

IS THE ROMANIAN SOCIETY ACCEPTING THE DRUGS BODYPACKING?

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Abstract: Drug consumption has ever depended on the possibilities of producing and transport the drug to the consumer. The substances in question being forbidden to produce, detain and commerce, made the object of activity for traffickers in the most diverse moments of human history. A less encountered alternative of trafficking in our country, but mentioned in the specialised literature as well as in the media recording the criminal behaviour of Romanian citizens abroad, is that of including the psychotropic substances illegally transported in their own bodies. The present work tries to elucidate the degree to which the Romanians are willing to adapt themselves to this kind of practice that has high levels of risks both in point of criminal consequences and for their life and their own physical integrity; the main question is how disposed are the Romanians to become drug carriers?

Key words: drugs, body packing, internal carriers, swallower.

Introduction:

The Romanian folk pharmacopoeia has traditionally known various plants with psychotropic effect, such as: Deadly nightshade (mandrake), bay tree, poppy, wolfbane, hog's bean and hemlock, some of these having been used since back in the Dacian epoch, some of them being used as anaesthetics or in worshipping and divination. The contact with other peoples and civilizations has brought about new things, both in terms of the substances used and in terms of their destinations: Dimitrie

Cantemir, who lived in Istanbul for 17 years, between 1688 and 1705 in various capacities - student, ambassador and even hostage - certified that in that area it was the opium that was used. In the XVIII century, opium had reached, by means of the Turks, in the Romanian countries; the Moldavian ruler Constantin Racovita was said to "eat opium in the morning and at dawn", according to the chronicler Ioan Canta (Oisteanu, 2010).

Addicts are overarching in both historical and geographical point of view, and are recruited from various social levels. There are numerous theories try to account drug consumption from psychological, social, medical points of view (Ioan, Bulgaru-Iliescu, 2003).

An evaluation of drug consumption was made qualitatively in a study carried out by The National Institute of Forensic Pathology Bucuresti in 2010, which concluded that the first three places as far as the tests on the living addicted are concerned are occupied by tetrahydrocannabinol, opioids and benzodiazepines, and, in the case of the tests performed post mortem, opioids, benzodiazepines and barbituric respectively (Dermengiu & coll., 2010).

Consumers preferences are changing from one year to the following. The most recent and documented source in the field of the drug consumption in Romania remains "The National Report concerning Drug Situation in 2015" belonging to the National Anti-Drugs Agency. This mentions that in 2014 the first place in psychotropic substances consumers' preferences was occupied by cannabis, followed by stimulating substances belonging to the ecstasy and heroine categories. Therefore, 4.6% of the general population aged 15 to 64 declared that experimented cannabis consumption, out of which, 2% had done it in the last year and 1% in the last month, while 0.9% admitted to have consumed ecstasy and only 0.3% in the case of heroin (www.ana.gov.ro). According to the same source, in 2014 in Romania there were registered at a national level, 33 cases of death associated directly to drug consumption that was toxicologically proved.

Long and short term effects of drug consumption are well-known: medical emergencies following overdosing, associated infections (HIV, HVB, HVC), psychiatric pathologies, social lack of inclusion or even exclusion.

Obviously, these psycho-active substances are purchased illegally and among the strategies for decreasing drug consumption as negative medico-legal implications phenomena there can be mentioned the efforts to stop drug transport and commerce. Throughout the year 2014, a number of 547 people were sentenced for drug trafficking under Art. 2 of Law no 143/2000 (www.ana.gov.ro).

As the way of transporting drugs, the same source identifies in 2014 in Romania the following alternatives:

- Drugs that are carried by people: in luggage, stuck to the body, in laptop bags, in fanny packs.
- Drugs transported in automobiles: in spare parts, in cocoa packets, in the luggage, in food packs, in spaces specially created for dissimulating drugs
- Drugs transported by air: in the double bottom of bags, car fridge, food boxes;
- Drugs dispatched by courier service or mail (www.ana.gov.ro).

Those who carry drugs are known within the trafficker's circles as "mule" or "carrier" (en.wikipedia.org). There is also the term of "blind mule", designating a transporting person who doesn't even know that in their luggage it was introduced a certain amount of drugs, or who carries a pack whose content is unknown to them (Dragan, 2000). The riskiest ways of transporting illicit substances are those that suppose transporting substances either stuck to the body or in the luggage, as in these cases drugs are easily detected either by means of corporal searches or with the help of specially trained dogs. In 1973, the specialised Canadian literature describes a new method of transport of the illicit substances: the intra corporeal one, the people in questions being subsequently named "swallowers" or "internal carriers". The technique of body packing consists of packing drugs in waterproof bags, such as condoms or fingers of latex gloves and their introducing into natural or artificial body cavities – such as rectum, colostomy, vagina, and mouth, or, in the case of the alternative presented by the so-called "swallowers", in ingesting the bags. In 2003 there were reported the first cases of children involved in drug trafficking, the children carrying the heroine inside their bodies, such as the case of a boy of 16 who swallowed 53 packets and another, 12-years old who was introduced intrarectally 84 packets. They were detected due to over acute poisoning caused by the breaking of a pack in one's stomach, and due to rectal bleeding (Traub & coll., 2003).

Actually, most cases of body packing are detected due to such "transportation accidents", few cases being identified by means of medical imaging. Moreover, medical imaging procedures such as CT-scan, MR imaging, and ultrasound are useless, only the classical radiology being able to offer such diagnoses: hashish have a radio opacity denser than stool, cocaine appears with an image similar to stool and heroin appears as a gaseous transparency (Hergan, Kofler, Oser, 2004).

The official reports in Romania don't even mention in the cases of drug trafficking such phenomena as body packing or its alternative "swallowing", which means that on its territory the above-mentioned

occurrence is negligible. However, the media mentions such actions in the Romanians abroad: a Romanian woman in Spain was caught by the Spanish Border Police in 2013 as having hid in her body no less than 115 packs of hashish with a total amount of 620 grams: out of them, 92 packs were detected in the stomach, and the others in the vagina (www.ziare.com).

Another case reported by the media was that of a young man aged 25, who, together with his fiancée, was caught by the police on an airport in Ecuador while both being mules for the drug traffickers. The officers had them checked with X-rays, and they detected in men's and woman's stomachs a number of 55 and 45 respectively capsules of liquid cocaine. One of the doses swallowed by the man had got undone inside his stomach, and the content entered his body and the overdose caused his death (<http://stirileprotv.ro>).

The national media also reports, in 2015, cases of drug trafficking networks involving Romanians who acted as “internal carriers”, but all transports were aiming at other destinations than Romania, and leaving from other destinations than Romania. According to the official reports of the DIICOT, even those practicing such method and introducing drugs into the EU territory by means of their own bodies were to subsequently dispatch these drugs to the country by other means (<http://adevarul.ro>). On the other hand, there are countries where this practice is a well - known and even commonly method of cross-border drug smuggling. For example, in Mauritius, between 2000 and 2013 there were recorded 45 such cases, out of which 20 were 25 were foreign citizens, and the drugs carried in this way were heroin and cannabis (Gungadin, Ananda, 2014).

Hypotheses, material and method

Drugs transporting within the body is a dangerous and invasive technique, virtually safer for the "mules" - from a criminal point of view - than that consisting in transporting them stuck to the body surface or in the luggage. At the same time, it is far more dangerous in point of the accidents occurrences due to the release of psychotropic substances in the body.

Primary hypothesis:

The problem raised in the present work was that of the willingness of the Romanian population to accept and respectively to adhere to such practices. The fact that The National Anti-Drug Agency in Romanian did not report such technique among the means found to hiding drugs during transport make us consider that it may be either so effective that it surpasses the Border Police ability of detecting, or is really not employed by the carriers as a means for bringing/ taking out

drugs to or from Romania. We assumed that there is an enhanced susceptibility to such practices among the formerly perpetrators in the field of drug trafficking or violent crimes than among the general population.

The method employed and lot of study:

We devised a questionnaire that we applied to the inmates in the Bacau penitentiary. The purpose of the questionnaire was to evaluate whether the people in question had a negative open-mind to accept such practices as body packing. The target group was made up of inmates who had been convicted due to crimes more or less related to drug trafficking or violent crimes, and whose convictions were longer than 5 years depriving of liberty. Two supplemental criteria were restrictive to the application of the questionnaire to the group that met all the above-mentioned conditions: literacy (the illiterate convicts were excluded from the study) and the informed consent of the potentially questioned person. The cumulative criteria were fulfilled by 40 of the targeted convicts.

Questionnaire

Read the statements below. Decide how often you happened to go through such situations, check the box corresponding to your answer. There are no right or wrong answers, the questionnaire is but to evaluate the way you react.

1. I could ingest (swallow) drugs in order to carry them.
Never Seldom Sometimes Often Always
2. I have ingested (swallowed) drugs in order to carry them.
Never Seldom Sometimes Often Always
3. Carrying drugs by ingesting them is a good solution to make money.
Never Seldom Sometimes Often Always
4. I would carry drugs in my body in order the use them myself later on.
Never Seldom Sometimes Often Always
5. I would choose body packing over other transport alternatives.
Never Seldom Sometimes Often Always
6. I think that the method of carrying by body packing affects the physical integrity of the person who does it.
Never Seldom Sometimes Often Always
7. I think that the method of carrying by body packing affects the psychic integrity of the person who does it.
Never Seldom Sometimes Often Always

Secondary Hypothesis:

It is possible that among the general population it exists a tendency towards such practices in the people who possess a certain

degree of drug-seeking behaviour, even though it is directed to legal substances, more or less harmful: alcohol and tobacco. It was designed a simplified questionnaire to evaluate quickly both the presence of a possible drug-seeking behaviour and the willingness to carry drugs in one's own body:

Questionnaire:

Answer the following statements by checking the box that characterizes you best:

1.a. Smoking:

I am a smoker I sometimes smoke I seldom smoke I've quit smoking
I've never been a smoker

2.a. Alcohol beverages consumption:

I drink every day I drink for a reason I drink occasionally I've
quit drinking I have never drunk

3.a. Drugs:

I do drugs I seldom do drugs I've done drugs a few times It
happened once Never

1.b. If I were compelled, I would carry drugs:

Never Yes, in case my life would be at stake Yes, if somebody else's life
would be at stake For money

2.b. If I had to carry drugs well-packed but somewhere else than in my
luggage, I would do it:

Never Beneath my underwear, In my mouth, and I'd swallow them if
necessary Swallowed or in my rectum

The questionnaire was applied to 346 of the de customers paying their bills at a pay-pal point in Bacau within a month. The total of customers was of 408, but 62 of them refused to fill in the questionnaire. The responding customers were symbolically acknowledged the participation in the test by being offered a lozenge, the eventual occurring claims for a supplemental mint (e.g. for grandchildren) being favourably solutioned.

Results and discussions:

Primary hypothesis:

The first questionnaire applied to the convicts in the penitentiary proved to be unreliable, due to the given environment: all the given answers were the ideally desirable ones: none of the respondents confessed to be willing to swallow drugs in order to carry them, none had ever did such things, carrying drugs for money wasn't seen as a desirable solution nor for money or for one's own consumption, and all the 40 convicts considered that carrying drugs within their own bodies would affect their integrity, physically as well as from a psychic point of view. .

Taking into account that 13 out of the 41 convicts had been imprisoned for crimes related with drug trafficking or consumption, we appreciate that it is possible that the socially desirable answers to have been given following the fact that the above mentioned were integrated, most of them, in rehabilitation programmes, and/or the answers were altered by the emotional bearing of the prospect of their possible anticipated discharge.

Secondary hypothesis:

The second questionnaire enjoyed a split interpretation: within each subgroup a sum of the scores was calculated, where items answered by "never" were assigned 0, and then, increasing values were assigned, until the answers such as "I am a smoker", "I drink every day", "I do drugs" received a 4. The maximum theoretically possible score would have been 12, but the maximum factual score was 9. The minimum recorded score was 0, and applied to 51 customers. The results are registered in Table 1:

Table 1

SCORE	0	1	2	3	4	5	6	7	8	9
Nr. Resp.	51	5	21	19	37	36	81	73	21	2

It can be seen that no respondent acquired the maximum theoretically possible score, therefore they did not admit to being a consumer of alcoholic beverages, tobacco or drugs. The average score was calculated to be 4.67. It was considered that the respondents whose answers scored above 4.67 could be considered to fall into the group of those running a higher risk of being prone to toxic substances consumption, as far as the present study is concerned with the matter. It was concluded that out of the total of 346 respondents to the questionnaire a number of 213 fall into that group, while the rest of 133 can be considering as running a low risk of drug-seeking behaviour. See Chart 1:



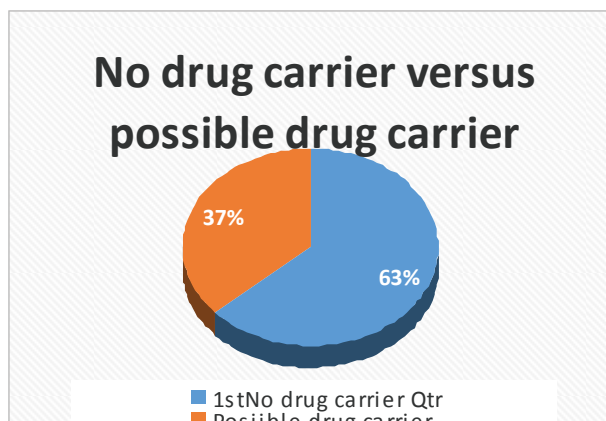
The answers of the sub groups b) of the questions were also evaluated by calculating a score where "never" was assigned 0 points, the rest of the of the answers increasing gradually by 1 point until the value of 3. The minimum theoretically possible score was 0 while the maximum theoretically possible score was 6. For each person, it was made the sum of the scores, then it was calculated the average for the total of customers. The results are presented in Table no 2:

Table 2

Score	0	1	2	3	4	5	6
Nr.respond	219	64	44	11	6	2	0

The average score for the analysed group was 0.63. It is noted that, if we accept that the average of scores leads to a divide between a group with low risk of becoming a drug carrier and a group that would never become drug carrier, it is enough to give a positive answer to one of the questions of the b) series in order to make that person to be considered as having smuggling potential.

It was considered useful a division of the respondents into two categories: those who under no circumstances would carry drugs, and those who, under certain circumstances, would do it, the result being that 63.3% refused the idea of ever carrying drugs, no matter what the circumstances might be. Chart no.2:

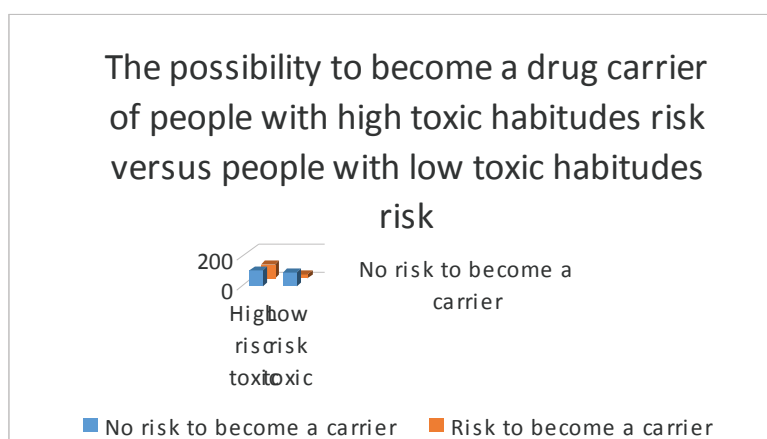


The final evaluation was made by a comparative appreciation of the number of respondents running a drug-seeking risk assessed by the series of questions a), that had at least a positive answer to the questions in the series b) compared to the number of respondents who had

minimum one positive answers to the b) series of answers selected from those considered not to be running a drug-seeking risk.

Out of the 133 subjects with low toxic risk, 101 scored 0 in the b) series questions, the rest of 32 scoring positively. Out of the 213 falling into the group with higher toxic risk, 118 scored 0 in the questions of the b) series, and 127 had at least one positive answer. None of the respondents admitted to be capable of transporting drugs inside their own bodies. The situation is presented in Chart no. 3: it can be noted that, when admitting that a positive answer to only one question of the b series could represent an indicator that the person in question might become, under certain circumstances, a drug carrier, in the group of those with low toxic habits risk, a percent of 24.06% frame in this situation, while out of those with high toxic habits risk frame in a percent of 44.6% -see chart no 3.

Chart no. 3:



It can be noted a definite prevalence of those running a certain risk to accept to be part in a drug trafficking activity, that is among the individuals with stronger toxic habits than those with moderate or even absent toxic inclinations.

Conclusions:

1. Applying such questionnaires to penitentiary convicts can be affected by a lack of sincerity and a tendency to give socially desirable answers whenever such questionnaires target facts or intentions that could jeopardize their conditional release.

2. Among the general population, there is a high percent of persons with high risk of toxic habits, without any of them acknowledging a constant consumption of drugs, tobacco and alcohol.

3. Out of the lot taken into account for the second study, a proportion of 63.3% declared that under no circumstances and in o way or modality would they accept to carry drugs.

4. Of the persons who admitted to having stronger toxic habits, a higher percentage, i.e. 44.6%, in comparison with the percentage of only 24.06% in the range of those with moderate or absent toxic habits who declared in the questionnaire that they would accept to do such things.

5. The Romanian population seems to be reluctant to the idea of trafficking drugs, and some of them, less than 37%, admitted however that under certain circumstances they would accept to do this.

6. None of the respondents of the questionnaire accepted the idea of carrying drugs inside their own bodies.

7. As yet, the phenomena of body packing as drugs smuggling technique is of a negligible proportion in Romania, the citizens mentioned by the media as being involved in such activities representing but exceptions.

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