JOSEPH RELLA, MD
Assistant Professor of Emergency Medicine, Department of Surgery, New Jersey Medical School; Attending Physician, Department of Emergency Medicine, University of Medicine and Dentistry at New Jersey, Newark; Consultant, New Jersey Poison Information and Education System, Newark

Drug smuggling raises medical and legal issues

BODY PACKERS have been reported for 20 years, and they continue to challenge all physicians, including hospital internists. Physicians may first see these patients as new admissions for "drug overdose," but the diagnosis may be poorly defined.

Cleveland, unlike New York or Miami, is not usually considered a first stop on the well-traveled routes of drug smuggling, but is nevertheless vulnerable to the challenge of body packers, as Drs. Queen and Glauser illustrate (See *A young man with hyperthermia and new-onset seizures*, page 453).[1] They made the correct diagnosis, even when the clinical evidence did not suggest this entity, but they did not address several key issues about the management of this patient, which I would like to discuss.

CONSERVATIVE MEDICAL APPROACH CONTROVERSIAL

First, since cocaine toxicity from ruptured or leaking packets can be fatal,[2–7] conservative management is recommended only for patients who are asymptomatic at presentation and remain asymptomatic. Medical management is appropriate for patients with no signs of gastrointestinal obstruction or cocaine toxicity and can include activated charcoal to limit cocaine absorption. Whole-bowel irrigation with polyethylene glycol has been used to decrease the time to complete evacuation of packets,[8] since prolonged retention of the packets is directly related to an increased risk of toxicity.[8–10]

But this conservative approach remains controversial. Many toxicologists recommend a surgical consultation, if not surgical removal of the packets, even if the patient remains asymptomatic.[11] Furthermore, any symptoms that develop (seizures, tachycardia, hypertension, etc) should be considered a medical emergency mandating a surgical consultation.[8,9,11–14] Use of benzodiazepines and cooling techniques may prove futile in the face of rupture or leakage of multiple packets of cocaine, each of which may contain two to five times the potentially lethal dose, if absorbed.[4,14]

LEGAL ASPECTS OF MANAGEMENT

Second, the evaluation and treatment of these patients tread on fuzzy legal ground.[5,15,16] Questions have been raised regarding the patient's right not to incriminate himself via urine drug screens and abdominal radiographs. Furthermore, disposal of the drug must be considered. These cases are not the same as finding a single crack vial or small dose of heroin that can be tossed into a "sharps" receptacle or other container that does not allow retrieval. This patient's cocaine represents a significant amount of drug, perhaps 1 kg or more, that was clearly intended for resale in the community.

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WHAT SHOULD BE DONE WITH THE EVIDENCE?

Luckily, law enforcement officers often accompany such patients to the emergency department, and we physicians do not have to address the issues of disposing of the drug and of preserving doctor-patient confidentiality when the patient clearly represents a threat to the community. Those tackling this problem for the first time may find comfort in knowing not only that many experts support proceed-

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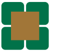

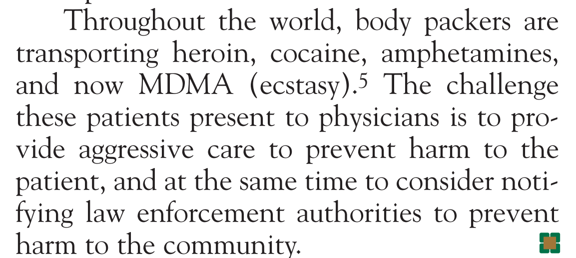

ing with the medical evaluation on the medical grounds that body packing may be life-threatening, but also that many prominent toxicologists support notifying police when these patients are discovered.

Throughout the world, body packers are transporting heroin, cocaine, amphetamines, and now MDMA (ecstasy).[5] The challenge these patients present to physicians is to provide aggressive care to prevent harm to the patient, and at the same time to consider notifying law enforcement authorities to prevent harm to the community.

REFERENCES

1. **Queen JR, Glauser J.** A young man with hyperthermia and new-onset seizures. Cleve Clin J Med 2002; 69:453–464.
2. **Bettinger J.** Cocaine intoxication: massive oral overdose. Ann Emerg Med 1980; 9:429–430.
3. **Fainsinger MH.** Unusual foreign bodies in bowel. JAMA 1977; 237:2225–2226.
4. **Freed TA, Sweet LN, Gauder PJ.** Balloon obturation bowel obstruction: a hazard of drug smuggling. Am J Roentgenol 1976; 127:1033–1034.
5. **Horrocks AW.** Abdominal radiography in suspected "body packers." Clin Radiol 1992; 45:322–325.
6. **Mebane C, DeVito JJ.** Cocaine intoxication. J Fla Med Assoc 1975; 62:19–20.
7. **Wetli CV, Mittleman RE.** The "body packer syndrome"—toxicity following ingestion of illicit drugs packaged for transportation. J Forensic Sci 1981; 26:492–500.
8. **Hoffman RS, Smilkstein MJ, Goldfrank LR.** Whole bowel irrigation and the cocaine body packer: a new approach to a common problem. Am J Emerg Med 1990; 8:523–527.
9. **McCarron MM, Wood JD.** The cocaine "body packer" syndrome. JAMA 1983; 250:1417–1420.
10. **Miller JS, Hendren SK, Liscum KR.** Giant gastric ulcer in a body packer. J Trauma 1998; 45:617–619.
11. **Suarez CA, Arango A, Lester JL.** Cocaine-condom ingestion. JAMA 1977; 238:1391–1392.
12. **Fishbain DA, Wetli CV.** Cocaine intoxication, delirium, and death in a body packer. Ann Emerg Med 1981; 10:531–532.
13. **Greenberg R, Greenberg Y, Kaplan O.** "Body packer" syndrome: characteristics and treatment—case report and review. Eur J Surg 2000; 166:89–91.
14. **Trent MS, Kim U.** Cocaine packet ingestion. Arch Surg 1987; 122:1179–1181.
15. **Craig JO.** Radiography of suspected drug smugglers. Clin Radiol 1990; 41:228.
16. **Pamilo M, Suoranta H, Suramo I.** Narcotic smuggling and radiography of the gastrointestinal tract. Acta Radiol Diag 1986; 27:213–216.

ADDRESS: *Joseph Rella, MD, The University Hospital, University of Medicine and Dentistry of New Jersey, 150 Bergen St., Newark, NJ 07103-2406.*

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