does not recover within a reasonable time
- asks for medical attention
- is reasonably suspected of suffering from a medical condition
- has the probes imbedded in their genitals, breasts, eyes, ears, tongue, lips or any other sensitive body part.³⁴

WAPOL does not give any instructions in relation to symptoms linked to states of extreme excitement. However, the instructions are general enough that this may be implied.

Northern Territories

The Northern Territories issue the Taser to specialist tactical operators and have started a limited roll out of the Taser for general duties staff. Their document is more detailed than the general instructions contained within the WAPOL regulation. Taser use in the Northern Territories is to be guided by Use of Stun Guns Guidelines. These guidelines state that an officer can justify Taser use in any of the following circumstances, to:

- defend themselves, or others, if they fear physical injury to themselves, or others, and they can not reasonably protect themselves, or others, less forcefully
- arrest an offender if they believe on reasonable grounds that the offender poses a threat of physical injury and the arrest cannot be effected less forcefully
- resolve an incident where a person is acting in a manner likely to physically injure themselves and the incident cannot be resolved less forcefully
- deter attacking animals.³⁵

These force justifications place the use of the Taser in the Northern Territories within the North American 'intermediate weapons' category. Taser use would be justifiable in situations where individuals were actively resisting arrest, being assaultive, or were risking grievous bodily

³³ *ibid.*, FR-1.6.4.

³⁴ *ibid.*, FR-1.6.7.

³⁵ Northern Territories Police (2007) *Electro-muscular Control Devices Good Practice Guide*, 16 August 2007, p. 5.

harm or death. Northern Territories Police justify their use of the Taser as a tactical option in the belief that the Taser:

- reduces injuries to officers from arrest-related causes
- reduces injuries to subjects from arrest-related causes
- provides an alternative to lethal force in some situations.³⁶

Northern Territories Police include a number of deployment considerations to minimise the risks of Taser use. These are similar to the WAPOL ones, but are again more specific. The Northern Territory guidance states that except for 'extraordinary circumstances' Tasers are not to be used:

- against a person only providing passive resistance
- against young children
- against very old people
- against people known to be of fragile health especially serious cardiac conditions
- against women known to be pregnant
- against a person at elevated risk of serious injury due to falling
- against a prisoner who is handcuffed or otherwise secured
- against a subject in water where there is a risk of drowning
- against a subject armed with a firearm where muscular contraction may cause the firearm to discharge
- in the presence of volatile or flammable chemicals that may be ignited by use of ECD (Electro-muscular Control Device)
- to the face of a subject (because of eye damage risk).³⁷

Further instructions to minimise risk of harm to officers and subjects are also provided. Officers are warned that using a Taser to confront a lethal threat is risky and this should occur only in extreme circumstances and where possible lethal force options should be ready if the Taser proves ineffective.³⁸ In addition many of the risks identified (such as probe hit closer than 17mm to heart, strike to eye, female breast, genitals) are much reduced when the Taser operator follows the targeting preference of the centre mass of the back.³⁹

Canada

In Canada, the use of Conducted Energy Devices (CEDs) by police officers is guided by policies established by the responsible agencies at the federal, provincial and municipal levels.⁴⁰ In turn, these agencies are guided by the National Use of Force Framework (NUFF), which was established by the Canadian Association of Chiefs of Police in 2000. This is a circular tactical options framework that represents the range of options available to an officer and permits situational factors (including the subject's behaviour) to dictate the appropriate choice of force option, similar to the framework used by NZ Police. On the NUFF circle, a subject's

³⁶ *ibid.*, p. 1.

³⁷ *ibid.*, p. 6.

³⁸ *ibid.*, p. 6.

³⁹ *ibid.*, p. 7.

⁴⁰ The Canadians prefer to use the term 'Conducted Energy Device' rather than the trademarked term 'Taser' in recognition of the fact that other similar products may be entering the market.

behaviour at an incident may be categorised as cooperative, passive resistant, active resistant, assaultive, or grievous bodily harm/death.

CEDs are considered to be ‘intermediate’ weapons, along with OC spray, batons and other weapons (such as bean bag projectiles or rubber bullets). Police officers can use intermediate weapons, including CEDs, when dealing with subjects who demonstrate behaviour that is active resistant, assaultive, or grievous bodily harm/death.

The Toronto Police Service undertook a six month trial of the X26 Taser in 2004.⁴¹ Officers of the Emergency Task Force were trained and issued with an X26 Taser. Throughout the trial these officers were required to record Taser usage.

Officers fired the Taser in 32 (35%) of 92 incidents of its use. In 11 of the 32 incidents the subject was armed with a weapon (seven knives, two hammers, one axe and one ice pick). In 13 incidents the subject was intoxicated or mentally disturbed (including three subjects who were suicidal). In only one incident did a subject suffer an injury (an abrasion) that was not self inflicted.

The Taser was effective in 28 incidents (88% of incidents in which the Taser was fired), semi-effective in two incidents (6%) and ineffective in two incidents (6%). In 15 of the 32 incidents police officers required only one cartridge shot or ‘drive stun’ to resolve the incident.

For the remaining 60 (65%) incidents officers managed to successfully resolve the situation without resorting to firing the Taser.

Based on existing research, Manojlovic et al. (2005) concluded that:

- It would be unwise and counter-productive for any police service or government body to develop policies and procedures that explicitly specify in what kinds of circumstances a CED may or may not be used.
- Notwithstanding the above point, police officers need to be aware of:
 - the adverse effects of multiple, consecutive cycles of a CED on a subject
 - deploying a CED on a subject’s head, neck or genitalia
 - deploying a CED where a person can fall from a height
 - deploying a CED on a subject where it is known to the officer that the subject has flammable substances on their clothing or on their person, or are standing in or near obvious flammable/explosive substances such as a puddle of gasoline or a natural gas leak. (page 33)

In January 2005, the Ontario Ministry of Community Safety and Correctional Services approved the X26 Taser for use by Ontario Police Services.

In the Toronto Chief of Police’s annual report on the use of Tasers (M26 and X26) for the 2006 calendar year, trained officers had used a Taser 174 times during 156 incidents within the

⁴¹ Information on the trial and the trial findings are from Manojlovic D et al.’s (2005) *Review of Conducted Energy Devices*. Canadian Police Research Centre Technical Report TR-01-2006.

defined categories of Taser deployment.⁴² The Taser had been presented in 69 incidents (44% of total incident usage), in drive stun mode in 29 incidents (19%), and probes had been discharged in 58 incidents (37%).

No deaths were reported that were attributable to the deployment of the Taser that year. Of the 150 human subjects involved in the 156 incidents, 97 (65%) were perceived by the police officer as being in crisis, 50 (33%) as having a mental disorder, and three (2%) the police officer had not determined.

The Taser was reported to have successfully de-escalated 147 (94%) incidents and in nine (6%) incidents another force option was required. The incidents where the Taser was ineffective were attributed to shot placement or poor conduction.

United Kingdom

In April 2003 an operational trial of the M26 Taser commenced in five police forces in England and Wales. For the purposes of the one-year trial the Association of Chief Police Officers (ACPO) adopted the following policy constraints:

- Tasers were only to be deployed in circumstances where firearms officers were authorised to carry firearms.
- Tasers were to be readily available and only to be deployed alongside conventional firearms.
- The command structure was the same as that for conventional weaponry.
- Officers were to be trained in line with the above principles.

Police officers were required to record each time they deployed a Taser for an incident. The trial evaluators (2004) found that the Taser was typically deployed to incidents that were characterised by violent or threatening behaviour, in many cases involving a knife or a firearm.⁴³

Their analyses of 58 incidents of Taser usage (representing about 4% of total Taser deployments) revealed that in:

- 42 incidents (or 72% of Taser usages) officers did not fire the Taser,⁴⁴
- 14 incidents (19%) they fired the Taser so that the barbs were discharged
- 2 incidents (3%) they applied the Taser in touch stun mode.

In 55 of the 58 incidents (95%) of Taser usage the subject was successfully arrested and in 16 incidents (28%) a weapon was subsequently recovered.

Subjects against whom the Taser was used were typically male and of average height and build. In 19 incidents (33%) Police officers were of the view that the subject had been under the influence of alcohol and in 13 incidents (23%) under the influence of drugs. The evaluation did

⁴² Blair, William, Chief of Police, Toronto Police Service. 2006 Annual Report: Use of Tasers. Unpublished paper. [<http://ecdlaw.info/outlines/2006%20Toronto%20Ann%20Rpt%20TASER.pdf>].

⁴³ Price Waterhouse Coopers. (2004) Association of Chief Police Officers: Independent Evaluation of the Operational Trial of Taser. Final Report, April 2004. Usage was defined as drawing of a device, firing of a device so that barbs were discharged at a subject, or applying and discharging a device in 'touch stun mode' to a subject.

⁴⁴ During two of these incidents a police officer arced the Taser but it malfunctioned.

not include information about any pre-existing medical conditions from which subjects may have been suffering or on any injuries associated with Taser usage.

The evaluators concluded that the Taser was effective in preventing incidents from escalating to the point where lethal force was required, and that in many incidents the threat of the Taser had been sufficient for a subject to become compliant. Their overall conclusion was that the trial had, ‘within its own terms of reference, been a success’. (paragraph 98)

The view most commonly expressed by police officers and Police Authority members in the trial was that Taser use should be extended to a limited range of other (non-firearms) incidents on the following conditions:

- ‘Taser deployment should continue to be the responsibility of specially trained officers. Extending usage beyond the firearm officers would need to be monitored carefully.
- The range of incidents for which Taser could be deployed would need to be carefully defined.
- Efforts should be made to inform and educate local communities about the Taser in advance of a roll out.
- Tasers should continue to be monitored and officers should receive regular feedback on good practice.’ (paragraph 99)

At the end of the trial in March 2004 the ACPO proposed that, subject to a review of the medical assessment and Ministerial approval, the trial be extended.⁴⁵ Later that year the Home Secretary agreed that Chief Officers of all forces in England and Wales could make the X26 Taser available to authorised firearms officers as a less lethal alternative for use in situations where a firearms authority had been granted in accordance with criteria in the ACPO manual of guidance on police use of firearms.

In July 2007 the Home Secretary further extended his approval for police use of the Taser in England and Wales in two ways:

- 1 Chief Officers of all forces were approved to deploy the Taser for use by authorised firearms officer in situations where the criteria for the authorisation to issue firearms did not apply, but where officers were facing violence or threats of violence of such severity that they would need to use force to protect the public, themselves and/or the subject(s) of their action.
- 2 Starting on 1 September 2007 for a one year trial Chief Officers of ten forces were approved to deploy the Taser for use by specially trained units who were not firearms officers in similarly violent situations.⁴⁶

⁴⁵ See DOMILL statements and commentary above. In July 2004 DOMILL concluded ‘the risk of life-threatening or serious injuries from the M26 Taser is very low.’ DOMILL issued a subsequent statement: ‘The risk of a life-threatening event arising from the direct interaction of the current of the X26 Taser with the heart, is less than the already low risk of such an event from the M26 Advanced Taser.’

⁴⁶ See <http://www.statewatch.org/news/2007/aug/uk-police-taser-minister-statement.pdf>. Accessed 16/11/07.

United States of America

According to the manufacturer, TASER International Incorporated, Tasers are used by over 8,000 of the 18,000 law enforcement agencies in the United States.⁴⁷ Because law enforcement is regulated by individual states, there is no national use of force model in the United States. However, law enforcement officials frequently refer to the use-of-force continuum developed by the Federal Law Enforcement Training Center (FLETC). On the FLETC use-of-force continuum a subject's behaviour at an incident may be categorised as compliant, resistant (passive), resistant (active), assaultive (physical injury) or assaultive (serious physical injury/death).

In 2005 the US Government Accountability Office (GAO) undertook a study of Taser use in seven law enforcement agencies that had deployed the largest number of Tasers for the longest amount of time.⁴⁸ The GAO authors found that the seven agencies placed the Taser at three different levels along the FLETC use-of-force continuum. Two agencies restricted Taser use to situations where a subject's assaultive behaviour creates a risk of physical injury to another; four agencies permitted the use of Tasers at a lower level on the use-of-force continuum when a subject is actively resisting arrest but not attacking an officer; and one agency allowed the use of Tasers in situations when a subject is passively resisting by not responding to an officer's verbal commands.

Officials in the seven law enforcement agencies reported that training in Taser use is viewed as being of critical importance to ensure their safe use. The seven agencies' safety guidelines stipulated that the Taser was not to be used on children, pregnant suspects, or near bystanders or flammable liquids.

Three agencies issued Tasers to all of their officers, three deployed Tasers only to patrol officers because they were considered to be the most likely to use them during their work, and one agency issued Tasers to its patrol officers and members of some specialised police units such as narcotics.

More recently White and Ready (2007) studied Taser use and effectiveness by examining all 243 Taser deployments by police officers in a large (unnamed) metropolitan police department over a three-year period, 2002 to 2004.⁴⁹ The department's approach to Taser use is more restrictive than any of the agencies studied by the GAO in 2005. The department issued Tasers to Emergency Service Unit (ESU) officers only, and all officers of the rank of sergeant or above are trained in its use and authorised to carry it. These officers can only use the Taser in situations involving an emotionally disturbed person or a person under the influence of drugs/alcohol who is posing a threat of physical injury.

⁴⁷ As cited in United States Government Accountability Office (2005) *Taser Weapons: Use of Tasers by Selected Law Enforcement Agencies*, GAO-05-464, May 2005.

⁴⁸ *ibid.* The seven agencies were Austin, Texas, Police Department; the Ohio Highway Patrol, the Orange County, Florida, Sheriff's Department; the Phoenix, Arizona Police Department; Sacramento, California, Police Department; and the San Jose, California, Police Department.

⁴⁹ White MD & Ready J (2007) The Taser as a Less Lethal Force Alternative. Findings on Use and Effectiveness in a Large Metropolitan Police Agency. *Police Quarterly*: Volume 10 Number 2; 170–191.

Subjects in the Taser incidents ranged from 15 to 70 years of age and 95% were considered to be emotionally disturbed and 14% to be intoxicated by alcohol/drugs. Ninety-four per cent of subjects had engaged in violent behaviour. In 45% of incidents the violent behaviour was directed at a police officer, 23% involved a threat of suicide or self harm, 4% involved violence towards a third person, and 21% involved violence towards multiple people at the scene. Forty per cent were armed with a weapon.

On the basis of the study findings, recommendations regarding the use of the Taser, included:

- ‘ensuring that officers are properly and regularly trained in its use
- requiring, whenever feasible, that a supervisor is present when a Taser is used
- limiting use against minors and the elderly unless there is a significant likelihood of escalation of violence
- limiting use to suspects who are physically combative and do not allow its use in response to passive resistance
- requiring immediate transport of suspects to a hospital emergency room for a physical examination
- adopting specific and tangible guidelines regarding the maximum number of times a Taser should be used on a suspect.’ (page 188)

Finally, the authors noted their recommendations mirrored some similar guidelines released by the Police Executive Research Forum in 2006⁵⁰ and International Association of Chiefs of Police in 2005⁵¹.

⁵⁰ See <http://www.policeforum.org/library.asp?MENU=356>. Accessed 16/11/07.

⁵¹ See <http://www.iacp.org/research/CuttingEdge/EMDT9Steps.pdf>. Accessed 16/11/07.

Chapter 4 Analysis of incidents

Chapter summary

Chapter 4 presents the analysis of data from incidents at which a Taser was deployed in the NZ Police trial.

Taser use was reported for 128 incidents over the twelve-month trial (one use against a dog was not included in subsequent analysis). In 75% of incidents the Taser was deployed in presentation mode. Deployment in presentation mode comprised 80 laser paintings, 12 presentations, and 3 arcings of the device. In 15% of incidents the Taser was deployed in discharge mode. In discharge mode the probes were fired 14 times, drive stun was used twice, and a combination of probes fired and drive stun was used 3 times. In the remaining 10% of incidents the Taser was only removed from its holster ('deholstered').

Weapons were present at 66% of incidents and believed to be present at a further 18%. The majority (70%) were cutting or stabbing weapons, with knives being the most common. Alcohol or drug use was recorded by police for 51% of incidents, family violence was considered as a factor in 39% of incidents, mental health issues in 21% incidents, and attempted suicide was recorded by police in 9% of incidents.

There were 127 males and 6 females involved in incidents where the Taser was deployed. Most subjects were in the 25 to 29 year old age group (30), followed by 35 to 39 age group (27), and 20 to 24 year olds (21). Five individuals in the 14 to 16 years age group were involved in incidents where the Taser was used in presentation mode. The ethnic groups most commonly represented were NZ European/Pākehā (46), followed by Māori (43), and Pacific Island peoples (35).

Officers' use of the Taser in presentation or discharge mode was effective in de-escalating and resolving 86% of incidents. In 71% of incidents, officers' use of the Taser in presentation mode was sufficient to resolve the incidents without needing to use other options such as empty hand tactics, OC spray or batons. In 15% of incidents officers' use of the Taser in discharge mode served to resolve the incidents. In the remaining incidents, tactics other than the Taser were used to resolve the incidents.

Police firearms were deployed to 28 incidents where a Taser was also deployed. The Taser was the primary effective option in resolving 18 of these incidents. Eleven of the incidents were resolved with taser discharge mode and seven with taser presentation mode.

4.1 Introduction

This chapter describes Taser deployments by NZ Police over the twelve-month trial period. Some characteristics of individuals who were involved in Taser incidents are included. The chapter also looks at how Taser incidents were resolved.

This section is based primarily on information from the Tactical Options Reports (TOR). As mentioned in section 1.2, it was mandatory for police to report deployments of a Taser via a TOR when the device was deployed against subjects in presentation or discharge modes. Staff were also able to voluntarily submit 'deholster' reports to notify of situations where the Taser was deholstered as a precautionary measure. As outlined in section 2.3 additional information was collected for incidents from the NIA database, and where Tasers were deployed in discharge mode from police files, as well as discharge data from the Taser device itself.

There were 128 reports submitted via the TOR database between 1 September 2006 and 31 August 2007. Thirteen of these reports were deholster reports and one report was in relation to a Taser discharge used on a dog. Deholster reports were included in the review as these reports contributed to information recorded about when officers considered carriage of the Taser as a tactical option. The dog report was omitted from the review. Therefore, a total of 127 incidents were reviewed for the incident analysis.

4.2 Types and frequency of Taser deployments

In the majority of incidents the Taser was deployed in presentation mode only.⁵² In 95 out of 127 (75%) incidents the device was used in presentation mode, comprising 80 laser paintings, 12 presentations, and 3 arcings of the device (see Table 2).

In 19 out of 127 (15%) incidents the Taser was deployed in discharge mode. In discharge mode probes were fired 14 times, drive stun was used twice, and a combination of probes fired and drive stun was used in 3 incidents.

In 13 out the 127 (10%) incidents the Taser was only deholstered.⁵³ At deholster incidents the device was carried and deholstered as a precautionary measure only, and was not presented or discharged at a subject.

⁵² Deployments were reported using a hierarchy which commenced with presentation, moving to laser painting, and ending with arcing when presentation mode only was used. For example, if presentation, laser painting and arcing were used during the incident the deployment would be categorised as an arcing. If a discharge mode was used the deployment was categorised by the type of discharge, for example probes fired, drive stun or a combination of these.

⁵³ As it is not mandatory to report carriage and deholster of the Taser, the number of carriage and deholsters during the trial may be greater than the number reported here.

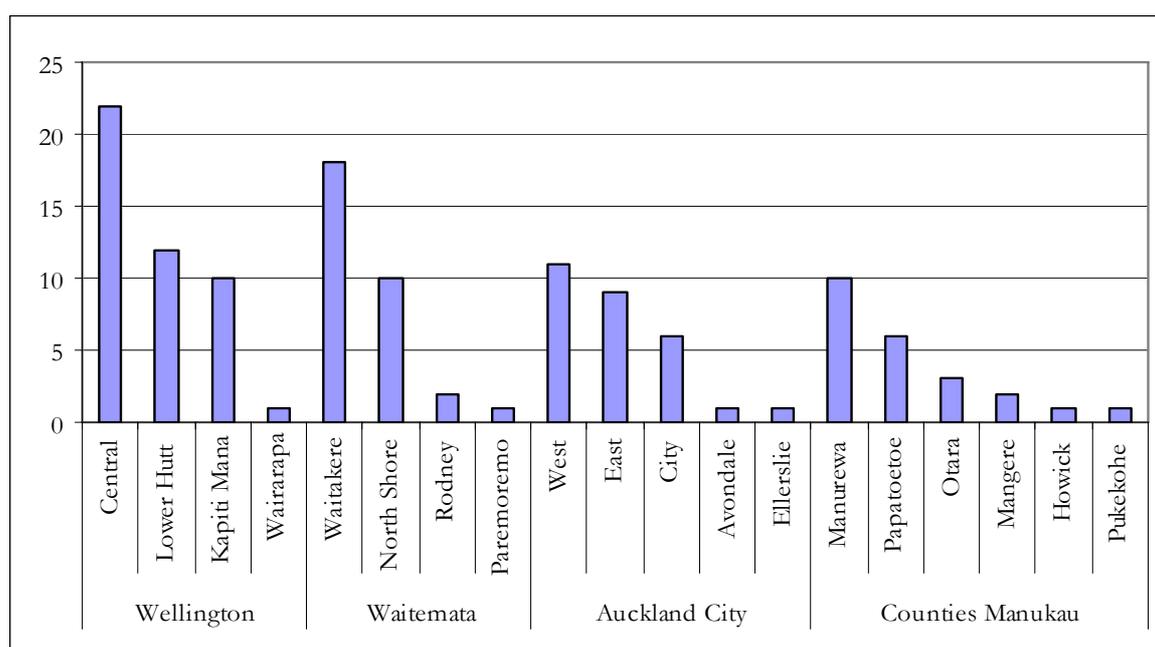
Table 2: Types of deployments of the Taser during the trial

Presentation mode	Number of incidents	% (n=114)	% (n=127)
Presentation only	12	10.5%	9.4%
Laser paint	80	70.2%	63.0%
Arc	3	2.6%	2.4%
Total presentation mode	95	83.3%	74.8%
Discharge mode			
Probes fired only	14 ¹	12.3%	11.0%
Drive stun only	2	1.8%	1.6%
Probes fired and drive stun	3	2.6%	2.4%
Total discharge mode	19	16.7%	15.0%
Presentation and discharge modes			
Total presentation and discharge modes	114	100.0%	90%
Deholster only			
Deholster only	13		10%
All deployment types			
Grand total	127		100%

Note: In six of these incidents the trigger was pulled a second time.

Deployments of the Taser by police districts and areas

Figure 1 shows the number of Taser deployments at incidents by police areas across the four trial districts. The Wellington Police District reported 45 Taser deployments, Waitematā District 31 deployments, Auckland City District 28 deployments and Counties Manukau District 23. The police areas deploying the Taser the most during the trial were Wellington Central (n=22), Waitakere (n=18), and Auckland City West (n=11).

Figure 1: Number of Tasers deployed by police districts and areas (n=127)

4.3 Circumstances of incidents to which a Taser was deployed

This section describes some circumstances of the 127 incidents to which a Taser was deployed during the trial. Selected statistics relating to this section are set out in Table 3.

Table 3: Circumstances of incidents to which a Taser was deployed

Circumstance	Number of incidents	% (n=127)
Subject weapons present at incident	84	66%
Subject weapons believed present at incident	23	18%
Alcohol or drug use recorded by police	65	51%
Family violence event type recorded by police	49	39%
Police deployed firearm to incident	28	22%
Subject mental health issues indicated	27	21%
Attempted suicide where mental health issues indicated	11	9%

Types of locations to which a Taser was deployed

Of the 127 incidents where police deployed a Taser, they most frequently occurred at residential properties (n=82), on streets, highways, or motorways (n=22), and in public places (n=10). A list of all the location types police attended with a Taser is shown in Table 4. Those locations listed as ‘other’ included mental health facility or mental health residential setting (n=3), a prison (n=1), and an unspecified property type (n=1).

Table 4: Frequency of location types where Tasers were deployed (n=127)

Location Type	Frequency
Residential property	82
Street/highway/motorway	22
Public area	10
Other	5
Public building	3
Commercial property	2
Licensed premises	1
Police premises	1
Rural area	1
Total	127

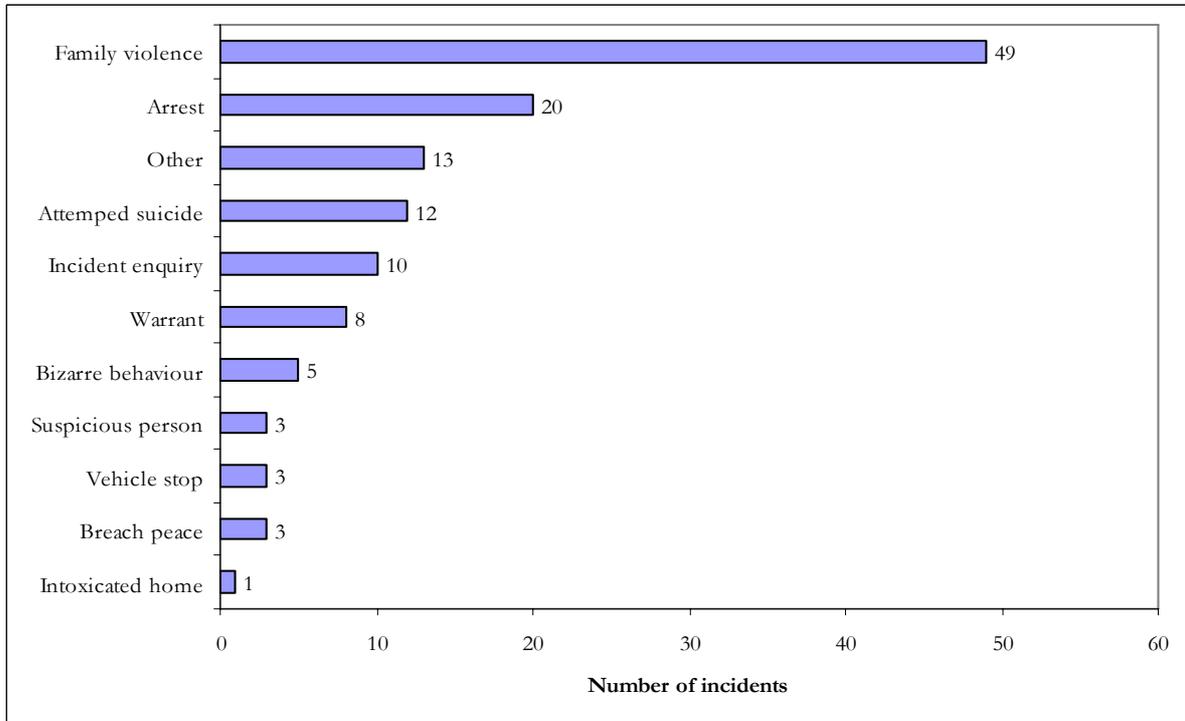
Types of events to which a Taser was deployed

The most common types of events where a Taser was present were family violence situations (n=49), followed by arrests (n=20), and attempted suicide (n=12).⁵⁴ A list of event types for

⁵⁴ Event type categories come from the available choices in the TOR based on police activity management system codes provided. Officers select the event type for the incident based on the job or task they were attending to when they deployed a Taser. The event type category is discrete from offence information for the incident.

the Taser trial is shown in Figure 2 below.⁵⁵ Those events categorised as other types included calls to assist mental health staff (n=8), disorder incidents (n=3), a hostage situation (n=1), and trespass (n=1).

Figure 2: Event types where a Taser was deployed (n=127)



Alcohol and drug use

In 60 of 127 incidents (47%) alcohol or drug use was evident or suspected by police; while in a further 30 incidents (24%) officers were unsure whether alcohol or drugs were involved. Use was not suspected or evident at 37 of 127 incidents (29%).

After the event subject alcohol or drug use was recorded by police for 51% of incidents (65 of the 127). The substance type most commonly used was alcohol, which was recorded present in 45 (35%) incidents. This was followed by prescription drugs (n=6), Methamphetamine-P (n=5), and medications (n=1). In eight of 127 incidents multiple substance types were recorded with a combination of alcohol and prescription drugs being most common (n=3), followed by alcohol and cannabis (n=2), alcohol, prescription drugs, and medications (n=2), and prescription drugs and an unknown substance (n=1).

In 41 of the 127 incidents (32%) no alcohol or drug use was recorded for the incident. In thirteen cases use of drugs or alcohol was not recorded, and in eight incidents the type of substance used was reported as unknown.

⁵⁵ 'Bizarre behaviour' is an event type which indicates a subject is exhibiting unusual or irrational behaviour that may be related to alcohol or drug use, mental health issues, and/or extreme emotional stress. These events typically involve unpredictable behaviour, communication difficulties, and/or volatile behaviour.

Weapons present

Weapons were present at the scene or used to threaten or assault victims and police in 84 of 127 incidents (66%). In 23 incidents, weapons were only believed to be present; however, their presence was considered in officers' Perceived Cumulative Assessment (PCA), or risk assessment, of the situation and behaviour. In the remaining 20 incidents there were no weapons involved. Table 5 shows the number and type of weapons that were present.⁵⁶ The most common weapon types were stabbing/cutting weapons (n=73), followed by bludgeon type instruments (n=17), and firearms (n=10).

Table 5: Number and type of weapons present at incidents (n=104)

Weapon Type	Specific Weapon	Frequency
Cutting/Stabbing (n=73)	Knife	44
	Machete	6
	Axe	5
	Screwdriver	5
	Bottle	2
	File/chisel	2
	Razors/blades	2
	Sword	2
	Handsaw	1
	Scissors	1
	Unknown type	3
Bludgeon (n=17)	Baseball bat	5
	Sticks	4
	Crowbar/iron bar	2
	Vacuum pipe	2
	Concrete block	1
	Hammer	1
	Spade	1
	Wheel brace	1
	Firearm (n=10)	Pistol
Pistol imitation		1
Rifle		1
Rifle imitation		1
Rifle disguised		1
Pellet gun		1
Unknown type		1
Other (n=4)		Vehicle
	Handheld blow torch	1
	Weed eater	1
Total		104

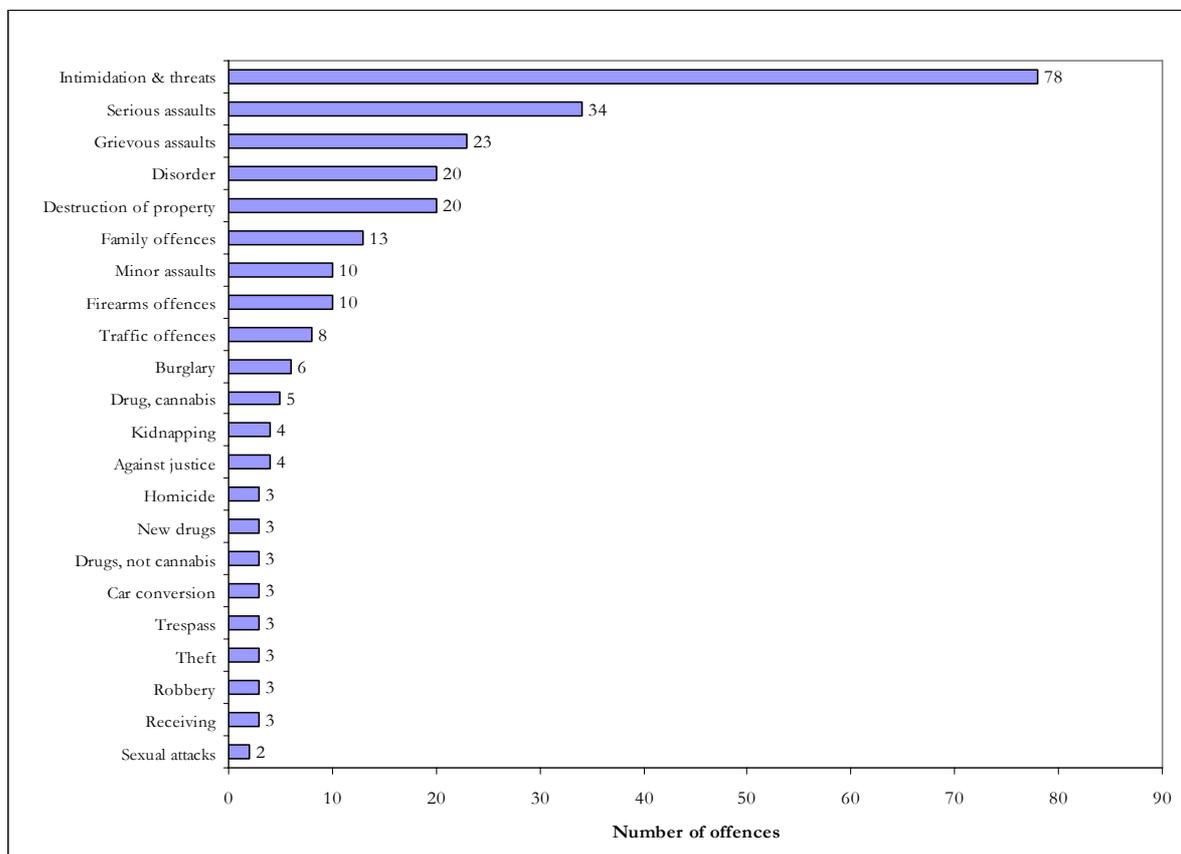
⁵⁶ As multiple weapons were present at 9 of 127 incidents the total number of weapons is larger than the number of incidents where weapons were presented.

Offence classes and types

There were 261 offences recorded against individuals involved in 93 of the incidents where Tasers were deployed. In the remaining 34 incidents, offences were not recorded for the individuals involved. In these incidents no charges were laid as either there was insufficient evidence to proceed to prosecution or the public interest would not have been served by prosecution.

Of the 93 incidents where offences were recorded, the most common offences were intimidation and threats (30%), followed by serious assaults (13%), grievous assaults (9%), disorder (8%) and destruction of property (8%). Figure 3 shows the frequency of offence classes recorded for individuals involved in 93 incidents.

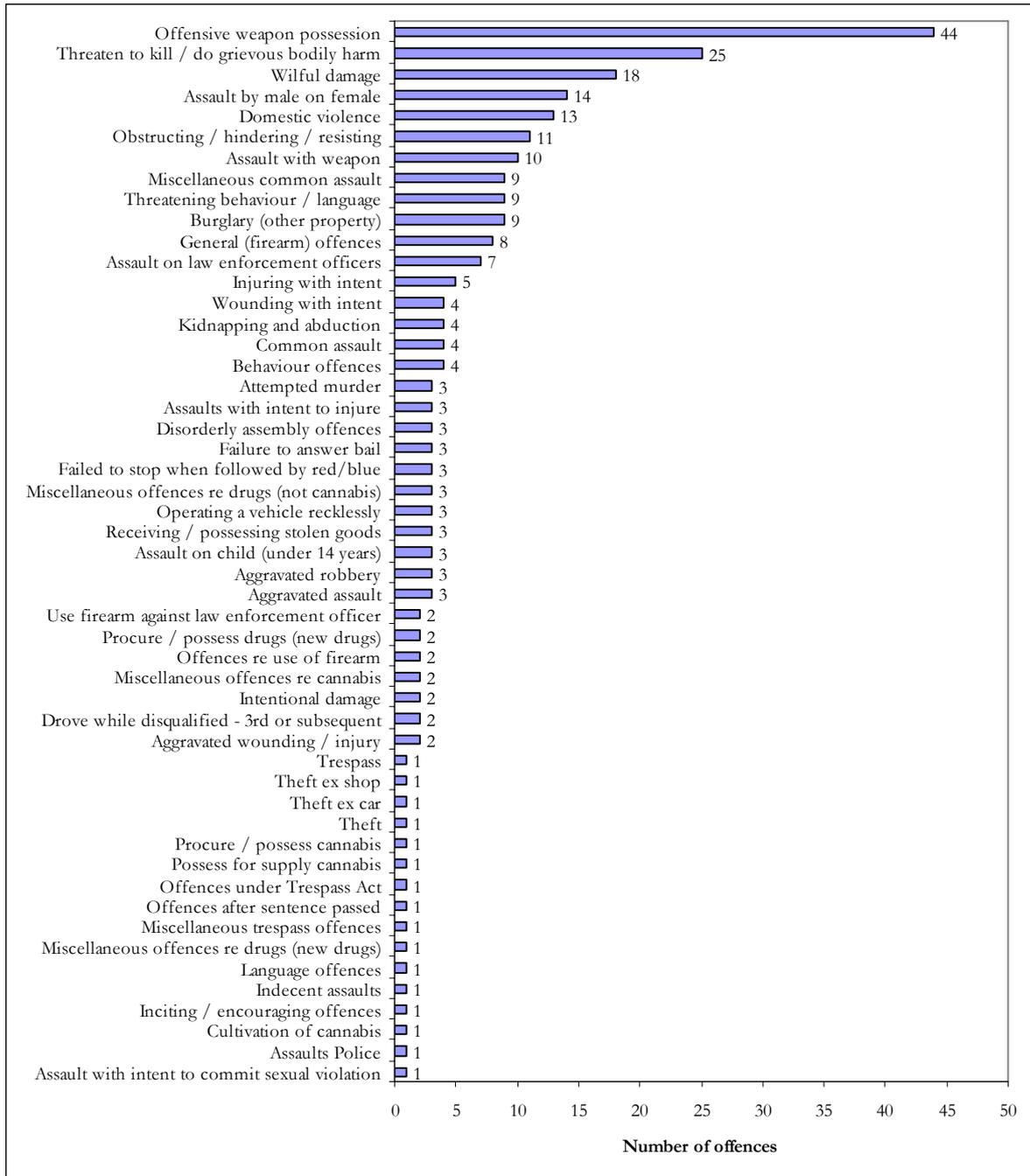
Figure 3: Offence classes recorded against individuals involved in Taser incidents (n=261)



Offence class information was further broken down into specific offence types. The most common offence types recorded were possess offensive weapon (17%), domestic violence (12%), threaten to kill/do grievous bodily harm (10%), wilful damage (7%), assault by male on female (5%), obstructing/hindering/resisting arrest (4%), and assault with weapon (4%). Figure 4 shows the number of specific offence types recorded for individuals involved in Taser incidents. Multiple offence types were recorded for 62 incidents; therefore, the number of

specific offence types recorded is higher than the number of incidents where Tasers were deployed.

Figure 4: Offence types recorded against individuals involved in Taser incidents (n=261)



Of the 34 incidents where offences were not recorded, 19 involved attempted suicide or 'bizarre behaviour'. The remaining incidents involved offences such as burglary, disorderly behaviour, wilful damage, male assaults female, and aid/abet assault with weapon as police were attending to event types of family violence (n=7), incident enquiries (n=2), warrants (n=2), arrests (n=2) and a vehicle stop.

Mental health issues

In 27 of 127 incidents (21%) the presence of subject mental health issues was indicated. In 19 of these 27 incidents (70%) contact with mental health professionals was noted through Police comment on the involvement of Crisis Assessment Treatment Teams, Duly Authorised Officers (DAO), mental health facilities, and mental health assessments. Reports indicated that police assisted mental health staff in eight of these incidents. In three of the eight cases the person was destroying property at a mental health facility, and threatening to kill staff. Police were called to assist with controlling and restraining the individual. In the remaining five incidents police assistance was required to transport the individual for a mental health assessment, due to violent behaviour or expected violent behaviour.

In 11 of the 19 incidents the subject was referred to mental health for assessment; however the level of involvement of mental health professionals during the incident was not stated.

In the remaining eight reports the event type attended and police comments indicated that the involved individuals may experience mental health issues. This indication was based on comments made by the individual that they had attempted suicide in the past, and wanted to be killed by police. Police also commented that absence of medications may have been causing current violent behaviour, and police acknowledged history of mental health issues from past encounters with the individual. Finally, three of the eight incidents involved attempted suicides.

Summary of incident information where mental health issues were indicated

- The locations of the 27 incidents included 19 residential properties, 3 streets, highways, or motorways, three mental health type facilities, and two commercial properties.
- Subject weapons were present in 19 of 27 incidents. The type of weapons were 15 cutting and stabbing weapons of various types, two firearms, one bludgeon type instrument, and multiple weapons including knives and a hammer.
- Weapons were believed to be present in a further 4 incidents and those believed to be present included a firearm, and a weapon of unknown type, and in two incidents multiple weapons including a knife and tomahawk in one, and glass, razors and knives in the other.
- A total of 11 of these incidents involved attempted suicide or threats of suicide, with 3 of these resulting in a Taser discharge.
- Police firearms were deployed at 6 of the 27 incidents, being carried to 2 incidents and presented at subjects in 4 incidents.

Taser deployment in incidents where mental health issues were indicated

Tasers were deployed most frequently in presentation mode (12 of 27 incidents), followed by discharge mode (9 incidents) and in the remaining six incidents the Taser was only deholstered.

Deploying the Taser in presentation mode resolved 11 of the 12 incidents. In the remaining incident officers chose to use OC spray to resolve the situation when presentation mode was not effective.

Deploying the Taser in discharge mode resolved eight of these nine incidents. In six incidents officers utilised discharge mode after presentation mode was not effective. In three of the nine

incidents officers used discharge mode immediately without use of presentation mode, with two of the three discharges reported effective. Where immediate discharge was effective it was used in order to prevent an individual from harming themselves with a weapon, and in another incident the subject was in possession of a knife and becoming increasingly agitated with voice appeals from police.

In the one incident where discharge mode was not effective it was used immediately, without presentation mode to prevent further assault on an officer. However, the subject physically disrupted the device by advancing on the officer, therefore drive stun was used immediately, and empty hand tactics were used to restrain the person.⁵⁷

Finally, in the six incidents where Tasers were deholstered only, communication was effective in resolving three; the Taser was used as a back-up to presenting a firearm in one incident, and in another incident riot shield and empty hand tactics were used to resolve the incident. In the remaining incident the person had left the address and police had no contact with the person.

Police firearms deployment where Tasers were available

Police deployed firearms to 28, or approximately a quarter (22%) of the 127 incidents. Deployment involved either carriage of the firearm to the incident as an available option or presentation of a firearm at a subject.

General duties officers deployed firearms in over half of the incidents (54%), while the AOS deployed firearms in 21%, and staff from the Criminal Investigations Branch (CIB) deployed firearms in 2 of the 28 incidents. In 2 incidents, both CIB and GDB deployed firearms, while in another a Dog Section member deployed firearms. In one incident the police group deploying firearms was not specified.⁵⁸

In 27 of the 28 incidents, subject weapons were present (n=21) or believed to be present (n=6). In a single incident weapons were not involved, however police firearms were carried to the incident as a precaution due to knowledge that the person involved was an arms carrier. The type of weapons present or believed to be present included 13 firearms, 15 cutting/stabbing weapons, 1 bludgeon instrument, and a vehicle was used as a weapon in 1 incident. The most common event types where police firearms were present were for family violence situations (n=12), warrants (n=4) and arrests (n=3), with 'bizarre behaviour', attempted suicide, and incident enquiries at 2 incidents each. Other event types attended were one trespass, disorder, and a suspicious person.

Deployment of police firearms to incidents where Tasers were available was split almost evenly between carriage and presentation. In 12 of the 28 incidents where police deployed firearms they were only carried as an available tactical option, and in 13 incidents firearms were presented at subjects. In the remaining three incidents, the AOS was called out in one which was resolved prior to their arrival, and in two incidents the type of firearm deployment was not specified. In 18 of the 25 incidents where Police actually carried or presented firearms, Tasers were used to resolve the incident.

⁵⁷ See Glossary for empty hand tactics (or techniques).

⁵⁸ Under General Instruction F066 it is mandatory for police to report presentation of a firearm. There is no requirement to report carriage of a firearm.

Carriage of police firearms

GDB staff deployed firearms at 7 of the 12 incidents where police carried firearms to an incident, AOS carried firearms at 3, and CIB and Dog Section members each carried firearms at 1 incident.

A Taser was reported as effective in 9 of the 12 incidents where police carried firearms, either through using presentation mode (n=7) or discharge mode (n=2) of the device.

Of the remaining three incidents communication was sufficient to resolve the incident in two cases thus the Taser was only deholstered; and in the third a combination of empty hand tactics and laser painting resolved the incident.

Presentation of police firearms

GDB officers presented firearms at the 13 incidents where police presented firearms at subjects (n=8), followed by AOS (n=3), and CIB (n=1). In another incident CIB and GDB officers presented firearms.

The Taser was reported as the primary effective option in 9 of 13 incidents where firearms were presented at subjects, in either discharge mode (n=5), or presentation mode (n=4). In the remaining four incidents other tactics were used in conjunction with Taser and firearms, or in place of Taser to resolve the incident. In three of the four incidents OC spray, empty hand tactics or show of police numbers resolved the incident in conjunction with the use of Taser presentation mode and firearm presentation, while in one incident the Taser was only deholstered for use as back-up to presenting a firearm.

4.4 Characteristics of individuals involved

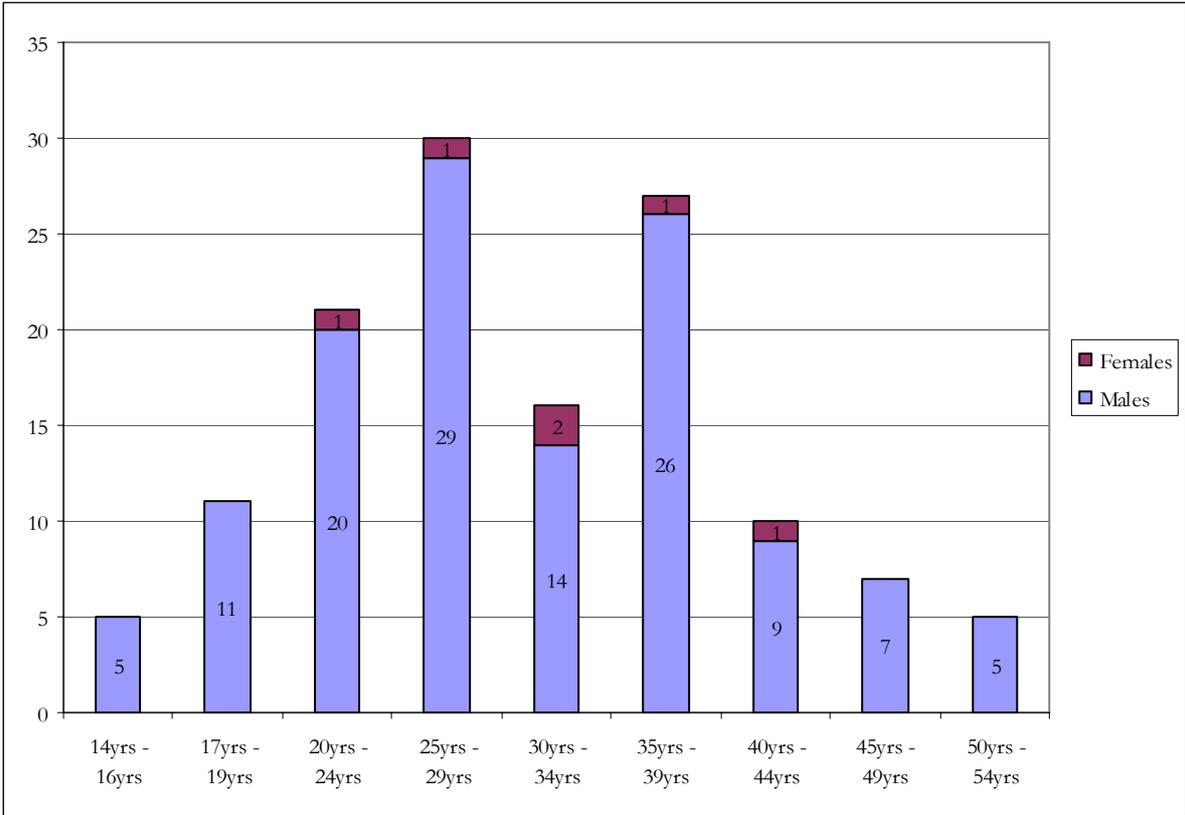
Age, gender, and ethnicity

There were 133 people involved in the 127 incidents during the trial. In five cases more than one person was laser painted, and in one case more than one person had the Taser presented at them.

There were 127 males and 6 females involved in incidents where the Taser was used. Most subjects were in the 25 to 29 year old age group (n=30), followed by 35 to 39 year old age group (n=27), and 20 to 24 year olds (n=21). Five individuals in the 14 to 16 years age group were involved in incidents where the Taser was used in presentation mode; subject weapons were involved in all of the five cases.⁵⁹ Figure 5 shows the number of people involved in Taser incidents for each age group.

⁵⁹ In one incident a 15-year-old boy held a knife to the throat of the victim while demanding money and keys to a vehicle. In a second incident a 14-year-old boy was the driver of a stolen vehicle which he used to drive at and ram a police vehicle. In a third incident a 15-year-old was involved in an aggravated robbery with a knife with another youth, and in the final incident police attended a situation where youths were fighting with weapons.

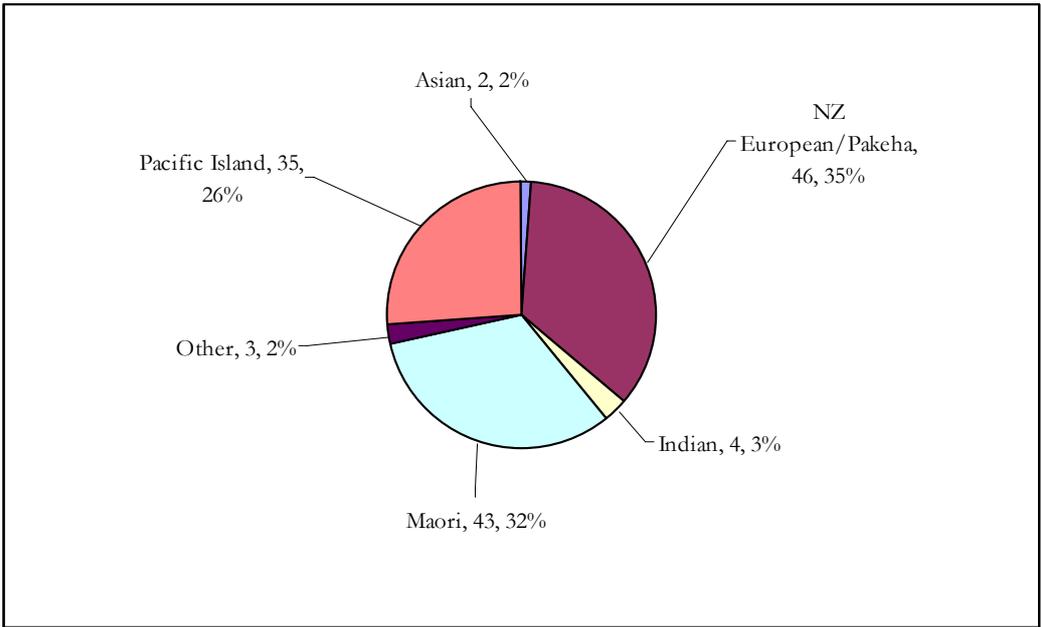
Figure 5: Age and gender of individuals involved in Taser incidents (n=132)



Note: The age of one of the males was unknown therefore the figure shows ages and gender for 132 subjects.

The ethnic groups most commonly represented were NZ European/Pākehā (n=46), followed by Māori (n=43), and Pacific Island peoples (n=35). Figure 6 shows the ethnicity of individuals involved in Taser incidents.

Figure 6: Ethnicity of individuals involved in Taser incidents (n=133)



Mental health issues

Mental health issues were indicated for 27 individuals involved in Taser incidents. Twenty-three were males and four were females with their ages ranging between 20 to 54 years. The most common age groups were 30 to 34 (n=6), followed equally by 25 to 29 (n=5), and 35 to 39 (n=5). NZ Europeans/Pākehā were most highly represented in these incidents (n=18), followed by Māori (n=6), and Pacific Island peoples (n=2).

4.5 Resolution of incidents where a Taser was deployed

The final section describes how the 114 incidents where Tasers were deployed in presentation or discharge mode were resolved.

Taser deployment in presentation mode

In the majority (83%) of the 114 incidents, officers deployed Tasers in presentation mode only. Officers indicated that in most cases (71%) deploying a Taser in presentation mode alone was an effective option for resolving the situation. In these incidents laser painting (n=69), presenting (n=10) and arcing (n=2) were enough and other tactics were not required. The exception to this occurred in four of these incidents where officers reported that deployment of a Taser in presentation mode was effective in de-escalating the situation; however some empty hand tactics were required to facilitate handcuffing.

In 11 of 114 incidents officers indicated that use of the Taser in presentation mode was not effective for resolving the incident and tactics other than Taser discharge were used to resolve the situation. In 7 of the 11 incidents officers chose to use other tactics to resolve the incident when presentation mode was not effective – empty hand tactics (n=3), OC spray (n=2) or a baton (n=1) and in the remaining case unspecified AOS tactics were used. In 3 of the 11 incidents staff indicated that although there was some de-escalation when police presented and laser painted the device, other tactics were required to resolve the incident – OC spray (n=2), empty hand tactics (n=1) and in one incident the person became fixated on the presence of a dog and its handler and appeared unaware of the presentation of the Taser.

In 7 of 114 incidents the effect of presentation mode could not be clearly established due to immediate use of Taser in discharge mode (n=4) or simultaneous use of tactics by other officers present during laser painting (n=3). In the three incidents where other tactics were used in conjunction with laser painting, other officers moved in immediately and presented firearms, used empty hand tactics or the presence of dog to resolve the incident.

In the remaining 15 of 114 incidents where use of a Taser in presentation mode was not effective officers chose to deploy the Taser in discharge mode.

Taser deployment in discharge mode

Taser discharge mode was used a total of 19 times at the 114 incidents (17%). The discharge mode used most often was probes fired (n=14), followed by drive stun without cartridge (n=2), and in 3 incidents probes fired and drive stun mode were both used in a single incident. An overview of the incident circumstances of Taser discharges indicated:

- Discharges occurred for a range of event types including family violence (n=7), arrests (n=3), assisting mental health (n=2), suspicious person (n=2), 'bizarre behaviour' (n=2), and attempted suicide, disorder, and trespass (1 each).
- The most common location types where discharge mode was used were residential properties (13 of 19), and streets/highways/motorways (4 of 19) and one commercial property and one mental health residential property.
- Subject weapons were present in 14 of 19 incidents, and in 2 others they were believed to be present. In the remaining 3 incidents the person threatened victims in all cases and then threatened officers with physical assault.
- Police firearms were deployed at 7 of 19 discharges. GDB staff presented firearms at 4 incidents and carried them at a further 2; AOS presented firearms at 1 incident.
- Mental health issues were indicated for 9 of the 19 individuals involved.
- In 13 of 19 incidents use of alcohol or drugs was evident or suspected, and in 3 police were unsure whether alcohol or drugs were involved.
- The most common age group for individuals involved was 35 to 39 year olds (n=6), followed by 30 to 34 year olds (n=4), and 40 to 44 year olds (n=3).
- There were 17 males and 2 females involved.
- NZ Europeans/Pākehā were exposed to a Taser discharge most frequently (8 of 19), followed by Māori (n=6) and those of Pacific Island ethnicity (n=4).

Tasers successfully resolved 17 of 19 incidents where a Taser was deployed in discharge mode, with probes fired being used most often to resolve incidents.

Probes fired

In 14 of 19 incidents where Tasers were deployed in discharge mode the probes fired action successfully resolved the incident. In six of these incidents the trigger was pulled a second time to elicit a subsequent cycle in order to safely secure the individual. Data downloaded from the Tasers during the audit and reporting process showing the duration of the cycles for all discharges are presented in Appendix 8. Brief circumstances of the second trigger pulls are outlined below.

- Taser discharge was used to prevent the person from harming themselves with a knife. A subsequent trigger pull was used to enable police to remove the weapon and secure the subject.
- During a violent struggle in a confined space discharge was used to avoid injury to the subject, officers and the property. Communication had no effect. An additional trigger pull enabled officers to safely restrain the subject.

- In a hostage situation the Taser was discharged through the window of a vehicle. A second trigger pull allowed removal of the knife, secured the subject, and allowed the hostage to exit the vehicle safely.
- The Taser was discharged through the window of a garage where a person with a crow bar was hiding after an attempted burglary. A second trigger pull was used to safely secure the subject.
- A sole officer chased a man on foot who had assaulted a person with a knife. Discharge mode was used to stop the subject from decamping, and a second trigger pull was used to keep the individual from leaving the scene as back up was arriving for the officer.
- The Taser was fired at a subject who was in possession of a firearm. A subsequent trigger pull was required to enable staff to approach the person to retrieve the weapon.

Drive stun without cartridge

Officers used drive stun without a cartridge effectively in two incidents where officers were using empty hand tactics while attempting to restrain subjects.

In one incident an officer came to the aid of a colleague who was struggling to restrain an individual during an arrest. When laser painting was not effective, drive stun without cartridge was used for one to two seconds to quickly control the situation as associates were coming to the assistance of the subject and yelling at police who were outnumbered at that time.

In a second incident three officers were physically attempting to prevent a person from returning to a room where a knife was available. When Taser presentation mode was not effective two applications of drive stun without cartridge were used to enable officers to restrain and handcuff the subject. Each application of the device was reported to be less than the five second cycle.

Combination of probes fired and drive stun

Probes fired and drive stun were used in three incidents. In one incident police discharged the Taser into a building through a window by firing probes. The first discharge resulted in single probe attachment. Probes were fired again with both probes attaching, and drive stun mode was used on entrance to the building to enable staff to safely secure the individual and the weapon.

In the two incidents where officers reported that taser discharge mode was not effective, use of probes fired and drive stun were utilised while attempting to resolve the incident.

In one incident, while an officer attempted communication, the subject advanced on the officer in a confined space swinging punches as the probes fired mode was used. Punches glanced off the officers head and knocked the cartridge from the device disabling the probes fired action. The drive stun function was used immediately to prevent further assault and empty hand tactics were used to restrain the individual.

In the second incident multiple tactics were used where an officer was dealing with a person who had threatened to kill their partner. When laser painting was not effective, probes fired was used; however another person obstructed the intended party resulting in single probe

attachment to each person. Drive stun was used to follow up against the intended party but contact was broken. Probes were fired again at the intended party but single probe contact occurred once more. The officer used OC spray but this did not appear to have an effect on the person. The officer used probes fired a third time but the probes were knocked free by the movement of an arm, and drive stun follow up was used briefly but contact could not be maintained. It is unclear whether the OC spray effect was delayed or exposure to the Taser and OC spray over time resulted in de-escalation of the situation. Additionally, communication from a family member who was present may have contributed to resolving the incident.

Chapter 5 Survey of officers

Chapter summary

Chapter 5 presents the findings from a survey of 57 officers who deployed the Taser during the trial period.

Officers reported that in the majority of incidents where a Taser was either presented or discharged, they observed a positive change in subjects' behaviour, such as increased cooperation and a general de-escalation in volatile situations.

The majority of officers stated that the availability of the Taser had a positive impact on how they performed their job, and how they felt about doing their job. Positive impacts included:

- increased confidence, particularly when dealing with violent people or those under the influence of alcohol/drugs, or with weapons
- increased feelings of safety and security
- a greater range of less lethal tactical options, filling the gap between options such as OC spray and firearms, and as such a reduced need to rely on firearms.

The majority of officers believed that Tasers should be carried and worn full-time due to the unpredictability of situations they are required to attend. However, over half also suggested that issue of Tasers should be restricted to officers with at least two years' experience.

The majority of officers stated they had attended incidents where a Taser would have been useful but was unavailable. Most typically these were situations that presented a high level of risk of injury, such as incidents where weapons were present, or when officers were attacked or threatened with attack.

All officers identified benefits to having Tasers available as a tactical option, the most common of which was the reduced need to use firearms. Approximately half of the officers identified potential risks, the most common of which was the risk of subjects gaining control of a Taser and using it to incapacitate officers.

All officers strongly agreed or agreed that they were confident about the effectiveness of the device and that Tasers should be made available to staff as soon as possible.

5.1 Introduction

This chapter of the report presents the findings from a survey that was sent to officers (n=66) who deployed the Taser during the trial period. The survey sample was drawn from the TOR database, as all officers who deployed the Taser in presentation or discharge mode were required to complete a tactical options report about the incident.⁶⁰ Officers who reported a

⁶⁰ The total number of officers who completed a Tactical Options Report was greater than 66. However, the 19 officers who participated in an in-depth interview were removed from the survey sample.

deholster via the TOR database were also included in the survey. In total, 57 officers responded to the survey, i.e. a response rate of 86.4 percent.

The aim of the survey was to gain an understanding about officers' views of the operational utility of the Taser, with a focus on:

- the SOPs guiding Taser use
- training and issue of Tasers
- the impact of Taser availability on policing
- the perceived benefits of Tasers
- the perceived risks or disadvantages of Tasers.

5.2 Deployment of Tasers

As discussed in the introduction chapter, Tasers can be used in a range of ways, broadly described as 'presentation' and 'discharge' modes of use. 'Presentation' uses include: presenting the device as a visual deterrent; laser painting, which means applying the laser lighting system; and arcing, which is activating the device without an air cartridge fitted, as a visual deterrent. 'Discharge' uses include: firing the probes from a distance via an attached air cartridge; or by drive stun, which is applying the device directly to the body of the subject with or without an air cartridge attached. In addition, deholstering the Taser involves removing the Taser from the holster as a precautionary measure only. The device may or may not be visible to the subject when this happens.

The majority (49 of 57) of survey respondents did not discharge the Taser during the trial, i.e. they had only used a Taser in the following ways: deholster (n=47), presentation (n=37), laser painting (n=44), or arcing (n=3).⁶¹ The remaining 8 officers had discharged a Taser, i.e. all had fired probes and of these, two had also used the drive stun option.

How did subjects respond to the Taser?

The presence of the Taser was expected to contribute to calming or de-escalating volatile situations, and increasing the cooperation of subjects, often without need for deploying the device in discharge mode. As such officers were asked to comment on whether they observed changes in a subject's behaviour when the Taser was deployed at an incident.⁶²

Table 6 provides a list of changes to subjects' behaviour, as observed by officers who deployed a Taser. In the majority of incidents, across the range of Taser deployments, officers observed a positive change in subjects' behaviour, such as increased cooperation and a general de-escalation of volatile situations. Officers' observations are discussed in relation to the specific way the Taser was deployed.

⁶¹ Officers may have used a Taser in more than one mode, e.g. they may have deholstered a Taser, then presented it with a warning, following which they may have laser painted the subject in one incident or over the course of the trial.

⁶² If changes were observed, officers were asked to describe them. In the incidents where changes were not observed, officers were not asked to explain why; however, some officers did provide an explanation.

Table 6: Officers' observations of subjects' response to a Taser

Deholster Taser	Frequency
Increased cooperation	16
De-escalation of situation	10
Subject listened to and followed officers' instructions	4
Subject asked what it was / was unsure	2
Subject became focused on the Taser	1
Subject ran away	1
Presentation of Taser	
Increased cooperation	18
De-escalation of situation	8
Subject listened to and followed officers' instructions	7
Subject showed signs of alarm / panic	2
Subject asked what it was / was unsure	1
Subject became focused on Taser	1
Laser painting	
Increased cooperation	29
Subject listened to and followed officers' instructions	7
Subject dropped to the ground	5
Subject hid behind barricade	2
Subject showed signs of alarm / panic	2
Subject became more defiant	1
Arcing	
Subject immediately cooperative	2
No impact - distraction devices being used at same time	1
Probes fired	
Subject incapacitated	3
Subject immediately co-operative	2
Subject punched Taser causing it to fire	1
Drive stun	
Immediately cooperative	1
Limited effect - subject pushed Taser away	1

Deholster a Taser

Of the 47 officers who reported they deholstered a Taser, 34 observed changes in subjects' behaviour. The majority of respondents commented that deholstering the Taser resulted in increased cooperation from subjects (n=16), and that the situation de-escalated (n=10), with subjects listening to and following officers' instructions (n=4). Two respondents stated that the subjects were unsure what a Taser was; and one stated that the subject became focused on the Taser. One respondent noted that the Taser caused one subject to run away.

Three respondents stated that they did not observe any changes in subjects' behaviour as a result of deholstering the Taser. Two stated that the Taser was unnoticed as the subject was either intoxicated or under the influence of drugs, and the remaining person did not appear to understand what the Taser was.

Presentation of a Taser

Of the 37 officers who stated they presented a Taser, 31 observed changes in subjects' behaviour. The majority of respondents reported that presenting a Taser resulted in increased cooperation from subjects (n=18), and that the situation de-escalated (n=8), with subjects listening to and following officers' instructions (n=7).⁶³ Two officers noted that the subjects' showed signs of alarm or panic when a Taser was presented; one stated that the subject was unsure what a Taser was; one subject became focused on the Taser.

Four respondents stated that they did not observe any changes in subjects' behaviour. Two stated that the Taser was unnoticed as the subject was either intoxicated or under the influence of drugs, one stated that the subject was too 'goal-focused' to notice the Taser, and the remaining respondent stated that the subject remained violent and non-compliant.

Laser painting

Of the 44 officers who stated they laser painted a subject, 37 observed changes in subjects' behaviour. The majority of respondents reported that laser painting a subject resulted in increased cooperation from subjects (n=29), with subjects listening to and following officers' instructions (n=7). Five respondents reported that subjects dropped straight to the ground when they were laser painted.

Five officers noted that laser painting resulted in adverse responses from subjects, with two hiding behind a barricade; two showing signs of alarm or panic; and one becoming increasingly defiant and resistant to police requests.

Four respondents stated that they did not observe any changes in subjects' behaviour as a result of laser painting. Three stated that the taser was unnoticed as the subject was either intoxicated or under the influence of drugs, one stated that the subject was too 'goal-focused' to notice the Taser, and the remaining respondent stated that the subject ignored it.

Arcing

Of the three officers who arced a Taser, two stated that the subject became immediately cooperative. The remaining officer stated that arcing a Taser had no impact, but most likely it had gone unnoticed because there were distraction devices being used simultaneously.

Probes fired

Of the eight officers who discharged a Taser, six observed changes, with three stating that the subject was immediately incapacitated; two stating that subjects were immediately cooperative. However, one officer stated that rather than become cooperative, one subject punched the Taser causing it to fire.

One officer stated that the Taser had minimal effect because the probes failed to connect properly; and another stated that the situation required a covert approach, so the subject did not see it.

⁶³ Respondents observed more than one change.

Drive stun

Of the two officers who used the drive stun mode, one stated the subject was immediately cooperative and the other stated that it had minimal effect as the subject brushed the Taser off and moved out of reach.

5.3 The impact of the Taser on how officers perform their job

The majority (50 of 57) of officers stated that Taser availability had a positive impact on how they performed their job, as Figure 7 shows.⁶⁴ Of the remaining respondents, six stated that the availability of the Taser had very little impact on how they did their job, and one did not answer this question.

Of those who reported that the availability of the Taser had a positive impact, almost half stated they had increased confidence, particularly when dealing with violent people or those under the influence of alcohol or drugs (n=16), and when attending incidents where weapons were present (n=7).

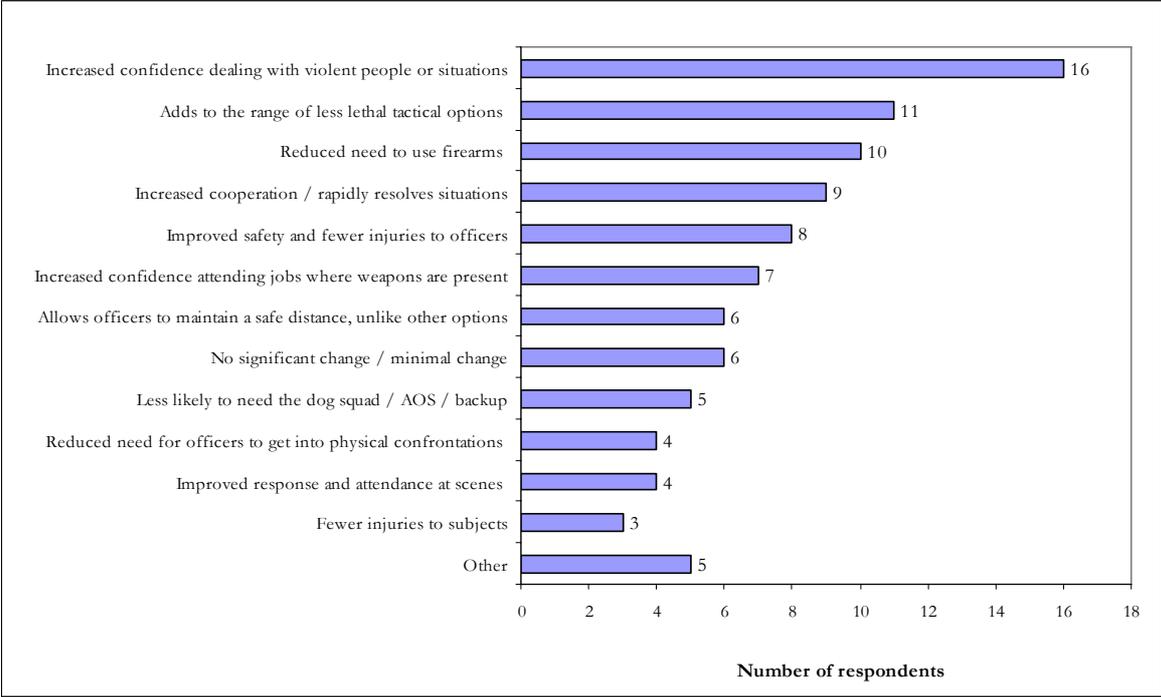
A similar number stated that the availability of the Taser expanded the range of less lethal tactical options, filling the gap between options such as OC spray or batons and firearms (n=11), and as a consequence there was a reduced need to use firearms (n=10).

Officers felt safer as a result of having a Taser and were less likely to be injured in the course of their work (n=8). This was largely due to the fact that a Taser allowed them to maintain distance from violent and/or armed subjects, unlike other options such as OC spray and batons, which require officers to be in close proximity (n=6), and because a Taser reduced the need for officers to physically restrain subjects or become involved in physical confrontations (n=4) to gain control of a situation.

‘Other’ includes: it is safer when attending jobs alone (n=1); the unpredictability of situations means it would be better if Taser was worn full-time (n=1); it provides an additional level of confidence for officers who are working with recent graduates (n=1); approach is to talk with subjects first (n=1); it is another piece of equipment to consider and plan for (n=1).

⁶⁴ Respondents provided more than one response to this question.

Figure 7: Officers' views about the impact of Tasers on how they perform their job



5.4 The impact of the Taser on how officers feel about doing their job

The majority (48 of 57) of respondents stated that the availability of the Taser positively impacted on how they felt about doing their job, as Figure 8 shows.⁶⁵ Of the remaining nine respondents, five stated that the availability of Tasers had not impacted on how they felt about doing their job and four did not answer the question.

Half (24 of 48) of the respondents who reported a positive impact felt safer, and more protected or secure while doing their job.

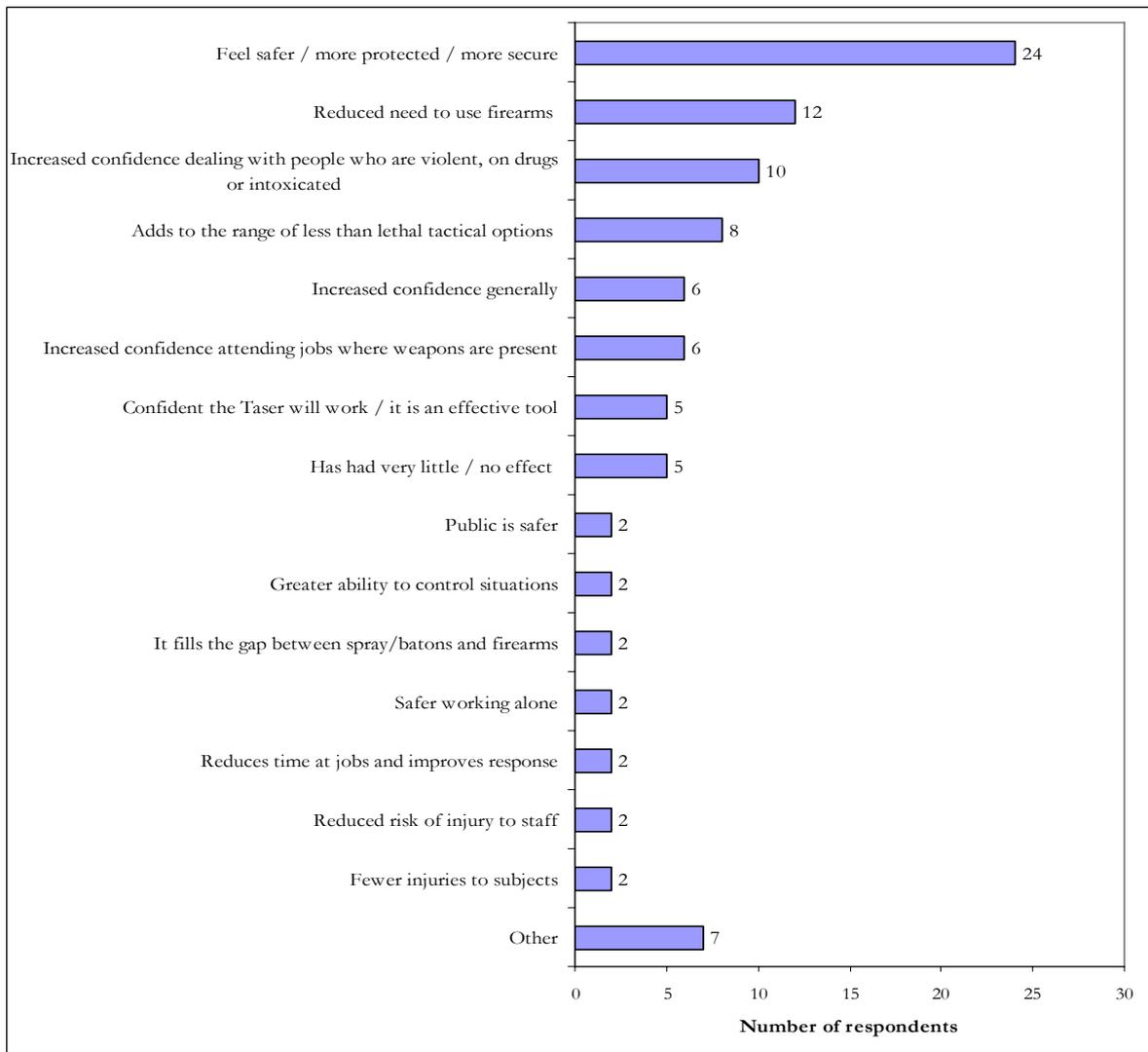
Almost half of the respondents reported that they had increased confidence, particularly with people who are violent or under the influence of alcohol or drugs (n=10), or at incidents where weapons are present (n=6). A further six respondents stated that they had increased confidence across a range of tasks and situations.

A similar number responded that the availability of the Taser expanded the range of less lethal tactical options, providing an intermediate option between tactics such as OC spray or batons, and firearms (n=8), and as a consequence there was a reduced need to use firearms at incidents (n=12).

‘Other’ includes: allows officers to maintain distance from subjects (n=1); is useful in suicide situations (n=1); feel less secure now Taser has been withdrawn (n=1); feel more supported with Taser (n=1); the data recording system of Taser provides officers with additional confidence/back-up (n=1); it is clear when it should be used (n=1).

⁶⁵ Respondents may have provided more than one response to this question.

Figure 8: Officers' views about the impact of Tasers on how they feel about doing their job



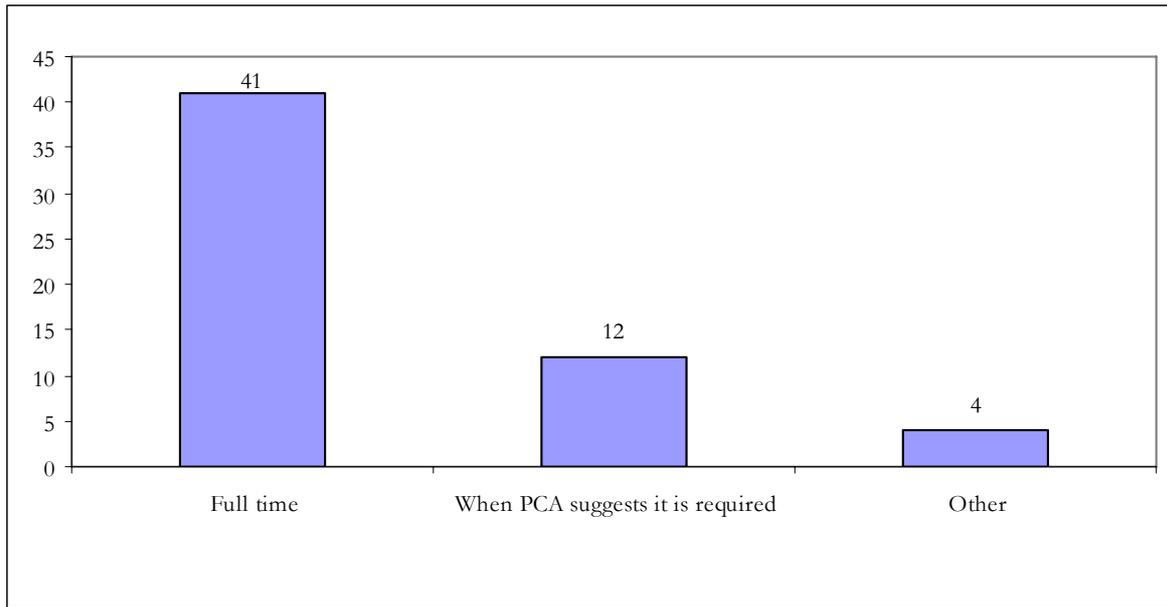
5.5 Officers' views about when a Taser should be carried

The SOPs state that Tasers are not to be worn or displayed as a matter of course during routine duties; rather, Tasers are only to be carried 'where a member's Perceived Cumulative Assessment (PCA) of a situation is that its carriage is necessary, in that it is possible or likely that the member may encounter a situation in or beyond the assaultive range.'⁶⁶

Respondents were asked whether they felt Tasers should be carried only when the PCA suggests it is warranted, as in the trial; full-time; or in other circumstances. The majority of respondents (41 of 57) stated that they felt the Taser should be worn full-time, and 11 respondents stated it would be carried when the PCA suggested it was necessary, as Figure 9 shows.

⁶⁶ SOPs. p8. See Appendix 1 for the SOPs. Also see Glossary for definition of PCA.

Figure 9: Officers' views about when a Taser should be carried

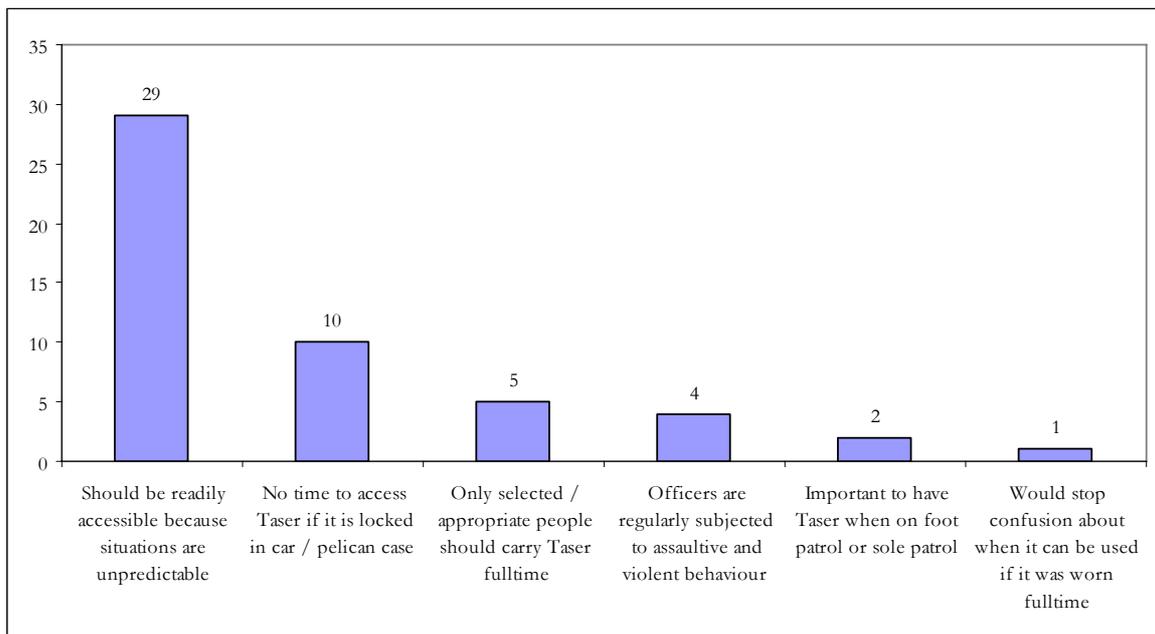


‘Other’ includes: when an officer considers tactical options and deems it appropriate to carry Taser (n=1); frontline sergeants and senior section members should have Tasers full-time (n=1); nominated people within each section within a shift should have Tasers (n=1); Tasers should be carried full time except for jobs such as sudden deaths and advising relatives (n=1).

Reasons why officers’ believed Tasers should be carried full-time

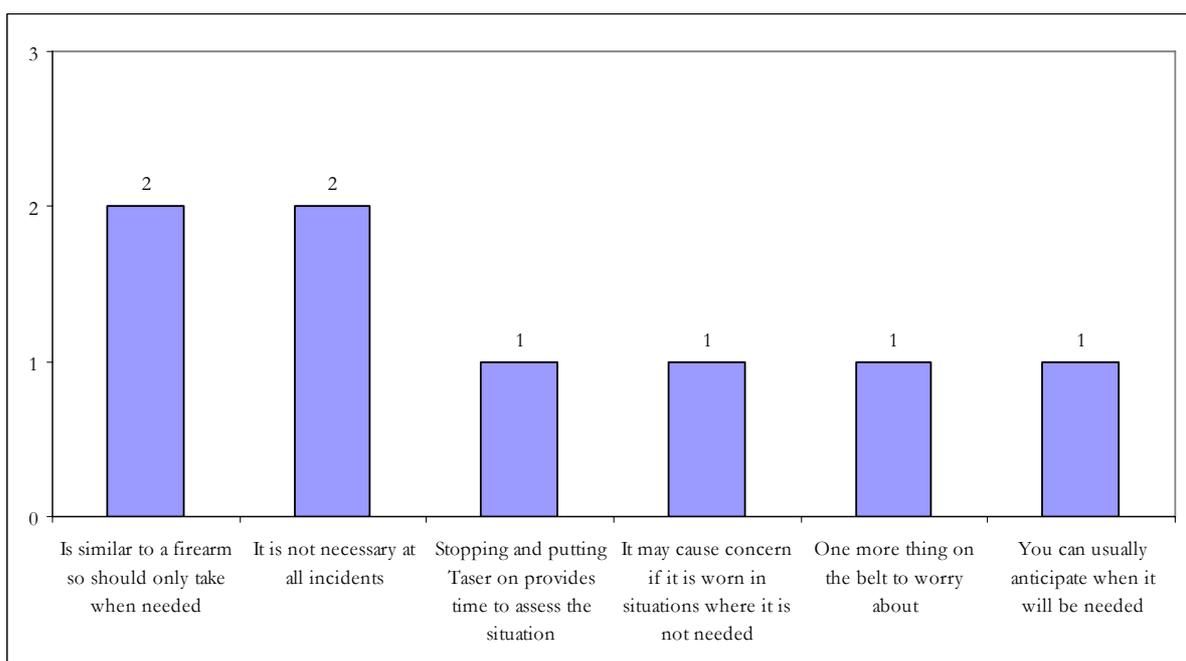
Of the respondents who felt Tasers should be carried full-time, the majority (29 of 40) suggested that Tasers should be readily accessible due to the unpredictability of situations they are required to attend, as Figure 10 shows. One-quarter (10 of 40) of respondents stated that having Tasers locked in the boot of a car, or in pelican cases, meant that there was little time to access them urgently. As a result officers were unlikely to return to the car to get a Taser if a situation became volatile, and instead would attempt to resolve the situation using other tactical options or physical force.

A minority (n=5) stated that while they felt a Taser should be worn full-time, carriage should be restricted to “selected or appropriate” staff. These staff were more likely to be senior officers, or those identified by their supervisors as having the requisite skills and experience.

Figure 10: Views about why a Taser should be worn full-time

Reasons why officers felt Tasers should only be carried if the PCA indicated it was necessary

Of the 11 respondents who felt that Tasers should only be carried in situations where the PCA indicated it was necessary, 3 qualified this by saying that it was not always possible due to the unpredictable nature of many situations officers attended, and therefore Tasers should be easily accessible. Refer to Figure 11 for officer reasons for restricted carriage of a Taser.

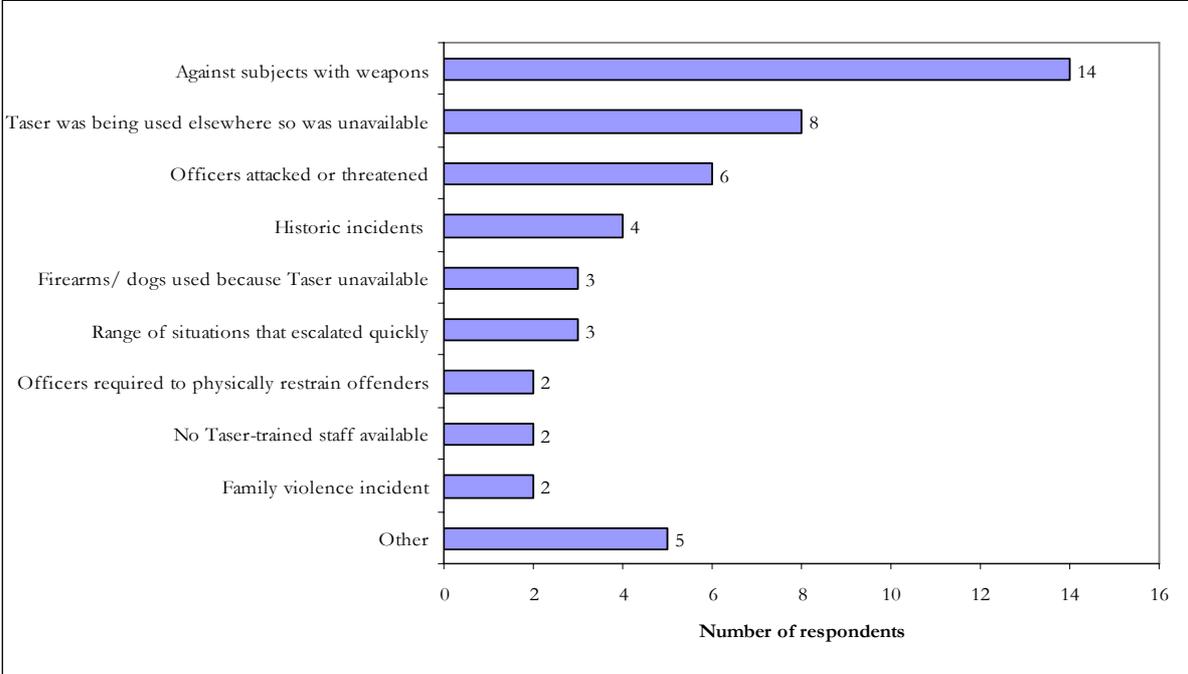
Figure 11: Reasons why a Taser should only be used when PCA indicates it is necessary

5.6 Situations when a Taser would have been useful but was unavailable

The majority of respondents (40 of 57) had attended incidents where a Taser would have been useful but was unavailable. The situations where officers felt that a Taser would have been useful were those that presented a high level of risk of injury, such as incidents where subjects had weapons (n=14); when officers were attacked or threatened (n=8); and where officers were required to physically restrain subjects (n=2).

Officers also reported that there were several occasions when they would have used a Taser but it was being used elsewhere (n=8), or there were no Taser-trained staff available (n=2). Figure 12 outlines situations where officers thought a Taser would have been useful but was unavailable.

Figure 12: Occasions when a Taser would have been useful but was unavailable



‘Other’ includes: against a person who was on drugs or intoxicated (n=1); at an incident where firearms were considered but could not be used (n=1); at a range of incidents in the time since the Taser has been withdrawn (n=1); was not able to use a Taser while on the beat because it was stored at the station (n=1); at an incident where relevant information was unavailable from the Police Communications Centre so had not taken a Taser (n=1).

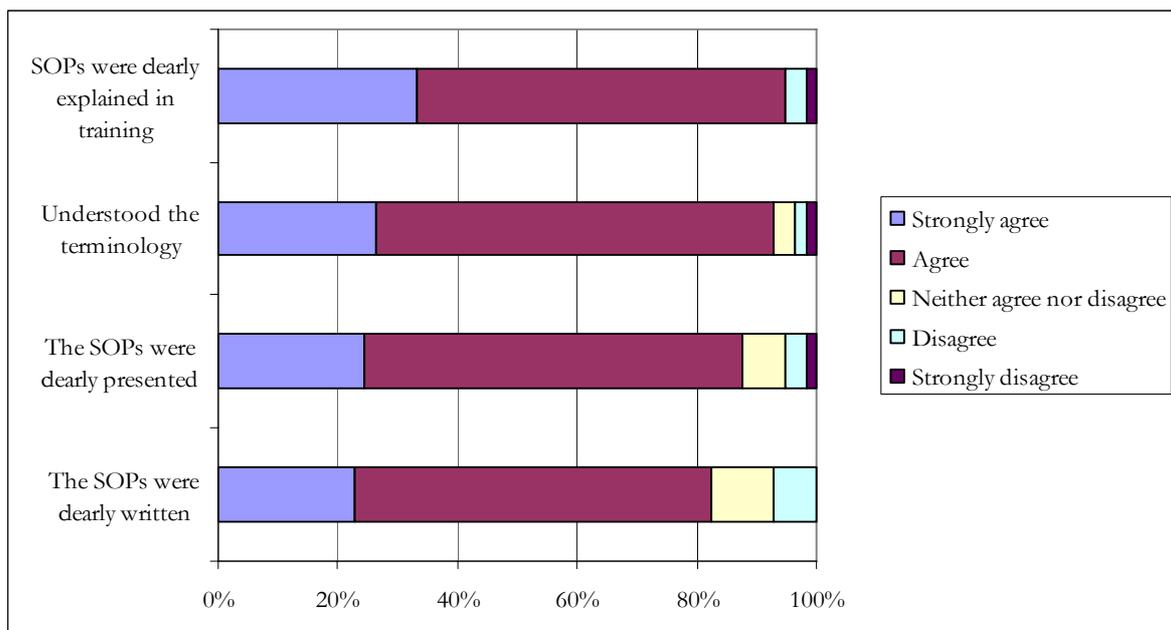
5.7 Views about the Standard Operating Procedures

The SOPs provide guidance about Taser use, including restrictions of use, security requirements, pre-operational checks, carriage guidelines, deployment rules, and aftercare and post-incident procedures.

Respondents were asked to rate specific components of the SOPs on a five-point scale, with one being 'strongly disagree' and five being 'strongly agree', to determine their usefulness, clarity, and user-friendliness. Figure 13 shows officers' views about the SOPs.

The majority of respondents were positive about the SOPs, with 54 (of 57) saying they either strongly agreed or agreed the SOPs were clearly explained to them during Taser training; 53 saying they either strongly agreed or agreed they understood the terminology; 50 either strongly agreed or agreed they were clearly presented; and 47 either strongly agreed or agreed the SOPs were clearly written.

Figure 13: Views about the Standard Operating Procedures



Issues with SOPs

The majority of respondents (49 of 57) had not discharged a Taser so were not able to comment on the SOPs relating to aftercare or post-incident procedures, i.e. restraint, medical attention, probe removal, and supervisor post-incident procedures. All respondents were able to comment on Taser storage, issue and use register, pre-operational checks, and the Taser form in the TOR.

Table 7 provides a list of the issues identified regarding the SOPs.

Table 7: Issues with the Standard Operating Procedures

Storage of Taser	Frequency
Time consuming to access Taser / difficult to get in a hurry	6
Not good having it locked in boot of car	4
Problems with the locks, i.e. they are easily lost	3
Problem to access if senior sergeant unavailable	1
No safe place in the office to store it	1
A separate secure compartment in the car is required	1
Issue and use register	
Double entry is not necessary	3
Register should be kept with Taser	2
Register went missing occasionally	1
Register is not required for OC spray so why is it necessary for Taser?	1
Found Taser loaded when unlocked box	1
Pre-operational checks	
Taser not designed to be arc tested three times a day – it flattens the battery	3
Medical attention	
Aftercare takes time	1
Probe removal	
Ambulance staff were unaware the probes were barbed	1
Supervisor post-incident procedures	
Supervisors were unclear about responsibilities	2
A bit extreme	2
Supervisor had no knowledge of Taser	1
Taser form in Tactical Options Report	
Long, not sure all the information is necessary	7
Complicated and confusing	3
The form is excellent / like this form of reporting	2
Problem getting other members to complete the incident overview	1
Slow when done remotely	1
Took time to get used to	1
Didn't use Taser because of it	1

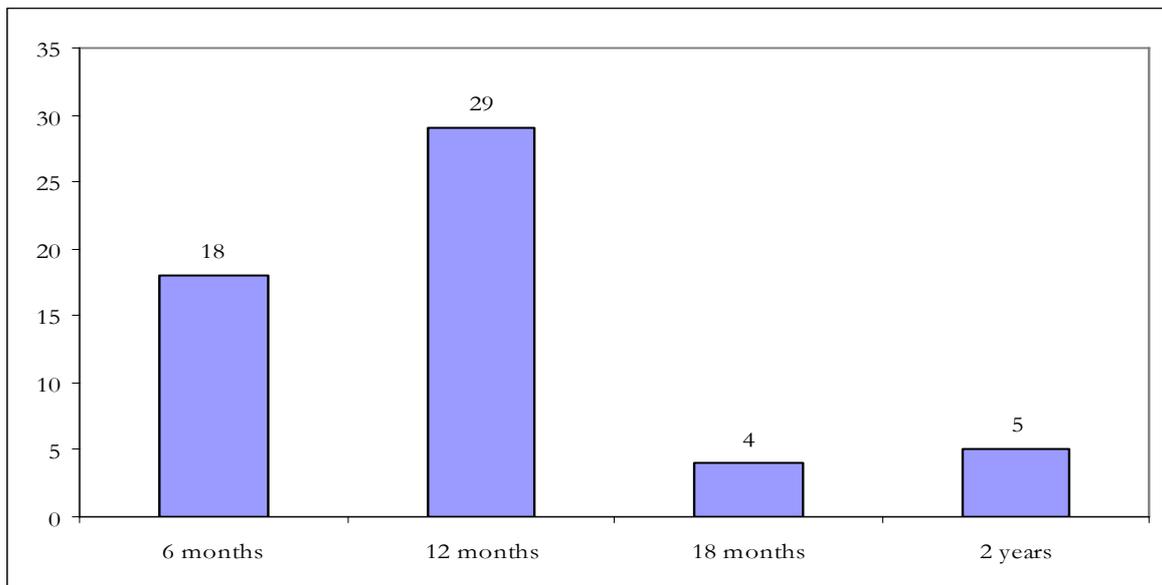
5.8 Taser training

A training package was prepared by Staff Safety Tactical Training (SSTT) at the RNZPC, based on international good practice about effective deployment of technology-based options. SSTT staff were responsible for training and certification of Taser operators, with Taser operators required to complete a day-long certification course prior to being issued with a device.

The survey asked officers whether they felt that the training had adequately prepared them for using a Taser. Almost all (56 of 57) stated that they were adequately trained. The remaining respondent would have liked clearer instruction about when a Taser can be deployed.

Half (29 of 57) of the respondents stated that annual Taser training would be adequate, as Figure 14 shows. A third (18 of 57) suggested that training should take place every six months. Of the remaining respondents, five suggested that training should take place every two years, and four suggested it should take place every 18 months. One person did not answer this question.

Figure 14: Preferred frequency of training



5.9 Officers' views about issue of the Taser

The SOPs state that staff who use a Taser must meet the following requirements:

- hold a current NZ Police First Aid certification
- hold a current NZ Police EMI device operators or instructor's certification
- hold a current SSTT certification
- have a minimum of two years relevant Police service.

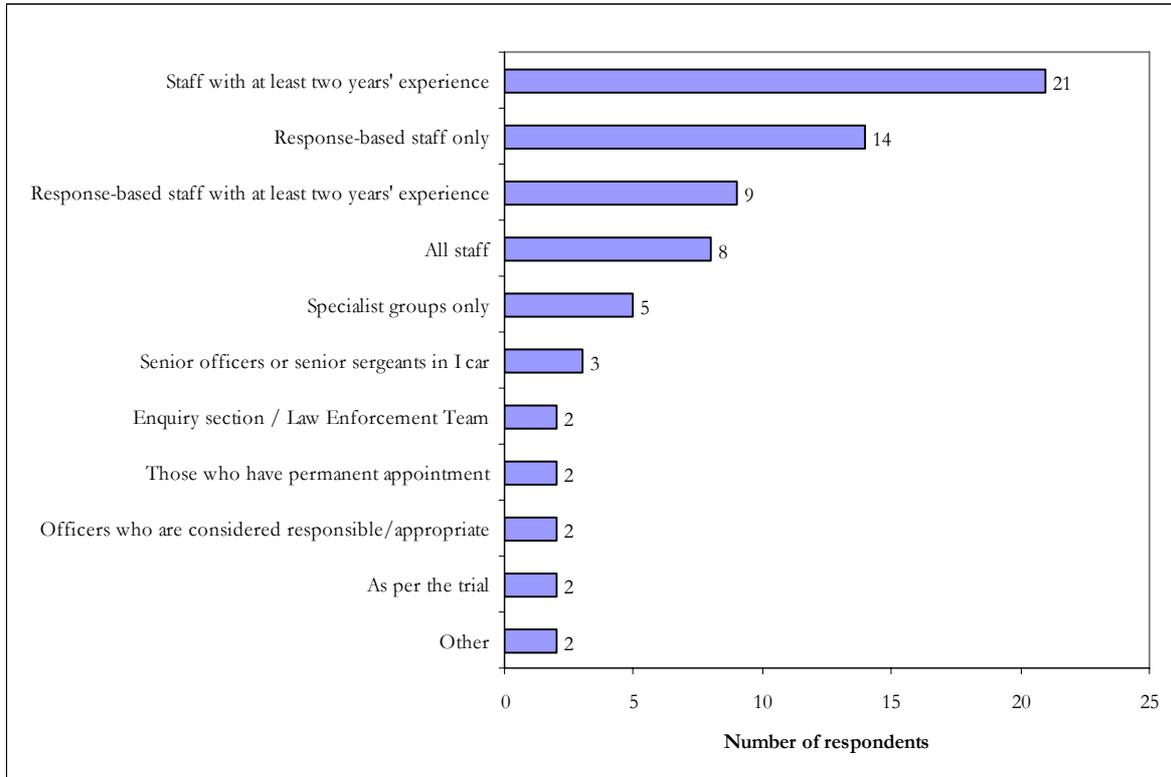
Respondents were asked which staff they felt should be issued with a Taser, selecting from the following: all staff; only staff with more than two years' experience; only specialist groups; only response-based staff; or other groups.⁶⁷

Respondents' selections indicated that the majority believe some caution or limitations are required about who should be issued with a Taser: only officers with at least two years' experience was the view of 21; another 9 qualified this by suggesting that only response-based staff with two years' experience should be allowed to carry a Taser. An additional 14 respondents stated that the issue of a Taser should be limited to response-based staff; and 5 stated it should be issued to specialist groups. Figure 15 shows who officers thought should be issued with Tasers.

⁶⁷ Respondents may have selected more than one option, and also may have identified additional groups.

A minority (n=8) of respondents believed that all staff should be issued with a Taser.

Figure 15: Officers' views about who should be issued with a Taser



'Other' includes: other work groups as required (n=1); strategic traffic unit (n=1).

The most common reason (n=22) respondents gave for limiting the issue of a Taser was that senior staff are more confident and skilled than staff with less than two years' experience, and have a breadth of experience that means they are better able to judge situations and respond appropriately. A further five respondents suggested that staff considered to be 'appropriate' or responsible enough, be issued with a Taser.

A quarter of respondents (n=14) stated that frontline response staff should be issued with a Taser as they are typically the staff who are first at a scene and therefore most likely to need and use one.

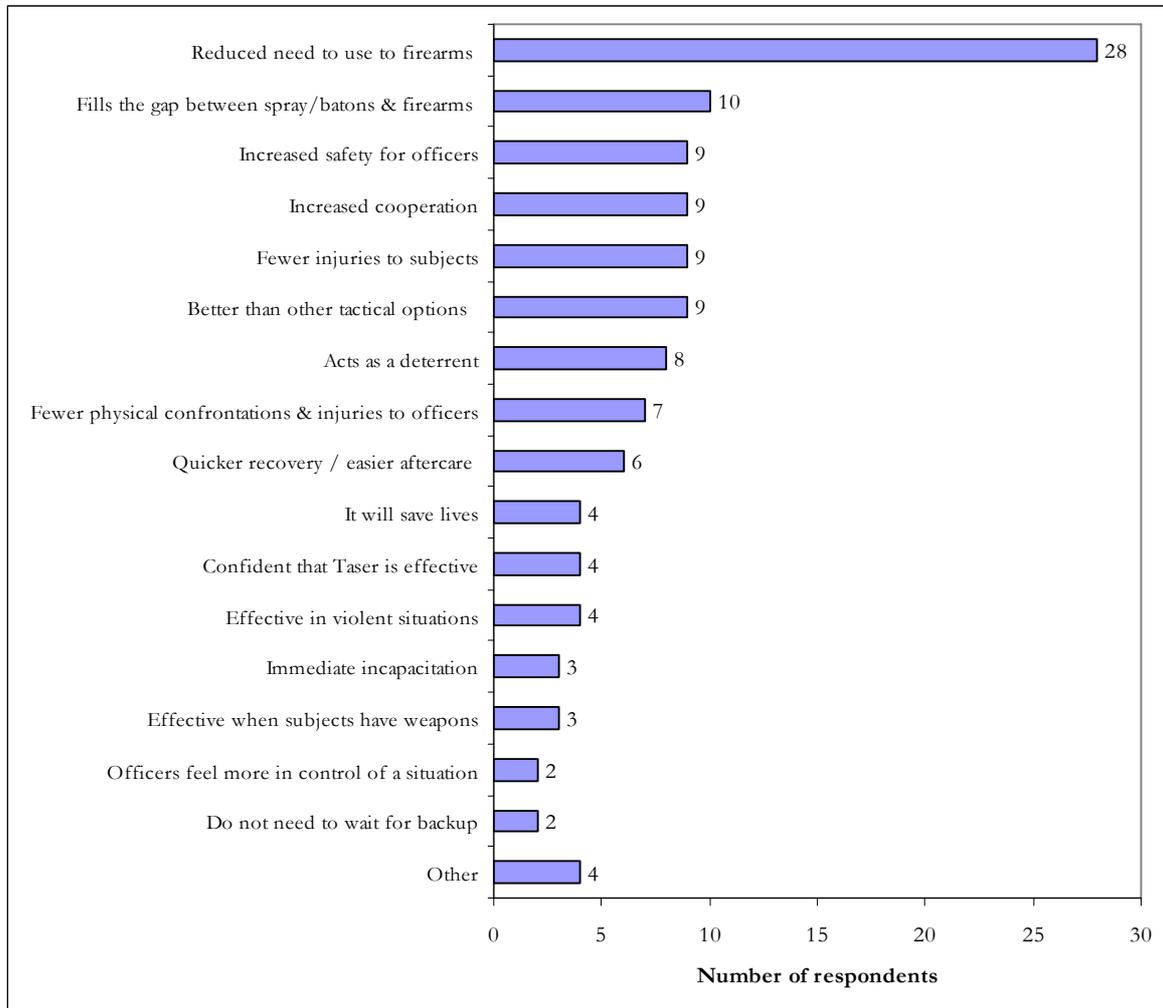
5.10 Perceived benefits of the Taser

All respondents identified benefits to having a Taser available as a tactical option.⁶⁸ The most commonly identified benefit was the reduced need to use firearms. Many officers stated that they were reluctant to use firearms, but the unpredictability and the often-violent nature of incidents, meant that they often needed a tactical option that allowed them to maintain a safe

⁶⁸ Respondents may have identified more than one benefit.

distance from a subject. However, without a Taser the options of OC Spray and batons required officers to get close to subjects. Figure 16 outlines perceived benefits of Tasers.

Figure 16: Perceived benefits of Tasers



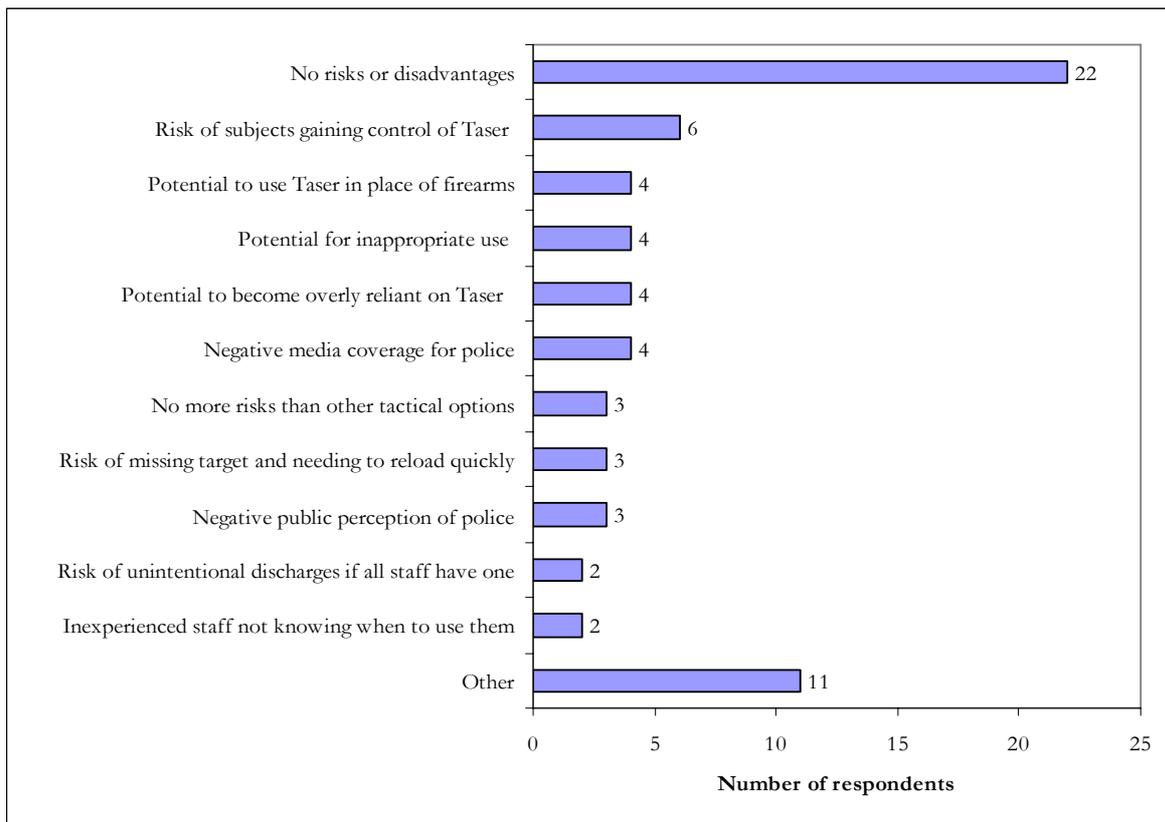
‘Other’ includes: Tasers are effective in a cluttered environment (n=1); increased staff confidence (n=1); requires fewer officers to deal with an incident (n=1). One ‘other’ response was unclear and coded as a non-response.

5.11 Perceived disadvantages or risks of the Taser

Over a third of respondents (22 of 57) could identify no risks or disadvantages to having a Taser available to police officers, and a further three respondents stated that a Taser posed no more risk than other tactical options. Two respondents did not answer this question.

Of the 30 respondents who identified potential risks or disadvantages with a Taser, 6 stated that there could be a risk of offenders gaining control of a Taser and using it to incapacitate officers. Figure 17 shows officers’ perceived disadvantages or risks of Tasers.

Figure 17: Perceived disadvantages or risks of Tasers



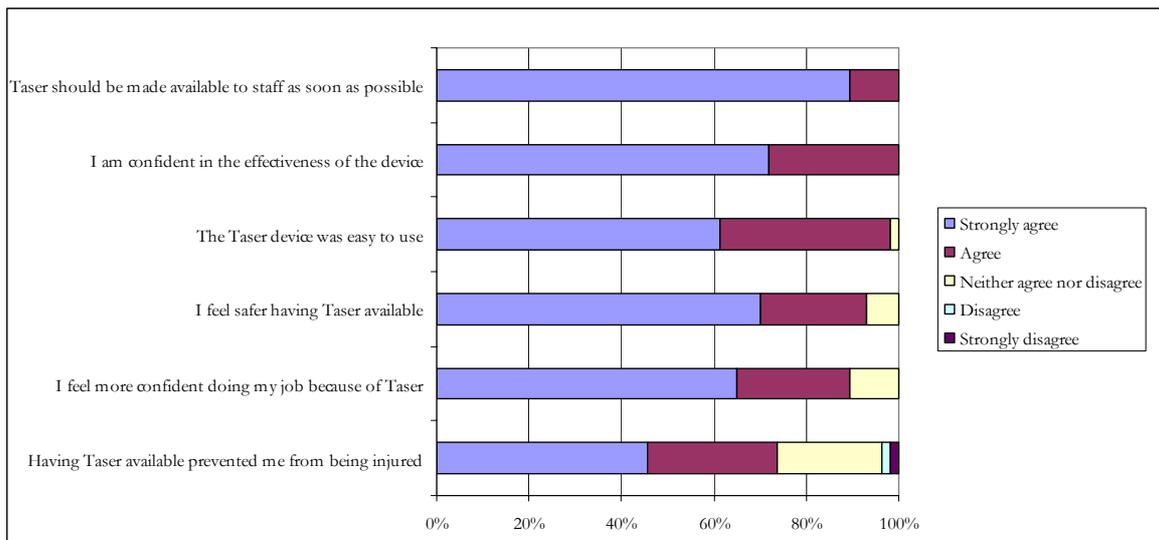
‘Other’ includes: the holster is awkward (n=1); Taser is one more thing to worry about (n=1); Taser requires two officers at a scene – one to operate the device and one to arrest (n=1); using the Taser in wet conditions may be risky (n=1); using Tasers against people with medical conditions may be risky (n=1); the Taser is bulky (n=1); Tasers can’t be used in crowded situations (n=1); aftercare (n=1); environment risks, e.g. if a subject falls (n=1); staff who are not Taser trained do not know what to do at a scene (n=1); and one unclear response was coded as a non-response.

5.12 Overall views of the Taser

Respondents were asked to rate six statements about the Taser on a five-point scale, with one being ‘strongly disagree’ and five being ‘strongly agree’.

All respondents strongly agreed or agreed the Taser should be made available to staff as soon as possible; all strongly agreed or agreed they were confident about the effectiveness of the device; nearly all (56 of 57) strongly agreed or agreed the device was easy to use; 53 strongly agreed or agreed they felt safer having a Taser available; 51 strongly agreed or agreed they felt more confident doing their job; and 42 strongly agreed or agreed that the Taser prevented them from being injured. Officers’ responses are outlined in Figure 18.

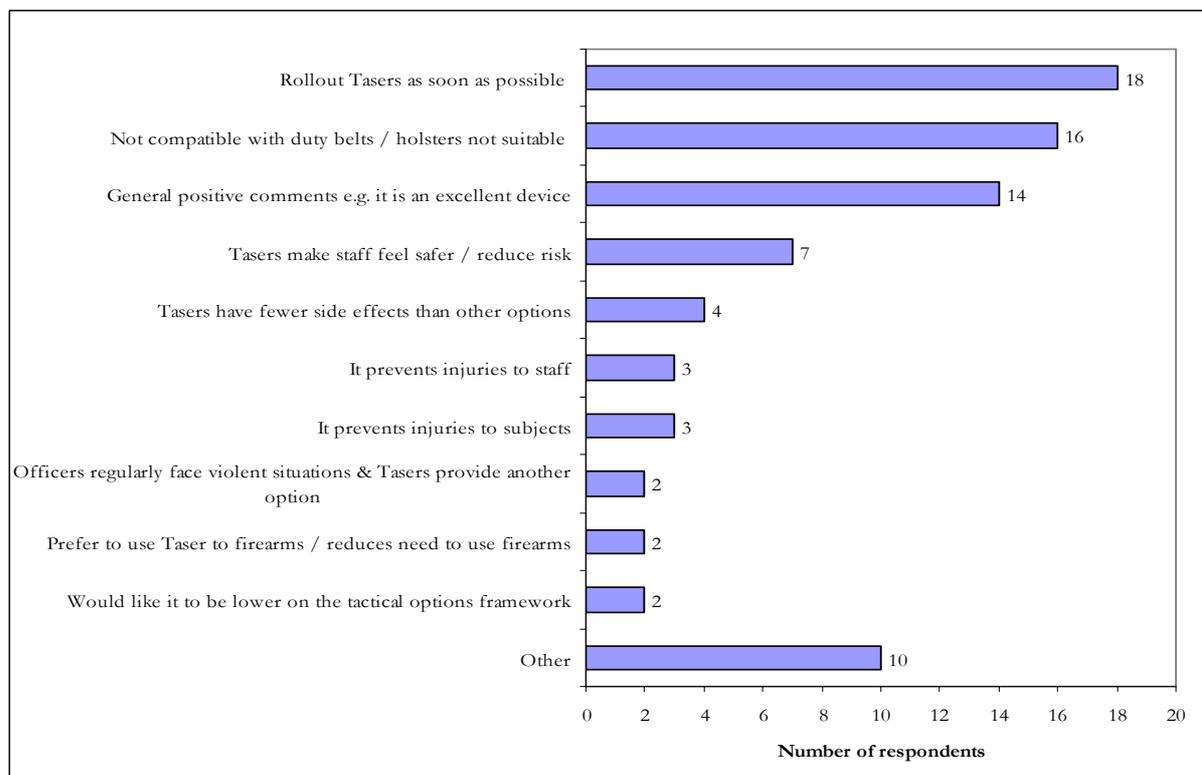
Figure 18: Overall views about Tasers



5.13 Other comments

Of the 57 respondents, 47 made additional comments. The majority of comments were positive, with 18 respondents saying the Taser should be rolled out nationally as soon as possible, and 14 respondents making general positive comments, e.g. it is an excellent device and the benefits of the Taser outweigh potential disadvantages. Figure 19 shows officers' other comments.

Figure 19: Other survey comments



'Other' includes: it saved my life (n=1); it must not be seen as a replacement for firearms (n=1); an electronic log out system would be better than a log book (n=1); authorisation is an issue for NCOs; Taser training is seen as good professional development (n=1); the lengthy TOR report put me off using the Taser (n=1); the Taser's place on tactical options framework is appropriate (n=1); the Taser should not replace other options (n=1); have had positive feedback when using a Taser (n=1); the Taser fills a gap in the range of tactical options (n=1).

Chapter 6 Interviews with officers

Chapter summary

Chapter 6 presents the findings from interviews with 21 staff. Interviews were undertaken with 18 police officers, 16 of whom had used the Taser in presentation mode at least once; four District Device Coordinators (DDCs), and the Taser Project Officer. The two officers who had not used a Taser were not included in subsequent analysis.

The DDCs, project officer, and police officers identified a variety of inter-related benefits of Taser availability. Common among the benefits was increased safety for subjects and the police, as well as increased confidence of officers to deal with situations involving subject weapons. When confronted by dangerous and violent situations, the Taser reduced officers' need to present firearms and allowed them to maintain a safer distance from the subject than when using other options such as OC spray or batons.

Officers felt that Taser availability had the potential to reduce the risk of firearms fatalities. This view was supported by the four DDCs and the project officer. A first response officer and a DDC recalled incidents at which the use of the Taser in discharge mode had prevented a subject from almost certainly having been fatally shot.

Other benefits of the Taser mentioned were that it filled a gap in their range of tactical options between OC spray, batons, and dogs and firearms, it could be used in a variety of modes and presentation mode was often enough to resolve the incident, first response officers could immediately and safely defuse a dangerous or potentially dangerous situation without the need to always call for specialist officers, and the Taser could result in better use of resources for the NZ Police.

Officers found the SOPs easy to follow and manageable. Their biggest concern with SOPs related to perceived restrictions on storage and carriage of the Taser in the locked boot of a patrol car. Officers thought this caused practical difficulties such as time delays in getting to incidents and precluded them from using the Taser in situations where it might otherwise have been effective in de-escalating and/or stopping violent incidents.

Most of the staff identified a risk or disadvantage of Taser use, with most falling into the category of a potential, rather than an actual, risk or disadvantage. Five police officers thought that a lack of familiarity with or ongoing training in the use of the Taser had the potential to result in a lack of operator skill, and four commented on how considering risk of falls after Taser discharge could limit use of a Taser in some situations. Further to this some officers commented on the potential for misuse of the Taser including not using the device in situations where it should have been used. Officers thought that most of the risks identified could be mitigated through the maintenance of discipline and professionalism and the SOPs covering officer selection, training, debriefing, sanctioning of inappropriate use, and auditing.

Holsters and their positioning in conjunction with body armour vests and belts were the most frequently identified equipment issue, being mentioned by five police officers and one DDC.

6.1 Introduction

This chapter draws on responses of four District Device Coordinators (DDCs), the Taser Project Officer and 16 of the 18 police officers who were interviewed, to examine in more detail their experiences of Taser use, and its perceived benefits and disadvantages or risks.

The DDCs and project officer's responsibilities within the Taser trial included:

- distributing the Tasers, briefing station NCOs, and attending to maintenance (such as broken holsters and dropped cartridges and broken boxes)⁶⁹
- selecting potential Taser operators and ensuring these officers received Taser training
- communicating with staff by e-mail to share information and update them on any developments emerging during the trial
- communicating with the media about some incidents involving use of the Taser
- holding debriefings with staff after Taser discharges
- undertaking audits for accountability purposes
- liaising with appropriate staff at the police district level
- providing summary reports of incidents (through use of the TOR database) to Police National Headquarters.

The 16 police officers had used the Taser in various roles or settings.⁷⁰ They comprised:

- nine first-response officers
- four specialist operators (AOS)
- two officers from team policing units
- one officer based in a rural area.

All 16 officers had presented the Taser in at least one situation, with 8 having discharged the Taser in at least one situation. Seven of these eight officers described encounters with an angry subject with a weapon (usually a knife) who had either used it or was threatening to use it to harm another person or persons. The other officer discharged the Taser against a pit bull dog. Five had opted for the deployment of the Taser over a firearm. In two situations in which the Taser was discharged dog section staff had also been available. Other available tactical options at the incidents were OC spray, batons, physically overpowering the subject, and handcuffs. In all eight situations, discharge of the Taser had served to de-escalate the situation.

Interview information from the two staff who were trained but did not use the Taser was not analysed in-depth. Both staff, based in a rural area, had carried the Taser in their police patrol car, but had had no reason to present it since the situation had de-escalated by the time they arrived. One of the officers thought his non-use of the Taser was not related to a lack of confidence with the device, and the other did not comment on this.

⁶⁹ NCOs are non commissioned officers representing Sergeants and Senior Sergeants.

⁷⁰ See chapter 2 for a description of the roles.

6.2 Perceived impact of the Taser

Interviewees were asked how Taser availability had impacted on how they performed their work. Common responses were:

- increased feelings of confidence to deal with particular situations
- increased feelings of safety due to the greater distance the Taser allowed
- Taser availability had the potential to reduce firearm fatalities by police, with one officer and a DDC providing examples of incidents where a police shooting was apparently averted.

The four DDCs and the project officer were of the opinion that it had had a positive effect on police officers' attitudes and ability to do their job. Of the 13 officers who offered a view, 12 thought the Taser had impacted in a variety of positive ways.

The four DDCs and the project officer thought Taser availability had resulted in greater levels of confidence among some police officers to deal with particular situations (for example, a large gang member who had stabbed someone with a knife). Seven police officers also reported increased confidence to deal with situations, such as night time stops and family violence incidents involving a weapon.

The DDCs and the project officer also thought Taser availability had made officers feel safer since it enabled them to maintain a safer operating distance and reduced the need to physically engage with subjects. One mentioned that officers of smaller stature were particularly likely to feel safer. Four of the police officers also mentioned the availability of the Taser had made them feel safer. One expressed her feelings this way:

'You've got that safety bubble around you ... It was like having more back-up or another cop ... Especially being a female too.' (First response officer.)

Three police officers specifically mentioned that the Taser allowed them to maintain a safer operating distance from subjects, three that it gave them a faster response time (for example, than waiting for the dog handler to arrive), two that presentation of the Taser had served to decrease levels of violence at incidents, and one that Taser availability was less resource intensive for police at some incidents (such as those involving AOS).

The DDCs, project officer and one officer thought that its availability had the potential to reduce the risk of firearms fatalities. The officer gave an example of how use of the Taser in discharge mode had prevented a subject at a family violence incident from almost certainly having been shot.

'He probably would have been shot. Negotiating with him, the fact that he had a knife and he wasn't scared to use it, wasn't worried about using it on the kids ... I think he would have been incapable of reason like from somebody else, me or the dog or ... We would've had a homicide on our hands.' (First response officer.)

One DDC gave an example of how the availability and discharge of the Taser probes had prevented a subject from almost certainly having been fatally shot.

‘There was another incident ... a hostage situation in [B] with the Armed Offenders squad present where a man was holding a knife to a woman’s throat and she had her hands up, arms out in front of her neck trying to push the knife away, her hands were cut ... A police officer was able to approach surreptitiously down the side of the car and was able to discharge the Taser through the open driver’s door window and was able to disable the offender. The alternative would’ve been ... almost certain fatality.’ (DDC)

Most DDCs and police officers also thought the Taser had the potential to reduce injuries to subjects, victims, and public bystanders:

‘It seems like a win win situation dare I say ... Because while they’re getting affected under arrest they are not suffering the long term effects of a bullet or say a baton or even a dog bite.’ (Team policing unit.)

Other ways in which DDCs and the project officer thought the Taser had impacted on police officers’ ability to do their jobs included that it worked well with other tactical options such as a firearm; it provided officers with an additional tactical option; it gave them a greater ability to quickly de-escalate violent or potentially violent situations, and it enabled officers of a smaller build a greater ability to deal with certain situations.

One of the officers interviewed thought that the availability of the Taser had not impacted on his feelings of safety.

6.3 Views about Taser use with other tactical options

Officers in the interview sample were asked: ‘In your opinion, how does the Taser work with other tactical options such as firearms or dogs?’⁷¹ Most officers responded by fitting the Taser into the Tactical Options Framework, considering the risks and disadvantages of other options they considered equivalent to a Taser in terms of injury, effectiveness, and limitations on use.

Ten officers commented that the Taser was an option that fit before a firearm, but were divided in their opinions as to the Taser’s relative positioning compared with dogs, OC spray, and the long baton. Officers who viewed the Taser as the equivalent to the use of dogs also spoke of some disadvantages of dogs in terms of risking serious injuries to subjects, not always being available even if they were the preferred option, and of their limited usefulness in certain situations. Those who compared the use of the Taser with OC spray favoured use of the Taser because OC spray had limited usefulness in some environmental situations due to overspray and cross-contamination and was not effective on some subjects. Officers’ who viewed use of the Taser as the equivalent of the baton, also spoke of the disadvantages of the baton, including the risk of injury to subjects, its relative effectiveness, and its poor public image.

⁷¹ DDCs and the project officer were not asked this question.

Two officers responded with general comments about the Taser's ability to be used in a variety of situations, possibly in conjunction with other tactical options.

Three officers thought there were situations in which it was appropriate to use a combination of a Taser and a firearm. One of these three spoke of an incident in which the officer had presented a Taser whilst other officers had firearms to use if necessary.

'It is a very good combination ... An incident actually which just came to mind was a suicidal person who was holding us off with a blow torch and I was ... running alongside a neighbouring property and then popping over the top of the fence and challenging him then with the Taser whilst other people had their firearms to use if necessary as a back-up. (First response officer.)

One officer simply said that it provided him with another option.

6.4 Views about issues with Taser equipment

All interviewees were asked whether they knew of, or had experienced any problems operating the Taser. Twelve officers, the project officer and three DDCs identified an issues or potential issue.

Holsters and their positioning in conjunction with body armour vests and belts were the most frequently identified issue, being mentioned by five officers and one DDC. Various holsters were used during the trial, including hip and thigh holsters. Officers had experienced difficulties fitting the hip holster onto the stab resistant body armour vest belts and reaching the Taser when it was worn in conjunction with the firearms ballistic armour vests. They said, for example:

'With the new improved [stab resistant body armour] vests, the belts are different and the Taser clip is very tight and it's hard to get it on.' (First response officer.)

'When you're wearing the firearms ballistic armour you can't actually draw the Taser. It's impossible. You can't reach, because it's carried on your non-master hand so you bring your right hand over to your left side to draw the Taser, you can't reach it and you can't get it.' (First response officer.)

One of the officers said the thigh holster did not stay in one position but moved around the leg.

In descending order of frequency, other problems or potential equipment issues interviewees mentioned included:

- unintentional discharge of the Taser (n=3)
- a faulty digital display of battery life (n=3)
- battery failure (n=2)
- a malfunctioning safety switch (n=2)
- the safety disengaged from its "SAFE" position (n=1)
- difficulty fitting the batteries into the pistol grip area (n=1)

- difficulty operating the illumination selector button on the top of the Taser (n=1)
- susceptibility of the Taser to moisture (n=1)
- velcro material attaching the Taser holster to the belt not being sufficiently robust (n=1)
- cartridges being accidentally dropped (n=1).

6.5 Views about the Standard Operating Procedures

General views about the SOPs

Police officers interviewed unanimously agreed that they had found the SOPs clear and easy to follow. However, some of their comments, and those of DDCs and the project officer suggested some areas in which the SOP's wording might be refined.

One DDC suggested the verb 'use' be removed throughout the SOPs and replaced with verbs describing specific types of use (e.g. present, laser paint, arc, fire probes) of the Taser. He thought this action could serve to clarify the general guidelines for 'use' of the SOPs.⁷² Another DDC suggested the word 'stun' be removed and replaced with 'contact' since this more accurately described the action of placing the terminals of the Taser in direct contact with the subject.

Views about use of the Taser and assaultive range behaviour

The SOPs stated that an officer considering Taser use 'must have an honest belief that the subject, by age, size, apparent physical ability, threats made or a combination of these, is capable of carrying out the threat posed (perceived cumulative assessment)' and only use it in situations 'within and beyond the assaultive range'.

The Tactical Options Framework identifies assaultive behaviour as 'actively hostile behaviour accompanied by physical actions or an intent, expressed either verbally and/or through body language, to cause bodily harm' and death or grievous bodily harm as behaviour in which 'the subject exhibits actions that the officer believes are intended to, or likely to, cause grievous bodily harm to any person.'

Officers spoke about some of the challenges they faced in making assessments about when to use a Taser. They described situations where they perceived officers under-assessed threatening situations thereby putting themselves at unnecessary risk; decision making in the 'grey' area between active resistant and assaultive situations, and decision making in situations where the posed threat was not so clear cut.

While some officers thought that the trainer had provided clear scenarios of subjects' behaviour within the assaultive range, they also thought their colleagues were sometimes reticent to assess a situation as being within this range. One Police officer was of the view that some of his fellow officers thought, 'They had to be assaulted before they could use it [the Taser].' Such a view could lead to officers unnecessarily placing themselves at risk – for example:

⁷² SOPs, Section 3.2 General Guidelines. (See Appendix 1).

‘The biggest thing I saw was that a lot of ... guys doing the training were caught up on the assaultive range on when they could use it and their understanding of what was now meant by assaultive. They see things as how they can’t use it, not how they can use it. It’s becoming a standard police fear - the worry of the media hype and Police Complaints Authority – in cases where they are totally justified in using the Taser or other tactical options. ... [At the training session] a lot of them would still try to talk to them [subjects] instead of deploying the Taser. They left things too late when, with the information they received, they could have drawn the Taser straight away. They kept it holstered until the last minute, then they had problems drawing.’ (Specialist group officer.)

Some situations, especially rapidly changing situations, are likely to be difficult to assess. One officer recalled one such ‘grey’ area in which he had judged a subject’s behaviour to be somewhere in the range between actively resistant and assaultive. His decision to present the Taser at that point had served to de-escalate the situation.

‘If he hadn’t acquiesced to the Taser like he did, I would’ve been quite happy to Taser him at that point knowing full well that I would’ve had to fight with him to arrest him.’ (Specialist group officer.)

In another situation involving an officer on their own who had been confronted by a burglary suspect the officer was uncertain whether the suspect was armed. He had needed to make a quick decision about whether the subject posed a threat and decided to laser paint the subject even though he was not strictly within the assaultive range. He described his dilemma this way:

‘I was in a situation where I was confronted and not knowing what he had [in terms of weapons]. So then it is a bit late to sort of like go ‘Has he got something in his hand? Oh, hang on there mate.’ (First response officer.)

Views about storage and carriage of Tasers

The SOPs required that when Tasers were issued they were not to be worn as a matter of course during routine duties, but were to remain secured in the supplied locked container within the police patrol car until needed. Tasers were only to be carried where an officer’s perceived cumulative assessment of the situation was that its carriage was necessary in that it was possible or likely that the officer might encounter a situation in or beyond the Assaultive range as specified by the Tactical Options Framework.⁷³

The biggest concern among all officers and most DDCs interviewed was what they perceived as restrictions on storage and carriage of the Taser, which precluded them from using it in situations where it may have been effective in de-escalating and/or stopping violent incidents. The officers were universally critical of the requirement for the Taser to remain in a locked container within a patrol car boot until they could decide whether a situation was in the assaultive range. It presented them with practical difficulties, caused time delays in getting to incidents, and risked officers arriving at a scene in a less than ideal state of preparation. They said, for example:

⁷³ SOPs Section 8 Carriage.

'If you're at a domestic and a knife gets pulled on you, you can't get out to your patrol car and grab the Taser out of the box.' (First response officer.)

'It's impractical to stop outside a domestic, get to the boot, open the box, and put it on. You know it takes too long. You've got to get in there and assess the situation and deal with whatever is happening.' (Specialist group unit.)

There was strong support among the officers for the Taser to be signed out to a particular officer for an entire shift and for that officer to have it on their holster and immediately available to use. They also supported the Taser being worn routinely by more experienced officers on particular shifts where officers were likely to encounter high risk, volatile, situations.

The project officer thought that officers were interpreting the carriage component of the SOPs too narrowly and that in fact officers could carry a Taser to situations they thought might escalate into violence. The project officer thought officers needed a better understanding of the Tactical Options Framework in regards to Taser deployments.

'They were entitled to carry a Taser to situations that they thought may develop. Hence the assessment is very important, and a lack of general understanding of staff of the framework, how the framework works, is probably the issue there.' (Taser Project Officer)

The DDCs, like the officers interviewed, viewed the storage and carriage requirements as unnecessarily restrictive. They thought the requirements had unfortunate flow on effects: their most assaulted police officers who operated on foot out of a downtown police station could not easily access a Taser, and officers in patrol cars could not holster up on the way to an incident.

Three DDCs interviewed were in favour of changing the SOPs to provide for the carriage of the Taser on the belt of a trained Taser operator for an entire shift. One DDC of this view said:

'From a technical and operational point of view it would make sense that it can be carried at any time and then only deployed when it is needed ... I think you would [still] only authorise suitable people to carry it so it would be a general authorisation in the same way as for the trial, but once a person is generally authorised to carry they would be allowed to carry it any time so it would be issued to them at the start and they would carry it.' (DDC.)

The fourth DDC interviewed was opposed to this, arguing along the lines of the project officer that the SOPs already provided for greater use of the Taser than was generally understood by officers. He put it this way:

'They all want to wear it on the hips which I personally disagree with ... They go to an incident ... it escalates to a stage where it's an assault but then it's too late to go back and get the Taser ... On many occasions when you talk through that, they actually didn't do their cumulative assessment properly. They probably could have been justified in actually putting the Taser on the hip when they went in.' (DDC.)

A concern two DDCs and the project officer raised related to security of the Taser within a patrol car, particularly in situations where a car needed to be left unattended at an incident. One DDC suggested Tasers could be more appropriately secured in car safes within the body of the car.

One DDC thought that a Taser needed to be available at a police station regardless of the existence of a police patrol group being based there so that other work groups may use the device as required.

Views about standards of issue

In order to be considered for issue with a Taser during the trial, an officer needed to be selected by the District Commander and approved by the National Manager: Professional Standards and have met the following minimum requirements:

- hold a current NZ Police First Aid certification
- hold a current NZ Police EMI device operators or instructors certification
- hold a current SSTT certification
- have a minimum of two years of relevant Police service.⁷⁴

Twelve of the 16 officers interviewed generally supported the minimum requirements as set out in the SOPs, and in particular for the two years police service requirement. One said, for example:

‘Two years experience is a pretty good indication ... Senior people are the ones who are generally going to exercise better judgement because they know more about the job and ... have probably got a better head on their shoulders because they have dealt with different situations.’ (Team policing unit.)

The remaining four thought that all police officers regardless of service duration should be able to use a Taser (or at least access Taser training) on the basis that all police officers were able to use firearms – for example:

‘I personally believe that if we are going to go with it then everyone should [be issued with a Taser]. If staff are responsible enough to use firearms they should be responsible enough to use Tasers.’ (Specialist group.)

There was general support among the officers interviewed for Tasers to be made available to frontline response staff. None thought that Taser availability should be restricted to specialist staff, such as the AOS.

Opinion was divided among the four DDCs and the project officer about who should be issued with Tasers – from all frontline staff to staff selected by the station OC who would have good knowledge of an officer’s ability and experience. One DDC thought that limiting issue to selected officers with permanent appointment was not practicable.

⁷⁴ SOPs Section 6 Issue.

'The permanent appointment [requirement] is difficult. Some sections had trouble as the trial went on with finding staff who met that requirement ... We'd have a huge training commitment ... some of them don't have an officer for each patrol that has two years service or permanent employment.' (DDC.)

The project officer thought every officer should be trained, with the district commander or area commanders making the decision as to who actually carried the Taser or to whom it could be issued.

Views about records of issue and use

The SOPs required that an individual register for each Taser was maintained throughout the trial, with officers being required to record the date and time of issue and return (along with any deficiencies) of the Taser, and to log each time the Taser was activated by discharge of probes, drive stun, arcing or pre-operational spark testing.

There were no major issues with use of the registers as they allowed DDCs and the project officer to effectively track any problems with use of the device; however some DDCs made suggestions for change.

Three DDCs noted that the registers had contained errors, most commonly related to some officers failing to record information at the back of the register. In addition, one DDC thought the registers needed stronger covers, another that the register needed to be kept physically separated from the Taser in order that a DDC could at all times establish the location of the Taser, and a third DDC thought it may not be necessary to log every spark test of the Taser.

Views about training

All 16 officers and DDCs expressed some favourable comment about the Taser training. Comments for improvement or refinement centred primarily on the need to train staff who were not Taser operators as to required procedures post-incident and advise them of their safety during Taser discharges.

Of the 16 officers, 14 had attended a one-day training course and 2 had attended a three-day instructors' training course in use of the Taser. The 14 officers described the one-day course in complimentary ways, for example, as 'excellent' (first response officer), or 'very good' (specialist group).

The four DDCs held a similar positive opinion about the one-day training, describing it as 'pretty robust' and as having the 'right mix of practical and theory'.

The two officers who attended the instructors' course described it in positive ways, for example, as 'of a very high standard'.

Feedback from three officers on the one-day course was that the content was possibly too much. One commented, for example:

'I would have liked more time. ... I think it was rushed.' (First response officer.)

The project officer thought trainees should have more ‘hands on’ time with the Taser during the course, and one DDC thought trainers should put a greater emphasis on Taser safety features. One DDC thought that trainers’ varying interpretation of the SOPs would be less of an issue as police developed a standardised approach to training sessions.

None of the officers interviewed could identify a training gap in either training course. However, several officers identified a need for other officers to be educated in providing support immediately following discharge of the Taser probes. Non-operators needed to be reassured that it was safe to touch a subject exposed to a Taser discharge. One officer thought this could be included in the initial Police College training and another thought it could be reinforced through a short video shown as part of some other training opportunity.

One DDC identified a need for training officers in Taser use, regardless of whether they were ultimately selected as a Taser operator. He thought such training could be integrated within an officer’s standard training, and recertification could be approved at the district/station level.

‘Staff [could] arrive in the district with basic training so that all that is required is recertification of those staff who are going to be approved in the district, rather than us having to always be retraining people to have it.’ (DDC.)

Views about refresher training

The perceived requirements for refresher training varied mainly from six to twelve months, with the project officer suggesting that retraining would fit best within annual recertification training.

One officer was of the view that refresher training should happen every three to four months, seven thought every six months, three thought every six months to one year, and five thought it should happen yearly.

The project officer thought refresher training best fitted with a twelve monthly recertification process, while the four DDCs interviewed varied as to the frequency of refresher training from once a roster to annually.

One first response officer thought the pre-operational checks and immediate post-incident procedures were areas that could be repeated at refresher training.

Views about aftercare

According to the SOPs the police officer who discharged the Taser was responsible for ensuring the subject was constantly monitored and provided with the appropriate level of aftercare.⁷⁵ Post-incident information packs were available in patrol cars. The probes could be removed by an officer, or by a medical practitioner if the subject preferred. Regardless of who removed the probes, a doctor was required to examine all subjects exposed to a Taser discharge as soon as was practicable.

⁷⁵ SOPs Section 11 Aftercare.

The responses of officers and DDCs suggested that aftercare processes generally went well and that any issues were of a relatively minor nature. The post-incident information packs were viewed favourably by those officers who mentioned them, and those officers who had removed probes had found the experience manageable and without incident. One said, for example:

‘Just a new experience. You’ve just got to be conscious of the barbs and the blood and use your gloves and those little bottles ... I didn’t have a problem with it.’ (First response officer.)

One officer mentioned that the subject had asked for a doctor to remove the probes.

Two officers and one DDC mentioned that there had been some time delays in getting a Police Medical Officer (PMO) to the police station to examine a subject exposed to a Taser discharge. For example:

‘The main issue was the delay in getting the PMO to the Police station to look at the suspect ... the arrested person was brought back to the Police station. It was then a wait of in some cases of some hours before the PMO attended.’ (DDC)

One DDC, whose district used the local hospital emergency department (rather than PMOs) to carry out examinations of subjects, mentioned a difficulty in obtaining examination reports.

‘The issue that arises for us has been ... about getting that report back [from the emergency department.]’ (DDC)

Views about post-incident procedures, including reporting

According to the SOPs the officer who deployed the Taser was required to ensure that a supervisor was notified soon after the incident. It was the supervisor’s responsibility to attend the scene as soon as possible to ensure that proper aftercare had been provided, ensure the evidence was recovered, and investigate the incident to determine whether Taser use had been in accordance with the SOPs.⁷⁶

Officers were required to complete a tactical options report (TOR) each time they deployed the Taser against a subject in either presentation or discharge modes.⁷⁷

None of the four DDCs interviewed reported any problems associated with supervisors carrying out post incident procedures. One DDC questioned whether a supervisor’s attendance and follow-up at the scene could be justified from a resource point of view.

‘Perhaps it is debatable in the long term whether it justifies that kind of attendance and follow-up particularly if the thing is more widely distributed and they were being discharged more often. You would obviously look at the overhead in terms of workload.’ (DDC)

⁷⁶ SOPs Section 13 Post Incident Procedures. 13.1 Reporting.

⁷⁷ SOPs Section 13 Post Incident Procedures. 13.2 Tactical Options Report.

The project officer reported that he had had no feedback on the post-incident aspect of the SOPs.

Police officers who referred to the reports supported the need for data collection and reports about Taser use, but they also found completing the lengthy report forms time consuming and resource intensive. They said, for example:

‘It was long but in the circumstances it was probably long because of the incident. It just took a while.’ (First response officer.)

‘The only negative thing I think is it asks everyone that’s involved so sometimes you’ll go to an incident and the last time I did I had 9 or 10 cops to put down. That’s a lot of people, just because they were there. They almost had nothing to do with it but were there and sort of may have seen it and I think that’s a little bit excessive.’ (First response officer.)

Views about auditing

According to the SOPs it was the DDC’s responsibility to audit records of discharges monthly by comparing records of Taser data from each device with the respective log in the Taser register.⁷⁸

The four DDCs and the project officer supported the monthly audit process. DDCs said they had found the task manageable, although one thought this was because of the relatively small number of Tasers they were responsible for auditing during the trial.

All four DDCs suggested that the auditing function be devolved, either to the Officer in Charge at station level (n=3) or to the area risk manager level (n=1). For example:

‘I think it should be done as part of the general monthly audit checks by an OC station ... For me to drive around all those areas doesn’t work.’ (DDC)

‘I would think that if it comes in full-time I’d expect that audit aspect would be devolved down to the various risk managers in each area. That would be the logical way of doing it and then at my [district] level there would be a sort of I suppose an Statement of Service Provided (SSP) kind of audit. That’s how we see it working.’ (DDC)

Views about coverage and availability of Tasers and Taser operators

Some officers mentioned issues of Taser coverage and availability in different police areas. One officer from a specialist group thought the AOS in Wellington had sufficient Tasers whereas two first response officers thought that two Tasers for Porirua City and one for Hutt City were too few. One of the first response officers mentioned he had solved a potential problem relating to lack of Taser availability by acting as a runner between incidents to maximise its usefulness.

⁷⁸ SOPs Section 5.3 Audit.

'I found that nine out of ten times if there was a job that required the Taser the incident car that had it was stuck dealing with something else and it made it 'well what's the good' so I actually kept it with me most of the time and I sort of acted as Johnny-on-the-spot in my role in attending those incidents as necessary, so that the Taser was always available to be despatched to an incident and not tied up at some other job.'
(First response officer.)

Two DDCs thought a lack of available trained Taser operators was a limiting factor in their use.

'Some shifts were right down to either one or none and having to have site rotation for training.'

6.6 Perceived benefits of the Taser

The DDCs, project officer, and officers interviewed identified a range of inter-related benefits of Taser availability, with most interviewees identifying more than one benefit.

Common among the benefits were increased safety for subjects, police and members of the public. When confronted by a dangerous and violent situation, the Taser gave officers an option that allowed them to maintain a safer distance from the subject than when using OC spray or a baton, and provided an alternative to deploying a firearm in some situations. Officers thought they were less exposed to risk of injury than if they used OC spray or a baton, which required them to be much closer to the subject. Furthermore, there was less need to present a firearm which reduced the risk of firearm fatalities. In relation to these benefits they said, for example:

'Tasers are going to prevent people getting shot by police. That's the first and obvious one. It's going to prevent police having to physically deal with people, risking their own safety and that of others.' (Specialist group.)

'It reduces the risk of danger to staff, particularly with knife situations, and in South Auckland the culture of knives has really increased.' (First response officer.)

'Basically the ability to resolve incidents without major harm or even the use of lethal force ... which is a plus for everybody – not only the offender but also the cops who are involved, plus the wider organisation.' (DDC)

Interviewees thought a benefit of the Taser was that it filled a gap in their range of tactical options between OC spray, batons, dogs and firearms. They said, for example:

'It fills a big gap between OC spray, batons, dogs and a firearm and there was a gaping gap there.' (DDC)

'It just fits nicely within the schedule of options available to us. There is quite a big gap ... between say the baton and the glock or the rifle.' (Team policing unit.)

Another benefit mentioned was the ability of the Taser to be used in a variety of modes. Staff commented that the Taser in presentation mode had been sufficient to bring most situations in which it had been used under control.

‘Just the mere presence of it ... Using it in the laser painting capacity will cause subjects to become subdued very quickly.’ (First response officer.)

‘The biggest thing is it will cut down on violence because we have many documented cases now where the presence of a Taser was enough that no physical force is required at all.’ (DDC)

Some first response officers noted that the Taser could immediately and safely defuse a dangerous or potentially dangerous situation without the need to always rely on dog handlers, for example:

‘If you’ve got the Taser on you, you can sort the situation right there and then. If you call in for the dogs, or whatever, you’re not going to be able to sort the situation out straight away.’ (First response officer.)

Other benefits officers mentioned were that Taser use:

- could result in better use of police resources compared with use of specialist officers for some incidents
- it could be used effectively on subjects under the influence of alcohol or drugs
- was a more reliable option than OC spray.

DDCs also identified increased staff confidence in their ability to perform their work and increased public confidence in the police among the benefits.

6.7 Perceived disadvantages or risks of the Taser

Interviewees were also asked to identify risks or disadvantages of using a Taser. Fourteen of the 16 officers, two of the DDCs, and the project officer identified a risk or disadvantage, with most of the risks or disadvantages falling into the category of a potential, rather than an actual, risk or disadvantage.

Five officers thought that a lack of familiarity or ongoing training in Taser use had the potential to result in a lack of operator skill.

‘We did that one training and that’s when you actually get to deploy it. I think you can go an awful long time not deploying it ... I think you could actually end up Tasering yourself just through not being familiar with it.’ (First response officer.)

Interviewees suggested this risk could be mitigated through selection processes and ongoing training in the use of the Taser.

Four officers thought a disadvantage of the Taser was the inability to use it in discharge mode in situations where a subject risked a secondary injury (such as from a fall) following the probes being fired.

‘Probably the only thing is obviously the secondary injury with them falling ... you couldn’t do it in a room full of desks and bits and pieces because potentially they will fall and crack their head on something I mean we’ve gone into places and I’ve thought nup. I wouldn’t even bother. It’s just not going to work. The secondary injuries are going to be way worse than what the [discharge of the] Taser’s going to do.’ (First response officer.)

At most, three interviewees identified one of the following potential risks or disadvantages of the Taser:

- inappropriate use by an officer (for example, an officer might deploy it prematurely)
- not available for use, or not used in situations where arguably it should have been used
- misuse against a subject with a firearm
- overuse as a ‘first port of call’ rather than communication with a subject
- a subject taking a Taser from an officer during a confrontation.

Again, it was suggested that some of these are risks or disadvantages applying to any tactical option and can be mitigated through the maintenance of discipline and professionalism and the SOPs covering officer selection, training, debriefing, sanctioning of inappropriate use, and auditing.

In addition, one interviewee raised the following risks or disadvantages of the Taser:

- the device was not sufficiently robust
- the ‘safety’ was difficult to operate compared with the M4 rifle
- the probes were less effective if they hit a subject’s body close together
- the probes were thought to have limited effectiveness against a subject wearing thick clothing
- the public was misinformed about the small risks of Taser use.

6.8 Interviewees’ final comments

Just prior to closing the interview, interviewees were asked whether they had any additional comments they would like to make. All four DDCs, the project officer, and fourteen of the sixteen officers chose to comment further. All those who did, supported the Taser trial and its possible continuance, mainly because of the Taser’s potential to reduce firearms fatalities, contribute to faster resolution of incidents, and better use of police resources for some situations. As the following quotes demonstrate, support for the Taser came from various groups within police.

‘I’m fully in favour of it now ... I can only say taken to extremes, it will save lives.’
(DDC)

‘There were three occasions in the trial where almost definitely I feel from what I’ve read and what I’ve seen and what I’ve discussed with people, you or we would have potentially shot the subject who was involved. And when I look at the effect that a shooting has on the individual and the effect that a shooting has on a community, and

I'm talking about the wider community and the family of the subject and the whānau. I mean just those three instances themselves, to my way of thinking, would be sufficient indication of sufficient benefits that we've certainly got to seriously consider.' (Taser Project Officer.)

'I think it's great that the New Zealand Police had the foresight ... to take on the Taser trial ... I think it would be a shame for them not to follow on from what I think has been a successful trial period and to fully integrate it into the police force and tactical options ... You know, it would be a real shame, a tragedy if anyone was shot with a firearm when a Taser could have been used.' (Specialist group.)

'I've really missed it since we've handed them back ... It gives you confidence to do your job properly and know that you can do it safely ... In a number of jobs where I said, oh we need it, and it hasn't been there, I've had to look at calling out the AOS, using up resources, manpower. It's huge to get the AOS out ... when we can resolve it very quickly with having a Taser as an option.' (First response officer.)

Chapter 7 Health and safety

Chapter summary

Chapter 7 presents the findings from two information sources: the analysis of health and safety data, which includes injury, medical treatment and aftercare data from the TOR; and the independent report prepared by the external Medical Advisory Group (MAG).

All 19 subjects who were exposed to a Taser discharge were seen by a doctor, as required. In the majority of incidents the Police Medical Officer (PMO) provided medical aftercare.

The removal of probes occurred quickly with the majority removed in under five minutes. Probes were most commonly removed by police officers.

Subjects received expected primary injuries including probe penetration wounds and redness of skin. Probe penetration areas included the shoulder, back, chest, abdomen, hip, buttock, leg and arm. Probe penetration wounds were recorded as minor, requiring antiseptic wipes and sticking plasters.

In seven of the discharge incidents, coincidental injuries or health issues were recorded for subjects, the majority of which occurred prior to the Taser being used e.g. self-harm injuries or injuries inflicted by victims. In two incidents, officers received minor coincidental injuries, which did not require medical attention.

In the 108 deholster and presentation incidents, 5 reports recorded an injury to a subject, 3 of which were self-inflicted wounds, 1 incident occurred when the subject fell to the ground after OC spray was used, and in the remaining incident a minor injury was sustained by the subject during the arrest procedure.

Of the 17 medical reports reviewed by the MAG, none of the subjects showed moderate or severe injuries. The mild injuries consisted primarily of grazing, which the MAG felt could not necessarily be linked to the use of a Taser. No follow-up was recommended for any of the subjects.

The MAG noted that of the 17 reports they examined, 8 recorded that the subject had a history of mental health problems; and 8 recorded alcohol use by the subject.

The MAG stated that their findings are consistent with international experience of Taser use, and concluded that there were no medical reasons identified that would have required, even with 'the lowest of thresholds, bringing to the Police Commissioner notice of medical harm caused by the Taser use'. The MAG also made some suggestions about continued medical review if Tasers were made available as a tactical option.

7.1 Introduction

Chapter 7 presents the health and safety implications of the Taser trial and includes the following two sections:

- data from TOR about the aftercare, medical treatment and the types of injuries received by staff, subjects and others involved during incidents where a Taser was discharged; the types of injuries received by staff, subjects and others during incidents where a Taser was presented or de-holstered are also discussed
- the report provided by the external Medical Advisory Group (MAG) responsible for reviewing medical examination records following a subject's exposure to Taser discharge.

7.2 Analysis of injury data from Tactical Options Reports

As outlined in chapter 4, a total of 128 reports were submitted to the TOR database for incidents where Tasers were deployed. All 128 reports were analysed to assess the type of injuries received by staff, subjects, and others involved. Twenty incidents involved Tasers in discharge mode, of which 19 were against subjects and one against a dog.

Subject injuries are categorised as primary, secondary and coincidental, as described below.

- Primary injuries constitute the expected effects from exposure to a Taser discharge and result in contact of the Taser via probe penetration or drive stun. A subject may have two small marks on their skin as a result of probe penetration, and they may also receive small burns, similar to sunburn, around the marks. If the probes only make contact with a subject's clothing, they may have two small areas of reddened skin. If probes are not discharged and drive stun is used then the area that connected with the Taser may show minor swelling and redness of the skin.
- Secondary injuries may occur as a result of physical trauma directly associated with a Taser discharge. Injury from falls, resulting in abrasions, scratches, or minor lacerations, may occur with the head being the principal risk area.
- Coincidental injuries occur because of injuries received in the incident that are not directly related to the Taser, for example, injuries from baton use, self-inflicted wounds.

Subjects exposed to the Taser discharge mode

The SOPs provide guidelines about aftercare procedures following a Taser discharge. The officer who discharged the Taser was responsible for ensuring that the subject was constantly monitored and provided with the appropriate level of aftercare.

Probe removal

Probes were most commonly removed by the officer (n= 9), followed by the ambulance service (n=5), doctor (n=1) or by the subject themselves (n=1). In two incidents there were no discharge of probes and in a further incident the probes did not make contact with the subject. Lastly, a vet removed the probe in the incident involving a dog.

In 10 of 16 incidents where probes made contact with subjects it took less than 5 minutes to remove them. In 4 incidents it took 10 to 15 minutes, and in the remaining 2 incidents it took between 30 to 60 minutes.

Verbal reassurance and monitoring

Verbal reassurance, as specified in the SOPs, was given to all subjects. All subjects were monitored until they were examined by a doctor. Information leaflets were given to 11 subjects.

Involvement of medical professionals

Table 8 lists involvement of health professionals. A number of health professionals had contact with subjects, including police medical officers (PMO), emergency departments at hospitals, ambulance or paramedic services, and mental health professionals.⁷⁹ Mandatory medical attention by a doctor was received in all cases.

Table 8: Aftercare services received by subjects exposed to a Taser discharge

Aftercare service	Number of subjects
PMO	6
PMO & duly authorised officer	3
Ambulance & emergency dept at hospital	3
Ambulance & PMO	2
Ambulance, duly authorised officer, & emergency dept	2
Emergency department at hospital	1
Ambulance, PMO & duly authorised officer	1
Ambulance, PMO, duly authorised officer, & emergency dept	1

In 13 of 19 incidents, the PMO provided the mandatory medical aftercare. The remaining incidents involved doctors at emergency departments. Other health professionals were also present and involved in a number of cases.

The involvement of multiple health professionals was attributed to a number of factors. One district uses the services of an on-call doctor to provide medical examinations rather than a contracted PMO or the emergency department. Second, police contacted ambulance/paramedic services when there were known injuries prior to attending to the incident, or observed at the incident. Third, some subjects required medical treatment at a hospital for coincidental injuries. Lastly, in some incidents, mental health professionals called police to the incident and in others, police called mental health professionals as a result of the incident. In these incidents, mental health assessments were undertaken and subjects were admitted to mental health units within a hospital.

⁷⁹ See Glossary for definition of PMO and DAO or duly authorised officer.

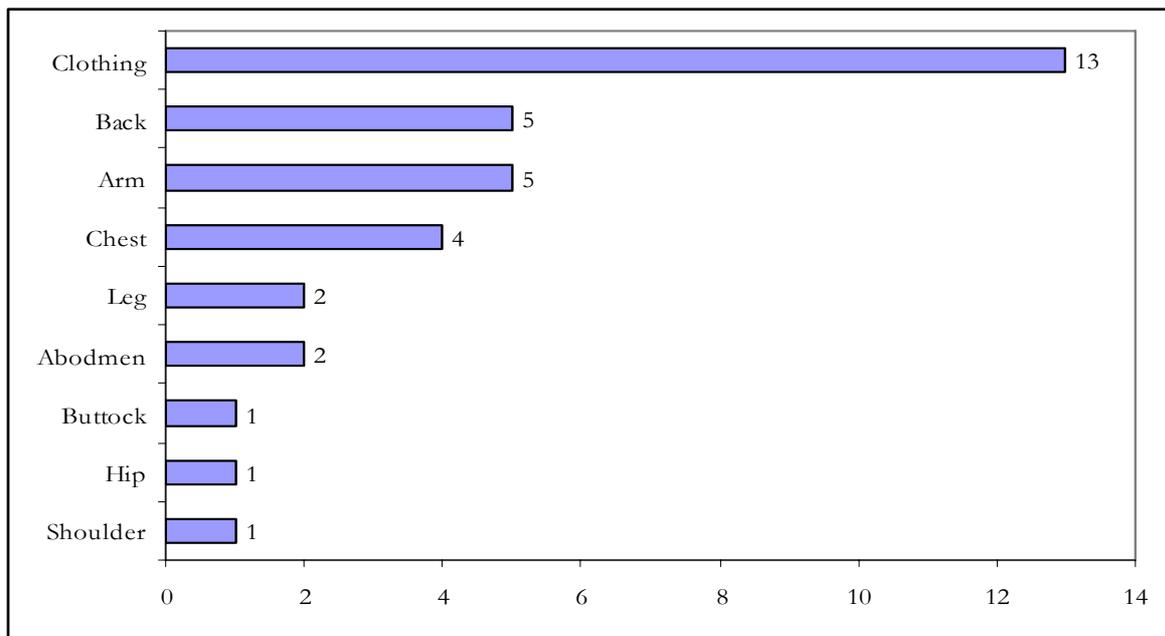
Injury to subjects

Expected primary injuries were sustained including probe penetration wounds, and redness of skin associated with drive stun.

Figure 20 displays the location of each probe contact on the body of subjects who were exposed to a Taser discharge. Probe penetration areas included the shoulder, back, chest, abdomen, hip, buttock, leg, and arm. In one incident both probes missed the subject. In a further two incidents, single probe contact also occurred, and in one of these incidents the location of the single probe contact was not recorded. Probe penetration wounds were recorded as being minor, requiring antiseptic wipes and sticking plasters.

Drive stun was used in 5 of the 20 incidents. Across the five incidents drive stun contact was applied once to a subject's chest, once to a subject's back, twice to a subject's abdomen and twice to the thigh. In one incident the location of drive stun contact was not recorded.

Figure 20: Contact location and frequency of discharged probes



Coincidental injuries to subjects

In seven incidents, coincidental injuries or health issues were recorded for subjects. In three incidents subjects had attempted suicide; two had self-inflicted knife wounds to their wrists and one had self-inflicted knife wounds to the abdomen. In a further two incidents, the subjects had scratches and bite marks to the face that were inflicted by the victim. The subject in one incident had a small cut to top of their ear, received by smashing windows and a glass door. In the remaining incident a subject vomited at the police station.

Injury to officers

In two incidents minor injuries or health issues were recorded for officers, although they did not receive medical attention as a result of these. In one incident, officers' faces, necks, arms and hands were exposed to blood from a subject with Hepatitis C while they were handcuffing the person. In another incident, an officer received scratches to the neck, which were inflicted by another person at the incident while the officer was handcuffing the subject who had been exposed to the Taser discharge.

Injury to others

In eight incidents where a Taser was discharged, there were injuries to victims as the result of the actions of the subject. Injuries occurred prior to police intervention and the application of a Taser.

- In one incident a victim was stabbed in the throat.
- A subject stabbed and critically wounded three infants in another incident.
- A victim received knife wounds to their neck and defensive wounds to the fingers, as well as abrasions to their legs, chin, chest, arms and head during the incident.
- In three different incidents victims were assaulted by their partners and received unspecified injuries; one had been strangled by their partner.
- In two more incidents victims received cuts to their hands from a knife, and one person was struck across the face with a handsaw.

Analysis of injury data for 108 incidents where a Taser was deployed in presentation mode or deholstered

Injuries to subjects

Of the 108 reports where a Taser was deployed in presentation mode or de-holstered, 5 reports recorded an injury to a subject. In three incidents the subjects had self-inflicted knife wounds to the throat and wrists. In a fourth incident, a subject received grazes on their elbows when they fell to the ground after OC spray had been used. In the remaining incident the subject's nose bled when they were taken to the ground by officers to be searched for a weapon and handcuffed.

Injuries to officers

In one incident, an officer received an injury, experiencing swelling and bruising to the eye, face and head when a subject head butted the officer while being walked to the police car.

Injuries to others

In one incident a victim received knife wounds to the neck as they were being held in a hostage situation.

7.3 Report of the Medical Advisory Group

Section 7.3 of chapter 7 presents the report from the Medical Advisory Group. This report has been included as it was presented by the MAG, and the content has not been amended. Seventeen medical examination reports were reviewed by the MAG.⁸⁰

Summary

The Medical Advisors reviewed 19 reports of persons who had been subject to an EMI device (Taser) discharge. Of the 17 medical reports available, none showed any moderate or severe injuries. The mild injuries noted, consisting primarily of grazes, could not necessarily be linked to the application of the Taser. The figures are not sufficiently large for any trends or problems to be reliably identified. However, these findings are consistent with international experience of the use of the Taser.

Introduction

The Medical Advisory Group (MAG) was established prior to the commencement of the New Zealand Police EMI (Taser) trial. The terms of reference are enclosed at Appendix 3. The persons on the MAG are also listed.

The New Zealand Police, as part of the trial, had established standard operating procedures (SOP) which included reference for medical care to persons exposed to a Taser discharge.

The Advisory Group was structured to reflect the requirements of the SOP (para 11.2) and as can be seen from the list includes representatives of the St John's Ambulance Service, Emergency Departments and Police Medical Officers (PMO). Two members have expertise in the mental health field and one holds an academic appointment at the Auckland School of Medicine. The SOP also outlined the responsibilities of the Taser deploying member of the New Zealand Police with an emphasis being on immediate medical assistance should it be perceived as necessary at any time.

The medical plan envisaged prior to the trial thus was that should a medical incident occur at the scene, the responsibility for immediate first aid would be with the police officers concerned. They in turn, if needing assistance, would call the local emergency services (ambulance) or transfer the restrained person to the nearest hospital. The likely outcome of the ambulance involvement would be a transfer to the nearest public hospital emergency department (EDH). In the event that no medical emergency occurred, then the expectation was that responsibility would revert to the PMO system to undertake the medical examination required by the SOP.

As part of the pre-trial information, copies of the SOP and relevant current reports on Tasers and medical issues were circulated to the health professionals in the trial districts who were likely to have contact with persons exposed to a Taser.

⁸⁰ In one of the 19 incidents probes did not make contact with the subject and drive stun was not used, thus no medical report was required, and in another incident the requested report was not available from medical authorities.

Literature reviewed and information provided

Information on international experience with the Taser was reviewed. At the beginning of the trial, the most informative medical reviews that overviewed the medical risks from Tasers were those from the United Kingdom Defence Scientific Advisory Council subcommittee on the medical implications of the use of less lethal systems (DOMILL) and a Canadian report 'Review of Conductive Energy Devices', (22 August 2005) from the Canadian Police Research Centre. These two reports formed the mainstay of information that was disseminated to the PMOs, EDHs of the hospitals and ambulance services within the trial areas to ensure awareness of any possible/theoretical risks. The conclusion in these reports was that the causal relationship as to risks of death for persons with medical conditions had not been studied in a scientific way, but minimal risks had been identified for those with cardiac-respiratory problems or suffering from excited delirium (ED).

In addition, in his role as the research academic of the Medical Advisory Group, Professor A undertook an independent review of the international literature. His conclusions were 'the risk of long term injury, and the risk of death, was extraordinarily low'.

Concern was expressed from numerous public sources including the Auckland District Law Society in the full report from its Public Issues Committee in the paper 'Less Lethal?'⁸¹

Also distributed was an overview of the 'Medical Risks from Tasers' undertaken by Dr G J Cooper from the Medical Sciences Defence Science and Technology Laboratory, dated 17 January 2006.

The medical handouts to be passed to the individual restrained and his or her doctor, the hospital and/or the GP were adapted from those approved for use in the UK.

Medical assessments for the Taser trial

Section 11.2 of the SOP under the heading 'Medical Attention' required that a medical practitioner must examine all people who are exposed to the application of an EMI Device (Taser) and that this should occur as soon as practicable.

The process implemented for the collection of the medical report that was generated by the medical practitioner, began with the police involved in the Taser incident who then forwarded the information to the Chair of the Medical Advisory Group. This information was reviewed and a decision made as to whether any further action was required, including passing it to MAG or getting opinions from other medical specialists not included in the group. Should an issue be identified from the attending medical practitioner via the report, then it was the responsibility of the group through the Chair to investigate the matters raised from this clinical material. At the conclusion of the trial, all material received was to be reviewed, and be reported to the Commissioner of Police.

⁸¹ 29 January 2007, www.adls.org.nz/profession/comm3/comm38/publicissuespapers/.

As part of the end of trial review, all medical reports were forwarded to the Medical Advisory Group for individual comment. Once these were received, a teleconference was held to discuss any further issues that might have arisen prior to the report being circulated and then forwarded for inclusion in the evaluation documentation at New Zealand Police.

Results

The results from the medical reports received are tabulated in the following Tables 9 and 10 and will be considered under the following headings:

- timeliness of medical practitioner review
- injuries be they minor, moderate or serious as following the classification of Bozeman W,P. et al. (2007)
- co-morbidities
- number and site of probe contact
- mental health history
- injuries
- illegal drugs
- alcohol
- hospitalisations.

Table 9 tabulates the incidents for which information was recorded, which agency (PMO/EDH) was involved in the examination and time from incident to medical examination, recorded history of probe puncture wounds, the site where the probe had lodged, and any coexisting medical conditions as noted in the examination⁸².

Table 10 tabulates past history of mental health issues, any other injuries excluding the probe sites, use of illegal drugs, alcohol, and if the patient was hospitalised.

⁸² The following abbreviations apply to the tables:
PMO Police Medical Officer
PMO* General Practitioner acting in the role of a PMO
EDH Emergency Department of Public Hospital.

Table 9: Analysis of medical information for subjects exposed Taser discharges

	Date	Time	Seen by Med Practitioner	Plus Minutes	Med Report	Puncture wound from probe	Site of Probe	Medical Condition
1	8-Sep-06	2000	2215	135	PMO	2	Chest	No
2	1-Oct-06	0336	0450	0074	PMO	2	Chest/lat back	No
3	1-Oct-06	0336	0430	0054	PMO	2	Elbow/forearm	Epilepsy
4	12-Nov-06	0340	Nil		No record			
5	20-Nov-06	1545	1740	0115	PMO*	Not recorded		Hypertension
6	11-Dec-06	2345	0032	0047	EDH	2	Buttock/low back	Hep C
7	26-Dec-06	2100	2230	0090	PMO*	Not recorded		No
8	29-Jan-07	0002	0130	0088	PMO	2	Back	No
9	18-Feb-07	1650	1735	0045	PMO	1	Not recorded	No
10	23-Feb-07	1900	2030	0090	PMO	2	Arm/chest	No
11	20-Mar-07	0136	Not recorded		PMO	2	Thigh	No
12	20-Mar-07	1800	Nil		No record			
13	22-Mar-07	1340	1400	0020	PMO*	Not recorded	Arm/chest	Asthma
14	4-May-07	0100	0157	0057	PMO	1	Arm	No
15	5-Jun-07	0748	1000	0132	PMO	0		Hep C
16	24-Jun-07	1700	Not recorded		PMO	2	Chest	No
17	25-Jun-07	1325	1440	0075	PMO*	Not recorded		No
18	2-Jul-07	1130	1900	0450	PMO	0		Unknown
19	28-Jul-07	2045	2202	0077	EDH	0		No

Table 10: Indications of mental health, illegal drugs, or alcohol presence

	Mental Health PH	Injury	Illegal drugs	Alcohol	Hospitalised
1	No	Grazes	No	Yes	No
2	Depression	Grazes	No	Yes	No
3	No	Nil	No	Yes	No
4	NO RECORD	-	-	-	-
5	Depression	Nil	No	Yes	No
6	Psychosis	Self harm	No	Yes	No
7	Nil	Nil	No	Yes	No
8	Schizophrenic	Self harm	No	No	No
9	Depression	Nil	No	No	No
10	DAO present	Self harm	No	No	No
11	No	Nil	No	No	No
12	NO RECORD	-	-	-	-
13	No	Nil	No	No	No
14	Schizophrenic	Grazes	No	No	No
15	Methadone Rx	Grazes	No	No	No
16	No	Nil	No	Yes	No
17	No	Grazes	Denied	No	No
18	Unknown	Nil	Unknown	Not detected	No
19	No	Grazes	No	Yes	No

Nineteen persons were subjected to a Taser discharge and therefore clinically examined, generating a report for the Medical Advisory Group. Of these, 17 (89%) medical reports were received for review.

The SOPs required medical examination as soon as practicable, and as can be seen the delay between the incident of Taser discharge and a medical practitioner examining the patient ranged from 20 minutes to 450 minutes. Two of the seventeen were examined in the Emergency Department of a public hospital, the remaining fifteen were seen by Police Medical Officers or PMO*.

Complete time records are missing on two of the medical reports received.

No follow-up was recommended for any of the patients examined either by the PMOs or the emergency departments, nor any specific treatment other than that relating to grazes and the probe sites was made.

Of those examined, 8 reported they had a history of mental health problems (53% of those where the history was reported).

Alcohol ingestion was reported in 8 cases (47%).

Medical examination

The medical information did not list the time at which medical assistance was sought, but it would be expected that the time taken between the call to the medical practitioner, and the medical practitioner arriving to examine the person restrained, would be lower than that as listed in Table 9. In the two cases where the restrained person was taken to the emergency department, the time between incident and being examined is 47 and 77 minutes respectively. This would reflect the time at the scene of the incident, plus the transport time, but could be viewed as a benchmark figure for PMO response.

In all cases where the PMO pro forma template provided was completed or an EDH assessment occurred, full clinical information was available for the review. In four cases there was some information missing.

Other medical conditions

In the case of epilepsy hypotension and asthma, the persons reported that they were taking medication that had been prescribed to them. There is no information regarding the Hepatitis C treatment status, other than noting the person has a history.

Past history of mental health issues

Alcohol and illicit drug use is not included under this heading, but is tabulated separately in Table 10. It is worthy of note that in both cases of schizophrenia the medication had been stopped by the individual. In the other conditions, medication was being taken.

Injuries

The most common injuries were superficial grazes, although in the three labelled 'self-harm', these had resulted from self-inflicted lacerations.

Illegal Drugs

No history of illegal drug-taking was recorded, although in the one situation labelled 'denied', methamphetamine was found in the possession of that particular person.

Alcohol

Two positive alcohol levels were from blood analysis. The remainder were the subjective comments from the examining doctor. In each case where alcohol was noted, the restrained person had admitted to drinking to excessive levels.

Hospitalised

Of those records reviewed, while two were seen in EDH, no patient was hospitalised beyond the EDH, and in all patients seen by the PMOs, no follow-up, medical treatment, or review, was recommended.

Conclusions

There were delays in getting information to the various health organisations that would be involved in the trial districts. Should the trial be extended, then it would be useful to, in advance, involve the police liaison officers in the districts and the PMO system to disseminate information to the health professional parties that may be involved.

In the Wake Forest University study by Bozeman et al. (2007), an injury severity table was used classifying injury severity into mild, moderate and severe.

If the same severity scoring is applied to the group involved in the New Zealand Taser trial, then all cases would be classified in the mild or no injury category. Given the small numbers involved no extrapolations can be sensibly made beyond the actual results listed in Table 10.

Obtaining medical reports generally caused no difficulties, although in the instances where there is no record provided, concerns were raised about the ability of doctors to pass on information without the consent of the patient. Information is known about these people, but has not been recorded as no official record has been received by the Medical Advisory Group from the treatment Medical Practitioner. Issues regarding access to this information and the Privacy Act had been identified prior to the trial, the resulting strategy being that it would be dealt with on a case-by-case basis.

More complete medical information would have been available had the doctors who acted as PMOs, but who are outside that Police arrangement, i.e. PMO* used the same template format.

During the trial, the received medical reports were passed to the Chair of the Medical Advisory Group to respond to, or take any actions that might be required under the Terms of Reference. No issues were raised on any of the examination reports received, and formal discussion with the Medical Advisory Group therefore was not required until the end of the trial period.

For all those in the examined group who gave a history of mental health issues (where medical examination records were received) after the initial assessments, be it by the PMO or the EDH, they were all discharged to their primary health caregiver for follow-up, not hospitalised.

Follow-up

There has been discussion with regards to a follow-up study, but the consensus is that there is no indication for such a study from the medical information obtained during the trial period. It is recognised that with such a small number, any trends or problems may not be identified. For this reason, the Wake Forest University study is of importance given the larger numbers that had been reviewed.

The number of persons with mental health conditions is an important finding although information regarding the history of interaction with mental health services prior to being exposed to a Taser was absent in the medical reports received. The Mental Health Commission should be advised of the finding as the group is aware there have been discussions between the Commission and NZ Police.

On the question of continuing the medical review should the Taser be introduced more widely in general police duties, the view is that given the nature of public concern, medical review of those exposed to a Taser discharge should be continued. This should be accompanied by continuing to monitor what is occurring overseas, particularly the UK studies through DOMILL.

Further, it is recognised that even with the small numbers, there is a limitation on the information due to incomplete reporting. If there is any roll out, there would need to be close liaison between the PMO system and the various emergency departments by the NZ Police in the areas where the Taser is deployed to minimise, as much as possible, the gaps in the information received. The PMO template should be used outside the EDH's for medical examination information collection.

Final Comment

From the clinical examination information received by the Medical Advisory Group, there were no medical reasons identified that would have required, even with the lowest of thresholds, bringing to the Police Commissioner notice of medical harm caused by the Taser use.

Chapter 8 Public perceptions

Chapter summary

Chapter 8 presents the public perceptions of, and attitudes towards, the use of Tasers by NZ Police. This was assessed using a range of sources, including a review of official documentation; a national public survey; and analysis of media coverage during the trial.

A review of 71 official documents received prior to and during the Taser trial was undertaken. The majority (65 of 71) of individuals/organisations who corresponded with the Minister of Police or Commissioner of Police opposed the introduction and use of the Taser in New Zealand.

In descending order of frequency, the issues and concerns raised in the documents were: risk of fatalities (n=29), concern that Tasers would be used inappropriately (n=25) or against mental health clients (n=14), breach of civil liberties (n=12), lack of consultation and informed debate (n=12), health and injury risks (n=9), police becoming increasingly armed (n=8), no justification for its introduction (n=7), Ministerial decision required (n=6) and that Taser use was discriminatory (n=4).

The NZ Police Public Confidence and Satisfaction Survey involved 1200 respondents nationally. The results indicate a high level of public awareness of the Taser trial (83%) and support for the use of the Taser by police (79%), particularly in situations where officers need to protect themselves and the public from violence and harm, and in situations where offenders have weapons.

NZ European/Pākehā respondents (93%) were more likely to be aware NZ Police had trialled Tasers than Māori respondents (83%) and those of other ethnic groups (61%). NZ European/Pākehā respondents (81%) and those of other ethnic groups (78%) were more likely to support Police having Tasers than Māori respondents (73%).

Female respondents (84%) were slightly more aware of the trial than their male counterparts (82%), with male respondents being more supportive of police being equipped with Tasers (82%) compared with female respondents (75%).

A minority of respondents (10%) did not support police having Tasers and gave reasons such as the Taser might injure the person, or they did not trust police, or thought police might use the Taser excessively.

A total of 1182 media reports, between 8 February 2007 and 1 December 2007, were analysed, with print media making up 66% of reports about the Taser trial. Media reports tended to be supportive in tone rather than unsupportive, with the level of supportive reports increasing during the trial from 72% to 82%. The most common supportive reports focused on the need for police to protect themselves from violent offenders (23%); Tasers are a good alternative to firearms (21%); and Tasers are a valuable and realistic policing tool for the 21st century.

Reports that were not supportive focused on Tasers being considered a form of torture (16%); Tasers are potentially fatal (13%); police can not be trusted to adhere to guidelines when using Tasers (7%); and Tasers are heavy-handed and unnecessary (7%).

8.1 Introduction

This chapter provides a general assessment of public and stakeholder interest and response to the use of the Taser by police. It draws on three information sources: a review of official correspondence; the findings of a random survey of members of the public; and analysis of media coverage from the duration of the trial.

The review of official correspondence related to 71 documents containing comments or concerns about the Taser. These documents comprised correspondence with the Minister of Police (n=48), Official Information Act requests (n=15), and correspondence with the Commissioner of Police (n=8) received and responded to prior to the commencement of the Taser trial and during the 12-month trial period.⁸³

The survey of 1200 members of the public was conducted as part of a regular quarterly NZ Police Public Confidence and Satisfaction Survey in September 2007 just after the end of the trial. Seven questions were included in the survey relating to public perceptions of the Taser. Respondents were asked to identify the types of force police can use to restrain someone who is dangerous to themselves or others, whether they had heard NZ Police had trialed the Taser, whether respondents thought NZ Police should have Tasers, reasons police should or should not have Tasers, situations where police may use the Taser, and where respondents had heard about the Taser trial.

The media analysis focused on all media between 8 February 2006 to 1 December 2007. A total of 1182 media reports were analysed for attitudes towards the Taser trial; and whether attitudes changed over the trial period.

The review of official correspondence is presented first within this chapter; followed by the survey findings; and concludes with the media analysis.

8.2 Issues and concerns raised in the document analysis

The majority of individuals/organisations (65 of 71) who corresponded with the Minister of Police or Commissioner of Police opposed the introduction and use of the Taser. Of the five people who wrote in support of the Taser, three maintained that as police officers were frequently exposed to violent and threatening situations, they needed a range of tactical options in order to respond appropriately. One supporter of the Taser identified the potential risk of fatality when the Taser is used against people who have specific health conditions.

Issues and concerns raised in the documents are discussed thematically, and in order from the most frequently identified issues to the least.⁸⁴

⁸³ A list of topics for Official Information Act requests is included in Appendix 6.

⁸⁴ In addition, refer to Appendix 6 for a list of one-off issues that were raised.

Risk of fatalities

The most common concern about the Taser was the potential risk of death, identified in 29 of the documents. Many contributors cited a 2004 Amnesty International report, saying that it linked Taser use to between 74 and 180 fatalities in the United States. One person suggested that the US Department of Justice had withdrawn the Taser from use due to concerns about the risk of fatalities. In particular contributors suggested that Taser use against people with pre-existing medical conditions, such as heart problems, would likely result in death.

Concern that Tasers would be used inappropriately

Just over one-third of contributors (n=25) expressed concern that officers would use the Taser inappropriately. Of these, 13 submissions suggested that police officers would be unlikely to adhere to the SOPs and instead would use a Taser against people who were involved in legitimate protests, and as a means of inducing compliance. Two contributors suggested that early during the trial officers breached the SOPs on a small number of occasions, by using it in situations that were below the assaultive range, and in a dangerous environment.

Contributors in seven submissions lacked trust and confidence in the police, fearing that officers would abuse their powers, and as such were reluctant to have them armed with Tasers. Contributors suggested that their concerns were validated by the fact that in some instances officers have misused OC spray, which led them to believe that police could not be relied upon to use Tasers in a reasonable and justifiable way.

Three submissions expressed concern that the police would overuse Tasers, with them becoming the preferred tactical option in all situations. They were concerned that police would cease trying alternative options, such as negotiation techniques, because a Taser was more likely to result in cooperation and rapid resolution.

Concern that Tasers would be used against mental health clients

About one-fifth (n=14) of submissions expressed concern that Tasers would primarily be used in situations involving people with mental health issues. Contributors referred to comments made by police that the Taser would be used when 'dealing with people in various states of mental health crisis'. They suggested this signalled a police intention to specifically target people who are mentally ill. Further, that Tasers would become the weapon of choice when dealing with subjects who were mentally unwell.

In addition to these concerns, four submissions identified risks of subsequent psychological and emotional trauma if Tasers were used against people who are mentally unwell. They feared that the impact of using a Taser would significantly increase the recovery time required, and potentially cause deterioration in the mental and physical well-being of subjects.

Contributors also referred to research suggesting that people with mental illness are statistically more likely to have poorer physical health than the general population, which potentially puts them at greater risk of injury and death from being exposed to a Taser discharge.

Breach of civil liberties

Several submissions (n=12) maintained that Taser use breached the New Zealand Bill of Rights Act 1990 (BORA) and New Zealand's obligations under international civil and human rights. Specifically contributors referred to the right not to be deprived of life (BORA section 8); and the right not to be subjected to torture or cruel, degrading or disproportionately severe treatment or punishment (BORA section 9); the Universal Declaration of Human Rights (Article 5) and the International Covenant of Civil and Political Rights (Article 7), which prohibit practices perceived as torturous, cruel, inhumane and degrading.

Lack of consultation and informed debate

Several submissions (n=12) argued that there had been a lack of meaningful public consultation and debate about the introduction of the Taser into New Zealand, with few opportunities for the public to signal disapproval for the Taser. Contributors suggested that the limited nature of consultation indicated the NZ Police had little interest in public concerns or views about Tasers, with one submission suggesting that the decision to equip NZ Police with Tasers had already been made.

A related concern, identified in seven submissions, was the perception that NZ Police were providing misleading information that downplayed or misrepresented the effects of Tasers, in order to gain public support for the trial and the use of Tasers. Contributors also suggested that the language and terminology that NZ Police used – specifically the use of the phrase 'less lethal' – was deceptive because it implied police commonly used lethal force options.

Several submissions (n=11) called for an independent public enquiry prior to any decision to use Tasers; one of which was an Amnesty International petition signed by 48 people. A further three submissions suggested that additional independent medical and scientific research is required, because there is limited research available on Taser effects on the mentally ill, and because much of the existing research has been conducted by TASER International or police departments from other jurisdictions and therefore lacks impartiality and independence.

Health and injury risks

Nine submissions expressed concern about the health and injury risk for those who have been exposed to Taser discharge mode. Specifically contributors suggested that subjects were at risk of being severely injured as a result of falling; and that the taser was dangerous to people who had epilepsy, were pregnant, or who had heart conditions. One submission referred to three officers who were hurt during Taser training, and was concerned that injuries could occur in safe and controlled environments. They suggested there would likely be more injuries, and injuries of greater severity, when Tasers were used in an uncontrolled environment, and against people who do not have the same level of physical strength as trained police officers.

A further two submissions maintained that the theory that Tasers would contribute to a reduction in injuries was erroneous because it was based on results from overseas research in jurisdictions where Police officers were armed. They argued that while a decrease in injuries and deaths in countries where firearms were routinely used could be expected, NZ Police could not expect a similar reduction because officers do not routinely use firearms.

Police becoming increasingly armed

Eight submissions, including an Amnesty International petition signed by 48 people, expressed concern that NZ Police were becoming increasingly armed. Contributors felt that the use of Tasers is not consistent with New Zealand values and traditions, and feared that by issuing Tasers to officers, New Zealand was moving one step closer towards regularly arming police with firearms. They believed that police have enough tactical options available.

A further four people expressed concerns that Tasers were issued to frontline staff rather than restricted to specialist groups such as Armed Offenders Squads, suggesting that this normalised the use of Tasers, rather than the device being seen and used as a restricted weapon.

Two submissions suggested that the public, particularly offenders, were more likely to arm themselves with weapons (including Tasers) in response to police use of Tasers.

No justification for introduction of the Taser

Seven submissions argued that NZ Police had not satisfactorily justified or explained the need for Tasers. Contributors argued that New Zealand was not dangerous enough to warrant use of Tasers, referring to statistics suggesting the introduction of OC spray had reduced the number of assaults on police officers. As mentioned earlier, they also argued that Tasers would be unlikely to contribute to a reduction in the injuries that subjects receive.

Ministerial decision required

Throughout the Taser trial the Minister of Police maintained that the decision to pilot the Taser was a Police operational matter that did not require her direct involvement. However, six submissions argued that the decision to equip NZ Police with Tasers had significant resource implications and was politically significant enough to require more direct input and involvement by the Minister and Cabinet, rather than the decision resting with the Commissioner of Police.

Taser use is discriminatory

Four submissions expressed concern that the use of Tasers would most likely be discriminatory, with officers targeting vulnerable groups such as Māori and Pacific peoples, mentally ill people, people on drugs, and youth. They suggested that these groups were more likely to come to the attention of police and would therefore be disproportionately targeted.

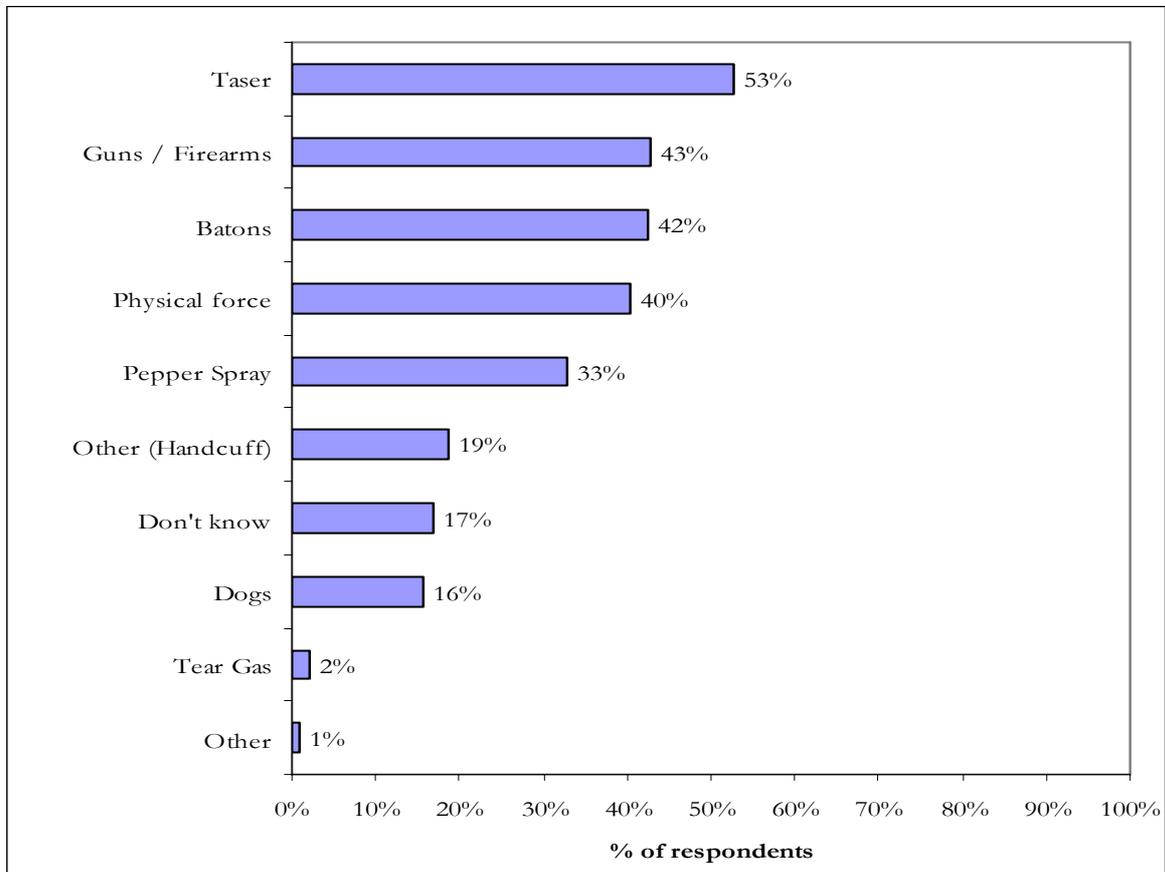
8.3 Public survey results

Survey respondents' recall of the types of force available to the police

Respondents to the Police Public Confidence and Satisfaction Survey ('the survey') were asked what types of force they were aware police could use to restrain someone who was dangerous

to themselves or others. Figure 21 presents the unprompted recall of the types of force police could use.⁸⁵

Figure 21: Unprompted respondent recall of the types of force police can use (n=1311)



Respondents were most likely to recall Tasers as a type of force police could use, followed by guns/firearms, batons, and physical force. Respondents were less likely to be aware of pepper spray, dogs and other types of force.

All age groups were more likely to recall Tasers than any other type of force police could use. However, respondents aged 15-24 had the lowest recall of Tasers.

NZ European/Pākehā respondents (61%) were more likely than Māori (49%) or other ethnic groups (39%) to recall Tasers as a type of force police could use for restraint.

Male respondents (57%) were more likely to recall Tasers than female respondents (48%). Overall, male respondents were more likely to recall all types of force such as Tasers, firearms/guns, and batons than female respondents.

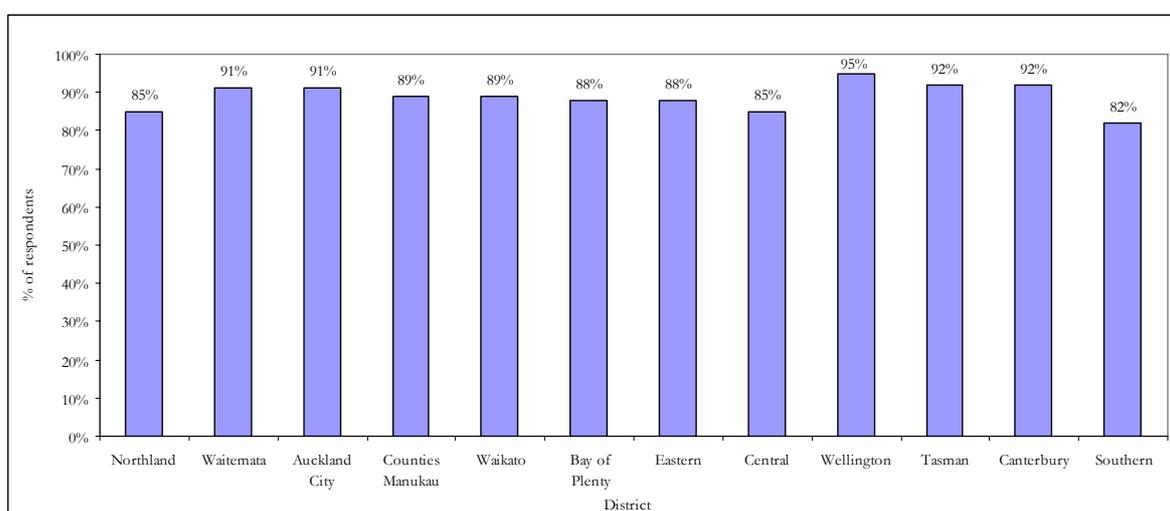
⁸⁵ At the time of the survey the Taser was no longer available for use by the Police. The twelve-month Taser trial finished on 31 August 2007.

Survey respondents' awareness of the Taser trial

Respondents were asked if they had heard that police had trialled Tasers in some parts of the country.⁸⁶ The majority (83%) were aware Police had trialled Tasers; 15% had not heard about the Taser trial, and the remaining 2% of respondents were unsure.

The Taser was trialled in Waitematā, Auckland City, Counties Manukau, and Wellington Districts. Figure 22 shows that respondents from the Wellington District (95%) were more likely to be aware of the trial, closely followed by Tasman (92%), Canterbury (92%), Waitematā (91%), and Auckland City (91%). Respondents from Southern District (82%) were less likely to be aware of the trial. This indicates that while respondents from the trial areas had a high level of awareness, so did those from other areas.

Figure 22: Percentage of respondents who were aware that police trialled Tasers by police district (n=1200)



Respondents who had said they were aware that NZ Police had trialled Tasers were asked where they had heard about the trial. The majority recalled hearing about the Taser from the television (84%). Respondents also recalled hearing about the Taser from newspapers (40%) and the radio (14%).

All age groups had a high level of awareness that Tasers had been trialled. However, respondents aged 15 to 24 (73%) had a slightly lower awareness than respondents aged 25 to 65+, whose awareness ranged from 80% to 92%.

NZ European/Pākehā respondents (93%) were more likely to be aware of the trial than Māori (83%) and other ethnic groups (61%).

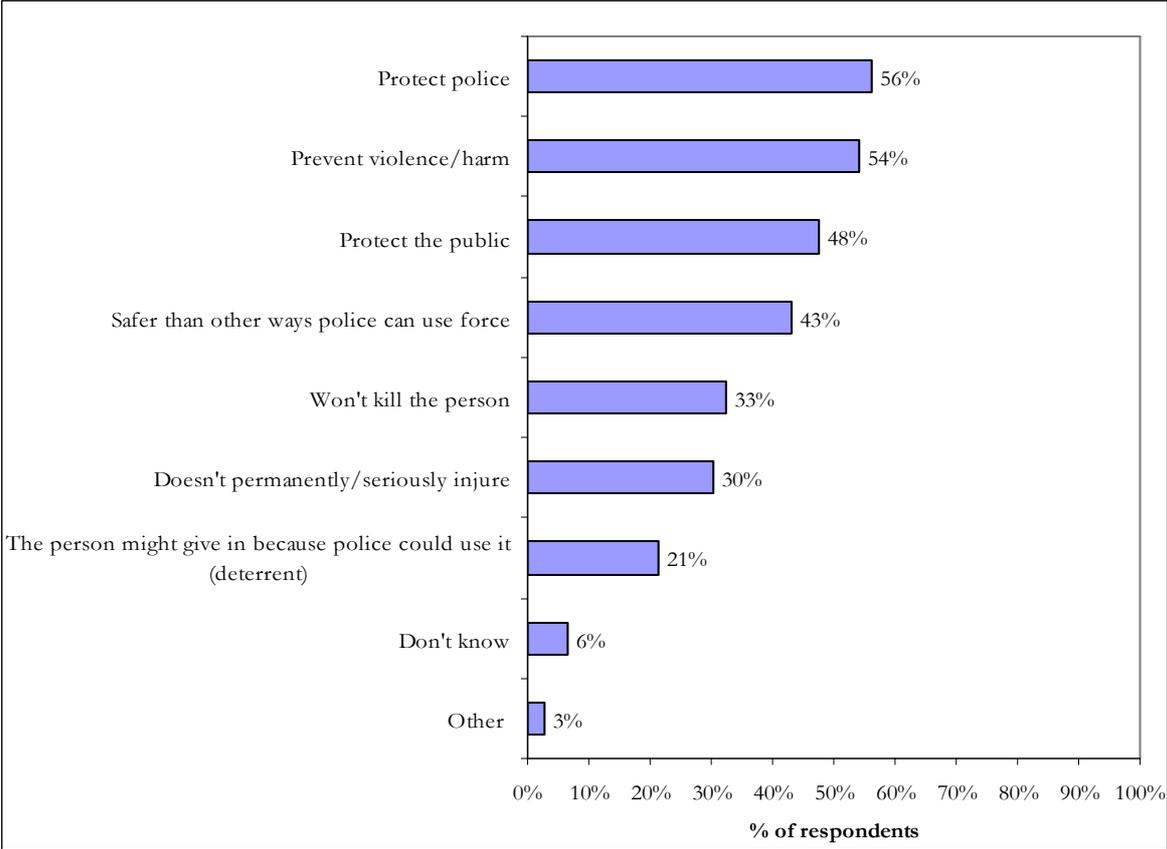
Female respondents (84%) were slightly more likely than male respondents (82%) to be aware of the trial.

⁸⁶ Respondents were given a brief description of the Taser.

Survey respondents' views about police being equipped with Tasers

When asked whether Police should have Tasers, the majority (79%) answered 'yes'; 10% answered 'no'; 8% answered 'maybe'; and 3% did not know. Figure 23 presents the unprompted reasons why police should have Tasers, given by respondents who answered 'yes', 'maybe' or 'don't know'.

Figure 23: Unprompted reasons why police should have Tasers – nationally (n=1186)



Respondents were more likely to support police having Tasers to protect the police, prevent violence or harm, to protect the public, or because they thought it was safer than other ways police can use force.

Respondents aged 15–24 years were more likely to support police having Tasers because they thought Tasers were safer than other ways police can use force.

NZ European/Pākehā respondents (81%) and those of other ethnic groups (78%) were more likely to support police having Tasers than Māori respondents (73%).

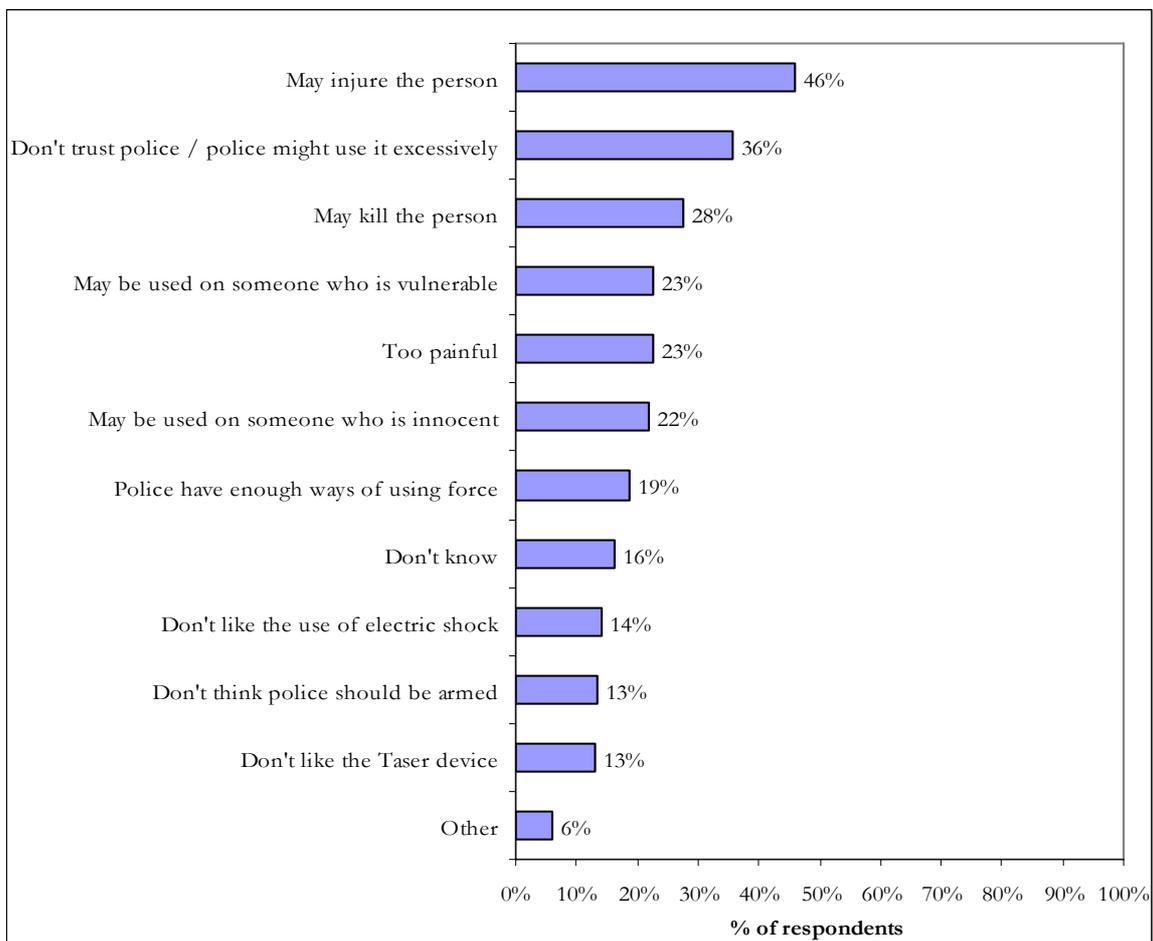
NZ European/Pākehā respondents and those of other ethnic groups were more likely to support police having Tasers to protect police (60%; 52% respectively), to prevent violence/harm (53%; 49%), and to protect the public (46%; 47%). In comparison, Māori respondents were more likely to support police having Tasers to prevent violence/harm (66%),

followed by protecting police (58%), and because they thought it was safer than other ways police can use force (51%).

Male and female respondents were fairly equal in support for police having Tasers to protect police (56%), to prevent violence/harm (51%), and because it was safer than other ways police can use force (47%). Female respondents were more likely to support police having Tasers to prevent violence/harm (57%), to protect police (56%) and to protect the public (49%).

Figure 24 presents the unprompted reasons why police should not have Tasers given by the remaining respondents (10%) who answered 'no' when asked whether police should have Tasers.

Figure 24: Unprompted reasons why police should not have Tasers (n=278)



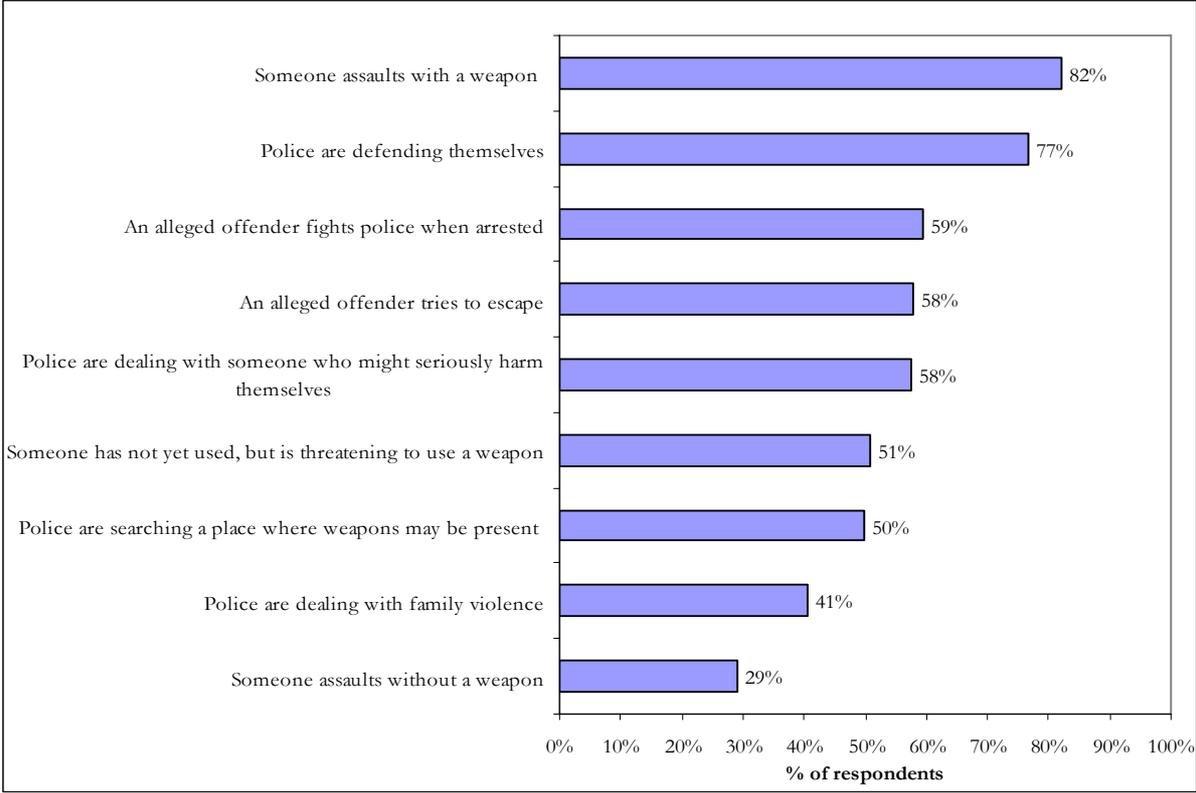
Of the 10% of respondents who stated that police should not have Tasers, almost half believed Tasers might injure the person; over a third did not trust police or they thought police might use Tasers excessively, and over a quarter thought Tasers may kill the person.

There were few differences by ethnicity and gender in the reasons why respondents thought police should not have Tasers and respondents aged 15–24 were more likely to oppose police having Tasers than any other age groups.

Survey respondents’ views about police Taser use in particular situations

Respondents were asked whether police should be able to use Tasers in a range of situations. Figure 25 presents the percentage of respondents who answered ‘yes’ when asked ‘do you think Police should be able to use Tasers in the following situations?’⁸⁷

Figure 25: Percentage of respondents who agreed police should be able to use Tasers in specified situations (n=1311)



The majority of respondents thought police should be able to use Tasers when someone assaults another person with a weapon or when police are defending themselves.

The findings for the all age groups, ethnic groups and gender reflected the national findings. Respondents aged 15–24 slightly differed in their response to the other age groups as they thought police should be able to use Tasers if an alleged offender fights.

8.4 Media analysis

This section of chapter 8 presents the analysis of media coverage of the Taser trial. This analysis includes all media items about Taser use and the Taser trial in New Zealand, collated by the Police Public Affairs Group between February 2006 and December 2007. The focus of the analysis was on:

⁸⁷ The possible responses were ‘yes’, ‘no’, ‘maybe’, ‘don’t know’, ‘refused’.

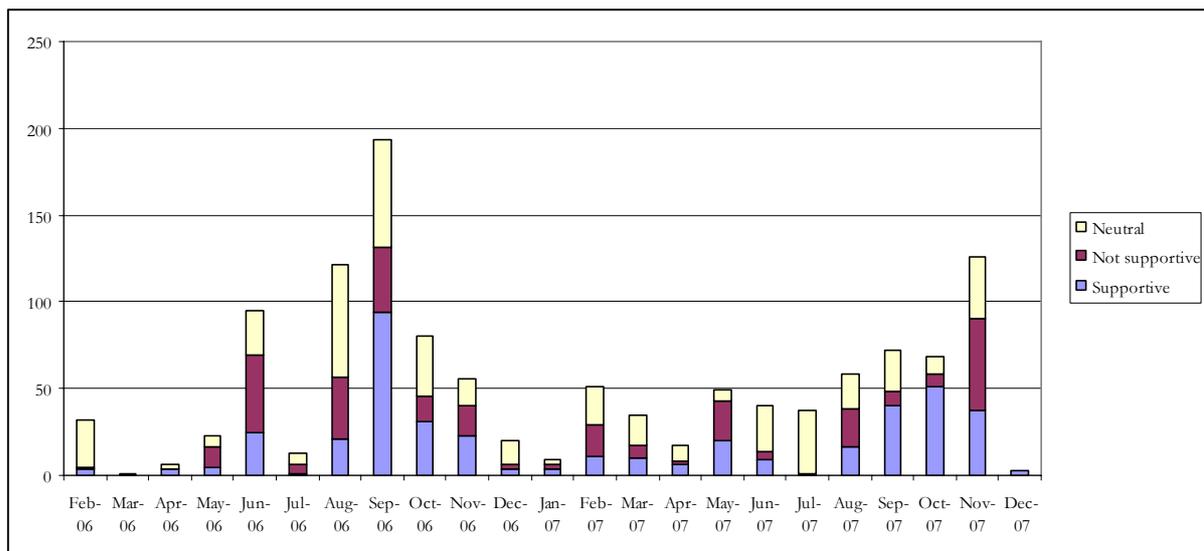
- attitudes towards the Taser trial as reported and discussed in the media in New Zealand throughout the Taser trial period; whether items were supportive or non-supportive of Taser use and/or the trial; and the key areas of concern
- whether attitudes changed over the trial period.

Extent of media coverage

Media coverage of the Taser trial was extensive, with a total of 1182 reports between 8 February 2006 and 4 December 2007 that related to the Taser, its use, and the NZ Police trial. Over half (55%) of the items were from the trial period, i.e. between 1 September 2006 and 31 August 2007.

The maximum number of items per month peaked at 193 (16%) in September 2006, the first month of the trial. The number of media items was also high (n=121, 10%) in the month prior to the start of the trial, and in November 2007 (n=126, 11%), prior to the anticipated completion of the evaluation report (see Figure 26 below).

Figure 26: Number of media items by month



The dominant media type in which the Taser trial was covered was print media, which contributed 66% of all items. Radio contributed 25%, television 7% and other electronic media such as internet postings 1%. Table 11 presents the number of media item types.

The majority (66%) of media items were news items. However, approximately a quarter of print (18%) and radio media (7%) included items that expressed an opinion, such as editorial commentary.

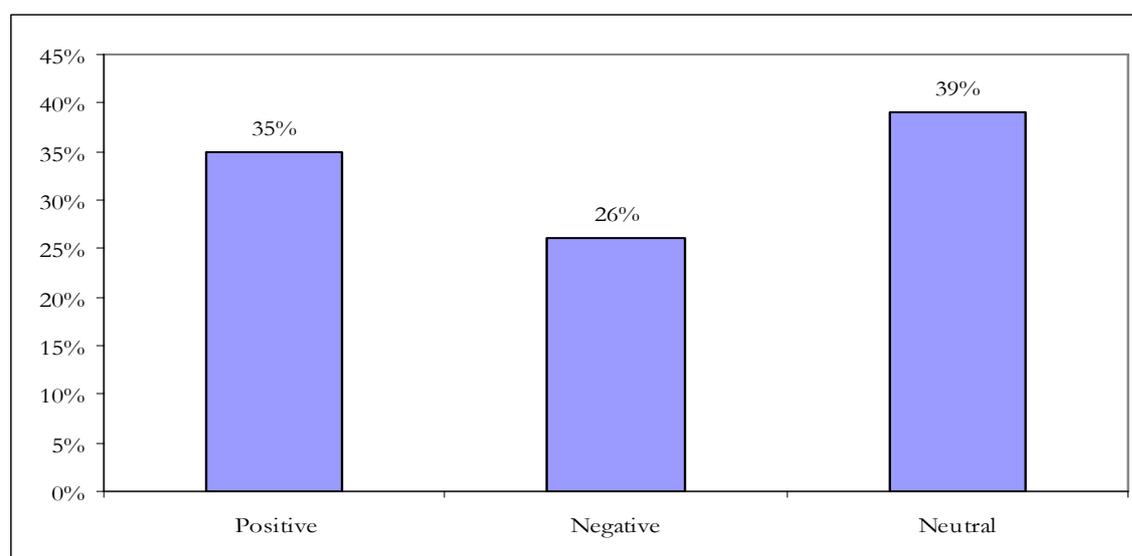
Table 11: Type of media items

Type	News	Opinion	Interview	Cartoon/Joke	Total
Print media	564	210	-	11	785
Radio	146	85	73	-	304
Television	67	7	11	-	85
Electronic media	5	3	-	-	8
Total	782	305	84	11	1182

Tone of media coverage

Analysis of media coverage indicates that attitudes were largely neutral or supportive of the Taser trial. Overall, 39% of items were neutral news reporting or giving of information about Tasers or the Taser trial; 35% of the items were generally supportive in tone; and 26% were non-supportive (see Figure 27 below).⁸⁸

Figure 27: Percentage of supportive, non-supportive and neutral media items



Supportive media reports were more likely to be strongly expressed than reports that were less supportive in tone. The strength of supportive and non-supportive views about Taser use was also strongest at the commencement and conclusion of the trial.

Analysis indicates that media reports became increasingly supportive during the trial. In September 2006 when the trial commenced, the balance of viewpoints/attitudes in all media was 72% supportive and 28% non-supportive. In September 2007 when the trial ended, the level of supportive reports had increased to 83%.⁸⁹

⁸⁸ Refer to Appendix 9 for a list of types of media comment.

⁸⁹ For this analysis, only items that expressed either a supportive or a non-supportive view were included. Neutral items were excluded.

Supportive themes

The majority of supportive commentary related to the importance of police being able to protect themselves from violent offenders; the advantages of Tasers as an alternative to a lethal weapon such as a firearm; and the view that Taser use is a realistic response to policing in the twenty-first century.

Of the 414 supportive media reports that were analysed, more than half related to the following three areas:

- Police should be able to protect themselves from violent offenders and access to a Taser gives them that ability. Almost a quarter (23%) of supportive media reports expressed the view that the Taser is an appropriate and effective tool offering police protection to carry out their sometimes dangerous job.
- Tasers are a good alternative to using firearms. Approximately one-fifth (21%) of supportive media reports reflected the view that offenders can be dangerous and need to be stopped; and a non-lethal option is the preferred option. Many reports referred to the fatal shooting of Stephen Wallace, saying that had Tasers been available to police, his death may have been preventable.
- Tasers are a realistic and valuable policing tool in the 21st century and a realistic approach to modern policing. Many (12%) reports expressed the view that policing necessitates the use of a tool such as the Taser because it is effective.

There were also a number of minor supportive themes. In descending order of frequency, these are:

- Tasers should be used because they stop violent offenders. They are effective and justified (8%).
- The threat of the Taser use is enough to stop crime. It has a strong deterrent value and can stop violent acts occurring (6%).
- Tasers are a good way to stop crime. They are effective, i.e. they work (6%).
- Taser use is acceptable as long as they are used according to the rules and officers are appropriately trained (6%).
- Tasers make New Zealand safe for the public. Tasers save lives (5%).

Non-supportive themes

Of the 305 reports that were not supportive of Taser use in New Zealand, the predominant viewpoint was that the Taser use is dangerous and unjustified. The majority (58%) of the non-supportive reports related to the following views:

- Tasers are a form of torture (16%). This comment largely related to media commentary about a statement made by the United Nations Committee against Torture, when addressing a submission by Portugal Police, which stated that the Taser can be used as a form of torture. This United Nations statement also generated a number of comments relating to the use of Tasers infringing on civil liberties and human rights. A further 8 percent of all non-supportive comments related to this theme. Almost all of the comments appeared between August and November 2007. Overall, 24 percent of all non-supportive items responded to or commented on this UN statement.

- Tasers are potentially fatal (13%). There were a number of items expressing the view that Taser use will inevitably result in a fatality. A further 7 percent expressed the view that injuries were inevitable, and for this reason they opposed the use of Tasers.
- Police can not be trusted to use Tasers correctly and according to the operating guidelines (7%). A number of items expressed the view that police are not using Tasers according to established safety protocols. Some items also expressed the view that police cannot be trusted to use Tasers within established protocols, and they will use Tasers indiscriminately and without proper regard for safety.
- Using Tasers is a heavy-handed and unnecessary approach (7%). A number of views expressed the concern that Tasers are unnecessarily punitive and should not be considered an acceptable addition to current policing tools.

Three other minor categories of comments were:

- Tasers are not being used as a weapon of last resort. Police are too eager to use it (6%).
- The Taser trial is a failure and should be stopped (6%).
- There was too little discussion and debate prior to the trial being started (5%).

Chapter 9 Summary and conclusion

The overall aim of the evaluation was to examine Taser use within the NZ Police operating environment in order to identify key issues about the use of the device, the potential benefits and risks related to staff and public safety, and gauge public opinion about Taser use. Specifically, the aims of the Taser trial evaluation were to:

- Aim 1: provide a detailed description of Taser use during the trial
- Aim 2: assess the effectiveness of the Taser in a range of operational situations
- Aim 3: assess the health and safety implications that arise from Taser use
- Aim 4: assess the utility of the Taser standard operating procedures
- Aim 5: assess public opinion towards Taser use
- Aim 6: assess the benefits of using Tasers
- Aim 7: assess the disadvantages/risks of using Tasers.

This final chapter summarises the evaluation findings in relation to each of these aims, and provides some overall conclusions about the effectiveness, safety and utility, and public opinion of the Taser, by analysing the findings from various data sources.

Aim 1: Description of Taser use

The first aim of the evaluation was to provide a detailed picture of Taser use during the trial period, including the modes and circumstances in which it was deployed. Demographic characteristics of those individuals against whom the Taser was deployed was also included.

Detailed information about Taser use during the trial comes from the Tactical Options Reports (TOR). Throughout the trial police officers were required to complete a report for every incident at which they deployed the Taser in any of the following ways: presentation, laser paint, arc, probes fired or drive stun.

Officers submitted 128 reports of Taser deployment during the 12 month period. Thirteen of these were non-mandatory reports where officers only deholstered the device as a precautionary measure. One use was against a dog.

In the majority (83%) of the 114 incidents where Tasers were deployed in presentation or discharge mode against subjects, officers reported use of the Taser in presentation mode only. In 12 incidents (11%) officers merely presented the device, in 80 incidents (70%) they used laser painting, and in 3 incidents (2%) they arced the device at a subject.

In the other 17% of incidents, officers reported Taser use in discharge mode, with the probes being fired in a total of 17 of 19 incidents. In six incidents officers judged it to be 'reasonable, proportionate and necessary in the circumstances' to use a second cycle of the device after probes were fired, in order to restrain the subject. Five of the six incidents involved subjects with weapons, including three knives, a firearm and a crow bar.

Of the four police districts participating in the trial, Taser usage was highest in the Wellington Police District (particularly in the Wellington city area) and lowest in the Counties Manukau Police District. District variations in usage, in part, reflect the fact that more Tasers were distributed to the Wellington Police District than any of the other three Districts and accords with the views of some District Device Co-ordinators (DDCs) who reported fewer trained Taser operators due to higher staff turnover in their Districts. It is not possible to make valid comparisons of the rate of Taser usage with trials in other countries (or states) due to differences in operational policies and guidelines.

Police recorded that alcohol and drug use was a factor in 51% of the incidents where a Taser was deployed, about the same proportion as that found in the first operational trial of the M26 Taser in England and Wales (Price Waterhouse Coopers, 2004). While alcohol use was the most common substance in the New Zealand trial, a prescription drug was implicated in six incidents and methamphetamine-P was implicated in five incidents. A combination of substances was recorded in eight incidents.

In the majority (84%) of incidents where a Taser was deployed, subject weapons were either present (66%) or believed present (18%). A knife was the most commonly recorded weapon type representing 70% of the weapons type present, and was present in 14 (and believed present in another 2) of the 19 incidents where a Taser was deployed in discharge mode.

In accordance with the SOPs, officers typically deployed the Taser in situations in which a subject was behaving in a violent or threatening way. Offences against persons, most commonly in the offence classes of intimidation and threats, serious assaults and grievous assaults, accounted for 52% of all offence classes recorded against subjects where a Taser was deployed. Within these classes possession of an offensive weapon was the more common specific offence type, followed by threaten to kill/do grievous bodily harm.

Family violence events were the most common type of event that officers recorded, accounting for 39% of 127 incidents.

According to the TORs and police discharge files, in 27 incidents (21%) where the Taser was deployed subjects appeared to be experiencing mental health issues. In 19 of these 27 incidents (70%) police reported on the involvement of Crisis Assessment Treatment Teams, Duly Authorised Officers (DAO), and mental health facilities, and mental health assessments. In eight incidents police had deployed the Taser to respond to requests for assistance from mental health staff in the management of clients who were either exhibiting serious threatening behaviour towards staff, or who required transport to undergo a mental health assessment and who may exhibit violent behaviour. Weapons were present in 19 of the 27 incidents, and weapons were believed present in a further four incidents.

The SOPs recognised that it may be appropriate to deploy the Taser with or in support of conventional firearms. Police, most commonly GDB officers, deployed firearms to 28 incidents where Tasers were also available and presented firearms at subjects in 13 of those incidents. Four of the incidents where police presented firearms involved subjects who may have been experiencing mental health issues.

Males accounted for 95 per cent of subjects involved in incidents where a Taser was deployed. NZ European/Pākehā subjects comprised 33 per cent of all subjects, Māori 32 per cent, and Pacific Island peoples 26 per cent.

Seventy-one per cent of subjects involved in trial incidents were aged between 20 and 39 years. Five subjects in incidents in which a Taser was presented were young people aged 14 to 16 years old. While the SOPs do not provide a specific warning against the use of the Taser on young people, they do require an officer to take a subject's age and size into account in forming a belief about whether the subject is capable of carrying out the threat posed.

Recently, DOMILL (2007) recommended amending operational policies in the United Kingdom to identify children and adults of small stature as being at potentially greater risk from the cardiac effects of Taser currents than normal adults of average or large stature, and in the United States, White and Ready (2007) recommended restricting use of the Taser against minors (and the elderly) unless there was a significant likelihood of escalation of violence.

The NZ trial incidents involving young people in the 14 to 16 year old age group all involved weapons. This included holding a knife to the throat of a victim and demanding money and keys to a car, using a vehicle to ram a police vehicle, aggravated robbery with a knife, and youths fighting with weapons. All incidents highlight the importance of an officers' perceived cumulative assessment (PCA) of the situation and subject behaviour to decide which tactical options are appropriate for the situation.

Aim 2: Effectiveness of the Taser in a range of operational situations

The second aim of the evaluation was to explore the effectiveness of the Taser in a range of operational situations. Evaluative information for this aim is drawn from the TORs, (including injury data), the Medical Advisory Group's report, the survey of frontline officers, and in-depth interviews with officers, District Device Coordinators and the project officer. The effectiveness of the Taser is assessed in terms of the Taser's influence in de-escalating volatile and dangerous situations. Taser equipment is also considered under this aim.

In the majority of incidents in which a Taser was deployed in presentation and discharge modes, police officers surveyed observed a positive change in subjects' behaviour, such as increased cooperation and a general de-escalation of volatile situations. In six out of eight incidents in which officers in the survey used discharge mode against a subject they described how it had served to immediately incapacitate the subject or make the subject immediately cooperative. For two remaining incidents, officers reported that rather than becoming cooperative, they had punched the Taser, and in the other incident where drive stun was used the subject pushed the Taser away.

Officers' use of the Taser in presentation or discharge modes was effective in de-escalating and resolving 86% of the 114 incidents. In 81 of 114 (71%) incidents officers' use of the Taser in presentation mode alone was sufficient to resolve the incidents and officers did not need to use other options such as empty hand tactics, OC spray or batons. Merely the presence of the Taser was enough to deescalate and resolve the majority of situations. In 17 of 114 (15%) incidents officers' use of the Taser in discharge mode served to resolve the incidents. In the remaining 16 incidents, officers chose to utilise tactics other than the Taser to resolve the

incidents after presentation mode was not effective, or other tactics were used simultaneously with Taser. In 2 of the 16 incidents staff reported that use of a Taser discharge was not effective.

In one of the two incidents lack of Taser effectiveness in discharge mode appeared to be a result of making contact with only a single probe, and difficulty maintaining drive stun contact with the subject. This was the only incident during the trial where Taser discharge mode and use of another option such as OC spray was used. In the second incident lack of effectiveness resulted from the subject advancing on the officer and making contact with the device as it was fired, knocking the air cartridge from the device. Use of drive stun, with empty hand tactics, resolved the incident. These two incidents demonstrate officers' comments about the benefit of being able to use the device in a range of modes, and also highlight the point that Tasers are not 100% effective for reasons such as both barbs failing to connect, lack of device contact, or Tasers being deployed at too close a range.

Eighty-eight per cent of officers surveyed thought the availability of the Taser had a positive impact on how they performed their job, with almost half (46%) stating they had increased confidence, particularly when dealing with violent people, or those under the influence of alcohol or drugs, or when attending incidents where weapons were present. Seven of the 16 police officers interviewed also reported that the availability of the Taser had given them increased confidence to deal with particular situations, such as night time stops and domestic incidents with a weapon. Of the officers who were surveyed, all strongly agreed (72%) or agreed (28%) that they were confident about the effectiveness of the device.

The DDCs and the project officer were also of the view that the availability of the Taser had had a positive impact on police officers' attitudes and behaviour to their work, with officers feeling safer since it enabled them to maintain a safer operating distance and reduced the need to physically engage with subjects. One DDC mentioned that physically smaller staff were particularly likely to feel safer. A common theme among officers surveyed and all staff interviewed was that Taser availability filled a gap in tactical options available to general duties officers between the close proximity that OC spray and batons required and the need to rely on police dogs and firearms.

The majority of incidents at which the Taser was deployed happened at residential properties or other buildings. The use of OC spray in confined spaces is known to cause problems, largely due to the risk of overspray and cross-contamination. Some officers interviewed thought the Taser was more effective than OC spray indoors, and also in certain weather conditions (such as a strong wind) or in the dark.

Police officers deployed firearms to 28 incidents at which a Taser was also deployed. In 9 of 13 incidents in which officers, most commonly from the GDB, were dealing with violent or threatening situations of such a degree that they deemed it necessary to present a firearm at a subject, use of a Taser (four in presentation mode and five in discharge mode) was sufficient to bring the subject under control and resolve the incident. Four presentations involved subjects who may have been experiencing mental health issues.

The DDCs and the project officer thought that the Taser's availability had the potential to reduce the risk of firearms fatalities. One DDC recalled an incident in which a subject in a car who had a knife at a passenger's throat would almost certainly have been shot by a police

officer but for the intervention of the Taser. The Taser operator discharged the probes at the subject through the vehicle window, thereby immediately de-escalating the situation and successfully resolving the incident. A second Taser discharge occurred to safely remove the victim from the car, retrieve the weapon, and restrain the subject. Thus the Taser enabled officers to resolve the incident while maintaining a safe distance from the subject and without having to rely on firearms as the only available recourse.

The main issue raised by some officers and DDCs about use of the device at incidents was the holster. While various types of holsters had been tested during the trial, the positioning of the holster when worn in conjunction with body armour – both the stab resistant body armour and the firearms ballistic armour – and the duty belt had not been satisfactorily resolved. This left the thigh holster that was trialled as the likely alternative. Other issues that staff identified were a faulty digital display of battery life, battery failure, and a malfunctioning safety switch.

Aim 3: Health and safety issues

The third aim of the evaluation was to examine the health and safety issues that arose from Taser incidents. Evaluative information for this aim is drawn primarily from the TOR injury data (including the Medical Advisory Group's (MAG) report), the survey of frontline officers and in-depth interviews with officers and DDCs.

Under the SOPs for the trial, police officers had the responsibility of ensuring that subjects exposed to a Taser discharge were constantly monitored and provided with the appropriate level of aftercare. The responses of the DDCs and the officers interviewed suggest that monitoring and aftercare processes generally went well and that any issues were of a relatively minor nature. In descending order of frequency, the Taser probes were removed by a police officer, ambulance services, a doctor or the subject. Police officers who had removed probes had found the experience manageable and without incident. Their removal occurred promptly, with the majority being removed in less than five minutes.

All subjects exposed to a Taser discharge were also examined by a medical doctor as required by the SOPs. A DDC and an officer mentioned that there had been some time delays in getting a Police Medical Officer to the police station to examine a subject, which is also commented on in the MAG report.

In regard to injuries linked to the Taser, there is some conflicting evidence in the recent literature. DOMILL in Wilkinson (2005) stated that 'the risk of a life-threatening event arising from the direct interaction of the currents of the X26 Taser with the heart, is less than the already low risk of such an event from the M26 Taser.' The same year, Manojlovic et al. (2005) in relation to both types of Taser (M26 and X26) expressed the belief that they were 'effective law enforcement tools that are safe in the vast majority of cases.' More recently, Bozeman et al. (2007) published the results of the first large epidemiological study in the United States to examine the incidence of injuries and their severity associated with Conducted Energy Weapons (CEWs). Ninety-six per cent of the CEWs used in the study were X26 Tasers. While these authors concluded that their study findings supported the safety of Taser use by law enforcement officers, they also cautioned that 'CEW are not risk free. Significant injuries, while rare, can be caused by these weapons.' In its recent USA report of 152 deaths following Taser use in discharge mode, Amnesty International (2007) (AI) disputed the safety of the Taser.

According to AI a medical officer or coroner had implicated the Taser as a primary cause of death in 7 cases. In New Zealand the professor in the role of research academic of the MAG, undertook an independent review of the international literature and concluded that ‘the risk of long term injury, and the risk of death, was extraordinarily low’.

Officers’ use of the Taser during the NZ trial resulted in resolution of violent and dangerous incidents with only a small number of minor injuries being sustained by subjects. Three of the nineteen subjects had medical conditions including epilepsy, hypertension, and asthma. According to the MAG’s report, none of the 17 medical reports available for subjects exposed to a Taser discharge showed any moderate/severe injuries or required follow-up treatment. They also found that of the mild injuries subjects sustained, consisting mainly of grazes, these could not necessarily be causally linked to the application of the probes. They concluded that while the figures were not sufficiently large for any trends or problems to be reliably identified, they were consistent with international experience of Taser use.

In the incidents in which the Taser was used in discharge mode, the probes caused expected minor penetration wounds to subjects and drive stun caused reddened areas of skin. The most common probe contact areas on the body were the arm, back and chest.

Most DDCs and police officers interviewed thought that the Taser had the potential to reduce injuries to subjects, victims, public bystanders and officers alike. Officers interviewed believed that the Taser had the potential to reduce the risk of non-fatal but serious and lasting injuries from use of dogs and batons with some officers also suggesting that the risk of firearms fatalities was reduced with Taser availability. One officer recalled an incident in which the subject in a family violence incident would almost certainly have been shot by a police officer but for the intervention of the Taser. This incident was in addition to the firearms related incident described earlier by a DDC.

Officers who were interviewed and participated in the survey often commented that they thought there was a reduced need to rely only on firearms and police dogs for some situations, thus creating the potential for a reduction in related serious injuries or fatalities.

Some officers thought they were less likely to be injured because the Taser allowed them to maintain distance from violent and/or armed subjects, unlike other options such as OC spray and batons, and because the Taser reduced the need for officers to physically restrain subjects or become involved in physical confrontations to gain control of the situation. Officers who were interviewed also thought that Taser availability meant that they were less likely to be injured for similar reasons. The views of both groups were borne out by analysis of the tactical options reports. None of the officers in the course of deploying the Taser sustained any injuries that required medical attention.

Taser availability was thought not only to positively impact on how officers performed their job, but also how they felt about it. Eighty-four per cent of officers surveyed regarded the Taser availability to have positively impacted in this way, with half (50%) stating they felt safer and more protected or secure while doing their job. The views of officers interviewed in-depth echoed the views of those surveyed. One DDC spoke about the perceived reduced risk to staff from the ‘knife culture’ that seemed to be increasing in the district.

Aim 4: Utility of the Standard Operating Procedures

The fourth aim of the evaluation was to assess the usefulness of the Taser SOPs. These provide guidance about the Taser use, including restrictions on use, security requirements, pre-operational checks, carriage guidelines, deployment rules, and aftercare and post-incident procedures. Evaluative information for this aim is drawn primarily from the survey of frontline officers and in-depth interviews with officers, the project officer and DDCs.

In general, the SOPs appeared to work well. The majority of officers surveyed were positive about the SOPs, either strongly agreeing or agreeing that the SOPs were clearly explained to them during Taser training and they understood the terminology. Officers interviewed who had used the Taser had found the SOPs relatively clear and easy to follow.

Some DDCs suggested refinements to the language of the SOPs. One suggestion was that words associated with specific use of the Taser (e.g. presentation, laser paint, arc, probes fired, drive contact) replace the generic term of 'use'.

Assessment of 'Within and Beyond the Assaultive Range'

An overriding principle guiding officers' use of the Taser was that they could only use it in situations within and beyond the assaultive range, as outlined in the Tactical Options Framework. The concept of being 'within and beyond the assaultive range' caused some operational difficulties for some officers interviewed. While scenarios used in the training session had been clearly within the range, in reality officers were faced with highly volatile situations which could be more difficult to evaluate. The risk was that officers might under-assess the situation and not use the Taser when it could be effective, particularly in regards to presenting the Taser.

Some officers also described 'grey' situations in which a subject's behaviour might be assessed as actively resistant bordering on assaultive. One officer described how presenting the Taser in this incident de-escalated the situation. There were some differences in interpretation of the SOPs as to what amounted to 'use' of the Taser when confronted by a subject moving into the assaultive range. Some officers interviewed interpreted 'use' in situations outside the assaultive range to mean any 'use' of the Taser was forbidden (for example carrying the Taser in the holster, or presenting). Whereas some officers, DDCs and the project officer interpreted 'use' more broadly and suggested that the SOPs allowed wider carriage of the Taser than was understood by some officers.

Security and storage

Once issued, the SOPs stipulated that the Taser was to remain secured within the confines of the police station or in a locked container within the boot of a police patrol vehicle until it was required. Police officers interviewed were universally critical of this aspect of the SOPs, saying it caused time delays in getting to incidents due to the need to get the Taser out of the locked box in the boot of the car, and risked officers arriving at a scene in a less than ideal state of preparation. Six of the officers surveyed also identified storage of the Taser as being an issue, and for similar reasons. Some DDCs also viewed the storage requirements as being unnecessarily restrictive and prevented officers on foot patrols from having access to Tasers.

Security of the Taser within a patrol car was also identified as an issue by officers and DDCs. One of the officers interviewed had used additional locks to ensure the security of the Taser within his patrol car because he thought it was vulnerable to theft when the car needed to be left unattended.

Carriage

During the trial a Taser was not permitted to be carried as a matter of course on routine duties. According to the SOPs, a Taser was only to be carried on occasions where an officer's perceived cumulative assessment (PCA) of the situation was that its carriage was necessary, in that it was possible or likely that the officer might encounter a situation in or beyond the assaultive range. However, the majority (72%) of officers surveyed felt that a Taser should be allowed to be worn full-time. This was largely (73%) due to the unpredictable and volatile nature of many situations they are required to attend. This view was shared by some officers interviewed who would have preferred that officers wear the Taser as a matter of course throughout entire shifts, since they thought the Taser could potentially be deployed for a wider range of incidents to good effect. The majority of officers surveyed (70%) said they had attended incidents where a Taser would have been useful but was unavailable, such as those involving a weapon, and when officers were attacked or threatened. Three of the four DDCs agreed that officers should wear Tasers throughout their shift.

Some officers interpreted the SOPs as meaning that they could not carry the Taser until they were sufficiently close to the situation and the subject to carry out the PCA, by which time officers were unable to return to the car to get the Taser if this was appropriate. On the other hand the project officer and a DDC thought that the SOPs entitled officers to carry a Taser where officers thought the situation might develop into one where use of the Taser was appropriate, suggesting that training and/or refinements to the SOPs could resolve this confusion.

Issue of Tasers

Under the SOPs, Tasers were only issued to sworn officers, selected by the District Commander and approved by the National Manager: Professional Standards. These officers were required to hold a current NZ Police First Aid certification, a current NZ Police Taser operator's or instructor's certification, a current SSTT certification, and have a minimum of two years of relevant police service.

The majority of officers interviewed supported the minimum requirements for a Taser operator, with senior and experienced staff being the preferred candidates, but opinion was divided among the project officer and DDCs. Limiting issue to selected officers with permanent appointment, while ideal, was thought not practicable in some parts of the country due to relatively high attrition rates. One DDC commented that maintaining a pool of trained operators posed an issue for them during the trial. A suggested solution was that all staff be trained to use Tasers and area and district commanders could determine which staff they would issue Tasers to.

Training

The one-day training sessions received favourable comment, with no particular training gaps identified by officers or DDCs interviewed. A training gap identified for non-taser operators was that police officers needed to be aware that it was safe for them to physically handle a subject immediately following a Taser discharge, and needed to know post incident procedures so they could assist the deploying officer if required.

Should there be a wider roll out of the Taser, some DDCs and officers thought Taser training could be integrated within standard training, and recertification approved and undertaken at the district/station level for staff selected for issue of a Taser.

Reporting

Throughout the trial, officers were required to notify a supervisor and complete a Tactical Options Report in all cases where they had deployed a Taser in presentation or discharge mode. Seven of the 57 officers surveyed identified the report form as being long, and requiring the recording of information they thought non-essential. Likewise, officers who referred to the reports during their interviews had found completing the lengthy report forms time consuming and resource intensive, while recognising the need for data collection.

Auditing

For the purposes of the trial, responsibility for auditing of Taser discharge data rested with the DDCs. Overall DDCs stated that the task was manageable during the trial, however they all agreed that should a wider roll out of the Taser occur, consideration should be given to devolving responsibility for auditing to the level of district or area risk manager or the officer in charge of the station. DDCs suggested that the travel required of them to each station may not be practicable if Tasers were more widely available and that including Taser audit within the regular monthly station audits would be preferable.

Aim 5: Public opinion about the Taser

The fifth aim of the evaluation was to assess public attitudes towards Taser use. Because the introduction of the Taser could be viewed as providing police officers with a significant expansion to the range of tactical options they have to deal with violent and threatening subjects, it was important to assess the NZ public's attitudes and understanding of the taser and the trial. Evaluative information is drawn primarily from the Public Confidence and Satisfaction Survey ('the survey'), correspondence from individuals/organisations with the Minister of Police or Commissioner of Police, and an analysis of media coverage.

Findings from the survey of a representative sample of New Zealanders indicate a high level of public awareness of the Taser trial (83%) and support for Taser use by the police (79%), particularly in situations where police need to protect themselves and the public from violence and harm, and where subjects have weapons.

Levels of awareness of the Taser trial were slightly higher among those aged 25 and older, NZ European/Pākehā and Māori, and women, and slightly lower among 15 to 24 year olds, those

of Other ethnic groups, and men. Levels of support for police Taser use were slightly higher among those aged 25 and older, NZ European/Pākehā and those of Other ethnic groups, and men and slightly lower among 15 to 24 year olds, Māori and women.

About 10 per cent of survey participants opposed police being equipped with Tasers for reasons such as the Taser might injure someone, they did not trust the police, or police might overuse the Taser. This figure can be contrasted with the much higher figure of about 90 per cent among a non-representative group of 71 individuals/organisations who corresponded with the Minister of Police or Commissioner of Police opposing the Taser.

The issues and concerns raised in the official correspondence covered some of the same ground as survey participants opposing the Taser, and in descending order of frequency were the risk of fatalities (29); concern that Tasers would be used inappropriately (25) or against mental health clients (14); breach of civil liberties (12); lack of consultation and informed debate (12); health and injury risks (9); the police becoming increasingly armed (8); no justification for the introduction of the Taser (7); Ministerial decision required (6), and Taser use was discriminatory (4).

Media coverage of the trial tended to be supportive in tone, with the level of supportive reports increasing from 72% prior to the trial to 82% of reports following the conclusion of the trial. Supportive coverage focused on the need for police to protect themselves from violent offenders; the perception that Tasers offer a good alternative to firearms; and Tasers are a necessary and useful tool for modern policing. Media coverage not supportive focused on the potential risk of fatalities; the risk that police will not adhere to guidelines or use Tasers appropriately; and Tasers can be considered a form of torture, largely following a United Nations panel comment to this effect in regards to a report submitted by police in Portugal.

Some DDCs and officers interviewed believed that police officer's responsible use of the Taser during the trial had served to increase public confidence in police officer's Taser use. Although NZ Police engaged with a range of organisations prior to and during the trial, and responded to a variety of requests for information some DDCs and officers thought more could be done to notify people in their communities and get the public onside, particularly those members of the public who were misinformed, for example, about the small safety risks associated with Taser use.

Aim 6: Benefits of the Taser

The sixth aim of the evaluation was to assess the benefits of the Taser. Evaluative information is drawn from a range of sources, but particularly from the survey of officers, and interviews with DDCs, the project officer and officers who deployed the Taser

All officers surveyed and staff interviewed identified benefits of having the Taser as a tactical option. One of the main benefits identified was the reduced need to use firearms, with 49% of officers surveyed of this view. Many officers surveyed were reluctant to use firearms, but the unpredictability of situations and the often violent nature of incidents, meant there were many situations where they needed a tactical option that allowed them to maintain a safe distance from a subject. As well as allowing them to maintain a safe operating distance the Taser

reduced the need for them to physically engage with subjects, thus filling a gap in current available tactical options, particularly for GDB officers.

As already mentioned, availability of the Taser had a positive impact on how officers performed their job and felt about their work. The majority (88%) of officers surveyed thought they had increased confidence when dealing with violent people, or those under the influence of alcohol and drugs, or attending incidents where weapons were present.

Officers also mentioned that Taser availability improved their ability to safely resolve situations with less reliance on specialist operators such as AOS or dog handlers, thus improving response time and reducing resources required for some incidents.

Aim 7: Disadvantages of the Taser

The seventh aim of the evaluation was to assess the potential disadvantages or risks of Taser use. Evaluative information is again drawn from the survey of officers, and interviews with DDCs, the project officer and staff as well as the correspondence to the Minister and the Commissioner of Police and the Public Confidence and Satisfaction Survey.

The main concern and perceived disadvantage of Tasers, identified in correspondence to the Minister of Police and Commissioner of Police, the national public survey, and the media, was the potential for Tasers to cause injuries and fatalities. Many referred to international research, particularly reports prepared by Amnesty International, which suggested there were links between Taser use and serious injury and/or death.

Another common concern was that officers may use the device inappropriately or excessively. Related to this was the concern that certain groups, such as those with mental health issues, Māori or Pacific peoples, will be unfairly targeted.

One of the key findings from officers is that staff interviewed felt that the benefits outweighed the risks or disadvantages. For example, 39% of officers surveyed could identify no risks or disadvantages to having a Taser available to police officers. Some thought that the Taser posed no more risk than other tactical options. The potential risks that were identified by those surveyed were that subjects may gain control of the Taser and use it to incapacitate officers, misuse of the device, and that some officers may become over reliant on Tasers, electing to use them when firearms should be used.

Those officers interviewed identified a range of potential risks with the Taser. These included: the need to ensure that officers maintain their training and familiarity with Tasers so as to avoid handling and operation errors; the risk Tasers may be used in situations that are not appropriate; the risk of injuries to subjects.

It was suggested by those interviewed that the risks and potential risks could be mitigated through maintaining current SOP practices such as mandatory reporting of Taser presentations as well as discharges, selection of officers as Taser operators, and ongoing operator training.

Conclusion

On balance, the trial of the deployment of the Taser appears to have been successful. Use of the Taser, most commonly in presentation mode only, was sufficient in the majority of incidents to bring a subject's violent and threatening behaviour under control and to de-escalate the situation.

Injuries to subjects and police officers were minor despite the serious circumstances of incidents. Subjects sustained expected minor injuries associated with probe wounds and drive stun contact, and the medical review by the Medical Advisory Group indicated injuries required no additional medical follow up. Similarly, officers reported a small number of minor injuries that did not require medical attention.

Generally, the public was accepting of police Taser use with the majority of the public surveyed supportive of Taser use in situations where police needed to protect themselves and the public from violence and harm, and in situations where subjects had weapons. Of those who raised concerns, the majority identified the potential risk of injuries or fatalities. International literature also identified these concerns; however reports also stated that while Tasers are not risk free, the likelihood of life threatening events associated with Taser use was very low.

Another commonly identified concern was the risk that Tasers could be used inappropriately. However; trial participants felt that with adherence to the guidelines set out in the trial SOPs such as careful selection of staff, ongoing auditing, and mandatory reporting of Taser use and provision of ongoing operator training, that potential risks such as handling and operator errors, inappropriate use, and injury to subjects could be mitigated.

The views of staff were overwhelmingly supportive of the availability of the Taser, particularly those in GDB, to deal with assaultive situations including those where they are facing a subject with a weapon. The high numbers of incidents with weapons or alcohol and drugs involved illustrates the often unpredictable and volatile nature of situations that officers attend, and officers felt that the Taser filled a gap in their options for safely dealing with these situations. Feelings of increased confidence and safety were commonly reported by the officers involved in the trial, with all officers stating they had confidence in the device.

Officers also reported benefits related to firearms deployments such as the reduced need to rely solely on firearms and the potential to reduce the risk of firearm fatalities as a result. Two officers described two separate situations where they thought the potential for a firearms fatality was averted because a Taser was also available.

Overall the NZ Police Taser trial experience indicates there is the potential to realise benefits such as a reduction in firearms presentations, assaults on police officers, and injuries to subjects if Tasers were available more widely as a tactical option for NZ Police.

The Standard Operating Procedures, the training developed for the trial, and the mandatory reporting framework for Taser deployment, generally worked well and will provide a useful foundation for any refinements that may be considered should the decision be made to make Tasers available to NZ Police.

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Appendix 1: Standard Operating Procedures



Electro Muscular Incapacitation Devices



Standard Operating Procedures

1. Electro Muscular Incapacitation Devices

Introduction

An Electro Muscular Incapacitation device (EMI) is a less lethal, conducted energy weapon. This weapon utilises an electrical discharge to disrupt the body's ability to communicate messages from the brain to the muscles. The device causes incapacitation through motor skill dysfunction.

Approved Devices

The only EMI device currently approved for use by the New Zealand Police is the "Taser" X26. It is a single shot, laser sighted device whose application can be achieved through:

- Discharging of an approved air cartridge at the subject. (The EMI device delivers an electrical current to the subject by means of probes attached to insulated wires),
- Direct application to the subject. (The EMI device delivers electrical current to the subject by means of contacts contained on the device).

The optimum operating distance is between 2 - 5 metres. The maximum range is the length of the wires that carry the current and attach the probes to the device.

Effects

An EMI device relies upon physiological effects other than pain to achieve its objective. It delivers a sequence of high voltage low amperage, short duration pulses over a five-second cycle. The effects of application of the device are likely to be instantaneous incapacitation of the subject, which renders them incapable of continuing any activity. The likely result is that the subject will immediately collapse to the ground. The effect of incapacitation will only remain as long as the electrical charge is being activated. There is no known long term after effects to exposure.

2. Possession and Legal Implications

Possession

An EMI device is a restricted weapon, as specified under Paragraph 8 of the Arms (Restricted Weapons and Specially Dangerous Airguns) Order, 1984. Sworn members of the Police have statutory authority to be in possession of and carry restricted weapons in the course of their duty, by virtue of Section 3, Arms Act.

Legal Implications (Use of force)

The use of an EMI device is a use of force and as such, its use must be reasonable, proportionate, and necessary in the circumstances. The relevant sections of the Crimes Act, 1961 relating to Police use of force are:

- Section 31(Arrest by constable pursuant to statutory powers),
- Section 32 (Arrest by a constable of a person believed to have committed an offence),

- Section 39 (Force used in executing process or arrest),
- Section 40 (Preventing escape or rescue),
- Section 41 (Prevention of suicide in certain cases),
- Section 48 (Self defence and defence of another),
- Section 62 (Excess of force).

Accountability

Members are individually, criminally responsible, by virtue of Section 62 of the Crimes Act 1961, for the use of any excess force during the course of their duties. Members may also be subject to internal disciplinary action for any excess use of force.

- **An overriding principle guiding the use of an EMI device is that it can only be used in situations within and beyond the Assaultive range, as outlined in the Tactical Options Framework.**
- **Under no circumstances is the device to be used to induce compliance with an uncooperative but otherwise non-aggressive person.**

3. Use

Tactical Options Framework

EMI devices represent an intermediate option in relation to the Tactical Options Framework. As such, an EMI device is one of a number of tactical options available to a member when their Perceived Cumulative Assessment of a situation is that the subject's behaviour is within or beyond the Assaultive range. Use of the EMI device must be in accordance with the:

- Tactical Options Framework,
- Standard Operating Procedures, and
- Approved Training.

General Guidelines

When considering the use of an EMI device the member must have an honest belief that the subject, by age, size, apparent physical ability, threats made, or a combination of these, is capable of carrying out the threat posed (Perceived Cumulative Assessment). In this circumstance, Police members may only use an EMI device to:

- Defend themselves, or others, if they fear physical injury to themselves, or others, and they can not reasonably protect themselves, or others, less forcefully, or
- Arrest an offender if they believe on reasonable grounds that the offender poses a threat of physical injury and the arrest cannot be effected less forcefully, or
- Resolve an incident where a person is acting in a manner likely to physically injure themselves and the incident cannot be resolved less forcefully, or
- Prevent the escape of an offender if they believe on reasonable grounds that the offender poses a threat of physical injury to any person, and the escape cannot be prevented less forcefully, or
- Deter attacking animals.

Use Against Armed Subjects

Caution should be exercised in using an EMI device when a subject is armed with a blunt edged weapon, or knife, to ensure a safe reactionary distance is maintained. Use of the EMI device against a subject armed with a firearm should not normally be considered; Police firearms remain the most appropriate tactical response for such situations. However, it is recognised that circumstances may exist within such situations where the use of an EMI device may be appropriate when deployed with or in support of conventional firearms.

4. Restrictions

The use of EMI device is restricted in the following circumstances:

Crowd Situations

As a single shot weapon, the EMI device is best suited to application against individuals.

- In crowd situations, consideration must be given to the potential to inflame the situation before an EMI device is utilised.
- The EMI device is not to be carried by members rostered for duty at demonstrations.

Flammability

Due to its design, an EMI device could provide a source of ignition, as such, it shall not be used in situations where:

- A subject has, or is believed to have, doused themselves with any accelerant, or
- The proximity of accelerants or flammable liquids or vapours may present a risk of ignition (e.g. clandestine labs, petrol stations, etc.),
- It is believed that the subject is in possession of explosives.

Passive Resistance

An EMI device must be used in a manner that is consistent with the Tactical Options Framework and must not to be used against people offering Passive Resistance.

Pregnant Females

Except as a last resort, an EMI device should not be used against females who are known to be, or who are believed to be, pregnant.

Elevated Positions

Consideration and care should be taken when using an EMI device on subjects who are in an elevated position. An EMI device must not to be used in circumstances where a subsequent fall may result in a risk of substantial injury, or death to the subject.

Water

Consideration and care should be taken when using an EMI device on subjects who are in or near a body of water. They are not to be used in circumstances or situations where there is a risk of the subject drowning.

5. Security

Storage

When an EMI device is not on issue, the device and associated equipment are to be stored in the supplied locked container within the confines of Police premises, or other such secure place, as approved by the District EMI device Coordinator.

- EMI devices and associated equipment are to be stored separate from ammunition, pyrotechnics, and flammable substances.
- EMI devices, when not on issue, are to be stored in the unload state; that is, without air cartridges attached and with the safety engaged.
- In order to maintain the system clock, and avoid the potential for data corruption, the EMI device must be stored with the DPM (Digital Power Magazine) inserted at all times.

Records of Issue and Use

- An individual register, which is identified by the Serial number of the device concerned, shall be maintained for each EMI device.
- Each time a device is issued, the details of date, time, and member shall be noted in the front of the register, along with serial number of air cartridges.
- Each time a device is returned the details of date, time, and member shall be noted in the front of the register, along with reasons for any deficiencies, if applicable.
- Each time an EMI device is activated by Discharge, Drive Stun, Arcing or pre operational spark testing, details of the member involved, date, time, and duration, along with the number of activations, shall be logged chronologically in the rear of the register. When applicable, serial numbers of discharged air cartridges are to be included in the log.

Audit

- EMI device registers shall be audited monthly as part of routine, station internal control checks to ensure registers have been completed correctly. Monthly audits shall confirm the presence of EMI devices and associated equipment.
- The District EMI device Coordinator shall audit records of discharges monthly by comparing records of device download data with the respective log contained in the device register.
- Any discrepancies between the download data and the log must immediately be reported to the EMI device Project Manager, OOC.
- Any discrepancies between the download data and the log must be investigated and the result reported on behalf of the respective District Commander to the EMI device Project Manager, OOC.

6. Issue

When issued EMI devices are not to be worn or displayed as a matter of course during routine duties. They are to remain secured in the supplied locked container, within the patrol vehicle or other such location accessible to the member. EMI devices will only be issued to sworn members, selected by the District Commander and approved by the National Manager: Professional Standards. These members must:

- Hold a current NZ Police First Aid certification,
- Hold a current NZ Police EMI device operators or instructors certification,
- Hold a current SSTT certification,
- Have a minimum of two years of relevant Police service.

7. Pre Operational Checks

Prior to commencing duty, members signing out an EMI device will carry out the following pre operational check of the device to ensure it is serviceable.

- Ensure the weapon is unloaded and safety is applied.
- Using the illumination selector, test the function and operation of laser and flashlight.
- Using a safe direction, place the safety in the fire position; the device should not discharge.
- Check that the remaining battery life on the CID exceeds 20%; the XDPM must be replaced if the percentage is less than 20%.
- Pull the trigger to discharge the weapon and carry out a spark test for approximately 1 second, while checking for visible spark and rapid spark rate.
- Place safety in the "SAFE" position.
- Utilise a safe direction and load the device while ensuring hands are clear of the air cartridge blast doors.
- Secure the device in the authorised holster.
- Secure the device holster and associated equipment in the supplied locked container.

8. Carriage

EMI devices are only to be carried on occasions where a member's perceived cumulative assessment of a situation is that its carriage is necessary, in that it is possible or likely that the member may encounter a situation in or beyond the Assaultive range as specified by the tactical Options Framework.

When carried qualified members shall ensure that:

- Authority to carry has first been gained from an NCO or in situations where this is impracticable notify Comms of the intention to carry and,
- The device is carried in an approved holster on the non master side of the body and,
- The device is in the load state; that is, with the safety applied and an air cartridge fitted, and
- Reserve air cartridges for the device are carried on the base of the XDPM, in the approved cartridge holder, or within the approved holster.

9. Warnings Prior to Deployment and Discharge

To encourage peaceful compliance and to warn others nearby, a verbal warning must be given in conjunction with the deployment of an EMI device. Unless impractical or unsafe to do so the following verbal warnings are to be given:

- In conjunction with Presentation, Laser Painting, and Arcing, "TASER 50 000 VOLTS",
- In conjunction with Discharge or Stun Drive, "TASER, TASER, TASER".

10. Deployment

An EMI device may be deployed operationally to affect the required purpose in the following ways:

- **Presentation** – Drawing and presenting the device at a subject as a visual deterrent, in conjunction with a verbal warning.
- **Laser Painting** – Applying the laser, sighting system of the device on a subject as a visual deterrent, in conjunction with a verbal warning.

The laser sight must not intentionally be aimed at the eyes of the subject.

- **Arcing** – Activating the device without an air cartridge fitted as a visual deterrent, in conjunction with a verbal warning.
- **Discharge** – Firing probes over a distance from an air cartridge attached to the device, or subsequent applications of electrical current via probes, which are in contact with the subject, in conjunction with a verbal warning.

The centre mass area of the body should be the target area when discharging an EMI device, particularly the centre mass of the back area.

The head, face, neck and groin area should not be targeted unless the appropriate level of force can be justified.

Subsequent applications of the device should be avoided and as such must be reasonable, proportionate, and necessary in the circumstances.

Once the subject is restrained or has complied the EMI device should be turned off.

- **Drive stun** - Firing the device with or without the air cartridge attached while the device is applied to the body of the subject, in conjunction with a verbal warning.

This method utilizes pain compliance. *The head, face, neck, and groin area should not be targeted unless the appropriate level of force can be justified.*

Subsequent applications of the device should be avoided and as such must be reasonable, proportionate, and necessary in the circumstances.

Once the subject is restrained or has complied the EMI device should be turned off.

11. Aftercare

Where a person is exposed to the application of an EMI device in the operational environment, it is the responsibility of the deploying member to ensure that the individual is constantly monitored and provided with the appropriate level of aftercare. Where a staff member is exposed to Taser in a controlled training environment it is the responsibility of the deploying member to ensure that the individual is appropriately monitored with aftercare being provided or facilitated if required.

First Aid

Normal First Aid procedures, as per NZ Police Training, must be adopted and appropriate measures, including CPR where applicable, should be instigated. Injuries should be looked for, assessed and dealt with appropriately

Immediate medical assistance must be sought if the subject's safety is perceived to be at risk at any stage.

Medical Attention

A medical practitioner must examine all people who are exposed to the application of an EMI device (except those people who are exposed in a controlled training environment) as soon as is practicable. Medical advice will be sought for persons who are exposed to Taser in a controlled training environment, if it is deemed desirable or necessary in the circumstances of the case.

Research suggests that persons most likely to be at greatest risk from any harmful effects of an EMI device, although not attributable to the device itself, are those suffering from the effects of alcohol, drugs, who have been struggling violently or exhibiting bizarre behaviour (Excited Delirium).

Medical attention must be provided immediately if:

- The subject does not recover within a reasonable time,
- The subject complains of a medical condition,
- The subject asks for medical attention,
- The member is informed, or believes, that the subject has a cardiac pacemaker or other implanted medical device,
- In the member's opinion, the subject appears to be suffering from a medical condition pre-existing or otherwise (e.g. exhibiting symptoms associated with Excited Delirium, or symptoms associated with a mental health issue).

Restraint

Where a person is subjected to the application of an EMI device every effort must be made, where practicable and safe to do so, to restrain them whilst they are incapacitated by the initial cycle of the device.

Subjects restrained in the prone position are at risk of induced positional asphyxia, (caused when the position of the body interferes with normal respiration). It is recommended that the subject be placed lying on their side or sitting at the earliest possible opportunity.

Members must ensure that:

- Once the subject is under control they are not left restrained, or transported restrained, in a manner in which the position of the body interferes with normal respiration (e.g. lying face down with the hands cuffed behind the back).

Reassurance

Recovery from the effects of an EMI device should be almost instantaneous. When the subject has been restrained after the application of the EMI device it is important for that member to:

- Provide verbal reassurance as to the temporary effect of EMI devices and,
- Instruct the subject to breathe normally to aid recovery.

Probe Removal

It is recommended that EMI device probes be removed with the consent of the subject at the earliest opportunity. However, if a subject insists that the EMI device probes attached to their body be removed by medical personnel, police shall leave the probes in place, taking care to minimize discomfort to the subject, and shall facilitate that request at the earliest opportunity.

It is acknowledged (and overseas research indicates) that in some situations subjects may instinctively remove probes of their own accord. Police should endeavor to appropriately restrain the subject while they are incapacitated to reduce the chance of this occurring.

Probes should only be removed by EMI device qualified personnel or medical personnel in accordance with the following restrictions and recommendations:

- Medical personnel should remove probes lodged in bone tissue, or located in sensitive areas such as the head, face, neck, groin, or that are difficult to remove, or in the case of female subjects, that have lodged in the breast area.
- If police make the assessment that the probes should be removed by a medical practitioner and a subject does not want to wait for medical personnel to remove the probes, police should do their best to persuade the subject of the need for medical personnel to remove the probes given their location, and should provide reassurance to calm the subject.
- Only female EMI device qualified personnel or medical personnel can remove probes (apart from those clearly stuck only in clothing) provide aftercare, and take necessary evidential photographs of the injuries caused by the probes where the subject is a female.
- Prior to removing probes, the attached cables should be broken or cut to avoid trailing wires. Care should be taken during this process to avoid discomfort to the subject.
- Gloves must be worn during probe removal keeping in mind blood borne pathogen concerns.
- Once probes have been removed, they must be inspected to ensure the entire probe and probe barb have been removed. If a probe or probe barb has broken off (has been damaged) the subject shall be provided with the appropriate medical attention to facilitate removal of the object.
- First aid shall be provided to the subject following the removal of a probe in the form of an antiseptic wipe and an appropriate dressing being applied to the affected site.
- Removed probes shall be secured as evidence within the applicable container and stored in a sealed biohazard bag. These should be disposed of as a biohazard on file closure.
- Photographs shall be taken of the probe impact sites, and any other related injuries, for evidential purposes.

Custody

Where a person is detained in custody after the application of an EMI device the relevant charge sheet shall be endorsed to reflect that the prisoner shall be:

- Subject to a Health and Safety Management Plan for a Person in Custody (POL705),
- Constantly monitored until examined by a medical practitioner,
- Monitored according to the medical practitioners advice, and
- Issued with an information leaflet describing EMI devices, modes of operation, and effects.

12. Bill Of Rights and Caution

When the use of an EMI device leads to an arrest the arresting member must ensure that the Bill of Rights and Caution are given immediately following the arrest.

- The Bill of Rights and Caution must then be repeated after the person has sufficiently recovered from the effects of the EMI device, and when they are capable of understanding the statement.
- Any admission made while under the effects of an EMI device may result in the court determining such an admission to be unfair and inadmissible.

13. Post Incident Procedures

Reporting

Whenever an EMI device is deployed by a member against another person, other than in training, the member involved must ensure that a supervisor is notified as soon as practical. The supervisor is to:

- Attend the scene as soon as possible and ensure that proper aftercare and, where applicable, any appropriate medical attention has been provided,
- Preserve and photograph the scene where it is believed this may be necessary or relevant for subsequent enquiries,
- Ensure that all evidence, including discharged air cartridges, wires, probes and sufficient (4-5) AFID tags, are recovered from the scene and secured appropriately,
- Investigate the incident to determine whether the use of the EMI device was in accordance with the Standard Operating Procedures,
- Ensure the member, or members, involved submits a Tactical Options report prior to finishing duty,
- Ensure the member completes the details of all instances of Arcing, Discharge and Drive Stun in the log in the rear of the EMI device register,
- Submit a covering report outlining the incident, and including appropriate recommendations for the information of the District EMI device Coordinator, prior to finishing duty.

Tactical Options Report

A Tactical Options report is to be completed in all cases where an EMI device is deployed against another person, other than in training. This includes Presentation, Laser Painting, Arcing, Discharging and Drive stun. The Tactical Options Report shall be:

- Submitted to the supervisor,
- Copied and filed with the District EMI device Coordinator and,
- Copied and attached to any arrest or other relevant file.

Post Incident Information Packs

Post incident information packs are to be accessible to all members who carry an EMI device in the course of their duty. Each pack shall contain:

- A copy of these Standard Operating Procedures
- Guide for supervisors/ Operators
- Police exhibit form (POL 268)
- A large Zip Lock exhibit Bag
- Exhibit labels
- Three evidence security bags
- Small Bio Hazard bag (For recovered probes)
- Plastic Container (For recovered probes)
- Two pair surgical gloves (For use in removing probes)
- Antiseptic Wipes (For use on Subject)
- Adhesive dressings (For use on subject)
- Information leaflet for subject
- Information leaflet for medical personnel
- Information leaflet for hospitals

14. District EMI Device Coordinators

District Commanders are to appoint a District EMI device Coordinator. The District EMI device Coordinator is to be responsible for:

- Media liaison in relation to District EMI device deployments, if required,
- Monthly download of District EMI devices and audit of registers to ensure details of downloaded usage and records of use correspond,
- *Immediately reporting any discrepancies between the download data and the log to the EMI device Project Manager, OOC,*
- Investigating any discrepancies between the download data and the log and reporting the result on behalf of the respective District Commander to the EMI device Project Manager, OOC,
- *Downloading information from District EMI devices at any time that information may be required for an enquiry surrounding the use, or alleged misuse, of an EMI device,*
- Maintaining records of EMI devices, Tactical Options reports, and associated documents for the purpose of internal control and audit purposes, and statistical information gathering and analysis by the Project Manager, OOC,
- Obtaining further information, where necessary, from members involved in EMI device incidents, regarding EMI device effectiveness, medical effects, and modifications to training and or policy that may be necessary,
- Supplying details of known incidents where an EMI device would have been effective, but was unavailable for deployment, to the EMI device Project Manager, OOC,
- Recommendations to the EMI device Project Manager, OOC regarding changes to policy and or training in respect to EMI devices,
- Maintaining and distributing sufficient stocks of Air Cartridges within the district for use on EMI devices along with records of same,
- Maintaining and distributing sufficient stocks of XDPM's (Digital Power Magazines) within the district for use on EMI devices along with records of it,
- Organising the return of damaged, faulty, or corrupted EMI devices to the Police National Armoury for repair or replacement.

15. Distribution and Repair

The Police National Armoury shall be responsible for the distribution, maintenance, and repair of EMI devices, and associated equipment, as directed by the National Manager Operations. The Police National Armoury shall:

- Maintain a national register detailing serial number and location of all EMI devices possessed by the New Zealand Police,
- Receive and quality assess all EMI devices imported by the New Zealand Police and ensure they are calibrated,
- Download and maintain records of discharge of individual EMI devices at factory or the armoury prior to distribution,
- Liaise with the supplier of EMI devices on behalf of the New Zealand Police for the purposes of repair and replacement,
- Maintain sufficient stocks of EMI devices, Air Cartridges and Digital Power Magazines for distribution to District EMI device Coordinators to cover instances of repair or replacement.

16. Transportation and Dispatch

EMI devices are designated restricted weapons and air cartridges contain non-flammable pressurised nitrogen. The following General Instructions, as regards to firearms in the following circumstances, are to be applied to EMI devices and related equipment.

- General Instruction F165: Recording dispatch and receipt.
- General Instruction F166: Transportation.
- General Instruction F060A: Carriage on commercial aircraft by Personal Protection officers.
- General Instruction F060B: Police emergencies requiring carriage in a commercial aircraft being used exclusively for the Police, or in a Defence Force aircraft.
- General Instruction F60C: Carriage on a commercial aircraft for administrative purposes.

17. Training and certification

- Staff Safety Tactical Training is responsible for training and certification of EMI device instructors and operators.
- Members must complete the authorised New Zealand Police EMI device certification course prior to being issued with a device.
- EMI device initial operator training shall be conducted by a NZ Police qualified EMI device instructor and will consist of 8 hours training.
- Operator recertification shall be conducted annually as determined by the National Manager: Training and Professional Development.
- EMI device initial instructor training shall be conducted by a NZ Police SSTT recognised EMI device master instructor and will consist of 16 hours training.
- Instructor recertification shall be conducted biennially as determined by the National Manager: Training and Professional Development.

18. Administration

- The National Manager: Operations has administrative responsibility for the Standard Operating Procedures entitled “Electro Muscular Incapacitation (EMI) Devices”.

Appendix 2: Police meetings and engagements

Organisation	Dates of meetings/briefings
Amnesty International Aotearoa	12/12/05 4/04/06 09/06/06 19/09/06
Individual speaking in support of Coalition against the Taser	9/08/07
Progressive Party member	30/08/06
Police Managers Guild Briefing	6/07/06
Police Association Executive	23/05/06 21/06/06 24/07/06 21/08/06
Police Association Conference	30/10/06
College of Mental Health & College of Psychiatry	Wellington 18/07/06 Auckland 19/07/06
Human Rights Commission	Auckland 15/08/07
NZ Combined Trades Union	Wellington 21/08/06
Police Complaints Authority	23/08/06
Police Medical officers	Auckland - 19/08/06 Wellington - 20/08/06
Porirua Community Public Meeting	31/08/06
Whitireia Community Law Centre	11/08/06
Christchurch Public Meeting	7/09/06
National Party representative	14/09/06
ACC Injury Prevention Unit	20/09/06
Annual conference of Police Medical Officers at Rotorua	11/11/06 and 12/11/06
Brief Central Region Emergency Care Coordination Team	30/11/06
Law and Order Select Committee	28/02/07
Human Rights Commission	27/07/07

Appendix 3: Terms of Reference for the Medical Advisory Group

TERMS OF REFERENCE FOR THE MEDICAL ADVISORY GROUP FOR THE NZ POLICE EMI TRIAL

1. The Commissioner of Police has appointed an independent medical advisory group; “the group” see annexure 1. The function of the Group will be to monitor the operational trial, approve medical aftercare arrangements, review the outcome to the mandatory medical examination of persons on whom Taser has been used, and provide expert medical advice on relevant matters of significance or risk, if and when they emerge.
2. The group is established for the term of the trial of EMI.
3. The group will establish formal communication channels with liaison people “liaison people” for the health professionals involved in the treatment, transportation, and or assessment of persons who have been restrained with EMI.
4. The group will oversee the provision of material pertaining to the medical aspects of EMI to the liaison people for the health professionals.
5. The group will establish reporting protocols between itself and the liaison people.
6. The group will review and if necessary investigate all clinical material and reports received regarding all persons who have been restrained by EMI.
7. The group will report all its findings to the Commissioner on a monthly basis or more frequently on request of the Commissioner.
8. The group or its appointee will liaise with the media and interested groups as requested by the Commissioner on any medical issues that are raised.
9. The group will advise the liaison people of 24 hour contact numbers of on call group members who can provide advice where necessary.
10. The group will provide a final report to the Commissioner at the conclusion of the trial.

EXTERNAL MEDICAL ADVISORY GROUP MEMBERS

Role
Police Medical Adviser for X26 Taser Trial
Psychiatrist - Adviser Mental Health, Auckland
Emergency Medical Consultant, Middlemore Hospital, Auckland
Cardiologist, Lower Hutt Hospital, Wellington
Ambulance Medical Adviser, Auckland Hospital
Representative for Mental Health (College of Mental Health Nurses)
School of Medicine, Faculty of Medical and Health Sciences, Auckland University
Co-ordinator Police PMOs, Tauranga

Appendix 4: Staff Survey questions

TASER SURVEY

NZ Police are conducting an evaluation of Taser use within the NZ Police operating environment to identify key issues about the use of the device, and the potential benefits and risks related to staff and public safety. The evaluation findings will be one of the information sources used to inform decisions about the future use of Taser in New Zealand.

Staff who have used Taser (either presented it or discharged it) have been selected to respond to this survey as part of the evaluation. Your feedback will help ensure the evaluation is appropriately informed by operational experience. It will also assist to develop a complete picture of Taser use and effectiveness.

Your responses will be treated in the strictest of confidence. You will not be personally identified in the final report.

Please return the completed survey to Ursula Delaney at Operations Group, PNHQ by 21 September 2007.

Taser use

1. How have you personally used the Taser? *(Please tick all that apply)*

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Carry/deholster | <input type="checkbox"/> Arcing |
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Probes fired |
| <input type="checkbox"/> Laser painting | <input type="checkbox"/> Drive stun |

2. Did you notice a difference in the way subjects responded to you when you used Taser in the following ways?

Deholster

- Didn't use Taser this way No Yes *(If yes, please explain)*
-
-

Presentation

- Didn't use Taser this way No Yes *(If yes, please explain)*
-
-

Laser Painting

- Didn't use Taser this way No Yes *(If yes, please explain)*
-
-

Arcing

- Didn't use Taser this way No Yes *(If yes please explain)*
-
-

Probes fired

- Didn't use Taser this way No Yes *(If yes please explain)*

.....

.....

Drive Stun

- Didn't use Taser this way No Yes *(If yes please explain)*

.....

.....

3. How has the availability of Taser, as an additional tactical option, impacted on how you do your job (if at all)?

.....

.....

4. How has Taser availability affected how you feel doing your job (if at all)?

.....

.....

Standard Operating Procedures

5. In your opinion, when should the Taser be carried? *(Please tick the box that applies)*

- Full time
- Only when the officer's Perceived Cumulative Assessment (PCA) suggests it is required
- Other *(Please specify)*

Please explain the reasons for your choice

.....

.....

6. Have there been situations where Taser would have been useful but was not available?

- No
- Yes *(If yes, please describe the situation/s)*

.....

.....

7. Please indicate how much you agree or disagree with the following statements about the Standard Operating Procedures (Tick the answer that best applies).

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
The SOPs were clearly written					
The SOPs were clearly presented					
I understood the Taser terminology in the SOPs					
The SOPs were clearly explained in training					

8. In your experience, were there any issues with carrying out the following procedures from the SOPs?

	Don't know	No issues	Yes	If yes please explain
Storage				
Issue and use register				
Pre-operational checks				
Restraint				
Medical attention				
Probe removal				
Supervisor post incident procedures				
Taser form in Tactical Options Report				

Training and issue

9. Do you think the training adequately prepared you for using Taser?

- Yes
- No *(Please explain where you think additional training was required)*

.....

.....

10. In your opinion, how frequently should staff receive refresher training to use Taser? *(Select one)*

- 6 months
- 12 months
- 18 months
- 2 years

11. In your view, which staff should be issued with Tasers? *(Select one)*

- All staff
- Only staff with more than two years' experience
- Only specialist groups (e.g. Armed Offenders Squad)
- Only response based staff
- Other *(please specify)*.....

Please explain your selection

.....

.....

General Assessment

12. In your opinion, what are the benefits of having Taser as a tactical option?

.....

13. In your opinion, what are disadvantages or risks of Taser?

.....

14. Please indicate how much you agree or disagree with the following statements. (*Tick answer that best applies*).

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
The Taser device was easy to use					
I am confident in the effectiveness of the device					
Having Taser available prevented me from being injured					
I feel safer having Taser available					
I feel more confident doing my job because of Taser					
Taser should be made available to staff as soon as possible					

15. Do you have any other comments about Taser?

.....

Thank you for taking the time to complete this survey.

Appendix 5: Interview guides

INTERVIEW GUIDE FOR DISTRICT DEVICE COORDINATORS

- *Confidentiality - you will not be personally identified in the report. Information is analysed and written up thematically.*
- *Consent - you have the right to withdraw from the interview at any stage, and you do not have to answer any questions that you do not wish to.*
- *Permission to tape-record the interview. The transcriber and Evaluation Team will be the only people to listen to your taped interview. Tapes are erased at the conclusion of the research.*
- *You are entitled to review the transcript of your interview if you wish.*

Introduction

- What is your role in the trial?

Prompt: Can you tell me about the tasks that you carried out and your areas of responsibility?

Standard Operating Procedures

We'd like to start by talking about the Standard Operating Procedures.

- Are there any issues that you identified for your area around carrying out security requirements? *(If yes)* What are these?

Prompt: E.g. Audit / Registers of use and issue / Storage?

- In your opinion, are there any issues for supervisors carrying out post-incident procedures? *(If yes)* What are these?

Prompt: E.g. Attendance at discharges, reporting, time required?

- Is the discharge aftercare process manageable? *(If not)* Why not?

*Prompt: E.g. Availability of Police Medical Officers (PMO)
E.g. Staff removal of probes appropriate / accepted by staff
E.g. Logistics/time of seeking medical attention if not PMO*

- Are there issues with carrying out SOPs that are unique to the operating environment in this district? *(If yes)* What are these?

Prompt: Availability of trained staff / carriage issues?

6. What changes, if any, do you think need to be made to the SOPs? ?

*Prompt: Authority to carry Taser and when to carry.
Taser location on Tactical Options Framework
Device coordinator role/responsibilities
Taser terminology clear / understood by staff?
Justification for use clearly understood by staff?*

Use of Taser

- Were there any technical issues for staff using Tasers, that you know of?

Prompt: Practical problems e.g. batteries, pre-operational checks, familiarity with technical aspects of device

- Do you think availability of Taser affected officers' ability to do their job? (*If yes*) In what ways?

Prompt: E.g. as an additional option
E.g. working Tasers in with other options
E.g. first response staff ability to deal with situations

- In your view, did the availability of Taser affect how officers feel when they do their job?

Prompt: E.g. Feelings of confidence; Feelings of safety?

Health and Safety Implications

- Do you think that the availability of Taser has the potential to reduce injuries? (*If yes*) In what ways?

Prompt: For officers?
For bystanders?
For subjects / alleged offenders?

- To what extent do you think the availability of Taser reduced the risk of firearms fatalities in this area during the trial? (*Ask for examples*)

Training and Issue

We'd now like to discuss training and issue of Tasers.

- How adequately do you think staff were trained and prepared to use the Taser?

Prompt: If not adequate, what were the gaps?
What additional training was needed?

- Which staff do you think should be issued with Tasers?

Prompt: E.g. All staff/ only staff with more than two years' experience/ only specialist groups/ only response-based staff?
(*Ask them to explain their reasons*)

- How frequently do you think refresher training should take place?

Overall perceptions

- What do you think are the benefits of having Taser as a tactical option?

Prompt: E.g. compared to firearms, dogs, OC spray?

- What do you think are the risks or disadvantages of Taser?

Prompt: E.g. compared to firearms, dogs, OC spray?

- In your opinion, what are the implications of a wider rollout of the Taser?

Prompt: Selecting appropriate staff members,
 Training demands
 Public confidence/trust,
 Administrative demands at different levels - e.g. staff, supervisor,
 management, etc.
 Device coordinator role/responsibilities - time required for tasks

- If there was to be a wider rollout of the Taser, what changes would you suggest?

- Do you have any other comments you want to make about Taser?

Thank you for your contribution.

Business card.

Next steps.

INTERVIEW GUIDE FOR PROJECT OFFICER

- *Confidentiality - you will not be personally identified in the report. Information is analysed and written up thematically.*
- *Consent - you have the right to withdraw from the interview at any stage, and you do not have to answer any questions that you do not wish to.*
- *Permission to tape-record the interview. The transcriber and Evaluation Team will be the only people to listen to your taped interview. Tapes are erased at the conclusion of the research.*
- *You are entitled to review the transcript of your interview if you wish.*

Introduction

- What was your role in the Taser trial?

Prompt: Can you tell me about the tasks that you carried out and your areas of responsibility?
Can you tell me about your contact with staff and district device co-ordinators e.g. the frequency and purpose of meetings?

Standard Operating Procedures

We'd like to start by talking about the Standard Operating Procedures.

- Were you aware of any issues around carrying out security requirements? *(If yes)* What were these?

Prompt: E.g. Audit / Registers of use and issue / Storage?

- In your opinion, were there any issues for supervisors carrying out post-incident procedures? *(If yes)* What were these?

Prompt: E.g. Attendance at discharges, reporting, time required?

- Do you think that the discharge aftercare process was manageable for officers? *(If not)* Why not?

Prompt: E.g. Availability of Police Medical Officers (PMO)
E.g. Staff removal of probes appropriate / accepted by staff
E.g. Logistics/time of seeking medical attention if not PMO

- What changes, if any, do you think should be made to the SOPs?

Prompt: Authority to carry Taser and when to carry.
Taser location on Tactical Options Framework
Device coordinator role/responsibilities
Taser terminology clear / understood by staff?
Justification for use clearly understood by staff?

- Were you aware of any technical issues for staff using Tasers?

Prompt: Practical problems e.g. batteries, pre-operational checks, familiarity with technical aspects of device

Training and Issue

We'd now like to discuss training and issue of Tasers.

- Were there any issues with training staff to use Taser? (*If yes*) What were these and how were they addressed?

Prompt: Were there any gaps in the training?
Was additional training was needed?

- How frequently do you think refresher training should take place?
- In your opinion, which staff do you think should be issued with Tasers?

Prompt: E.g. All staff/ only staff with more than two years' experience/ only specialist groups/
only response-based staff?
(*Ask them to explain their reasons*)

Overall perceptions

- What do you think are the benefits of having Taser as a tactical option?

Prompt: E.g. compared to firearms, dogs, OC spray?

- What do you think are the risks or disadvantages of Taser?

Prompt: E.g. compared to firearms, dogs, OC spray?

- In your opinion, what are the implications of a wider rollout of the Taser?

Prompt: Selecting appropriate staff members,
Training demands
Public confidence/trust
Administrative demands at different levels - e.g. staff, supervisor, management,
etc.
Device coordinator role/responsibilities - time required for tasks

- If there was to be a wider rollout of the Taser, what changes would you suggest?
- Do you have any other comments you want to make about Taser?

Thank you for your contribution.

Next steps.

INTERVIEW GUIDE FOR STAFF WHO HAVE USED THE TASER

- *Confidentiality - you will not be personally identified in the report. Information is analysed and written up thematically.*
- *Consent - you have the right to withdraw from the interview at any stage and do not have to answer any questions that you do not want to.*
- *Permission to tape-record the interview. The transcriber and Evaluation Team will be the only people to listen to your taped interview. Tapes are erased at the conclusion of the research.*
- *You are entitled to review the transcript of your interview if you wish.*

Introduction

1. What is your role?

Prompt: Rank, unit/team, area, and function of role
What was your role in most of the incidents where Taser was used?

Description of actual incidents where Taser was used or considered

The next few questions are about use of the Taser.

2. How many times have you used Taser?

Prompt: How many times have you deholstered?
How many times have you presented/ laser painted / arced?
How many times have you discharged/ drive stun?

3. Can you tell me about a specific time that you have used Taser? (*Ask them to describe the situation in detail*).

Prompt: What other tactical options were available?
What other tactical options did you consider using? Did you use them? Why/why not?
What factors contributed to your decision to use Taser? E.g. level of violence, threat to self/others, characteristics of subject such as size/age; environmental factors such as open/crowded situation?
What changes did you observe in the subject's behaviour?
What happened as a consequence of presenting/using Taser? Did it de-escalate/escalate the situation? If so, in what ways?

4. If Taser hadn't been available at the incident what other tactics would you have used?

Prompt: If you had used this other tactic what do you think the outcome may have been?

5. In your opinion, how does Taser work with other tactical options such as firearms or dogs?

6. Have you experienced any problems operating the Taser? (e.g., technical, battery failures)

Standard Operating Procedures

I'd like to move on now, to discuss the standard operating procedures.

7. Did you have any issues carrying out the SOPs?

Prompt: Were the SOPs clear about when use is justified? About appropriate or inappropriate use?
Were there issues with aftercare e.g. removing probes, medical care, reporting, preoperational checks, etc.

8. Are there any issues with the SOPs that are unique to your operating environment?

Prompt: E.g. carriage, availability?

Training and Issue

9. How adequately did you feel you were trained and prepared to use the Taser?

Prompt: What were the gaps? What additional training did you need?

10. How frequently do you think should refresher training take place?

11. In your view, which staff should be issued with Tasers?

Prompt: E.g. All staff/ only staff with more than two years' experience/ only specialist groups/ only response-based staff?

Overall perceptions of Taser

12. In your opinion, how has the availability of Taser impacted on how you do your job?

Prompt: E.g. Safer operating distance? Increased confidence? Increased feelings of safety?

13. In your opinion, does Taser have the potential to reduce injuries?

Prompt: to officers?
subjects / alleged offenders?
bystanders?

14. What do you think are the benefits of having Taser as a tactical option?

Prompt: E.g. compared to firearms, dogs, OC spray?
E.g. in addition to other options?

15. What do you think are the risks or disadvantages of Taser?

Prompt: E.g. compared to firearms, dogs, OC spray?

(Questions for Supervisors only)

16. In your opinion, what are the implications of a wider rollout of the Taser?

Prompt (if necessary): Selecting appropriate staff members, public confidence, administrative demands, etc.

17. If there was to be a wider rollout of the Taser, are there any changes you would suggest?

(Final question for all)

18. Do you have any other comments you want to make about Taser?

Thank you for your contribution.

Business card

Next steps

INTERVIEW GUIDE FOR STAFF WHO HAVE NOT USED THE TASER

- *Confidentiality - you will not be personally identified in the report. Information is analysed and written up thematically.*
- *Consent - you have the right to withdraw from the interview at any stage, and do not have to answer any questions that you do not want to.*
- *Permission to tape-record the interview. The transcriber and Evaluation Team will be the only people to listen to your taped interview. Tapes are erased at the conclusion of the research.*
- *You are entitled to review the transcript of your interview if you wish.*

Introduction

1. What is your role?

Prompt: Rank, supervisor or staff, unit/team, area, and function of role

Taser use

2. Have you used Taser in any way?

Prompt: E.g. No use / yes, carried in car / yes, carried on person / yes, deholstered / yes, presented

3. What are the reasons why you have not used Taser?

Prompt: E.g. No appropriate situation arose?
 Considered using it but decided against it? If so why?
 Didn't feel confident to use it?
 Don't think they are as effective as other tactical options?

4. Have you been present when another officer has used Taser? (*If yes*) Can you tell me about this incident?

Prompt: What changes did you observe in the subject's behaviour?
 What happened as a consequence of using Taser? Did it de-escalate/escalate the situation?

5. Are there any issues with the Standard Operating Procedures that are unique to your operating environment?

Prompt: E.g. carriage, availability of/access to Tasers?

Training and Issue

6. How adequately did you feel you were trained and prepared to use the Taser?

Prompt: What were the gaps? What additional training did you need?

7. How frequently do you think refresher training should take place?

8. In your opinion, which staff should be issued with Tasers?

Prompt: E.g. all staff / only staff with more than two years' experience / only specialist groups / only response-based staff

Overall perceptions

9. In your opinion, how has the availability of Taser impacted on how you do your job?

Prompt: E.g. Increased confidence?
Increased feelings of safety?
Safer operating distance?

10. In your opinion, does Taser have the potential to reduce injuries?

Prompt: to officers?
to subjects / alleged offenders?
to bystanders?

11. What do you think are the benefits of having Taser as a tactical option?

Prompt: E.g. compared to firearms, dogs, OC spray
E.g. in addition to other options

12. What do you think are the risks or disadvantages of Taser?

Prompt: E.g. compared to firearms, dogs, OC spray

(Question for Supervisors only)

13. In your opinion, what are the implications of a wider rollout of the Taser?

Prompt: Selecting appropriate staff members, public confidence, administrative demands, etc.

14. If there was to be a wider rollout of the Taser, are there any changes you would suggest?

(Question for all)

15. Do you have any other comments you want to make about Taser?

Thank you for your contribution.

Business card

Next steps

Appendix 6: Official documentation and correspondence contributors

1. Coalition against the Taser (4 Ministerial enquiries, 1 Official Information Act request, 1 email about a protest march, and 1 letter to the Commissioner)
2. Green Party member (4 Official Information Act requests and 1 Ministerial enquiry)
3. NZ College of Mental Health Nurses (3 Ministerial enquiries)
4. Maori Party member (1)
5. Labour Party member A (1)
6. Labour Party member B (1)
7. National Party member (1)
8. Council of Trade Unions (1)
9. Unions Auckland (1)
10. Auckland Council of Civil Liberties (1)
11. Whitireia Community Law Centre (1)
12. Convenor of Mental Health and Disability Commission of the Auckland Law Society (1)
13. Mental Health Foundation (1)
14. Mental Health Commission (1)
15. CMWB Trust (1)
16. Radio New Zealand (1)
17. TV One News (1)
18. Sunday Star Times (1)
19. Amnesty International petition signed by 48 people, with letter from organiser (1)
20. Kapiti Choices Inc. (1)
21. Waikato Hauraki Religious Society of Friends (Quakers) (1)
22. Congregational Leaders Conference Aotearoa New Zealand (1)
23. Individual constituent via Labour Party MP (1)
24. Individual constituent via Labour Party MP (1)
25. Porirua City Counsellor (1)
26. Individual A (2 Ministerial enquiries)
27. Individual B (2 Ministerial enquiries)
28. Individual submissions (30)

One-off issues raised that were not discussed in the body of the report

1. Taser use is an offence against the Crimes Act
2. Taser is as powerful as earlier models
3. Police should have more staff rather than a greater number of weapons
4. Monitoring of Taser use is required
5. Tasers have more volts than substations or hydro-electric dams

6. Those who have been shot with a Taser in New Zealand are being used as guinea pigs
7. People can buy Tasers in the United States and bring them to New Zealand
8. Tasers are not easy to reload so it is a problem if officers miss the target
9. Query about how deaths can be attributed to Taser when there are many other factors that may contribute
10. Hope the issue is not hijacked
11. It will prevent incidents such as the Stephen Wallace shooting
12. Tasers should be used at student parties in Dunedin
13. Decision-making about the Taser needs to be transparent

Documents and data requested via Official Information Act

Documents and data requested under the Official Information Act included:⁹⁰

1. All documentation about the introduction of the Taser
2. Risk assessment reports that Police prepared about Taser
3. Information about injuries, including details about injuries from falls, received by subjects during the trial
4. A list of people and/or organisations with whom Police engaged with about the introduction of Taser
5. All submissions received about the Taser trial
6. Legal briefing documents
7. All correspondence Police received about the Taser trial
8. Police briefings to the Minister of Police
9. Media strategies developed by Police in response to public concern about the Taser
10. Reports and/or advice Police received about the safety of Taser and the potential risks
11. Information about specific incidents where Taser was deployed e.g. description of the incident, details of ongoing enquiries
12. Reports about all less lethal Police weapons
13. Police presentation notes that refer to there being a 1 in 870 chance of fatality from Taser
14. Information about a historic incident where Police fatally shot a subject
15. General instructions and guidelines about use of OC spray
16. Details about the number of times OC spray has been used since its introduction, broken down by year, district, purpose, time of day, and geographical nature of the incidents
17. Percent of officers issued with OC spray
18. Request to establish a process for being informed when Taser has been deployed (Green Party).

⁹⁰ More than one document may have been requested at any one time.

Appendix 7: Public perceptions survey questions

Can you tell me the types of force Police can use to restrain someone who is dangerous to themselves or others? **[Do not read; Prompt - what else?]**

1. Batons
 2. Dogs
 3. Pepper spray
 4. Tear gas
 5. Guns/Firearms
 6. Taser
 7. Physical force, e.g. punch, push
- Other **[Specify]**

Don't know/unsure

Have you heard that NZ Police have trialled Tasers in some parts of New Zealand? **[Do not prompt]**

- Yes
- No
- Don't know
- Refused

Do you think Police should have Tasers? **[Do not prompt]**

- Yes **continue with Q7a, then Q8.**
- No **go to Q7b, then Q8**
- Maybe or depends **continue with Q7a, then 7b.**
- Don't know **continue with Q7a, then 7b.**
- Refused **continue with Q7a, then 7b.**

[Ask only, if Yes/maybe or depends/don't know/refused, in Q7] In your opinion, what are reasons why Police should have Tasers? **[Do not read; prompt – What else?]**

- Prevent violence / harm
 - Protect the public
 - Protect Police
 - Doesn't permanently / seriously injure the person
 - The person might give in because they know Police could use it (deterrent)
 - Safer than other ways Police can use force
 - Won't kill the person
- Other **[specify]**
Don't know
Refused

[Ask only, if No/maybe or depends/don't know/refused, in Q7]: In your opinion, what are reasons why Police should not have Tasers? **[Do not read; prompt – What else?]**

- Don't think Police should be armed
- Don't trust Police / Police might use it excessively

- May injure the person
- May kill the person
- Don't like the use of electric shock
- Don't like the Taser device
- Police have enough ways of using force
- May be used on someone who is innocent
- Too painful
- May be used on someone who is vulnerable e.g., young, elderly, mental health patient
- Other **[specify]**
- Don't know
- Refused

Q8. Do you think Police should be able to use Tasers in the following situations? **[Please respond, yes, no, or maybe] Read out statement one at the time.**

- Yes
- No
- Maybe
- Don't know **[Do not prompt]**
- Refused **[Do not prompt]**

- Someone assaults a person with a weapon
- Someone has not yet used, but is threatening to use a weapon
- Someone assaults a person but without using a weapon
- Police are dealing with someone who might seriously harm themselves
- Police are defending themselves
- Police are dealing with family violence
- Police are searching a place where weapons may be present
- An alleged offender fights Police when arrested
- An alleged offender tries to escape

Q9. **[Ask, if 'YES' to question 6]** You said earlier that you were aware Police had trialled Taser. Where did you hear about Police trialling Tasers?

[Do not read, but prompt – What else?] - If people state 'news' need to prompt where - eg., tv, radio etc.

- Television
- Newspaper
- Radio
- Internet
- Magazine
- Police website/magazine
- Other **[specify]**

Unsure/can't remember

For statistical purposes can I ask which of the following age groups you belong to?

15 – 24
25 – 34
35 – 44
45 – 54
55 – 64
65 and over

} **Prompt**

Refused

Do not prompt

And which of the following ethnic groups do you belong to?

European
Maori
Pacific Islands
Indian
Chinese
Other Asian Groups
Other

} **Prompt**

Refused

Do not prompt

Appendix 8: Download of discharge data from Taser devices

Incident	Mode Used	Duration
1	Discharge - Drive Stun w/out cartridge X 2, both applications reported less than 5 second cycles each	10* 3
2	Discharge - probes fired (single probe), drive stun subject but lost contact, probes fired (single probe), fired probes (probes knocked off by arm), drive stun (lost contact)	5 5 7 5 2 2 2
3	Discharge - probes fired	5
4	Discharge - probes fired	5
5	Discharge - probes fired	5
6	Discharge - probes fired	5
7	Discharge - probes fired, 2 trigger pulls	5 5
8	Discharge - probes fired, w/2 trigger pulls of 5 seconds	6 5
9	Discharge - probes fired	5
10	Discharge - probes fired	5
11	Discharge - probes fired	5
12	Discharge - probes fired	5
13	Discharge - probes fired, drive stun w/out cartridge	5 5
14	Discharge - drive stun w/out cartridge, 1-2 seconds only	5
15	Discharge - probes fired (single probe), probes fired, drive stun	5 5 7 2
16	Discharge - probes fired, 2 trigger pulls required to restrain	7 5
17	Discharge - probes fired, 2 trigger pulls	7 5
18	Discharge - probes fired, 2 trigger pulls	5 5
19	Discharge - probes fired, 2 trigger pulls	13 5

*A 5 second trigger pull is the set cycle for the device

*Less than 5 seconds indicates device was switched off during the cycle by using the safety switch

*More than 5 seconds indicates the trigger was pulled with pressure maintained on the trigger when pressure on the trigger was released the device automatically switched off

*Duration of drive stun indicates the length of the trigger pull not the duration of application to the body

Appendix 9: List of media comment codes

Supportive comments and their frequency

Code	Comment	Frequency	%
110	Police should be able to protect themselves from violent offenders	94	23%
130	Tasers are a good alternative to guns i.e. lethal methods	88	21%
180	Tasers are a realistic policing tool for the 21 st century	49	12%
120	Tasering stops violent offenders	35	8%
111	The threat of Taser is an effective deterrent	25	6%
140	Offenders doing crime deserve Tasering – it stops them	25	6%
150	Tasers are ok as long as they are used according to the rules	23	6%
160	Tasers make New Zealand safe for the public.	20	5%
170	Tasers stop offenders without lasting harmful effects	16	4%
118	The Taser trial has been a success	10	2%
112	General comments that Tasers are good and we want them	7	2%
114	The Taser trial is working well	6	1%
190	Police should be Tasering more often	4	1%
313	Prison officers want Tasers/ should have Tasers	4	1%
113	Everyone should be Tasering	2	0%
115	Police are using Taser appropriately	1	0%
117	Make Tasers more powerful	1	0%
119	Taser has been effective in getting help for the mentally ill	1	0%
223	Tasers are a form or torture – and this is good	1	0%
312	News report of death from Taser - supportive	1	0%
340	News report of Taser use – supportive	1	0%
		414	100%

Non-supportive comments and their frequency

Code	Comment	Frequency	%
223	Tasers are a form of torture	48	16%
240	Tasers can kill, and someone will get killed	40	13%
224	Tasers infringe on our civil liberties/civil rights	23	8%
230	We cannot trust police to use Tasers according to the rules	22	7%
270	Taser is dangerous as people get injured by it	21	7%
210	Tasering is heavy handed and unnecessary	21	7%
290	Taser use is racist. ‘Blacks’ are being targeted	20	7%
280	Taser is not being used as a weapon of last resort	18	6%
219	Taser trial is a failure and should be stopped	17	6%
220	There has been too little debate prior to the trial	15	5%
250	Use of Tasers is being abused by police, or will be	12	4%
211	Cynicism is expressed about use of Tasers in all circumstances	10	3%
390	Taser use is not racist during trial	4	1%
260	The risk to the public is too great	4	1%
227	Tasers have been used on mentally ill too often	4	1%
218	Police are not being transparent in reporting use of Taser	4	1%
213	We don’t want Tasers in our community	4	1%
221	Tasers can incite people to more violent crime	3	1%
212	There are other, better alternatives	3	1%
380	Jokes about Taser use – negative	2	1%
222	Police have enough fire power already	2	1%
340	News report of Taser use – negative	1	0%
320	Tasers have injured police during trial	1	0%
226	Don’t Taser – shoot	1	0%
225	Tasers promote violence	1	0%
217	Tasers can be taken from police and used by criminals	1	0%
216	Police break electrical safety regulations when they use Taser	1	0%
215	Tasers will fall into criminal hands	1	0%
214	Tasers are not foolproof – things go wrong	1	0%
		305	100%
280	Taser is not being used as weapon of last resort	18	6%
219	The trial is a failure and should be stopped	17	6%
220	There has been too little discussion prior to the trial	15	5%

Neutral media comments by frequency

Code	Comment	Frequency	%
340	News report of Taser use or Taser trial	350	76%
312	News report of death from Taser – neutral	21	5%
320	Tasers have injured police during trial	16	3%
315	Mixed opinion poll or debate	15	3%
311	Taser is on sale or being used by the public	15	3%
380	Jokes about Taser use	10	2%
310	Comments relating to use of electric shocks	7	2%
390	Taser is not racist during trial	5	1%
313	Prison officers want/should have Tasers	5	1%
115	Police are using Taser appropriately	5	1%
370	Information on how Taser works	3	1%
350	People using Taser have been trained in their use	2	0%
180	Tasers are a realistic policing tool in the 21 st century	2	0%
360	It is fair enough that police trial the Taser	1	0%
330	People get hurt by Tasers, but there is no way around that	1	0%
316	News report on tendering/contracting for Tasers in New Zealand	1	0%
314	Tasers give police the protection they need	1	0%
223	Tasers are a form of torture – news report, neutral	1	0%
150	Tasers are safe when used according to the rules	1	0%
130	Tasers are non-lethal	1	0%
		463	100%

Total Number of Items in Media by Month February 2006 – December 2007

Date	Supportive	Non-supportive	Neutral	Total
Feb-06	4	1	27	32
Mar-06	0	0	1	1
Apr-06	4	0	2	6
May-06	5	11	7	23
Jun-06	20	33	19	72
Jul-06	1	5	7	13
Aug-06	21	36	64	121
Sep-06	94	37	62	193
Oct-06	31	15	34	80
Nov-06	23	17	16	56
Dec-06	4	2	14	20
Jan-07	4	2	3	9
Feb-07	11	18	22	51
Mar-07	10	7	18	35
Apr-07	6	2	9	17
May-07	20	23	6	49
Jun-07	9	5	26	40
Jul-07	0	1	36	37
Aug-07	16	22	20	58
Sep-07	40	8	24	72
Oct-07	51	7	10	68
Nov-07	37	53	36	126
Dec-07	3	0	0	3
Total	414	305	463	1182