

**Independent Custody Visiting Association**  
**Briefing for Independent Custody Visitors**  
**Drug Stuffing**  
**August 2018**



**Background**

This briefing is intended to give ICVs an overview of what drug stuffing is, how detention can be extended for these detainees and to provide some guidance on isolation and ensuring the welfare of this group of detainees.

**What is the difference between Body Packing and Drug Stuffing?**

**Body packing**

Body packing (detainees who are arrested for this can sometimes colloquially be known as swallows), often involves drugs with a high street value and is primarily done to smuggle drugs across borders or other security checkpoints. The drugs may be placed in condoms or in packets enclosed by several layers of polyethylene or latex and sometimes covered with an outer layer of wax. After body packers (“mules”) swallow multiple packets, they typically take antimotility drugs to decrease intestinal motility until the packets can be retrieved. The total amount of drug involved represents a supra-lethal dose. Rupture of one or more packets is a risk, resulting in abrupt toxicity and overdose.

**Body stuffing**

Body stuffing (detainees will sometimes be colloquially referred to as ‘stuffers’) is similar to body packing; it occurs when people about to be apprehended by law enforcement swallow drug packets to avoid detection. Sometimes packets are placed in the rectum or vagina. Body stuffing usually involves much smaller amounts of drugs than does body packing, but the drugs are usually less securely wrapped, so overdose is still a concern.

**What happens to a detainee who is suspected of stuffing or packing drugs?**

The College of Policing – Authorised Professional Practice states:

If officers know or suspect that a detainee has swallowed or packed drugs, either for the purpose of trafficking or to avoid imminent arrest or detention by the police, they must treat the person as needing urgent medical attention and transfer them straight to hospital. Leakage from a package can prove fatal. If a package is swallowed to avoid detection, it is likely to have been prepared hastily and there is an imminent risk that it may come open or burst inside the person. If this happens, death can quickly follow, particularly when the person has swallowed crack cocaine.

The risk from swallowing or packing drugs depends on the type of drug, the number of packages and the type of packaging used. An X-ray may be conducted to determine what has been swallowed.

When drug swallows are returned to custody from hospital, officers should consider the following:

- before accepting a detainee for return to custody, the escorting officers should ask the doctor in charge of the detainee or the A&E manager to provide clear written advice for inclusion in the detainee's care plan
- detainees may still have drug packages in their bodies and hospital tests and observation will not always detect them
- the detainee will continue to be at risk of deterioration, which may be either slow or sudden.

**NOTE:** Detainees will always be taken to hospital as the APP directs, however, the detainee must give their consent to X-Rays and examinations to take place. ICVA has been informed that often detainees will withhold this consent.

### **Drug Stuffers and Detention Time**

Those who are believed to have drugs secreted internally by either method may be held in custody for extended periods of time, whilst being observed, waiting for the drugs to be passed.

This can lead to long detention times for detainees in police custody, with the case of one detainee attracting a great deal of media attention in 2018 after being detained for 47 days in police custody. This detainee had their detention extended by at court hearings 7 times. The detainee was kept under constant observation and close medical supervision and was eventually released having not passed the drugs due to medical and legal advice being received by the force.

### **What does this mean for the detainee?**

The National Preventative Mechanism, (NPM), produced a guide on isolation giving a definition as below:

*International standards on conditions in prisons define solitary confinement as 'the confinement of prisoners for 22 hours or more a day without meaningful human contact' and solitary confinement for a time period in excess of 15 consecutive days as 'prolonged solitary confinement'.*

Therefore, depending on the levels of observation, proximity to staff and the interactions thereof, a detainee held for extended periods of time could be considered as being held in prolonged solitary confinement.

**What should/could ICVs look for when visiting detainees thought to have stuffed/swallowed drugs?**

The NPM guidance on isolation in particular for police custody states the good practice would dictate the following was in place:

The effects of isolation can be mitigated by conditions and a daily routine which allow for:

- All basic rights and entitlements, such as access to a solicitor or a health care professional, to be provided.
- Access to reading materials, exercise, fresh air and showers. Consideration should be given to providing visits or telephone calls for children and other particularly vulnerable detainees. The availability of such items and activities should be made known to detainees, and detainees should be encouraged to access them.
- Meaningful regular interaction with staff using professional interpretation or communication aids as required.
- In the exceptional instances where clothing has to be removed (for evidence gathering or based on an individualised risk assessment), this should be for the shortest time possible and frequent reviews should take place with a view to returning clothing at the earliest opportunity.
- Children and young people to be accompanied by a parent or appropriate adult throughout their stay in custody and all agencies responsible for their welfare informed of their arrest.
- Wherever possible, children to be supervised outside of cells and kept apart from adult detainees.
- Access to smoking facilities or if this is not possible prompt access to nicotine replacement therapy to reduce nicotine withdrawal.
- New custody facilities to be built in such a way that there is natural light in each cell, more sensory stimulation and exercise yards.

ICVs should note, that where the detainee has refused medical examination, (potentially to avoid detection of secreted drugs), they can be returned to custody. The custody record may well state that the detainee is being detained against medical advice. The healthcare professional may record in this instance that the detainee is not fit for detention. Magistrates and the Force will both be aware of this advice when making decisions to extend detention times.

Conditions and the daily routine should be enhanced where the detention is of longer duration than the norm. Consideration should be given to, for example, longer periods of exercise and the provision of additional activities and radios, as well as visits from independent custody visitors. Consideration should also be given to allowing detainees some degree of control over their environment, activities and daily routine.

ICVs are in place as members of the public to report on what is and is not acceptable in custody. If they feel that the detention is 'wrong' for whatever reason, then they should record this on their form to send to the scheme manager. They may wish to comment on dignity and wellbeing as well as other elements included in the guidance.

### **Media Interest**

The case mentioned at the start of this guidance attracted a good deal of media interest and the force had tweeted daily updates. ICVA had some concerns regarding this, in particular with regard to the preservation of the dignity of the detainee and schemes are asked to consider if there is media interest, as to the appropriateness of any public facing information and raise with the OPCC and ICVA if there is a concern.