# **TECHNICAL NOTE**

Antoine Tracqui,<sup>1</sup> Ph.D.; Pascal Kintz,<sup>1</sup> Ph.D.; Bertrand Ludes,<sup>1</sup> Ph.D.; Carole Jamey<sup>1</sup>; and Patrice Mangin,<sup>1</sup> Ph.D.

# The Detection of Opiate Drugs in Nontraditional Specimens (Clothing): A Report of Ten Cases

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**ABSTRACT:** We present a series of 10 fatalities involving opiate overdosage, in which morphine, codeine, and 6-monoacetylmorphine were identified and quantified, not only in postmortem biological samples, but also in pieces of underwear taken from the bodies. Small tissue samples (about 1 g) were cut off from several parts of the underwear, stored at ambient temperature until analysis, then extracted by agitation in a mixture of chloroform/2-propanol/*n*-heptane (60:14:26, v/v/v) and assayed using GC/MS in the single ion monitoring mode. Morphine, codeine and 6-monoacetylmorphine concentrations were in the range 0.02 to 9.27 µg/g. These results indicate that the impregnation of underwear by sweat and sebaccous secretions and/or urine provides detectable levels of the drugs excreted by these ways. Even in the absence of biological samples, assaying pieces of clothing may bring some evidence about the drug abuser status of their owner.

**KEYWORDS:** toxicology, underwear, clothes, opiates, GC/MS, chromatographic analysis

The examination of clothes represents an important step of the forensic investigations done on cadavers, especially in the areas of ballistics (search for bullet perforations, gas burns, or powder tattooing), or serologic/genetic individual identification (from blood or semen stains). Up to now, however, very few had been reported on the potential interest of garment samples in the specific field of forensic toxicology.

The aim of this preliminary study was to determine whether the toxicological analysis of underwear may be able to bring some retrospective evidence about a previous intake of pharmaceuticals or drugs of abuse.

## **Materials and Methods**

#### Subjects

The study was carried out on a population of ten known drug abusers (eight males and two females), aged 19 to 37, deceased

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<sup>1</sup>Institut de Médecine Légale, Faculte de Médecine de Strasbourg, Strasbourg, France.

under circumstances suggesting opiate overdosage, and consecutively autopsied at the Medicolegal Institute in Strasbourg between April 15th, 1993 and January 20th, 1994. Apparition of putrefactive features on the body or presence of biological stains (blood, vomit) on the garment were rejection criteriae. In addition to the classical samples (blood, urine, bile, gastric contents, and hair), small tissue samples (about 1 g each) were systematically cut off with clean stainless steel scissors from several parts of the underwear (front and/or lateral parts in underpants or panties; axillary zones in shirts or T-shirts), weighed, then stored under plastic cover at ambient temperature until the day of analysis.

#### Materials

Chloroform, 2-propanol and *n*-heptane were HPLC grade and purchased from Merck (F.R.G.); all other chemicals were analytical grade and provided by Merck (F.R.G.) and Prolabo (France). The deuterated standards  $D_3$ -morphine,  $D_3$ -codeine, and  $D_3$ -6-monoacetylmorphine were obtained from Radian (U.S.A.).

#### Chromatography

All analyses were performed on a Hewlett-Packard (U.S.A.) GC/MS system, consisting of a HP 5890 chromatograph equipped with a HP 7693 autosampler and a HP 5972 mass selective detector operated at 70 eV (ion source temperature 180 to 190°C). The electron multiplier voltage was set at +400 V above autotune voltage; the detector was daily autotuned with perfluorotributylamine. The column was a HP-5 MS (5% phenyl/95% methyl siloxane;  $30 \text{ m} \times 0.25 \text{ mm}$ , i.d.). The carrier gas was He (purity grade N55; flow rate 1.8 mL/min). Injection was performed in the splitless mode. Injector and detector temperatures were 270°C and 280°C, respectively; the column oven temperature was programmed to rise from an initial value of 60°C (maintained 1 min) up to 295°C (ramp + 30°C/min), then kept at 295°C for the final 8 min. The ions monitored and typical retention times (RT) for the different drugs assayed and the deuterated internal standards were as follows: morphine and D<sub>3</sub>-morphine, m/z 429 and 432, respectively (RT = 11.21 min); codeine and  $D_3$ -codeine, m/z 371 and 374, respectively (RT = 10.92 min); 6-monoacetylmorphine (6-MAM) and  $D_3$ -6-MAM, m/z 399 and 402 (RT = 11.58 min). Analytes were identified and quantified based upon comparison of retention times and relative abundance of two confirming ions to the deuterated internal standards.

TABLE 1—Opiate concentrations	in the biological and textile	samples. (All values in	n μg/L fluid or μg/kg dry tissue.)
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Subject (sex, age)	Cause of Death	Delay autopsy tissue analysis	Sample	Morphine	Codeine	6-MAM
No 1 (M, 27)	Heroin overdose	13 days	Blood Urine Underpants (2 pieces)	214 1458 <i>24–37</i>	66 337 	112 
No 2 (M, 32)	Codeine overdose	6 days	Blood Urine Shirt Underpants	780 <sup></sup> 	2104 1277 1020 634	  
No 3 (M, 27)	Heroin overdose	9 days	Blood Urine Underpants (2 pieces)	346 1287 <i>8074–1917</i>	21 147 <i>358–119</i>	 354 9269–844
No 4 (M, 23)	Heroin overdose	1 day	Blood Urine Underpants (2 pieces)	293 4357 <i>4321–2347</i>	31 344 <i>4330-448</i>	 156 6341–7951
No 5 (M, 32)	Heroin overdose	75 days	Blood Urine T-Shirt Underpants	311 8427 35 22	67 356 1567 377	814 
No 6 (F, 37)	Heroin overdose	65 days	Blood Urine <i>T-shirt</i>	188 4321 	38 443	281 239
No 7 (M, 30)	Heroin overdose	261 days	Blood Urine T-Shirt Underpants (2 pieces)	450 68 2 <i>387</i> 68–487	100 148 684 <i>0</i> -358	244 581 0–212
No 8 (F, 19)	Heroin overdose	14 days	Blood Urine T-Shirt (2 pieces)	292 1869 <i>27–147</i>	53 218 231–531	 110 <i>163–288</i>
No 9 (M,24)	Heroin overdose	24 days	Blood Urine Underpants	145 2741 <i>48</i>	26 1246 26	 387 <i>39</i>
No 10 (M, 25)	Heroin overdose	16 days	Blood Urine T-Shirt Underpants	389 2731 <i>89</i> 681	37 562 27 67	399 644 231

#### Procedure

To approximately 1 g of textile sample or 1 mL biological fluid (blood, urine) in 30 mL Pyrex centrifuge tubes were added the deuterated opiate standards (D<sub>3</sub>-morphine, D<sub>3</sub>-codeine, D<sub>3</sub>-6-MAM; 200 ng each), 2 mL of a saturated (NH<sub>4</sub>)<sub>2</sub>HPO<sub>4</sub> buffer, pH 8.4, and 10 mL of the extracting solvent (chloroform/2-propanol/ *n*-heptane, 60:14:26, v/v/v). The mixture was vigourously shaken on a horizontal agitator for 10 min, then centrifuged at 2800 g for 10 min. After purification of the organic phase by an additional acid extraction (5 mL of 0.2 M HCl), the aqueous layer was reextracted with 2 mL (NH<sub>4</sub>)<sub>2</sub>HPO<sub>4</sub> buffer, pH 8.4, 1 mL 1M NaOH, and 5 mL chloroform. After agitation and centrifugation, the final organic phase was removed and evaporated to dryness at 45°C in a rotary evaporator (Speed Vac Concentrator mod. A 290, Savant Instruments, U.S.A.). Derivatization was performed by adding 20  $\mu$ L BSTFA + 1% TMCS to the dry extract (70°C, 20 min), then 2 µL of the obtained sample were injected into the GC column.

Hair samples were prepared and extracted according to previously reported procedures [1].

### **Results and Discussion**

The results of the toxicological investigations are summarized in Table 1. As shown, blood and urine analyses clearly ruled the cause of death to be opiate overdosage for the 10 subjects (heroin: 9 cases; codeine: 1 case). In addition, hair analysis revealed in all cases a past history of chronic drug abuse.

Opiate (morphine and/or codeine and/or 6-MAM) were shown to be present in all pieces of garment tested, with concentrations ranging from 0.02 to 9.27  $\mu g/g$  of dry tissue sample; in particular, 6-MAM could be detected in 7 from the 9 subjects deceased from heroin overdosage (Fig. 1). In subjects 5, 6, and 7 the toxicological analyses (that had to be delayed due to necessities of police inquiries) gave positive results although they had been performed respectively 75, 65, and 261 days after garment sampling, which may suggest some long-term stability of the drugs tested after they got trapped onto the textile fibers.

At least 2 excretory mechanisms seem to be implicated: It is likely that the presence of drugs in underpants samples constitutes a result of ante or postmortem urine losses mainly; the finding of the same drugs in shirts or T-shirts (subjects 2, 5–8, 10) clearly shows that a sweat/sebaceous excretory composant is also involved. In fact, the ability of sweat glands to excrete drugs taken orally or intravenously has been established for a long time, for various compounds such as sulphur, iodine, copper, quinine [2], ethanol [3], salicylic acid, antipyrine, methylene blue [4], sulfonamides [5,6], methadone and metabolites [7,8], phenobarbitone [9], morphine [10], cocaine and metabolites [11,12], and cannabinoids [13].



FIG. 1—Total ion chromatogram of the T-shirt extract from subject Nb. 10. Peak 1: codeine  $(27 \text{ ng/g}) + D_3$ -codeine; Peak 2: morphine  $(89 \text{ ng/g}) + D_3$ -morphine; Peak 3: 6-MAM (644 ng/g) +  $D_3$ -6-MAM.

The quantitative data appear inconsistent, notably no relationship seems to exist between drug levels in biological fluids and textile samples. This is in fact not surprising, since 1) tissue levels represent the result of a cumulative drug excretion over a variable period of time from one subject to another, 2) several excretory mechanisms are probably involved, 3) the nature (thus the binding capabilities?) of the textile fibers was very variable. In addition, little is known about the mechanisms and rates of sweat/sebaceous excretion, but large interindividual variations probably exist as for other metabolic pathways.

#### Conclusion

These preliminary results indicate that impregnation of underwear by sweat and sebaceous secretions and/or urine provides detectable levels of opiate excreted by these ways. Even in the absence of biological samples, assaying pieces of garment (for example, underwear found in an abandoned habitation) may bring some evidence about the drug abuser status of their owner—a somewhat exciting prospect. Further studies under experimental conditions (healthy volunteers, known amount of drug taken and standardized sampling material for example, skin patches [12]) are necessary in order to minimize the different bias and allow quantitative interpretation of the analytical data.

#### References

- [1] Kintz, P. and Mangin, P., "Opiate Concentrations in Human Head, Axillary, and Pubic Hair," *Journal of Forensic Sciences*, Vol. 38, 1993, pp. 657-662.
- [2] Valentin, R., Lehrbuch der Physiologie des Menschen, Braunschweig, Ed., 1844 (cited in ref. 4).
- [3] Bodländer, G., "Die Ausscheidung aufgenommenen Weingeistes aus dem Körper," Archiv für Physiologie, Vol. 32, 1883, pp. 398–426.
- [4] Tachau, H., "Ueber den Uebergang von Arzneimitteln in der Schweiß," Archiv für Experimentelle Pathologie und Pharmakologie, Vol. 66, 1911, pp. 334–346.
- [5] Thaysen, J. H. and Schwartz, I. L., "The Permeability of Human Sweat Glands to a Series of Sulfonamide Compounds," *Journal of Experimental Medicine*, Vol. 98, 1953, pp. 261–268.
- [6] Weinig, E. and Jahn, G., "Die kriminalistische Bedeutung der Ausscheidung von Arzneimitteln im Schweiß," Deutsche Zeitschrift für gerichtliche Medizin, Vol. 43, 1954, pp. 370–373.
- [7] Henderson, G. L. and Wilson, B. K., "Excretion of Methadone and Metabolites in Human Sweat," Research Communications in Chemical Pathology and Pharmacology, Vol. 5, 1973, pp. 1–8.
- [8] Balabanova, S., Schneider, E., Bühler, G., and Krause, H., "Das Vorhandensein von Methadon im apokrinen Schweiß beim Menschen," Zeitschrift für Rechtsmedizin, Vol. 103, 1990, pp. 323– 327.
- [9] Smith, F. P. and Pomposini, D. A., "Detection of Phenobarbital in Bloodstains, Semen, Seminal Stains, Saliva, Saliva Stains, Perspiration Stains, and Hair," *Journal of Forensic Sciences*, Vol. 29, No. 3, 1981, pp. 582–586.
- [10] Balabanova, S., Schneider, E., Wepler, R., Hermann, B., Boschek, H. J., and Scheitler, H., "Die Bedeutung der Drogenbestimmung in Pilocarpinschweiß für den Nachweis eines zurückliegendes Drogenkonsums," *Beiträge zur Gerichtlichen Medizin*, Vol. 50, 1992, pp. 111–115.
- [11] Balabanova, S., Schneider, E., Bühler, G., and Krause, H., "Nachweis von Cocain im Schweiß beim Menschen," *Labor Medizin*, Vol. 13, 1989, pp. 479–481.
- [12] Fay, J. F. and Niedbala, R. S., "Sweat Eluate Analysis for Cocaine, Benzoylecgonine, and Ecgonine Methyl Ester by STC Diagnostics Cocaine Micro-Plate EIA and GC/MS," presented at the 46th Annual Meeting of the American Academy of Forensic Sciences, San Antonio, TX, 1994.
- [13] Balabanova, S., Bühler, G., Boschek, H. J., Schneitler, H., Fröhlich, M., and Fröhlich, A., "Nachweis von Tetrahydrocannabinoide im Schweiß beim Haschischraucher," *Dermatologische Monatsschrift*, Vol. 178, 1992, pp. 357-360.

Address requests for reprints or additional information to Antoine Tracqui, Ph.D.

Institut de Médecine Légale

Faculté de Médecine de Strasbourg

11, rue Humann

F-67085 Strasbourg Cedex

E-07005 Suasoc

France