

The information on TOXBASE® requires expert clinical interpretation (ideally users should complete the TOXBASE® E-Learning modules; click [here](#)) and, therefore, should only be used by clinically trained medical/nursing professionals, who are responsible for the correct interpretation of the relevant clinical case history. **In severe or complex cases, including multiple ingestions, women who are pregnant and people with significant co-morbidity we recommend that you discuss your case with your poisons service: in the UK NPIS 0344 892 0111, in Ireland NPIC (01) 809 2566.**

TOXBASE® entries should not be used as patient information sheets.

Type of Product

Body-stuffers (also known as 'Contact Precipitated Concealers') rapidly ingest illegal drugs to avoid detection or arrest, often using flimsy wrapping (e.g. 'cling film-type' or a single-layer cellophane bag). The term "Parachuting" is used when the intent is to purposefully delay absorption.

There is often early leakage of drugs from the package, generally within 8 hours of ingestion.

Toxicity

Toxicity is dose-dependent and will, therefore, depend on whether the ingested package was intended for individual use or was a dealing stash. Greater numbers of larger packages present a higher risk, particularly if the patient is not a regular user. If doubt exists as to the quality of the wrapping and the quantity ingested then they should be managed as a [body-packer](#).

Body-stuffers ingesting more than they would in normal use (e.g. different drug, quality or quantity) may also be at increased risk of toxicity.

Body-stuffers are at risk of developing features of toxicity, particularly within the first 8 hours after the drug has been ingested, although there is a possibility of symptoms occurring later depending on the quality of the wrapping (Bucke et al, 2008).

The rapid release of drug from 'parachuting' can cause overdose. Parachuting has also resulted in death from airway obstruction due to an inhaled packet (Kennerson and Lear-Kaul, 2010).

Features

Cocaine:

Tachycardia, hypertension, agitation, dilated pupils, hyperpyrexia, seizures, chest pain and arrhythmias.

Heroin:

Most of the effects are mediated by the rapidly formed metabolite morphine. The lethal dose depends upon an individual's tolerance and previous exposure. Opioids may lead to a delay in bowel transit time, increasing the risk of drug absorption and bowel obstruction. Features include nausea, vomiting, pinpoint pupils, respiratory depression and the development of non-cardiogenic pulmonary oedema.

Cannabis:

Absorption is slow and erratic after ingestion. Features include anxiety, hallucinations and loss of consciousness.

Amphetamines:

Nausea, vomiting, dilated pupils, tachycardia, hypertension, sweating and convulsions.

Management

Ingestion of potentially life-threatening quantities contained in strong and non-porous wrapping (e.g. several layers of 'cling film-type' wrapping) should be managed as described under [body-packers](#).

If doubt exists as to the quality of the wrapping, and the quantity ingested then they should be managed as a [body-packer](#).

1. Maintain a clear airway and ensure adequate ventilation.
2. Observe all asymptomatic suspected body-stuffers for a minimum period of 8 hours from the time of ingestion. Individuals who swallow more than a day's personal supply are at greater risk of toxicity.
3. Consider the administration of oral activated charcoal (charcoal dose: 50 g for adults).
4. Try to identify the drug ingested, nature of the wrapping and observe for features of toxicity.
5. Manage clinical features as required according to drug ingested; consult the relevant TOXBASE® entry.
6. Surgical referral should be considered if features of mechanical bowel obstruction are present, or if several packages containing large quantities of drug have been swallowed with suspected leakage - see [body-packers](#).

Links

[Cocaine](#)

[Heroin](#)

[Cannabis](#)

[Amfetamine](#)

[Body Packers](#)

[References](#)

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