



Freedom of Information Response

Our reference: FOI 24-0378

Responded to: 6 March 2024

Your recent request for information is replicated below, together with our response.

Can you release any training materials given to officers and staff on excited delirium and acute behavioural disturbance?

I have provided at the end of this letter an extract from Police Scotland's Operational Safety Training Manual Module 4 - Medical Implications and Mental Health.

This module also has sections on Management of Persons with ABD, Operational Guidance and Restraining a Subject with Acute Behavioural Disturbance.

This information is considered to be exempt in terms of the Freedom of Information (Scotland) Act 2002 (the Act). Section 16 of the Act requires Police Scotland to provide you with a notice which:

- (a) states that it holds the information,
- (b) states that it is claiming an exemption,
- (c) specifies the exemption in question and
- (d) states, if that would not be otherwise apparent, why the exemption applies.

Section 35(1) (a) & (b) – Law Enforcement

The information requested is exempt, as its disclosure would or would be likely to prejudice substantially the prevention or detection of crime and apprehension or prosecution of offenders.

Such information would prove extremely useful information for persons involved in criminality as they would be able to plan and conduct their activities to evade detention if faced by officers. It would confirm the tactics and capabilities of officers attempting to detain them and in turn this would prejudice substantially the ability for our officers to prevent and detect crime and apprehend or prosecute offenders.

Disclosure would have an adverse impact on the ability of the Police to carry out its law enforcement role effectively, and thereby prejudice substantially the prevention and detection of crime.

This is a non-absolute exemption and requires the application of the public interest test.

Section 39(1) – Health, safety and the environment

Disclosure of the information requested would prove extremely useful for criminals and those intent on wrongdoing, to plan and conduct their activities to evade detention if faced by officers. This would have an adverse impact on the safety of the officers involved and the general public.

This would increase the risk to the personal safety of individuals and also the safety of the police officers responding to incidents.

This is a non-absolute exemption and requires the application of the public interest test.

Public Interest Test

As you will be aware, the two exemptions detailed above are non-absolute and require the application of the public interest test. Public awareness would favour a disclosure as it would contribute to the public debate surrounding police tactics and the use of force by police.

However, any disclosure under FOI legislation is a disclosure to the world at large and any information identifying the focus of policing activity could be used to the advantage of criminals.

Consequently, in terms of the applicability of the exemptions listed above, the need to ensure the effective conduct of the service in relation to prevention and detection of crime and the public safety considerations involved in the delivery of operational policing clearly favour non-disclosure of the information requested.

If it is not obvious on the training materials, can you also release details of the training's authors or the research behind the training?

The current Operational Safety Training Manual Module 4 was developed by Operational Safety Trainers within the Police Scotland Operational Safety Training department and reviewed by the Force Clinical Governance Advisor. The current Operational First Aid Notes were developed by the Police Scotland First Aid Lead and again, reviewed by the Force Clinical Governance Advisor.

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Do you have any means of capturing how often your officers come into contact with someone they believe is suffering from excited delirium and acute behavioural disturbance, and if so can you release the number of contacts per year for the last five years, ideally broken down by regional division?

In accordance with Sections 12(1) (Excessive cost of compliance) and 16(4) (Refusal of request) of the Freedom of Information (Scotland) Act 2002 (the Act), this letter represents a Refusal Notice.

By way of explanation, the information you have requested cannot be electronically extracted from our recording systems. To extract this information all crime reports, incident reports and all officer notebooks/electronic recording devices would require to be checked.

Accordingly this task would take in excess of the 40 hours and £600 prescribed by the Scottish Ministers under the Act.

If you require any further assistance, please contact us quoting the reference above.

You can request a review of this response within the next 40 working days by [email](#) or by letter (Information Management - FOI, Police Scotland, Clyde Gateway, 2 French Street, Dalmarnock, G40 4EH). Requests must include the reason for your dissatisfaction.

If you remain dissatisfied following our review response, you can appeal to the Office of the Scottish Information Commissioner (OSIC) within 6 months - [online](#), by [email](#) or by letter (OSIC, Kinburn Castle, Doubledykes Road, St Andrews, KY16 9DS).

Following an OSIC appeal, you can appeal to the Court of Session on a point of law only.

This response will be added to our [Disclosure Log](#) in seven days' time.

Every effort has been taken to ensure our response is as accessible as possible. If you require this response to be provided in an alternative format, please let us know.

Section 4

Section 4 Acute Behavioural Disturbance (ABD)

Just as abnormal brain function can be associated with a stupor or loss of consciousness, it can also cause confusion or agitation. A severe brain agitation is sometimes known as "Exited Delirium" or "agitated delirium" or more commonly to the Police as Acute Behavioural Disturbance. ABD is described by the Royal College of Emergency Medicine as the "sudden onset of aggressive and violent behaviour." It has been described as when a subject exhibits violent behaviour in a bizarre and manic way, rather than being simply violent. ABD is a rare form of severe mania, and sometimes considered part of the spectrum of manic-depressive psychosis and chronic schizophrenia. However many of the signs indicating ABD, are common to anyone behaving violently. Subjects suffering from ABD can die suddenly, or shortly after a strenuous struggle – while at hospital or in custody. There may be little or no warning to indicate when a subject may suffer cardiac arrest.

Signs and Symptoms

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Subjects suffering from ABD may present the following signs and symptoms:

Constant/near constant activity. • Unexpected physical strength. • Significantly diminished sense of pain. • Non-responsive to the presence of authority figures/unable to follow commands. • Rapid breathing or panting. • Do not fatigue. • Apparent ineffectiveness of irritant spray. • Violent, bizarre or aggressive behaviour, shouting or panicking. • Sweating, fever, hot to the touch or removing clothes. • Impaired thinking, disorientation or feelings of paranoia. • Attracted to/attempt to destroy glass and reflective objects.

They may be hallucinating, hiding objects, running around. • Sudden tranquillity after a period of frenzied activity, or vice versa.

Possible Causes

There are a number of possible causes for ABD, these include:

Drug intoxication (including new psychoactive substances, 'legal highs') • Alcohol intoxication • Drug and/or alcohol withdrawal states • Psychiatric illness • Acute brain injury • Acute illnesses resulting in brain inflammation, metabolic problems or limited supply of oxygen to the brain. • Hypoglycaemia (low blood sugar)