



BRIEFING PAPER

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Taser use in England and Wales

By Terry McGuinness

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Summary

The Taser is a brand of stun gun developed, manufactured and sold by Taser International, an American company. The Taser is a prohibited weapon in the UK. It is an offence punishable by up to 10 years imprisonment to possess, purchase, acquire, sell or transfer the weapon without the authority of the Secretary of State. Police officers are exempt from this prohibition.

The Taser was first introduced in the UK in 2003. Following a trial of the use of the weapon by firearms officers in five police forces, the then home secretary David Blunkett authorised the use of the Taser throughout England and Wales. It was available only to authorised firearms officers for use in accordance with the criteria set out in guidance issued by the Association of Chief Police Officers. These restrictions were relaxed in 2007 by then Home Secretary Jacqui Smith. Following a further trial, authorisation was granted for the use of the weapon by all trained officers in 2008.

To be issued with a Taser, officers must have completed the National Less Lethal Weapons training in the use of the device. There is an initial 18 hours of training over a period of three days, augmented thereafter by six hours of training per annum. Training is delivered by in-force trainers, whose lead instructor will have been trained by the national instructors of the College of Policing.

A Taser is deemed to have been used in any of the following scenarios:

- drawing the Taser in circumstances where any person could reasonably perceive the action as a use of force
- sparking of the Taser, commonly known as 'arcing', as a 'show of strength' aimed at deterring a suspect
- aiming the Taser or placing the laser sight red dot onto a subject
- firing a Taser so that its barbs are discharged at a subject or animal
- application and discharge of a Taser in both angled and drive stun modes
- discharge in any other operational circumstances, including an unintentional discharge.

Any use of the Taser must be proportionate, lawful, accountable and absolutely necessary. Its use for a reason other than mitigating a threat of violence may engage Article 3 of the European Convention on Human Rights (the prohibition of torture and of inhuman or degrading treatment).

The Defence Scientific Advisory Council Sub-Committee on the Medical Implications of Less-Lethal Weapons (DOMILL) released its most recent statement on the medical implications of the use of the Taser in January 2012. It highlighted how the physiological burden arising from the Taser-induced muscle contractions and pain, combined with the stressful circumstances in which the Taser is likely to be used, may adversely affect certain groups. It also warned of the potential for Taser discharge to be administered to individuals whose behaviour is influenced by an underlying medical condition or with whom communication is impaired due to non-medical reasons.

A review of Taser use by the Independent Police Complaints Commission in 2014 warned against use of the weapon on the basis of its availability rather than of its necessity. The IPCC was particularly troubled by Taser use in the controlled setting of custody suites.

In July 2016 the United Nations Committee on the Rights of the Child renewed its previous call in 2008 for a prohibition on the use of the Taser against children.

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Following the conclusion of the jury at the inquest into the death of Jordan Begley that the discharge of a Taser has more than minimally and materially contributed to his death, there was a fresh review of the medical evidence as to the safety of the weapon. The inquiry is said to have reported in December 2015 but the Home Office does not intend to publish its findings.

There is considerable concern as to the use of the Taser against ethnic minorities. Addressing the relationship between the public and the police in February 2015, then Home Secretary Theresa May cited evidence that suggests that black and ethnic minority people may be more likely to be Tasered by police. The BBC subsequently claimed it had seen figures suggesting black people are three times more likely to have a Taser used against them than white people. These concerns were reiterated following the death of former footballer Dalian Atkinson in August 2016.

1. Background

The Taser is an electrical weapon developed, manufactured and sold by Taser International, an Arizona-based company founded in 1993. The weapon is categorised as a 'conducted energy device' but more commonly described as a stun gun.

The Taser is a brand of stun gun developed by Taser International

A Taser gun fires needle-tipped darts up to 21 feet to deliver a high-voltage shock that can disable the person shot. The electrical current can penetrate clothing up to two inches thick.¹

Police officers in the UK use the X26 Taser. Authorised Professional Practice published by the College of Policing describes it in the following terms:

These weapons are laser-sighted and use cartridges attached to the end of a cartridge bay. The cartridges project a pair of barbs or darts attached to insulated wires. The device delivers its electrical charge in a 5 second cycle which can be stopped, extended or repeated.

Whilst it is a single shot weapon, the electrical charge can be applied repeatedly

Taser is classified by National Less Lethal Weapons Working Group as 'work related equipment' (in the same way as firearms) and not as personal protective equipment (PPE).²

The Taser and similar stun guns are weapons prohibited in the UK by section 5 (1) (b) of the *Firearms Act 1968*. The maximum sentence for the offence of possessing, purchasing, acquiring, selling or transferring a prohibited weapon without the authority of the Secretary of State is 10 years' imprisonment.

Possession of stun guns is an offence in the UK

Police officers are exempt from the provisions of section 5 of the Act and do not need any additional legal authority to possess the device.

¹ ['Police offered stun guns option'](#), *BBC News*, 15 September 2004

² College of Policing, [Armed policing: Conducted energy devices \(Taser\)](#), 11 December 2014

2. Introduction in the UK

The first use of the Taser by UK police forces was as part of a trial of the weapon in 2003. Following a Home Office review of 'less lethal' options for the use of police force, the Government directed a pilot study involving the Lincolnshire Police, Metropolitan Police Service, Northamptonshire Police, North Wales Police and Thames Valley Police. The use of Tasers was restricted to firearms officers, and to incidents or operations where the criteria for the issue of firearms were met and firearms authority had been granted.³

Initially the Taser was issued only to firearms officers and its use restricted to limited circumstances

Following the trial the then Home Secretary David Blunkett authorised the use of the Taser throughout England and Wales. Its use was restricted to the same limited circumstances as in the pilot study; it was available only to authorised firearms officers as a less lethal alternative for use in situations where a firearms authority was granted in accordance with the criteria laid down in guidance issued by the Association of Chief Police Officers.⁴

These restrictions were relaxed in July 2007 by the then Home Secretary Jacqui Smith. Approval was given for use of the Taser in operations and incidents where the criteria for the authorisation to issue firearms did not apply but where officers faced threats of violence of such severity that they would need to use force to protect the public, themselves or the 'subject of their action'.⁵

Restrictions on its use were relaxed in 2007

The same month the Government announced a further trial of the use of the Taser, for the first time issuing the weapon to non-firearms officers. The 12-month trial commenced on 1 September 2007. The Taser's use by all specially trained officers was authorised by the Home Secretary in November 2008.⁶ A review conducted by the Defence Scientific Advisory Council Sub-Committee on the Medical Implications of Less-Lethal Weapons (DOMILL) had concluded that 'the risk of death or serious injury from use of the M26 and X26 Tasers within ACPO Guidance and Policy is very low.'⁷

Use of the Taser by all trained officers was authorised in November 2008

In March 2012, YouGov carried out a poll of 665 adults in Great Britain. According to this poll, 63% of respondents thought police should be able to use Taser, and 29% thought they should not. In February 2015 the Police Federation of England and Wales announced a [unanimous vote](#) for all frontline uniformed officers to be offered a Taser.⁸

³ Independent Police Complaints Commission, [IPCC review of Taser complaints and incidents 2004-2013](#), page 7

⁴ [HC Deb 15 September 2004 c149WS](#)

⁵ [HC Deb 19 July 2007 c37WS](#)

⁶ [HC Deb 24 November 2008 c37WS](#)

⁷ DSAC Sub-committee on the Medical Implications of Less-lethal Weapons, [Statement on a review of the first year of operational use of M26 and X26 Tasers by Specially Trained Units and Authorised Firearms Officers at incidents where firearms authority has not been granted](#), 7 November 2008

⁸ Police Federation, [Federation vote for policy change on Taser](#), 9 February 2015

3. Training and operational guidance

3.1 Training

The Taser is issued to those officers who have successfully completed National Less Lethal Weapons training in the use of the device.

The [Authorised Professional Practice \(APP\) on conducted energy devices \(Taser\)](#) issued by the College of Policing states the following in relation to training:

All Taser users need to have an appreciation of the physical and psychological effects of conducted energy devices. All Taser users will receive full training and assessment in accordance with Taser Training packages.

The minimum contact time for initial training is 18 hours. There will follow a minimum 6 hours per annum of refresher training. Annual refresher packages are strictly controlled to ensure that users and commanders receive the relevant updates and training.

Individuals will not be subject to the effects of Taser during training.⁹

An initial 18 hours of training is refreshed by 6 hours per annum thereafter

A National Police Chiefs' Council webpage on Taser adds the following on the subject of training:

Who is responsible for training officers?

Officers are trained by their own, in-force trainers. All forces have a lead instructor (some more than one) who is trained by a small team of National Instructors governed by the College of Policing [...]

It has been said that officers using Taser receive training for only three days. Is that enough?

The Taser training package in the UK is one of longest and most comprehensive in the world.

The training has been developed by an experienced group of Taser instructors and practitioners and is subject to regular update and review.

It is among the best training in the world and is robustly scrutinised by the National Less-Lethal Weapons Working Group, the Home Office Centre for Applied Science and Technology (CAST) and the Scientific Advisory Committee on the Medical Implications of Less-Lethal Weapons (SACMILL).

As well as reviewing the training, any police officer who applies to become Taser trained must undergo a thorough selection process and not every officer who applies will be successful.

In order to pass the training, officers must have an established history and training in the use of force, decision making, officer safety training and first aid. Taser training then builds on this existing training and experience.

Taser training builds on experience

⁹ College of Policing, [Armed Policing: Conducted energy devices \(Taser\)–Training](#), 11 December 2014.

The initial training module is 18 hours, spread across three days. However, the total training an officer receives to become a competent Taser user is significantly more when all of the prior training they have received is taken into account.

Typically, in other countries it is achieved in one day, whereas the UK's package is three times longer and demands that officers already have the skills mentioned above before they are allowed to undertake Taser training.¹⁰

3.2 Operational guidance

The [Authorised Professional Practice on conducted energy devices \(Taser\)](#) explains that the use of a Taser encompasses any of the following actions carried out in an operational setting:

- drawing the Taser in circumstances where any person could reasonably perceive the action as a use of force
- sparking of the Taser, commonly known as 'arcing'¹¹
- aiming the Taser or placing the laser sight red dot onto a subject
- firing a Taser so that the barbs are discharged at a subject or animal
- application and discharge of a Taser in both angled and drive stun modes
- discharge in any other operational circumstances, including an unintentional discharge.

Any one of these actions is considered a use of a Taser

An officer using a Taser in any of the above ways is legally accountable for his or her actions.

The APP emphasises that the duration of the initial discharge and any subsequent discharge must be proportionate, lawful, accountable and absolutely necessary. The use of a Taser for a reason other than mitigating a threat of violence may engage Article 3 of the European Convention on Human Rights (the prohibition of torture and of inhuman or degrading treatment).

Taser use must be proportionate, lawful, accountable and absolutely necessary

Officers ought to give both a visual and verbal warning of their intent to use the Taser. They should allow sufficient time for this warning to be heeded, unless a delay would increase the risk of violence.

¹⁰ National Police Chiefs' Council, [ACPO Questions and Answers on Taser](#), January 2015.

¹¹ The Metropolitan Police website describes 'arcing' in the following terms: 'This is a 'show of strength' aimed at deterring a suspect. This is achieved when the officer squeezes the trigger without the cartridge attached and the electric current flows between the two contacts at the end of the Taser. An audible and visual display of electricity crackling across the two contacts can be seen and heard.'

The APP lists the following risk factors that may influence an officer's decision as to whether to use the Taser:

- head injuries from unsupported falls
- flammability
- repeated and/or prolonged use
- avoidance of sensitive areas
- pre-existing medical conditions
- positional asphyxia
- acute behavioural disturbance/ excited delirium¹²
- vulnerable people
- children and people of small stature.

Certain factors must be considered by an officer before the use of a Taser

The APP states that normally a medical professional should remove the needle-tipped darts, or 'barbs', from the shot person's skin to avoid the risk of infection or further trauma to the shot person's skin and tissue.

Of those who may be at particular risk from the application of a high-voltage shock, the APP dictates:

Immediate referral to hospital

If an officer believes that a person to whom a Taser has been applied has a cardiac pacemaker, Vagus nerve stimulator or other implanted device, immediate referral should be made to hospital.

Similarly, if the subject is found to have any other pre-existing medical condition that might lead to increased medical risk, immediate referral to a hospital should be considered.

Medical assessment

All arrested persons who have been subjected to the discharge of a Taser must be examined by a forensic medical examiner (FME) as soon as practicable after arrival at the custody suite.

Professional medical help should be sought for those shot with a Taser, though some officers are trained in safely removing Taser barbs

A Taser evaluation form needs to be completed on every occasion where a Taser is used. Forms must be submitted to the Home Office and to the College of Policing.

Any use of a Taser must be recorded and reported

¹² 'Excited delirium' is a highly controversial term that originated in the United States. It is increasingly ascribed to people who, when in contact with police, are highly agitated and under the influence of stimulants or drugs or suffering from a mental health condition. For further discussion see: '[Tasers Implicated in Excited Delirium Deaths](#)', *NPR*, 27 February 2007; '["Excited delirium" cited in dozens of deaths in police custody. Is it real or a cover for brutality?](#)', *Washington Post*, 6 May 2015; '[Dying of Excitement](#)', *Slate*, 11 June 2015.

4. Medical implications of Taser use

In 2010 the *British Medical Journal* (BMJ) ran an article on the medical implications of using a Taser. The article commented on Amnesty International linking more than 300 deaths to Taser use in the United States, but it concluded that other factors were likely to complicate the interpretation of fatal outcomes. The article summarised the evidence of injury caused by Tasers in the following terms:

The medical consequences of these discharges include barb injuries, localised discharge burns, and injury from falls or from the intense muscle contraction. Eye and brain injuries from barb penetration have been documented. Tonic-clonic seizure [often associated with epilepsy] after discharge of a conducted energy device to the head has been described. Pneumothorax (collapsed lung) after pleural barb penetration has been reported. Six fatal head injuries may have resulted from falls induced by these devices. Discharge of a conducted energy device does not induce clinically relevant changes in heart rate, blood pressure, or respiratory related parameters in healthy subjects.¹³

The article concluded that serious injury was rare:

Reports in the medical literature of serious injuries associated with the deployment of Tasers are few, despite several hundred thousand estimated uses of the device.¹⁴

The BMJ article did not address the impact of administering a high-voltage shock on a person with an implantable cardiac device (ICD) such as a pacemaker. An article in *Emergency Medicine Australasia* in 2009 summarised the published research on interference with ICDs:

Implantable cardiac devices

Implantable cardiac devices (ICD) are potentially susceptible to malfunction as a result of electrical interference. Although no delayed complications with patients with an ICD have been seen to date, there are theoretical concerns, including prolonged TASER exposure allowing enough time for capacitor to charge and deliver, direct strike to ICD causing damage and failure to pace during exposure in pacemaker-dependent patients.

A case report describes a 53-year-old with a dual chamber pacemaker who sustained a TASER exposure. Assessment of pacemaker function showed normal sensing, pacing thresholds and lead impedance. Stored data showed two high ventricular rate episodes corresponding to the time of the TASER discharge.

A study conducted in anaesthetized pigs with pacemakers and implantable defibrillators exposed to a standard exposure from the TASER X26 found that although impulses were detected, the functions were not affected and no shocks were delivered.

¹³ BMJ 2010; 340: c853

¹⁴ *ibid*

An interesting case report describes a 28-year-old man in atrial fibrillation who had a TASER exposure to his chest and was later noted to be in normal sinus rhythm. However, he had been given 5 mg of i.v. metoprolol before the deployment of the TASER.¹⁵

The Defence Scientific Advisory Council Sub-Committee on the Medical Implications of Less-Lethal Weapons (DOMILL) released its most recent statement on the medical implications of the use of the Taser in January 2012.¹⁶ Focussing on the weapon's effects on children and vulnerable adults (defined as people with conditions or illnesses that may make them more susceptible to the Taser than otherwise healthy persons) the report found:

(a) A recent human study has shown that Taser discharge, applied through a barb that has penetrated the frontal chest in a region overlying the heart, is capable of inducing an inappropriately high heart rate by a mechanism known as cardiac capture. Although the device used in the study was neither the Taser X26 nor M26, DOMILL is concerned that a comparable effect could be elicited by these latter devices. While a short period of rapid cardiac capture in young and healthy individuals may not have major clinical implications, serious complications could arise in those with impaired heart function caused by an underlying heart condition or through the action of certain licit or illicit drugs. Cardiac capture from chest-penetrating barbs may be more likely to arise in children and thin adults as the heart will generally be closer to the source of discharge.

(b) The physiological burden arising from the Taser-induced muscle contractions and associated pain, combined with the stressful circumstances in which Tasers are likely to be used, may adversely affect certain groups. These susceptible groups include the elderly, those with heart conditions, people who have taken certain drugs, and those affected by asthma or other pulmonary conditions.

(c) Risks to the pregnant woman and foetus from Taser discharge are incompletely understood. While there is no evidence that abdominal application of Taser discharge is able directly to induce uterine muscle contraction, Taser-induced muscle contraction commonly leads to falls. Fall injuries in general have been associated with an increased probability of delivery by caesarean section and low birth weight.

(d) Others who may be at heightened risk of injury from Taser-induced falls include people whose protective reflexes may be impaired, such as those intoxicated with alcohol, illicit drugs or certain prescription medications. People affected by osteoporosis, young people during the adolescent growth period, individuals with a history of a bleeding or clotting disorder and those on anticoagulant or antiplatelet therapy, may also be more prone to an adverse outcome following a fall.

(e) Superficial burns from the discharge current passing through the skin are a recognised minor complication of Taser use.

¹⁵ 'Review article: Emergency Department implications of the Taser', *Emergency medicine Australasia*, Vol 21 No 4, September 2009, pages 250-8

¹⁶ DOMILL, [Statement on the Medical Implications of Use of the Taser X26 and M26 Less-Lethal Systems on Children and Vulnerable Adults](#), 4 April 2011 (amended 27 January 2012)

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Children and vulnerable adults are unlikely to be differentially affected compared with notionally healthy adults.

(f) The intense muscle contractions induced by the Taser discharge may lead to musculoskeletal injury. Older people may be more prone to this type of injury.

(g) Children and thin adults may be at greater risk of internal injury from tissue-penetrating Taser barbs as body wall thickness generally will be less in these groups. Children and adults of short stature may also be at greater risk of injury to sensitive structures in the head and neck regions due to the closer proximity of these structures to the most commonly used point of aim (the frontal chest).

(h) There is equivocal evidence to indicate that Taser discharge may induce epileptic seizures following barb penetration of the scalp. There is also evidence to indicate that Taser discharge may trigger seizures in those affected by epilepsy, irrespective of barb location. Consistent with this, emotional stress and physical exertion, both of which are likely to feature in incidents involving administration of Taser discharge and many other forms of force, are among the seizure-precipitating factors reported by those affected by epilepsy.

(i) There is the potential for Taser discharge to be administered to individuals whose behaviour has been influenced by an underlying medical condition or with whom communication is in some way impaired due to non-medical reasons.

- Aggressiveness and non-cooperation may be manifested during and shortly after an epileptic seizure.
- Adverse changes to behaviour may be exhibited by those with uncontrolled diabetes.
- Language barriers and hearing or vision impairment may lead to difficulties in communication which may increase the likelihood of exposure to Taser discharge.
- Mental health conditions, learning difficulties and neurodevelopmental or neurobehavioural conditions (for example, cerebral palsy and autistic spectrum disorders) may negatively influence how affected individuals interact with the police and thereby elevate the risk of exposure to Taser discharge or other forms of force.

(j) The longer-term psychological implications of exposure to an extremely painful Taser discharge, especially among children, remain unexplored.

(k) Taser discharge is unlikely to differentially affect persons fitted with cardiac pacemakers or implantable cardioverter defibrillators. However, the effect of Taser discharge on the function of other types of implantable electronic devices, such as vagus nerve stimulators and cochlear implants, is unknown.

5. Recent review and controversy

5.1 IPCC review of Taser complaints and incidents

In 2014 the Independent Police Complaints Commission (IPCC) examined the issues and patterns that arose as the availability and use of the Taser expanded since its introduction throughout England and Wales.¹⁷ Its report recognised ‘considerable public concern’ about the use of the weapon and noted ‘limited understanding of how and why it is deployed’:

There is an obvious mismatch between the public perception that Taser is a high level use of force that should only be considered when faced with the most serious threats of violence, and the police’s most frequent rationale for use, that Taser presents a lower risk than other equipment such as CS spray, physical restraint or a baton. The IPCC is aware of cases where Taser is said to have saved lives and reduced injuries both to the public and the police.

The IPCC identified a divergence between public perception of Taser use and the rationale of the police

The IPCC warned against ‘mission-creep’ – the use of equipment because it is available, rather than because it is necessary:

... it is clear that the use of Taser has widened considerably – not only in terms of the number of police officers using it, but also in terms of its use in circumstances where it would not have been used in the past.

The IPCC warned against the use of the Taser as a pain compliance tool. It found the use of Tasers on detained people to be particularly troubling, stating the use of the weapon in custodial settings could be justified only in the most exceptional circumstances.

5.2 UN condemnation of Taser use on children

The UN Committee on the Rights of the Child expressed concern about the use by police of Tasers against children. Referring to the right of a child to freedom from all forms of violence, the Committee urged the UK to

Prohibit the use on children of electrical discharge weapons, such as Tasers, attenuating energy projectiles (in Northern Ireland) and any other harmful devices and systematically collect and publish age-disaggregated data on their use in order to monitor the implementation of such prohibition.¹⁸

The UNCRC repeated its call for a prohibition on the use of the Taser on children

In 2008 the Committee had highlighted its unease about the authorization of Taser guns for police officers in England and Wales and the prospect of their use on children. It had called for the UK to ‘treat Taser guns... as weapons subject to the applicable rules and

¹⁷ Independent Police Complaints Commission, [IPCC review of Taser complaints and incidents 2004-2013](#), July 2014

¹⁸ UN Committee on the Rights of the Child, *Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland*, 12 July 2016

restrictions and put an end to the use of all harmful devices on children'.¹⁹

5.3 2015 review of Taser safety

In July 2015 the jury at the inquest into the death of Jordan Begley found that the discharge of the Taser and the application of restraint more than minimally and materially contributed to his death.²⁰ In response DAC Neil Basu of the National Police Chiefs' Council (NPCC) called on the surgeon general and the Home Office to refer the medical evidence in the case to an independent body 'in order that they can determine if it is necessary to amend their advice of the safety of this weapon'.²¹ The call for a review was welcomed by the Home Office.²²

The inquiry, carried out by the scientific advisory committee for the medical implications of the use of less-lethal weapons (SACMILL), reported to the Home Office in December 2015. Its findings have not been published. A report in *the Guardian* claimed the Home Office stance is that the inquiry was not a formal assessment and it was never intended to be a public report.²³ The NPCC has seen the report and commented:

On the basis of the evidence available to the committee at that stage, SACMILL's opinion was that the current medical statement on the Taser X26 system remains applicable.

SACMILL also made some comments and in light of these observations, the NPCC has reinforced that police forces pay particular attention to specific training on the use of Taser in confined spaces, including use of angled drive stun; the preferred target area of probes attaching 'above and below the belt line', and understanding the difference in probe spread when firing from a 'straight arm' and a 'braced hip' position.²⁴

The inquiry into the safety of the Taser prompted by the inquest jury's conclusion has not been published

According to the National Police Chiefs' Council, SACMILL concluded the current medical statement remains applicable

5.4 Use against ethnic minorities

Delivering the Stephen Lawrence Charitable Trust's annual Criminal Justice Lecture in February 2015, the then Home Secretary Theresa May addressed the relationship between the public and the police.²⁵ She cited evidence that suggests that black and ethnic minority people may be more likely to be Tasered by police. Referring to the Police Federation's call for all officers to carry a Taser, Mrs May warned that whilst the decision was one for chief constables and Police and Crime Commissioners it was one that should not be taken

Theresa May urged caution in arming all officers with the Taser

¹⁹ UN Committee on the Rights of the Child, [Concluding observations: United Kingdom of Great Britain and Northern Ireland](#), 20 October 2008

²⁰ ['Jordan Begley inquest: Taser and restraint 'contributed' to death'](#), *BBC News*, 6 July 2015

²¹ National Police Chiefs' Council press release, ['NPCC Less-Lethal Weapons Lead requests independent review of Taser safety advice'](#), 9 July 2015

²² ['Safety of Tasers to be investigated after death of man in Manchester'](#), *the Guardian*, 9 July 2015

²³ ['Leader of black police officers warns against Taser rollout proposals'](#), *the Guardian*, 16 August 2016

²⁴ *Ibid*

²⁵ Home Office, [Home Secretary's Stephen Lawrence Charitable Trust speech](#), 18 February 2015

lightly. She expressed the view that caution was needed given the 'extremely limited information we have on how Taser is used by the police at present'.

The published statistics on the use by police of the Taser do not include the ethnicity of those shot with the weapon. In October 2015 the BBC reported that Home Office figures suggest black people are three times more likely to have Tasers used against them than white people. In contrast, the report claimed that proportionately fewer people of Asian descent were involved in Taser incidents.²⁶

The death of former professional footballer Dalian Atkinson in August 2016 prompted renewed accusations that the Taser is used disproportionately against black and ethnic minority people.²⁷

²⁶ ['Black people 'three times more likely' to be Tasered'](#), *BBC News*, 13 October 2015

²⁷ ['Dalian Atkinson death raises concerns about police Taser use'](#), *the Guardian*, 16 August 2016

6. Police Taser use

On 28 April 2016 the Home Office published statistics for the use by police of the Taser in 2015. In 2015 there were 10,329 uses of the Taser by police representing a 2% (234) increase from the previous year.

Of the 10,329 uses of the Taser, 19% (1,921) were discharges which was a decrease of 3% (-68) from the previous year. 81% (8,408) were non-discharges; an increase of 4% (303) from the previous year.

Of non-discharge use, the 'red dot'²⁸ was the most common use, accounting for 51% (5,238) of the total use of the weapon in 2015.

The NPCC welcomed the statistics saying that they showed responsible use of Tasers.²⁹

The official statistics for the use by English and Welsh police forces of the Taser in 2015 are available on the [GOV.UK webpages](#).³⁰

Marking the target with the red dot of the laser accounted for more than 50% of Taser use in 2015

²⁸ The [Metropolitan Police website](#) describes the red dot in the following terms: 'The Taser has a laser sighting system which allows the officer to mark the suspect with a red dot. This has the advantage of letting the officer know they are on target and also letting the suspect know that they have been targeted.'

²⁹ National Police Chiefs' Council press release, '[Statistics released today show that officers are using Tasers responsibly](#)', 28 April 2016

³⁰ Home Office, *Statistics on police use of Taser, England and Wales, 2015*, 28 April 2016

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