

## Body Packer Masquerading as a Medical Tourist

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### Abstract

Drug trafficking is an international problem and has increased in prevalence and concealment methods over the years. Body packers either swallow drug-filled packets or introduce packets into their bodies rectally or vaginally with the purpose of concealing them and mainly smuggle cocaine, heroin and cannabis products. Increased sophistication of traffickers and improved packaging poses difficulty in detection. Sometimes the packets can leak and cause intoxication of the individual and even death. We report a case of death due to heroin leakage in a body packer, attempting to smuggle the drug by concealing it in his stomach. This article aims to highlight the existence of drug traffickers as Body packers so that preventive steps may be taken at the points of transit from other countries as they may be masquerading as Medical tourists, coming to India for treatment.

**Keywords:** Drug Trafficking; Body Packer; Heroin; Cocaine; Medical Tourist; Drug Intoxication.

### Introduction

Drug trafficking is the most serious organized crime and illicit trade affecting the humanity globally and also is continuously monitored by United Nations Office on Drugs and Crime [1]. It has increased in prevalence over years and stringent laws and strict security measures have lead to evolving of newer and unique concealment methods to hide them from security personnel while transporting from one place to other in airports, railway stations, naval docks or border areas. Body packing is one such method, where the drug trafficker swallows wrapped packets of illicit drugs in one country and transports the same to the other country where the drugs are retrieved from vomitus or faeces. For this purpose, the drug is usually compressed into cylinders; heat sealed in plastic film, and wrapped in multiple layers of latex – perhaps balloons,

capsules, condoms, balloons, or fingers of rubber gloves [2-5]. The individuals carrying these packets may present to health care providers with symptoms of intoxication or asymptotically on suspicion of drug concealment for observation and occasionally the occurrence of body packing is detected only during autopsy. Packet failure may occur in country of origin, during flight or at their destination and they may succumb to the effects of illicit drug poisoning.

First case of body packer was reported in 1973, as condom filled hashish, presenting with small bowel obstruction [6]. Since then, a few case reports and retrospective observational studies have been reported [7,8]. Trafficking is also highly prevalent in India, but, very few body packer syndromes are reported in literature, two with cocaine [9,10], one with heroin [8] and one with cannabis [11]. The authors report one such case of body packing, where the deceased was presented as natural death but autopsy of deceased and would have gone undetected if the packets would not have been found during the autopsy.

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### Case Details

A case of 55 year old male Afghan national was

brought for autopsy in the Department of Forensic Medicine, All India Institute of Medical Sciences (AIIMS), New Delhi. As per the history provided by the relatives to the police, the deceased had come to India from Afghanistan for Medical Treatment. They alleged that his Medical records were lost at the airport and allegedly died a natural death on the 4<sup>th</sup> day of his arrival at their home in Delhi. They approached the Afghanistan Embassy to get a No Objection Certificate to transport the body to Afghanistan but The Embassy refused and asked the death to be medically certified and get a police clearance. The relatives then approached the police who subjected the body for Postmortem examination.

The autopsy was conducted on the 4<sup>th</sup> day from the date of alleged death. The deceased was of medium built. Rigor Mortis had passed off and there was greenish discoloration of lower abdomen. No evidence of any injury or intravenous line or scar was found on the body. No external injury was present over the body. The Natural Orifices were normal. On internal examination, Blackish brown fluid was present in trachea. Heart weighed 302 gram and had variable degree of atherosclerotic changes with luminal blockage of all major coronary vessels.

Stomach contained about 250ml of dark brownish black colored fluid (Figure 1). There were toffee



Fig. 1: Darkish Brown Fluid in Stomach



Fig. 2: Polythene pellets recovered from Stomach

shaped Polythene capsules, which were cylindrical in shape. There were forty seven such capsules; forty six were intact, while the contents of one packet had leaked out (Figure 2). The packets contained white colored material inside. Their size varied from 4.1–4.5 cm in length, and weight was approximately 8.5–9.3 grams. The total weight of all the packets was 422 grams. Mucosa of stomach and duodenum was congested. There was no evidence of any intestinal obstruction. No similar Polythene packets were found in small intestine and large intestine up to rectum. The other internal organs were congested. The packets were subjected to preliminary toxicological analysis in the Departmental Toxicology Lab which revealed presence of diacetyl morphine in the urine of the deceased indicative of Heroin intoxication.

## Discussion

The underlying reason for the body packers to conceal narcotics for trafficking needs to be introspected. Heroin and Cocaine are both very expensive drugs, consumed worldwide, with a large clientele. Consumption of these drugs in very small amounts produces the desired effects. So, trafficking these drugs are economically very lucrative, as only few Kilograms of Cocaine or Heroin can be peddled easily, and the net worth of the drugs are around few Crores of rupees. Due to stringent rules and strict punishments, transport of narcotics especially across international borders has become very difficult in the recent past. Thus, the drug peddlers have resorted to unique methods of drug trafficking, body packing being one of them.

Body packers, pushers and stuffers are three different categories: body packers (also known as swallowers, internal carriers, couriers or mules) ingest wrapped packets containing illicit drugs for smuggling across borders; body pushers insert the packets into rectum or vagina with same purpose while body stuffers (also known as mini-packers) without smuggling intention ingests poorly wrapped drugs to conceal its presence to avoid getting arrested [12,13].

Body packer syndrome should be suspected by emergency physician in any international traveler with features of toxicity, unconsciousness, seizures and sudden death [14]. They may present with intestinal obstruction, perforation, hemorrhage or for medical assessment after detection/arrest. Normally the carriers were used to be mostly young men but nowadays children, pregnant women and even

patients also traffic drugs [14]. The body packer in the present case was a fifty five year old male and was visiting to India for Medical Tourism.

There are no specific gold standard criteria for diagnosing Body packers. Detailed history and complete examination are an essential part but history may not be reliable, due to false or partial information provided in fear of prosecution, communication problems and altered sensorium of patients [15]. In our case also the patient was alleged to have died due to natural cause. Whole body examination must be done in suspected body packers/pushers/stuffers, and all natural orifices should be thoroughly examined [12]. X-ray of abdomen may show multiple radio dense foreign bodies, a "rosette-like finding" formed by air trapped in the knot where a condom is tied and a "double-condom" sign, where air trapped between layers of latex makes them more visible. Barium enhanced radiography and CECT scan can help in diagnosis as well as assessment of response to treatment [16]. The packers usually carry 1-2 kg of drug, divided into 50-100 packets, of 8-10 gm each, although person carrying 200 packets have also been described [13]. In the present case, the body packer was carrying forty seven (47) packets, each weighing 8.5–9.3 grams and the total weight was 422 grams.

The drug packets have been classified into the following three types: type I packets – small size with thin wrapping and high chance of rupturing; type II packets – medium quality wrapping fixed with knot with a low chance of rupturing and type III packets with good quality packing with several layers of latex wrapping fixed with paraffin or wax and with very low chance of rupturing [17]. Poorly packaged pellets may get unwrapped inside the gastrointestinal tract due to mechanical turbulence and chemical digestion [18]. In a study about 50 body packers in New York City (1990-2001) the authors observed that majority (74%) of deaths were due to acute intoxications because of bursting or leakage of drug packets in the gastrointestinal tract [19]. In the present case also, the intoxication and death occurred due to leakage from the partially opened packet. So, when a foreigner is found dead in a hotel, the entire alimentary canal should be dissected and the anal canal should also be searched to look for a leaking package filled with narcotics [20]. There are some reports about death from intestinal obstruction and perforation in heroin body packers [21] and also upper GI hemorrhage due to prolonged pressure of the packets on the gastric mucosa [22]. In a case of a package leaked Methyl Amphetamine body packer, autopsy findings showed extreme pulmonary congestion and edema as well as moderate hepatic edema and several

petechiae [23]. In the present case, mucosa of stomach and duodenum were congested. There was no evidence of any intestinal obstruction and no other Polythene packets were found in small intestine and large intestine up to rectum. All internal organs were congested and there was pulmonary edema as well.

There are no actual data on body packers in India, and only few occasional cases have been reported. Similar instances of death of body packers due to concealment of drugs have been previously reported from Delhi, in the past from AIIMS, New Delhi [10] and very recently from VMMC & Safdarjung hospital [24].

### Conclusion

This article aims to bring to attention the fact that inspite of strict law enforcing measures, drug trafficking by Body packers still remains an effective mode of cross border drug peddling in a developing country like India. A careful autopsy of suspected body packers may reveal comprehensive data about packaging methods, exact number of packets, and type of the transported illicit drug and location of the packets in the body. We are reporting this case to highlight the existence of drug traffickers, so that preventive steps may be taken at the points of transit from another country as a drug traffickers may be masquerading as Medical tourists, coming to India for treatment.

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