

# **TASER<sup>®</sup> Review**

**(Conducted Energy Devices)**

**C.A.C.O.L.E.**

**Montreal**

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# B.C. OPCC File 2474

- The external review was ordered by B.C. Police Complaint Commissioner Dirk Ryneveld on August 5, 2004.
- The review had two aspects: 1. examine the specific circumstances of Robert Bagnell's death; and 2. examine the use of TASERS by police in British Columbia.
- Three reports have been delivered, an interim report on the use of TASERS (September 29, 2004), a final report on the use of TASERS (June 14, 2005) and a report on Robert's death. (September 15, 2005)
- The first two reports were immediately posted on the OPCC and Victoria Police websites in .pdf format following press conferences and editorial board meetings.

# Robert's Death

- Robert Bagnell died on June 23, 2004 while being arrested by Vancouver Police.
- Robert was reported to be in a frantic state and had destroyed a room in the downtown hotel/rooming house. A fire started on a lower level of the hotel during police interaction.
- The TASER and restraint were utilized.
- Robert quieted and stopped breathing shortly after being restrained.
- Robert had an extended history of illegal drug use and there were high levels of drugs (described as lethal) in his system.
- Many of the medical experts we consulted describe these as unfortunate “classic symptoms” of restraint death.
- An Inquest and other proceedings have not yet transpired.

# Investigation Approach

- Use a Team of officers across the ranks with a wide expertise in law, science, research, communications, training and use of force. (a byproduct has been an enormous skill set increase for the team members)
- Consult widely with Canadian and other medical experts specific to this field of research. Employ a highly qualified multi-disciplinary medical review panel to oversee medical issues. Extensive literature surveys. Try to go beyond a narrow police use of force approach.
- Involve police use of force experts from across B.C. including RCMP.
- Subject the report to a form of academic peer review.

# Products

- The reports are only valid to this point in time, the findings establish arguably a 2005 worldwide goalpost but will be quickly superseded like most scientific research.
- The Canadian Police Research Centre has adopted and properly cited the Victoria Study. CPRC will now continue this work.
- The reports are topical and have been requested in various part of the world, Team members have been traveling to London, Miami and various other locations.
- The report is being adopted without proper referencing and some “experts” (who aren’t) are emerging.

# Findings 1

- Training and reporting inconsistencies across B.C. and Canada.
- An enormous need to recognize and respond properly to “excited delirium” and “restraint associated death”. Excited delirium appears central to unexpected sudden death associated to restraint.
- Restraint death occurs in many other settings where police are not involved. This includes hospitals, institutions and even during live capture of endangered species.

# Findings 2

- Breathing is important during restraint, particularly after excited delirium, positioning is important to allow breathing.
- Some abuse of TASERs by police is occurring: compliance, save time, hurry up, “educational application”.
- There appears to be increasing excited delirium in hot months (hyperthermia/metabolic ?) and with changing illicit drug use patterns.

# Findings 3

- “proximal” versus “causal” are often confused.
- The correct term should be “less lethal” and not other terms such as “non-lethal” or “non-deadly”.
- Multiple applications of TASER are contra-indicated.
- Advertised data download capabilities of TASERS are suspect or nearly useless.



# Findings 4

- There is still a relatively poor understanding of the causes of sudden death proximal to restraint and of excited delirium. Medical understanding is in a fledgling state. (Dr.C.Hall)
- The use of TASERS in B.C. does not pose an unacceptable risk on balance when looking at the research and information currently available.
- No technology is “perfectly safe”, airbags killed 253 people in the U.S. between 1990 and 2004. (2005 NTSB data)

# Recommendations 1

- Mandatory reporting of all TASER use.
- Consistent provincial training and policy in regard to TASERs.
- Adoption of a Use of Force Coordinator in B.C.  
(recommended by Justice Wally Oppal Commission 10 years ago)
- Module on excited delirium for police, paramedics and hospital emergency staff, it is a medical emergency.

# Recommendations 2

- Extreme caution during restraint, particularly relating to excited delirium and breathing.
- Do not apply multiple TASER applications except in dire circumstances.
- Prohibition for use on people who are only passively resisting.
- Blanket prohibition is counter-productive but be mindful of reasonableness with pregnant, elderly or children in regard to CED use.

# Future

- Conflict of interest is now arising with police use of force people who privately contract. Ethics combined with declaration of conflicts. (Kerek, Laur, etc.) This is going to get problematic unless very clear conflict guidelines are followed.
- Where does TASER belong in the use of force continuum ? Should the police place the TASER in the continuum by themselves ? BERKOW makes some pretty good arguments.
- TASER INTERNATIONAL has the market captured right now, this could change if other vendors emerge.

# Some Last Thoughts 1

- Is a great substitute for lethal force in some circumstances although in fairness most uses do not involve lethal grounds.
- The scientific understanding and body of experience will increase quite a bit over the next few years.
- Research on “Star Trek phasars” is advancing surprisingly quickly, the US is developing a lot of weapons for “low grade” conflict.
- We were “attacked” during the research. This can be blunted by being honest, open and communicating often.

# Some Last Thoughts 2

- CED's aren't toys, don't use them to "zap" reporters or police officers.
- Amnesty International makes some very valid public policy points (included in our reports) particularly around the argument that usage is becoming routine and at too low a level in terms of force options. AI's medical/scientific opinions are not cited or peer reviewed.
- Taser International is publicly traded and arguably an aggressive private sector company, holders of the public interest need a healthy dose of skepticism.
- As most of you know, it is no picnic to externally investigate a police agency...