BODY CAVITY SEARCHES, PRACTICAL ISSUES AND CONSENT

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Introduction

Searches of body cavities may be requested by police or customs and excise and other governmental authorities because of the suspicion that an individual may smuggle drugs, or has a weapon concealed.

Doctors or other appropriately qualified healthcare professionals may be asked to search intimately for such articles. There is an overriding duty of care to the individual in these cases.

Doctors working near ports of entry need to be aware of the various presentations of drug smuggling as early detection of intoxication will reduce mortality. This article will outline relevant definitions in the area, discuss the importance of consent, give a detailed example of legal provisions that exist in England and Wales, and outline the practical aspects of body cavity searches.

Definitions

Intimate Search

An intimate search is defined in law in England and Wales as 'a search that consists of a physical examination of a person's body orifices other than the mouth.'

Safety Search

A safety search may be authorized when a person who has been arrested and is in police detention is thought to have concealed on him/her anything which could be used to cause physical injury to him/herself or others and it is thought that he/she might use it while he/she is in police detention or in the custody of a court.

Drug Offense Search

A drug offense search may be authorized when it is believed that an individual has a class A drug concealed on him/her and he/she was in possession of it with criminal intent before his/her arrest. Class A drugs include major natural and synthetic opiates (heroin and methadone), lysergic acid diethylamide (LSD), cocaine, ecstasy, and injectable amphetamines.

Appropriate criminal intent would be an intent to commit an offense of possession of a controlled drug with intent to supply, or export with intent to evade a prohibition or restriction.

Body Packer

Body packers are those who deliberately ingest packages of drugs in order to avoid detection by authorities. The term "surgical mules" may also be used.

The drugs are normally packed in layers of tightly wrapped cellophane, or in condoms, and swallowed. Constipating agents, such as loperamide or diphenoxylate hydrochloride with atropine (Lomotil®) may be taken to prevent the passage of the packages on a long-distance flight, before the end of the journey ("stoppers").

Drugs such as cocaine, heroin, amphetamine, and cannabis may be packed in variable amounts. For example, packages containing between 1 and 15 g of cocaine have been reported.

Body-packer syndrome consists of intestinal rupture or potentially lethal intoxication caused by rupture of the packets.

Body packing has rarely been reported in children, but two boys aged 12 and 16 years who had concealed heroin and who survived were reported in 2003.

Body Stuffer

Body stuffers may take drugs orally ("swallowers") just prior to arrest by police in an attempt to avoid being found in possession of illicit substances, or alternatively they may put drugs in the rectum or vagina – "body pushers." These drugs may not be so well wrapped as those taken orally by body packers and so may result in symptoms and signs within a couple of hours.

Good practice suggests that if a recently detained prisoner has or is suspected of having swallowed drugs, he/she must be treated as having taken an overdose and an ambulance should be called for immediate transfer to an accident and emergency facility. If the prisoner refuses to go to hospital and declines any medical assistance the refusal should be noted on the custody record and his/her condition closely monitored for signs of deterioration.

Medical assistance should be summoned immediately, and on arrival a full assessment should be performed by the doctor to consider whether hospital transfer is required. If so, the doctor should explain to the prisoner why such transfer is in his/her best interests.

Dumping

The term dumping is used for the removal of a corpse after a drug-related death, usually to public places not far from where the death occurred, after the individual passed away in the presence of others, or in someone else's home. Postmortem celiotomy may be performed to recover unpassed packets.

Consent

Ethically no medical practitioner should take part in an intimate body search of an individual without that individual's consent even though there may be no legal requirement to obtain the individual's consent to the search.

Healthcare professionals should remember that for consent to be valid the individual must be given sufficient, accurate, and relevant information and have the competence to consider the issues and reach a voluntary decision. The effects of ingestion and absorption of any suspected substances or the effects of ingestion and concealment of a weapon should be fully explained to the prisoner. The possibility of a package splitting and resulting in overdose should be discussed as this may be a problem even with an individual who is dependent on the suspected concealed drug.

It should be remembered that an individual's competence to make a decision might be affected by the effects of drugs or alcohol, and any lack of privacy during the discussion, e.g., with the presence of a police chaperone, may affect the individual's willingness to ask questions. In some circumstances the individual has no choice about whether the search will proceed, only the choice of whether it is carried out by a medical practitioner or by a police officer.

In some cases it may be possible to seek consent for a noninvasive method of searching such as an ultrasound examination and this approach should be discussed with the prisoner and hospital colleagues.

In an emergency, for example, if a detainee collapses and there are reasonable grounds for suspecting that he/she has something concealed that has led to this collapse, an intimate search may be justified to save the life of the individual. An intimate search might, exceptionally, be conducted by a doctor if he/she believes it is necessary to remove a concealed object that is of immediate danger to the life or personal safety of those responsible for the detainee's supervision.

It is reasonable to assume that young people aged 16 or 17 have the capacity to consent to an intimate search. However, in addition to gaining consent from the juvenile, when an intimate search is going to be carried out on a child younger than 16, it is good practice to inform and obtain the consent of the person with parental responsibility whenever reasonably practicable.

Legal Provisions

The legal provisions regarding authorization of body cavity searches will vary between jurisdictions. In England and Wales section 55 of the Police and Criminal Evidence Act 1984 provides that an intimate search of an individual may be conducted on the authority of a police officer of at least the rank of inspector only if there are grounds for suspecting that an individual has secreted about him/her either an object that might be used to cause physical injury while he/she is detained or has a class A controlled drug.

The authorizing police officer is responsible for determining which grounds exist and that an intimate search (either a safety search or a drug offense search) is the only practicable means of removing the dangerous items or drugs.

In England and Wales over 2002–2003, 172 intimate searches, mostly for drugs, were carried out, an increase of 70 over 2001–2002. Searches made for drugs (91% of all searches made) showed a 5% rise in 2001–2002. In 2002–2003 class A drugs (mainly heroin, other opiate drugs, LSD, and cocaine) were found during one in three of the searches made for drugs. In nine searches for harmful articles, only two articles were found.

In Scotland where an intimate search is considered necessary in the interests of justice and in order to obtain evidence, this may be lawfully carried out under the authority of a sheriff's warrant.

If, in the USA, after arresting a person, an officer believes that there is evidence of a crime in a body cavity, a search warrant should be obtained to enable a qualified person to conduct any search in a reasonable manner.

Specific Drugs

Individuals may present with the acute effects of the drugs ingested; for example, "drug-smuggler's delirium" may be a presentation of acute cocaine toxicity.

Clinical effects of cocaine and amphetamine are similar, with stimulation of the sympathetic nervous system. Intoxication results in euphoria, sweating, hyperthermia, dilated pupils, tachycardia, increased blood pressure, dysrhythmia, seizures, and excited delirium.

Symptoms and signs of severe intoxication with heroin include pinpoint pupils, respiratory depression, central nervous system depression, hypotension, hypothermia, and coma.

If there is coma or bradypnea, naloxone is indicated in a dose of 0.8–2 mg intravenously repeated at intervals of 2–3 min to a maximum of 10 mg. If respiratory function does not improve, then the diagnosis should be questioned. Since naloxone has a shorter duration of action (less than 1 h) than many opioids, close monitoring and repeated injections are often necessary and the detainee should be kept in hospital.

Practical Aspects

Any healthcare professional who agrees to undertake an intimate search should have the required skills and a comprehensive understanding of the risks involved and their management. There is a real danger that a drug package could leak or a weapon could cause injury (to either the practitioner or the prisoner) during attempts to remove them.

A safety search could be performed at a police station, a hospital, or other medical premises. The doctor should decide the appropriate venue depending on the circumstances of the search. Drug offense searches should be at a venue with full resuscitation facilities – ideally at an accident and emergency facility.

When asked by the relevant authorities to conduct an intimate search the doctor should speak directly with the officer involved in order to determine if the person is fit to remain in custody or if he/she should be transferred urgently to hospital in an ambulance.

The doctor should ensure that any legal provisions, including proper authorization, has been obtained and document who has given authority for the search and under what grounds the search is being carried out.

The doctor may arrange to meet the police and the prisoner at the local accident and emergency department. The police or customs authorities can be asked to contact the nurse in charge to arrange a suitable room.

On arrival the doctor should be fully briefed by the officers involved as to the condition of the prisoner when arrested, any change whilst in custody in particular, and whether there has been any deterioration in the state of the person. Any other relevant information regarding past medical history, current medication, substance misuse, including alcohol, and previous police warnings should be available to the doctor.

Urgent hospital transfer of any individual in the custodial environment should be considered if there is a deterioration in the clinical condition of the prisoner, if a weapon is identified but cannot be removed by the doctor, and/or if the prisoner refuses to consent to a drugs search.

Although in the case of the latter it may be possible to observe a detainee in the custodial situation for a short period, it is not appropriate for nonmedical personnel, who may have insufficient knowledge of the symptoms and signs of toxicity, to conduct observations of a prisoner over a prolonged period.

The healthcare professional should always attend and assess a prisoner whenever a request has been made by the police/custom authorities to conduct an intimate search.

On arrival at an accident and emergency department the doctor should explain to the emergency staff the risks of performing an intimate search and ensure that there will be immediate assistance should an emergency arise. At hospital the responsibility for performing an examination lies with the doctor performing the search as opposed to any hospital staff.

The doctor will need close-fitting disposable gloves and access to an auroscope, a proctoscope, a speculum, lubricating jelly, sponge forceps, and a free-standing or wall-mounted light.

No person of the opposite sex who is not a medical practitioner or nurse should be present. A minimum of two people other than the person searched should be present. Preferably an officer of same sex as the prisoner should be present during the examination and anything found should be given to him/her.

The doctor will be guided by the authorities as to which orifice(s) to search. Any of the following orifices may be used to conceal drugs/weapons and should be examined in the following manner:

- mouth: visual inspection with light source
- nostrils: visual inspection with auroscope
- ears: visual inspection with auroscope
- umbilicus: visual inspection with light source
- foreskin: visual inspection with light source
- rectum: gentle digital exploration followed, if necessary, by proctoscopy
- vagina: gentle digital exploration followed, if necessary, by insertion of speculum and inspection of the vaginal fornices.

A full contemporaneous note should be made in the doctor's original notes as regards the procedure, including the relevant history taken and examination performed.

If a drug package has been swallowed or concealed in the rectum, given time, it may pass or dislodge naturally. In these cases the doctor should discuss the proposed admission with hospital colleagues. Depending on legal restrictions the custodians may be able to detain suspects for longer periods and repeated urinalysis may be performed where presence

of drug metabolites in the urine can be detected by enzyme immunoassay. Rarely urinalysis may be negative due to good packaging.

Packages may be visible on standard abdominal X-ray (if consent is given for such a procedure), e.g., a supine and upright abdominal radiograph with or without contrast. Diagnostic radiographic features include the "double condom" (air trapped between layers of condoms), and "rosette" sign (air trapped in the outer package at the end where the knot has been tied).

Management in Hospital

Detainees admitted to hospital should be closely monitored with pulse, blood pressure, temperature, and electrocardiogram recording. The main complications are intestinal obstruction or massive intoxication by cocaine, which is usually of rapid onset and is frequently fatal. Early specialist advice should be sought for any complications such as hyperthermia or intestinal obstruction.

Often packages pass spontaneously and conservative management may be appropriate, such as mild laxatives with a liquid diet, keeping the individual under close observation. Surgery may be required to retrieve packages if signs of obstruction or intoxication develop. If there is evidence of packet degradation with pieces of packet wrappings or actual packets with deteriorating packaging being passed, then emergency surgery may be required.

It is difficult to give definitive advice regarding the period of observation in hospital. Although the body packer should know the exact number of packets ingested, it would be unwise to rely on inaccurate information. Obviously an accurate history should be obtained, all packages should be passed, and there should be no evidence of intestinal obstruction; the patient should be asymptomatic with normal X-rays and a negative drug screen.

Options such as X-ray and computed tomography scanning both involve irradiating the patient and may not be suitable for female detainees who may be potentially pregnant. Ultrasound may be used for noncontact searching but requires an individual's cooperation.

Risk of Death

Smuggling packets of drugs by ingestion can result in the death of the courier by various causes. The most common cause is acute intoxication due to partial or complete rupture of the package(s) and absorption of the drugs. Deaths may also occur from bowel obstruction or perforation. The most common drugs implicated in deaths of body packers are heroin and cocaine. It appears that heroin deaths are becoming more common and that intestinal obstruction and/or perforation is more common with heroin. Opiates do slow intestinal motility and so may contribute physiologically to intestinal obstruction.

Suicide by reingestion of passed packages has been reported and detention personnel should be aware of this possibility.

See Also

Custody: Death in, United Kingdom and Continental Europe; Death in, United States of America; **Drug-Induced Injury, Accidental and Iatrogenic**; **Forensic Psychiatry and Forensic Psychology:** Drug and Alcohol Addiction; **Substance Misuse:** Medical Effects; Miscellaneous Drugs

Further Reading

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