

REPORT 6 OF THE COUNCIL ON SCIENCE AND PUBLIC HEALTH (A-09)  
Use of Tasers® by Law Enforcement Agencies  
(Reference Committee D)

EXECUTIVE SUMMARY

Objective: To review the technology of conducted electrical devices (CEDs) such as Tasers®, the evidence on their direct physiological effects, and existing data on the morbidity and mortality associated with their use by law enforcement personnel. General guidelines on use-of-force policies and the role played by CEDs also are noted, and their relevance to public health and the health care system is discussed.

Methods: English-language reports on studies using human or animal subjects were selected from a PubMed search of the literature from 1985 to March 2009 using the text terms “taser,” or “conducted electrical device” or the MeSH terms “law enforcement/methods” or “weapons,” in combination with “electric injuries,” and “diagnosis,” “etiology,” “physiopathology,” “prevention and control,” “mortality,” or “forensic medicine.” Additional articles were identified by manual review of the references cited in these publications. Web sites of Taser International, the U.S. Department of Justice, the Canadian House of Commons, Amnesty International, and the International Association of Police Chiefs also were searched for relevant resources.

Results: The design of CEDs has evolved over the last 20 years. Tasers® are the primary CEDs used by law enforcement. Despite the designation of the Taser® as a less lethal or less-than-lethal weapon, Amnesty International has catalogued a temporal association between the use of CEDs and more than 330 in-custody sudden deaths in North America between June 2001 and August 2008, all involving M-26 or X-26 Tasers®. Swine models have demonstrated the ability of Tasers® to induce ventricular arrhythmias. Limited Taser® discharges applied to healthy human volunteers generally appear to be safe. Such studies cannot fully evaluate the responses of individuals who are confrontational, have taken drugs, or are desperate for escape, highly agitated, and combative.

Higher risk situations for restraint-related fatalities seem to be associated with pre-existing cardiovascular disease in individuals who have taken psychostimulants or other drugs and engage in a struggle against law enforcement personnel and then are subjected to restraint maneuvers (with or without Taser® use). The sudden in-custody deaths of individuals who are combative and in a highly agitated state have been attributed to the presence of “excited delirium.” The latter is not a validated diagnostic entity in either the International Classification of Diseases or the *Diagnostic and Statistical Manual of Mental Disorders*, but is a more generally accepted entity in forensic pathology.

Conclusion: Concerns about the use of CEDs fall into three general areas: (1) they are used too frequently and at lower levels on the use-of-force continuum than indicated; (2) appropriate training and supervision of CED use is lacking in some jurisdictions; and (3) CEDs may contribute to the death of suspects, either directly or indirectly. Arrest-related deaths are not new and predate the deployment of CEDs. Most studies undertaken by law enforcement agencies (and others) indicate that deploying CEDs relative to other use-of-force options, such as pepper spray, physical force, police dogs, and batons, reduces injuries to officers and suspects and reduces the use of lethal force. If deployed according to an appropriate use-of-force policy, and used in conjunction with a medically driven quality assurance process, Taser® use by law enforcement officers appears to be a safe and effective tool to place uncooperative or combative subjects into custody.