

Case Report

Fatal Heroin Intoxication in Body Packers in Northern Thailand during the Last Decade: Two Case Reports

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A body packer is an important means of drug trafficking. While drug packets are inside the body, they can leak or rupture causing acute substance toxicity. Most of the reports of body packer syndrome have come from Europe and North America, which are destination targets. In the present study, the authors reported two cases of fatal heroin body packers from the northern part of Thailand. Both cases were foreign tourists who came to Chiang Mai and stayed in a hotel or a guesthouse room in which the deaths occurred. The autopsy findings revealed rupturing of heroin packages in the stomach. The packaging used in both cases was not sophisticated. The powder was packed inside condoms without extra covering, as observed in some other professional packers. The amount of heroin transported was about 30-50 gm. The purity of heroin in this powder was about 50-90%. Their destinations were their home countries and not directly to Europe or North America. Deaths occurred just prior to their return. The cause of death was a heroin overdose. A significant level of heroin metabolites, 6-MAM and morphine were detected in the blood and urine.

Keywords: *Drug abuse, Body packer syndrome, Drug trafficking, Autopsy findings, Drug analysis*

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Body packing is a method of drug smuggling. Usually, drug traffickers wrap substances in plastic bags, balloons or condoms and keep them inside their bodies, either keep in the gastrointestinal tract or vagina⁽¹⁾. Drug traffickers may ingest these packets into the stomach or insert them into the rectum. When arriving at their destination, drug smugglers remove or pass these packets. While inside the stomach and bowels, these packets can leak or rupture causing substance toxicity, bowel obstructions⁽²⁾ or bowel perforations⁽³⁾. The most severe complication of the body packer syndrome is acute fatal intoxication⁽⁴⁾. Over the last decade, many reports of body packer syndrome have come from Europe⁽⁵⁻⁷⁾ and North America^(4,8-10), which are destination targets. Reports from Asian countries or other departure sites have not been common, particularly from Thailand. Chiang Mai, a city

close to the Golden Triangle, is an interesting area for investigation of the body packer situation. Many tourists that have died from unknown causes are sent to the Department of Forensic Medicine, Chiang Mai University. In the last 10 years, the authors have found two sudden deaths due to heroin packets rupturing in the stomach.

Case A (1997 AD.)

Case History

A Caucasian male came to Chiang Mai and stayed in a guesthouse near the city centre. Two days before his death, he told the guesthouse manager that he felt heart palpitations and asked for a cup of tea. After having the tea, he went to his room. He was found dead about 36 hours after last being seen by the manager. After a crime scene investigation, the deceased was transferred to the Department of Forensic Medicine at Chiang Mai University for a medico-legal autopsy. The autopsy was performed six hours after the body was found.

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Autopsy findings

The deceased was a 31-year-old Caucasian male. There were no violent wounds found on the body, or injection sites. Rigor mortis and livor mortis were observed. The mouth and nose contained a copious amount of blood. The heart weighed 525 gm with 80-90% occlusion of the left coronary artery. Pulmonary edema and congestion were observed in both lungs. In the stomach, there were multiple condoms containing a white powder (Fig. 1). The condoms were evacuated from the stomach and 8 out of 39 were found to be leaking (Fig. 2). Each condom ball contained approximately 1 gm of the white powder and was contained within one layer of condom. Each ball was enclosed by a knot tied at the end of the condom. No other remarkable change was found in any other internal organ.

Toxicological analysis

Urine, blood and gastric content were collected and sent to the laboratory in the Department of Forensic Medicine. Urine was positive for opiates using the



Fig. 1 Multiple condoms containing of white powder recovered from the stomach



Fig. 2 Thirty-nine condom packets recovered from case A

Ontrak screening test. After using the Coat-A-Count RIA test, free morphine was detected in the serum and urine. Using thin layer chromatography (TLC) as a confirming test, morphine was identified in the blood, bile and urine. TLC detected less codeine in the bile and urine. The gastric content was positive for heroin and its metabolite, 6-monoacetylmorphine (6-MAM).

The white powder inside the condoms was identified as heroin and 6-MAM by the TLC technique. All the heroin powder was submitted to the police department and then to the Narcotic Control Center Laboratory. The result disclosed that the powder weighed 47.6 gm and contained 42.8 gm of pure heroin. The purity in this amount of heroin was 90%.

The cause of death in this victim was a heroin overdose due to rupturing heroin packages in the stomach. The estimated quantity of heroin that leaked into his stomach was 8 gm.

Case B (2003 AD.)

Case History

Three oriental male tourists came to Mae Sai, a district near the Golden Triangle. They rented one room of a local hotel and spent most of their time there. On the third day of their stay, the hotel maid realized that they had not come out. After a phone call to the room received no response, the hotel staff went in and found 2 men unconscious and one dead. The two unconscious tourists were transferred to a local hospital, where one of them died. The other was discharged from the hospital and returned to his country later.

At the scene, police found a lot of condoms in the room. No white powder was detected. No evidence of violence was found in the room. Only the deceased tourist found in the hotel was sent to the Department of Forensic Medicine at Chiang Mai University for a medicolegal autopsy.

Autopsy findings

The decedent was a 39-year-old Chinese male with a tattoo on his right arm. No violent wound was observed. Both conjunctivas showed cyanosis. Pulmonary edema and congestion were observed in both lungs. In the stomach, a turbid solution was seen with some small pieces of plastic. There were 12 condom balls of white powder and another 3 condoms had been split open (Fig. 3). The pattern of packing was such that the powder was wrapped inside a square plastic sheet. It was not tied, but only twisted at one end. Each package was then put into a condom. The



Fig. 3 Fifteen condom packets recovered from case B. Only twelve packets are still intact

ball was enclosed by a knot tied at the end of the condom.

Toxicological analysis

Urine, blood and gastric contents were collected and sent to the toxicology laboratory in the Department of Forensic Medicine. Using thin layer chromatography, heroin and 6-monoacetylmorphine (6-MAM) were identified in the gastric content along with white powder. In the blood, 6-MAM, morphine and codeine were detected using the thin layer chromatography technique. The serum levels of 6-MAM, morphine and codeine measured by REMEDI HS™ were 17.67, 80.67 and 14.72 µg/ml, respectively. Morphine, 6-MAM and codeine also were identified in the urine using thin layer chromatography and REMEDI HS™.

The powder retained from the stomach was submitted to the police department and then sent to the government laboratory for measurement of its purity. The report revealed that this powder weighed 30.12 gm and contained 16.50 gm of pure heroin. The purity of the heroin was 51.79%.

The cause of death in this victim was a heroin overdose and the estimated quantity of heroin that leaked into his stomach was 5 gm.

Discussion

The trafficking of illicit drugs by swallowing packets into the body was first reported in 1973, when a courier transported a condom filled with hashish to Canada⁽¹¹⁾. After that, many reports of body packer syndrome have been revealed. This manner of illicit drug transportation has become an important means of drug smuggling⁽¹²⁾. Cocaine and heroin are popular drugs to conceal. Amphetamine, methylenedioxyamphetamine (MDMA) and marijuana have also been

packed inside the body⁽¹²⁾. From a survey of body packer cases in Western Europe between 1980-1990, there were 17 deaths and most of them (10/17) were from transporting heroin⁽⁷⁾. In the UK, between 1996-1999, 572 passengers suspected of drug smuggling were taken to Ashford Hospital, but only 180 were diagnosed as body packers⁽⁶⁾. In the United States, there have been many reports of body packers. A series from New York City showed that there were 50 body packer deaths between 1990-2001. Most of them were transporting opiates⁽⁴⁾. The majority of cases (41/50) occurred between 1996-2001. In the State of Maryland, 7 deaths from body packing were reported in a 4-year period at the Office of the Chief Medical Examiner⁽⁸⁾. On the East Coast of the state, there were 14 body packers reported by the Chief Medical Examiner's office in Los Angeles. In Asia, a report from Nippon Medical School revealed nine body packers between 1994-1996. Five cases were of suspected cocaine smuggling and two cases were of heroin transportation⁽¹³⁾.

Most of these reported cases occurred in the destination countries, where the markets were to be found. Not so many cases were reported from the departure points or the packing areas because it might be inconvenient for customs officers to check whether all departing passengers have concealed drugs internally. However, information on drug smugglers from the departure points would be useful in terms of global drug control and prevention.

In the present study, the authors reported two cases of body packing in the northern part of Thailand and the individuals deceased were sent to the Department of Forensic Medicine. Both cases concerned tourists staying in hotels or guesthouses in which the deaths occurred. Both of these deaths were classified as sudden unexpected deaths and the victims were sent for legal autopsy. Interestingly, neither of the deceased was from a target area where drug trafficking is prevalent. The packaging used in both cases was not as sophisticated as it needed to be. Many dealers have learned to conceal drugs in multi layers of latex that should prevent them bursting inside the body⁽¹²⁾. This was evident in a previous case of non-fatal body packing admitted to our hospital for the evacuation of drug packages in 1990. The trafficker was a Nigerian with multi layers of concealment (data not published). He was brought to the hospital, not due to any significant body packer complications, but because the intelligence agency had reported to police that he had concealed drugs in his body.

The autopsy findings in both cases revealed cyanosis and pulmonary edema and congestion. Heroin and its metabolites were detected in the gastric contents on both occasions. It is estimated that about 8 gm and 5 gm of heroin leaked from the ruptured condom packages into the stomach. Also the serum level of 6-MAM and morphine was much higher than the lethal level reported in acute overdoses not due to body packing, which was similar to a case reported by Joynt and Mikheal⁽³⁾. The estimated amount of heroin smuggled in the presented cases was 30-50 gm of heroin which is not a large amount compared to other reports⁽¹²⁾ or the authors' previous non-fatal case. The purity of heroin in this powder was about 50-90%. In both cases, the tourists planned to return to their homeland, New Zealand and Taipei, respectively. None reported going to Europe or North America.

Conclusion

During the past 10 years, two cases of fatal heroin overdose, due to ruptured body packets, were reported from the Department of Forensic Medicine. Both body packers transported heroin in their stomachs. The powder was packed inside condoms without extra covering, contrary to professional packers. The amount of heroin transported was not large. Their destinations were their home countries and not directly to Europe or North America. Deaths occurred just prior to their return. A significant level of heroin metabolites, 6-MAM and morphine were detected in the blood and urine. The cause of death was a heroin overdose.

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การเสียชีวิตจากเฮโรอีนเกินขนาดในผู้ที่ซุกซอนเฮโรอีนไว้ในร่างกาย 2 ราย ที่เกิดขึ้นในภาคเหนือของประเทศไทยในช่วงทศวรรษที่ผ่านมา

พงษ์รักษ์ ศรีบัณฑิตมงคล, วิรุฬห์ ศุภสิงห์ศิริปริษา, ศุภรัตน์ ธรรมพิทักษ์, อนงพันธ์ จันทร์กัญ

การซุกซอนสารเสพติดผิดกฎหมายไว้ในร่างกาย เป็นวิธีการการลักลอบขนย้ายสารเสพติดที่สำคัญวิธีหนึ่ง สารเสพติดที่ถูกซุกซอนอยู่ในร่างกายอาจรั่วหรือแตก ทำให้เกิดเป็นพิษขึ้นได้ รายงานผลข้างเคียงจากการซุกซอนสารเสพติดในร่างกายส่วนใหญ่มาจากประเทศในแถบยุโรปและอเมริกาเหนือ ซึ่งเป็นจุดหมายปลายทางในการลักลอบนำเข้าสารเสพติด ในการศึกษาเป็นการรายงานการเสียชีวิตจากการซุกซอนเฮโรอีนไว้ในร่างกายที่เกิดขึ้นในบริเวณภาคเหนือของประเทศไทย ผู้ที่เสียชีวิตทั้งสองรายเป็นนักท่องเที่ยวต่างชาติที่มาท่องเที่ยวในเชียงใหม่และภาคเหนือตอนบน เสียชีวิตในห้องพัก ผลการชันสูตรศพ พบถุงเฮโรอีนแตกอยู่ในกระเพาะอาหาร ลักษณะการห่อหุ้มเฮโรอีนทั้งสองรายเป็นการนำผงเฮโรอีนบรรจุลงในถุงยางอนามัยและไม่มีการห่อหุ้มที่แน่นอนเหมือนกรณีอื่นๆ ที่เคยตรวจพบ ปริมาณของเฮโรอีนที่ซุกซอนประมาณ 30-50 กรัม ความบริสุทธิ์ของเฮโรอีนชุดนี้ประมาณร้อยละ 50-90 นักท่องเที่ยวทั้งสองเสียชีวิตก่อนที่จะเดินทางกลับภูมิลำเนาคือนิวซีแลนด์ และได้หวั่น สรุปลสาเหตุการเสียชีวิตจากการได้รับเฮโรอีนเกินขนาด ซึ่งสามารถตรวจพบอนุพันธ์ของเฮโรอีน, 6-MAM และมอร์ฟีนได้ในเลือด และปัสสาวะของผู้ตาย
