

**BODY PACKERS**



*“Scientific Researches! - New Discoveries in Pneumatics! - or - an Experimental Lecture on the Powers of Air”, hand colored print, James Gillray, published by H. Humphrey, St. James’s Street, May 23, 1802.*

*The existence of nitrous oxide was well known as early as 1802 as shown in James Gillray’s satirical print of the day. Surprisingly however its use as an agent of anesthesia was not even considered until forty two years later when the dentist Horace Wells first used it to assist in the extraction of teeth!*

*Prior to Well’s momentous insight, an insight which founded the discipline of Anesthesia as we know it today, it was pretty much used simply as a “party trick” for the amusement of upper class private citizens or at learned lectures of the Royal Society as depicted in the famous print of Gillray of 1802.*

*In this print, the gas expanding properties of nitrous oxide within closed spaces is inadvertently demonstrated by the learned Dr. Thomas Garnet (Professor of Natural Philosophy), who is seen administering the gas to Sir J.C. Hippesley, with most unfortunate results! The person to the right of Dr Garnet with the mischievous look on his face is the brilliant chemist Sir Humphrey Davy, who prepares more of the gas via an enormous bellows in preparation for the next demonstration of the gas. The founder of the Institution, Benjamin Thompson, Count Rumford, is seen standing in the doorway with a bemused smile on his face, whilst many other prominent scientific personages of the day, look on with varying degrees of amusement, (or horror, depending on their respective seating arrangements).*

*As was the custom of the time, the print was given a number of amusing alternative titles to which perhaps could be added, "...Or Early attempts at the management of the body packer!"*

## **BODY PACKERS**

### **Introduction**

The terms “**body packing**” and “**body stuffing**” refers to the concealment within the body of illicit drugs for the purpose of illicit transport across international borders.

Drugs are packed into a series of plastic or latex condoms or balloons and then ingested to avoid detection at international borders.

Many times the lethal dose of drug can be concealed.

The management of body packers and stuffers poses multiple complex challenges, including medical, social, legal and ethical.

In general patients whom authorities suspect or know to be body packers or stuffers should be taken by those authorities to an Emergency Department that is specifically equipped and experienced in dealing with these cases and who have specific protocols in place for them. In the city of Melbourne this will be the **Royal Melbourne Hospital**.

### **Pathology**

The illicit drug is most commonly of a single type.

Ingestion is the commonest preference for concealment, as rectal or vaginal concealment are much more likely to be detected.

### **Drugs concealed**

The most commonly concealed drugs include:

- Heroin
- Cocaine
- Cannabis/ Hashish
- Amphetamines
- 3-4 methylene-dioxy-methamphetamine (MDA) or “Ecstasy”

### **Amounts concealed**

Up to a kilogram of drug, packed into as many as 50-100 separate packs can be ingested by one individual!

### Body packers

The body packers are often referred to as “mules” or “swallowers”.

Body packers generally refer to those who carefully plan and then ingest large numbers of packages of drugs.

- These packages are more likely to contain single drugs
- The packages are carefully prepared, and are consequently somewhat less likely to leak.
- Delay from concealment to presentation to the Emergency Department is likely to be much long

A constipating agent, (such as atropine-diphenoxylate) is often also taken to delay gastrointestinal passage. Transit may then be delayed for days, even weeks, before all drug packages are retrieved.

### Body stuffers

This term refers to those who hastily conceal illicit drugs, just before apprehension by the authorities.

- These packages are more likely to contain multiple drugs
- The packages are hurriedly prepared, often as small plastic bags or pieces of foil, and are consequently much more likely to leak
- Delay from concealment to presentation to the Emergency Department is likely to be much shorter than is the case with body packers.

### Methods of concealment

Body packers conceal drugs by ingestion.

Body stuffers may conceal drugs by ingestion or by rectal or vaginal insertion.

### Risk Assessment

Establish whether the “client” is a “packer” (more likely large, single, drug ingestion, in a better prepared package, and a delay in presentation) or a “stuffer”, (more likely a multiple drug ingestion, in a poorly prepared - more likely to leak - package and a relatively earlier presentation).

It is important to note that these people can be carrying very many times the lethal dose of a drug.

The onset of any signs of drug intoxication, may herald imminent and catastrophic deterioration.

### Clinical Assessment

Body packers may present in a number of ways:

1. Acute drug intoxication from leakage or frank rupture of packages.
2. Fear that package rupture may occur.
3. Surgical complications, including:
  - Bowel obstruction.
  - Bowel perforation
  - Oesophageal impaction
  - Oesophageal rupture
4. Individuals presenting escorted by Australian Federal Police or Customs Officers for the purpose of assessment and management of *suspected or proven* internally concealed illicit drugs.

Many hours have usually elapsed before there is presentation with police escort to the Emergency Department. By this time the ingested packages are usually located within the small intestine.

### Important points of history

Where possible, establish:

- Time of ingestion
- Amount ingested
- Drug ingested.
- Type of packaging, (including construction)

### Important points of examination

This is primarily aimed at:

- Looking for clinical evidence of toxicity
- Looking for clinical evidence of surgical complications.

## Investigation

### Beta HCG:

All female patients of child bearing age should have a pregnancy test prior to any radiological investigation, (then informed consent obtained if positive should radiology be required).

### Urine drug screen:

These have been suggested however they have very low sensitivity.

A positive result confirms ingestion and the need for further investigation and observation; however a negative result does **not** exclude body packing and does not indicate “medical clearance”.

### Plain radiology:

Erect and supine films may be done.

Large series have shown this to be up to 85- 95% sensitive for body packers.

It is useful to confirm suspicion of body packing, where there is a high index of suspicion, but value as a “screening test” remains controversial.

**A negative x-ray does not rule out body packing.**

### CT scan:

Abdominal CT with contrast is the most sensitive investigation.

Confirmation of clearance of all packages may be done by contrast CT following the passage of 3 package free stools.

## Management

### Medical issues

1. Patients should initially be observed in a monitored environment.
2. Decontamination:
  - 50 grams of oral charcoal may be given to cooperative and asymptomatic patients.
  - Whole bowel irrigation and endoscopy are **not** generally recommended

3. Conservative management:

- There is a general consensus that most patients, (even those with cocaine) may be managed conservatively with observation until all packages have been passed.
- The incidence of serious complications, including bowel obstruction, perforation, the need for urgent laparotomy and death is less than 5%.

4. Diet:

- A light or liquid diet is recommended during the period of observation.

5. Laxatives:

- Gentle laxatives have been advocated

6. Indications for surgical intervention:

The indications for urgent laparotomy and careful removal of all packages include:

- Bowel obstruction
- Bowel perforation
- Those with **cocaine** packing who develop significant signs of toxicity.

*Social/Legal/Ethical Issues:*

Important issues in this regard include:

1. Informed consent must be obtained from all persons for radiological investigations. Consent obtained by Police prior to arrival is acceptable, this needs to be checked for correct patient and investigation and that patient understands what they have consented to.
2. Where appropriate interpreter services should be used to obtain/confirm consent and explain subsequent management.
3. Patients who are under 18, mentally or physically unable to consent, pregnant or refuse to consent require a magistrates order to be detained, investigated and/or managed.
4. Staff must also check if the person needs a representative to protect the person's interests.

That is, if the person is:

- Under 18 years old; or
  - Is in a mental or physical condition that makes him/her incapable of managing his/her own affairs (i.e. consenting to the search).
5. Emergency Staff will not perform invasive physical examinations for investigation of such allegations or to retrieve packages identified by the patient or radiological investigation, where necessary these examinations should be done by forensic medical officers.
  6. Interpreters **must** be supplied for non-English speaking patients.

### Disposition

Patients are observed until such time as 2 package free stools are passed and a clearance CT is performed.

The mean time to the passage of all packages is about 5 days.

### References

1. Body Packers and Stuffers in L Murray et al. Toxicology Handbook 2<sup>nd</sup> ed 2011.
2. Body Packer Management Protocol, RMH October 2010, (Dr S. Pincus).

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May 2011