

APPREHENDING NARCOTIC SMUGGLERS IN MALTA

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ABSTRACT

This is an account of the experience of the radiological department in identifying heroin smugglers coming from the African continent in transit through Malta. The method of preparation and ways of concealment of drugs in the alimentary tract are described and their radiological appearances illustrated. Conventional and alternative methods of investigation are discussed.

INTRODUCTION

Among the many techniques of transport and contraband of narcotics, one

of the latest fashions is concealment within the alimentary tract,^{1,2,3}. This method is adopted because:

1. The alimentary tract is voluminous and can take quite a large volume of drugs.
2. It is relatively inaccessible to customs officials and police officers who need to involve hospital personnel to prove the presence of the smuggled drug.
3. Initially, it might have been quite an ingenious way of eluding anti-narcotic authorities. Nowadays, our customs

officers and vice squad personnel are alert to the situation and refer suspected travellers to our main hospital for assessment.

METHOD

The drug carriers ingest multiple doses of the drug enclosed in rubberised capsules of about 2 to 3 centimeters by 4 to 5 centimeters. These must obviously be hermetically sealed as accidental absorption of the chemical within the bowel would result in a fatal overdose.

These multiple units are usually visible on plain radiography of the abdomen because the rubberised capsule is radio-opaque. The number of capsules varies from 50 to 100 depending on the weight of narcotic to be transported. they are usually situated within the large bowel but can lie inside small bowel also (fig. 1).

Some carriers have a few capsules (two or three) of larger than usual size, some as large as 5 by 7 cm., which are all within the rectum (fig. 2). In these cases, the method of insertion is believed to have been by the anal route.

In the latest effort to elude the law-enforcing Officers the drug smugglers now pack smaller units of the drugs in plastic polyethylene sheath capsules of about 1.5 by 3 cm (fig. 3). Having put an amount of heroin in the capsule, the end is then tied securely. As the plastic is radiolucent it cannot be readily seen on a plain X-ray of the abdomen. The smaller size of capsule also renders it less visible within the bowel and also more easily ingested.

However, during the process of filling the capsule, some air is left unintentionally within these units and therefore an oval-shaped pattern results in the radiograph by the contrast created between the drug, the trapped air and the soft tissues (fig. 4).

Sometimes during the packing process, radio opaque contaminants are unintentionally sealed into the radiolucent capsules. Figures 3 and 4 are apt examples of this. Close inspection of these photographs discloses the presence of a "U" shaped metallic object or clip, which also establishes a connection between the capsules in Figure 3 and the person radiographed in figure 4, as this same object is visible in both these figures.

Our experience is of seven cases of narcotics concealed inside the alimentary tract. In two of these cases the drugs were introduced via the anus while in the other five cases the drugs were swallowed. Only one of the latter cases utilised non opaque plastic cap-

sules.

DISCUSSION

Our Vice Squad Officers are on the alert for drug smuggling by these methods. Suspected travellers, particularly those coming from the African Continent, are referred to hospital for medical examination and for plain abdominal radiography. If the test is positive, these suspects are then admitted and followed up until a search of their bowel motions confirms the suspicions and reveals the exact number and weight of capsules containing narcotics. This information will then give the officers the evidence they need for prosecuting the individual.



FIG. 2
Radiograph depicts two large capsules located in rectum.



FIG. 1
Plain Abdominal X-Ray shows multiple oval/cylindrical packets with radio-opaque sheath containing narcotic within large bowel.



FIG. 3
This X-ray illustrates the mode of package of these sixty one capsules each containing about 5.5. grams of 50% Heroin. Metallic "U" clip is arrowed.

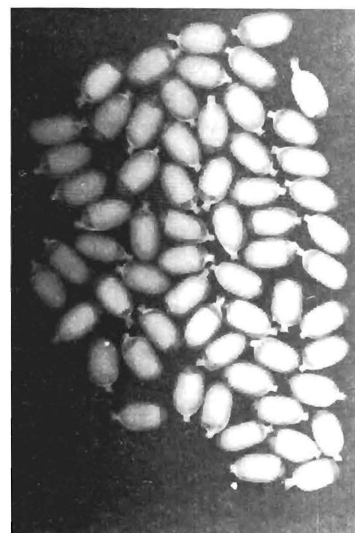


FIG. 4
This Radiograph with multiple packets containing narcotics, rendered visible due to air content. Note metallic "U" clip over the left neuro-exit foramen at S1/2 (arrowed).

Our radiological and medical staff are also quite alert to the magnitude of the problem and they have successfully identified drugs in the alimentary tract enclosed in non opaque plastic balloons.

The co-operation between the law enforcement agencies and the hospital staff ensures that Malta makes a valid contribution to the control of drug smuggling.

CONCLUSION

It is important to point out that there are other methods of investigation besides plain abdominal radiography. Ultrasonic scanning may be utilised as a first line of investigation or as a confirmatory examination. An ultrasound scan is a less invasive technique since one avoids a radiation dose and it is a more cost-effective approach to screening suspects⁴.

The ultrasonic examination could visualise individual capsules or it could detect scalloping of adjacent capsules with acoustic shadowing from the entrapped air (fig. 5).

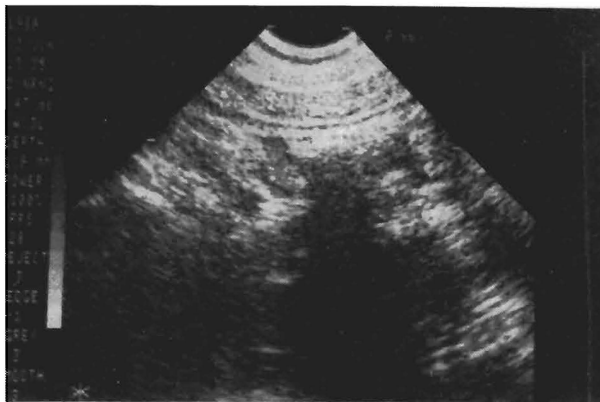


FIG. 5
Ultrasound Image shows convex upwards echogenic surface with acoustic shadow beneath arising from a capsule with trapped air.

In conclusion therefore, one would recommend that cases of suspected narcotic smuggling should be initially referred for an ultrasound scan for screening. The positive cases could then be referred for a plain abdominal radiograph to confirm or refute the suspicious findings.

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