

Body packers in Mauritius

Sudesh Kumar Gungadin^{1,*}, Sunnasee Ananda²

Abstract: Body packing is the term used for the intracorporeal concealment of illicit drugs and body packers are persons who, voluntarily or through coercion, swallow, or insert drug-filled packets into a body cavity, generally in an attempt to smuggle them across secure borders. Though this practice is not new, its medical complications have always been a matter of concern. Some have reported improved packaging methods to deal with such complications. Body packing is an on-going drug smuggling method and authorities across the world are always on the alert. Here we describe a retrospective study on illicit drug trafficking, via body packing, in the Republic of Mauritius. The investigation has focused on the criminal and forensic aspects of body packing. As far as we know, this is the first report in forensic literature concerning body packing in Mauritius.

Key Words: body packing, forensic medicine, Mauritius.

Drugs are being used by all cultures and at all socioeconomic levels and they are distributed throughout the world via specific routes. People who escape from customs and control centers by hiding narcotic drugs in packets in their bodies are called 'body packers. Body packers may also be called "mules", "swallowers", "couriers", or "internal carriers" [1].

They usually ingest packets with illicit drugs and, if they succeed to pass undetected through customs at arrival, they check into their hideout, self-administer cathartics and defecate the ingested packets. The packets are then retrieved, cleaned and sold illegally. Other natural or artificial body cavities such as the rectum, vagina or even a colostomy are used to conceal drug packets [2].

This practice, which has become more and more popular in the last decades, may have disastrous consequences. Sometimes the packets may burst while in transit through the digestive tract of the carrier, releasing massive quantities of drugs leading to overwhelming overdose and collapse and sometimes death.

The Republic of Mauritius is an island nation situated east to Madagascar in the Indian Ocean and has a population of around 1.3 million inhabitants [3]. In August 2010, the United Nations Office of Crime and Drugs (UNODC) has listed Mauritius as the fifth drug consuming country in the world and has put it after Afghanistan, Iran, Costa Rica and Russia, but before Scotland, where drug consumption-linked crime is considered worrisome [4].

To describe the situation regarding drug smuggling, via body packing, in Mauritius during the past decade, data were collected from the relevant authorities between the year 2000 and mid 2013. This investigation has focused on the criminal and forensic aspects of body packing.

METHODS

This is a descriptive study conducted in the Department of Forensic Medicine of the Mauritius

1) M.D, Chief Police Medical Officer, Police Medical Unit, Mauritius Police Force, Cossigny, Quatre Bornes, Mauritius

* Corresponding author: 10 Nellan Lane, Cossigny, Quatre Bornes, Mauritius, Tel: +2307270997, Fax: +2304245440, Email: drsgungadin@yahoo.com

2) MD, Ministry of Health and Quality of Life, Victoria Hospital, Mauritius.

Table 1. Relative data of body packers apprehended in Mauritius

Year	Nationality	Total apprehended	Sex	Age group	Drugs concealed
2000 – mid 2013	Mauritian	20	Male : 18 Female: 2	17-57	Heroin and Cannabis
	Foreigner	25	Male: 10 Female: 15	20-56	Heroin

Police Force (MPF) from January 2000 to June 2013. Data were collected from the archive and record of the Department of Anti Drug Smuggling Unit (ADSU) of the MPF. Parameters assessed in this study consisted of age, gender and nationality of the body packers, type, weight and number of packets, packaging, and location of the packet in the body. All the 'mules' were referred to the Department of Forensic Medicine and examined by our Police Medical Officers. Ethics committee approval was not required for this study.

**Figure 1.** Postmortem appearance of body-packer's stomach distended with large number of heroin packets.**Figure 2.** Heroin packets in opened stomach from body-packer in Figure 1.

RESULTS

In this study, the total number of mules arrested and prosecuted by the ADSU from years 2000 to mid 2013 was forty five, out of which 20 were Mauritian national in the age group 17-57 years and 25 were foreigners aged 20-56 years. Male carriers were predominant among the Mauritians whereas the female foreigners apprehended outnumbered the male ones (Table 1).

It was observed that heroin was the preferred drugs carried by the mules. Two cases of cannabis body-packing were also obtained. Most packets recovered in Mauritius were wrapped in cellophane and dipped in wax. Each of these packets contained approximately 1 to 10 grams of illegal substances. The body packers usually concealed between 40 and 150 packets (Figs 1 and 2).

The majority of apprehended individuals was asymptomatic and was able to evacuate all packets during a short period of observation after administration of oral polyethylene glycol solution (Fig. 3). Only a small proportion required hospitalization for adverse symptoms. One patient had signs and symptoms of obstruction and surgery was carried out. Plain abdominal X-rays, carried out as the initial diagnostic tool, were sensitive in 90% of the mules.

DISCUSSION

Body packing was first described in the medical literature in 1973. It is the term used for the intracorporeal concealment of illicit drugs [5, 6]. Body packers or

**Figure 3.** Heroin packets recovered after purging of a body-packer.



Figure 4. Different types of packaging used by body-packers.

mules are persons who, voluntarily or through coercion, swallow, or insert drug-filled packets into a body cavity, generally in an attempt to smuggle them across secure borders. They can carry about one kilogram of drug divided into 50-100 packets at a time. The packets usually contain life-threatening doses of opium, heroin, cocaine or amphetamines wrapped in the forms of capsules, condoms, balloons, plastic bags or finger of latex gloves. It has been found that the packet design tend to correlate with the country of origin [7-9]. In this study, heroin was the preferred drug and two cases of cannabis carriers were noted. Packets found in Mauritius were mainly wrapped in cellophane and dipped in wax. The minimum and maximum weight of drugs collected were 1 gram and 766 grams respectively (Fig. 4).

The body packers are prone to rupture of the packets and consequent toxicity [10]. The percentage of intoxication may actually be decreasing as packet production improves [11]. However, gastrointestinal (GI) obstruction may still occur [12]. In practice, people suspected of being body packers undergo radiographic evaluation such as plain abdominal X-ray or computerized tomography if more detailed information is required [13, 14]. It has become accepted that the mules who present

with signs of toxicity or obstruction undergo prompt surgical removal of the packets, while the asymptomatic body packers should be kept under close observation in hospital [15]. On our side, one patient exhibited signs and symptoms of GI obstruction and surgery was performed, asymptomatic mules were treated conservatively and were given oral polyethylene glycol solution to promote expulsion of the packets. Progression of the packets was periodically monitored with the use of serial abdominal x-rays. No complications were reported while they were on observation.

The Government of Mauritius is currently laying stress on rapid and effective detection of drug carriers as it is aware of the important role the country has as both a medical and tourism hub in the Indian Ocean. Methods of detection at the airport and seaport level include profiling of passengers, dog sniffers, use of body scanners. Also, as compared to other developing island nations [16], the country does not face situations such as poverty, gross corruption, economic and political instability as well as unsafe environment. Nevertheless, drug trafficking and drug-related crimes are sporadically encountered. Indeed, the sale of drugs and those found cultivating, distributing and selling can face heavy jail terms in Mauritius. Since drug-trafficking is a sensible issue for many countries, not much information could be gathered from other African countries for comparison regarding body-packing.

CONCLUSION

Body packing is still a common method of cross-border drug trafficking. Clinicians and those working at airport terminals, customs should be able to appreciate the signs and symptoms of toxicity associated with body-packing mishaps. Also, a high degree of suspicion is warranted to detect the most recent, ingenious methods of concealment of drugs in the body.

Acknowledgment. We thank the Anti-Drug Smuggling Unit of the Mauritius Police Force for providing the valuable information.

References

1. Traub SJ, Hoffman RS, Nelson LS (2003). "Body packing—the internal concealment of illicit drugs". *N Engl J Med* 2003, 349: 2519–2526.
2. Wetli CV, Mittleman RE. The "body-packer syndrome" - toxicity following ingestion of illicit drugs packaged for transportation. *J Forensic Sci* 1981, 26:492-500.
3. Location map of Mauritius. <http://mauritiusattractions.com/mauritius-location-map-i-66.html>. Accessed 15. April. 2013.
4. United Nations Office on Drugs and Crime, World Drug Report 2010, http://www.unodc.org/documents/wdr/WDR_2010/World_Drug_Report_2010_lo-res.pdf. Accessed 25. April. 2013.
5. Deitel M, Syed AK. Intestinal obstruction by an unusual foreign body. *Can Med Assoc J* 1973, 109:211.
6. McCarron MM, Wood JD. The cocaine 'body packer' syndrome. Diagnosis and treatment. *JAMA* 1983, 250:1417.
7. Ichikawa K, Tajima N, Tajima H *et al*. Diagnostic imaging of "body packers" [in Japanese]. *Nippon Igaku Hoshasen Gakkai Zasshi* 1997, 57: 89 – 93.
8. Malbrain ML, Neels H, Vissers K, *et al*. A massive, near-fatal cocaine intoxication in a body-stuffer. Case report and review of the literature. *Acta Clin Belg* 1994, 49(1):12-8.

9. Heinemann A, Miyaishi S, Iwersen S, *et al.* Body-packing as cause of unexpected sudden death. *Forensic Sci Int* 1998, 92: 1 – 10.
10. Wetli CV, Rao A, Rao VJ Fatal heroin body packing. *Am J Forensic Med Pathol* 1997, 18(3):312-8.
11. Miller JS, Hendren SK, Liscum KR. Giant gastric ulcer in a body packer. *J Trauma* 1998, 45: 617 – 619.
12. Duenas-Laita A, Nogue S, Burillo-Putze G. Body packing. *N Engl J Med* 2004, 350: 1260 – 1261.
13. Stichenwirth M, Stelwag-Carion C, Klupp N, *et al.* Suicide of a body packer. *Forensic Sci Int* 2000, 108: 61 – 66.
14. Aldrighetti L, Paganelli M, Giacomelli M, *et al.* Conservative management of cocaine-packetingestion: experience in Milan, the main Italian smuggling center of South American cocaine. *Panminerva Med* 1996, 38(2): 111 – 116.
15. Jones OM, Shorey BA. Body packers: grading of risk as a guide to management and intervention. *Ann R Coll Surg Engl* 2002, 84: 131 – 132.
16. The caricom blueprint for illicit drug trafficking, 2011. <http://www.coha.org/the-caricom-blueprint-for-illicit-drug-trafficcking/>. Accessed 25 April 2013.