Body Packers, Pushers and Stuffes
Toxicology

1 Introduction
People use various methods of concealment of illicit drugs for the purposes of trafficking or to evade detection. These are defined as:

- **Body packers** who swallow drugs in rubber or latex packaging, typically for the purpose of trafficking. They often use constipating agents to slow GI transit.
- **Body pushers** who insert drug packets into the rectum or vagina also for the purpose of trafficking
- **Body stuffers** impulsively swallow, or insert vaginally or rectally, unwrapped or poorly wrapped drugs fearing apprehension in an effort to evade detection. Usually the amount of drugs involved is much smaller than that used by packers or pushers.

The presentation of these patients to the emergency department may be voluntary or under police detention. Typically the concealed drugs are amphetamines or opiates, with life threatening consequences possible with packet rupture.

2 Risk Assessment
Risk assessment in this group can be difficult as history from the patient may be unreliable given the fear of prosecution. If the patient is amenable, the drug, volume, specific details regarding the packaging, the time ingested and any co-ingested constipating agents is all important information to obtain.

Clinical examination should look specifically for evidence of a sympathomimetic or opioid toxidrome as well as any signs of surgical complications such as bowel obstruction. Rectal and vaginal examination should be performed in the consenting patient where indicated.

The sensitivity of abdominal xray in the detection of drug packets has been reported as 47-95%, this may be enhanced by the use of oral contrast. CT imaging is likely to be superior to xray, but can still yield false
negative results, however it should be the investigation of choice in the first instance for patients who admit to concealing drugs. Urine drug screening has a low sensitivity in these cases.

Box 1 Risk factors for complications associated with concealed drugs

- Abdominal pain
- Vomiting
- Poisoning
- Improvised/home-made packaging (McCarron and Wood type 1 packets)
- Large total quantity of drug (especially for body stuffers)
- High number of packets (>50)
- Large size of packets
- Delayed passage of drug packets (>48 h)
- Passage of fragments of packaging in stool
- Poisoning in a co-transporter
- Previous abdominal surgery (greater risk of obstructing secondary to adhesions)
- Concomitant drug usage, especially constipating agents
- Abnormal vital signs
- Positive urine drug test following previous negative test (may herald packet breakdown or rupture)

3 Management
The majority of patients with concealed drugs can be managed supportively with a complication rate of less than 5%. Specific toxidromes of sympathomimetic or opioid excess should be managed along standard lines.

Decontamination
- There may be a role for Whole Bowel Irrigation where the risk profile of the drugs ingested is high – particularly in the case of high dose amphetamine concealment – however there is no evidence that supports its use.
- Similarly the role of activated charcoal is not well defined, but may be considered in those patients who have a high risk of packet rupture.
- Surgical removal of the packages by laparotomy and careful enterotomy, may be necessary, particularly if there are signs of toxicity. Packets in the vagina or rectum should be able to be carefully removed in the emergency department. Given the relatively late presentation of this population, it is unusual that packages would be still in the stomach and amenable to endoscopy.

Antidote
Naloxone is indicated in cases of opioid toxicity.
4 Disposition
The duration of observation is dependent on the risk profile of the individual case. Typically body stuffers have ingested or sequestered smaller quantities of more poorly wrapped drugs and an uneventful observation period of 8 hours is typically sufficient. Body Packers may have enormous quantities of drug sequestered, and these patients should be observed until three package free stools are passed and repeat CT imaging is negative. All these patients should be discussed with the Toxicology Unit.

5 Additional Information
The legal and ethical considerations of managing these patients remain poorly defined. Difficulties arise particularly regarding the issue of consent as well as in maintaining confidentiality.

Consent
- Asymptomatic patients have the capacity to consent and have the right to refuse examinations and investigations. If the patient is brought to hospital in police custody, as specific court order can override this; however a court order cannot compel a doctor to perform a procedure they consider morally objectionable. They simply permit procedures to be performed without the fear of legal recourse.²
- In the intoxicated patient at risk of deterioration, consent can be waived as it is an emergency situation for which we have a duty of care under the Guardianship Act

Confidentiality
- There is no nationally consistent legislation mandating compulsory reporting. While the overarching principle of patient confidentiality is important, there are times when this can be overridden by a health professional, specifically when it is in conflict with the duty to obey the law. Again it is up to the treating physician to consider the ethical ramifications for each individual case.

6 References
2. Cunningham N. “Medicolegal issues surrounding body packers, pushers and stuffers.” EMA 2012; 24: 590-4