

“Cheese” Heroin: Status as of June 30, 2008

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Photo courtesy of Jeremy Liebbe, Dallas ISD Police Department

“Cheese” heroin was reported in the June 2006 Texas Drug Trends report to NIDA’s Community Epidemiology Work Group and it has been described in DEA’s microgram. It is Black Tar heroin which has been turned into brown heroin powder by mixing the Tar with Tylenol PM[®] or other over-the-counter sleep aids containing acetaminophen and diphenhydramine. Diphenhydramine has traditionally been used as a “cut” to turn Tar into powder, but there seems to be no explanation why “cheese” heroin contains the more expensive Tylenol PM[®] rather than the generic diphenhydramine.

Inhaling or “Snorting” Heroin. A rumor has persisted for years that “if you inhale heroin, you will not get addicted.” This is untrue, and in Texas, the average lag between first inhaling of heroin and entrance to treatment is seven years. Mexican black tar may be sticky like roofing tar or hard like coal. The most common route of administration of black tar is injection. Mexican brown powder may be either a powdered heroin produced in Mexico, or it may be black tar that has been turned into a brown powder by local dealers or users by adding a diluent. Because of its oily, gummy consistency, special steps are required to convert the heroin into a powder that can be inhaled. Diluents (“cuts”) can include Dormin[®], mannitol, lactose, Benedryl[®], Nytol[®], baby laxative, vitamin B, or coffee creamer. Tar heroin can be frozen, the “cut” added, and then pulverized or ground into a powder in a coffee grinder or with mortar and pestle. It can also be dried out on a plate over the stove or under a heat lamp prior to pulverizing. Because brown powder is diluted, it is reported to be preferred by novices and users who fear overdoses.¹

The newspapers have reported use of “cheese” heroin with “Monkey Juice,” which is also called Agua de Chango or Monkey Water. This is heroin dissolved in water that is then drawn up in a syringe (with or without needle) and shot it up the nose, or used with a nose dropper. This method has been common among young users for over a decade.

¹ Maxwell, J. C., Spence, R. T. (2006). An exploratory study of inhalers and injectors who used black tar heroin, *Journal of Maintenance in the Addictions*, 3(1), 61-81.

School Surveys. The 2007 Youth Risk Behavior Survey reported that 7.8% of high school students in Dallas had ever used "heroin and Tylenol PM together (also called Cheese)." In 2005, only 2.6% of Dallas high school students reported ever having used "heroin." In 2005, 3.3% of Hispanic students had ever used "heroin," but in 2007, 10.4% of Hispanic students had ever used "heroin and Tylenol PM."

Poison Control Center Cases. The Texas Poison Control Centers data on human exposure to heroin, acetaminophen, and diphenhydramine in combination show one case in 1998, four in 2001, one in 2002, two in 2003, one in 2004, none in 2005, 10 in 2006, and 41 in 2007. The 10 cases in 2006 were all in Dallas and 39 of the cases in 2007 were in the Dallas metropolitan area. Of the 2007 calls from the Dallas area, 76% were under age 21.

Treatment Data. Analysis of the Texas TEDS/BHIPS treatment data for the DSHS-funded Value Options area (Dallas) in Table 1 shows an increase in the number of heroin inhaler admissions from 2005 through 2007. Over time, these clients are becoming younger, and the proportion who are Hispanic is increasing. The ages of the clients admitted in 2007 ranged from 12 to 59. Some 45% were age 19 and younger.

Table 1. Admissions to DSHS-Funded Programs in Dallas County:
Clients with a Primary Problem Inhaling Heroin: 2005-June 30, 2008

	2005	2006	2007	1/2 2008
# Admissions	234	267	455	304
Age	30.3	27.7	25.3	24.7
Age of 1st Use of Heroin	22.1	21.1	18.8	19.3
% Male	58.7	58.6	61	58.9
% IV History	20.2	13.1	14.9	16.8
% Black	25.6	13.4	11.2	7.2
% White	33.8	28.7	18.0	21.1
% Hispanic	38.9	56.3	70.2	71.7

Statewide, the proportion of heroin treatment admissions to DSHS-funded treatment who were inhalers has increased from 4% in 1995 to 22% in the first half of 2008. Average age of heroin inhalers at admission has dropped from age 32 in 1995 to 27, and the proportion of inhalers who were Hispanic has increased from 29% to 67% in the same period of time.

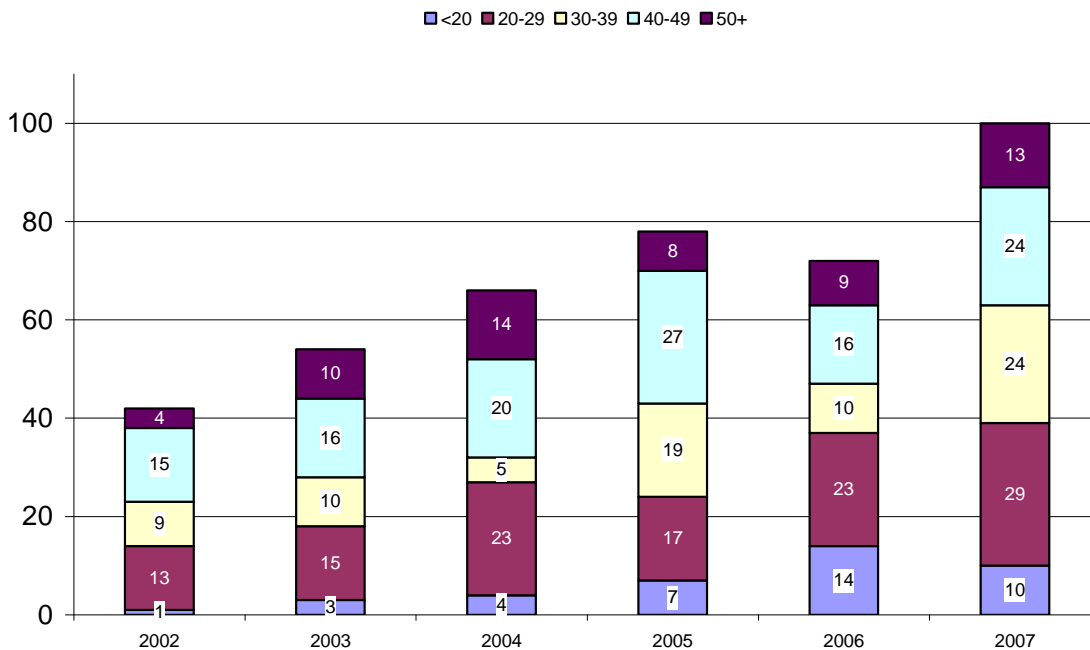
Table 2 shows that at admission in 2007, 52% of those clients in the Dallas area ages 10-14 reported no other drug or alcohol problem while 38% reported an additional problem with marijuana and 5% had a problem with cocaine. Those clients who were older teens were more involved with drugs, with 30% reporting problems with marijuana, 11% reporting problems with powder cocaine, 11% with other drugs including methamphetamine, alcohol, and other opiates, and 2% with crack cocaine problems. Clients aged 30 and older were the most likely to report problems with other drugs, with 25% reporting problems with cocaine, 11% crack cocaine, 10% marijuana, and 20% reporting problems with other drugs.

Table 2. Secondary Problem Drug of Heroin Inhalers Entering
Treatment in the DSHS-funded Value Options Area: 2007

Age Group	None	Cocaine	Marijuana	Crack	Other Drugs
10-14	52%	5%	38%	0%	5%
15-19	46%	11%	30%	2%	11%
20-24	51%	11%	26%	4%	8%
25-29	46%	9%	22%	6%	17%
30+	34%	25%	10%	11%	20%

Deaths. Because each county has its own medical examiner or justices of the peace to sign death certificates, there is no real-time centralized reporting of death data. The Dallas press has published various numbers (up to 23), but only two have involved only heroin, diphenhydramine, and acetaminophen. All the others were only heroin or heroin in combination with other drugs such as cocaine, ethanol, Xanax®, or codeine.

Exhibit 1. Age Groups of Accidental Dallas Deaths with Mention of Heroin: 2002-2007



Recommendations. Use the term “cheese heroin” rather than just “cheese” to take away some of the glamour of the term and to focus on the fact the substance is heroin and that one can become addicted to it even when inhaling. As dependence builds, more heroin is needed to avoid withdrawal. Withdrawal symptoms are often described as similar to having “the flu.” As more and more heroin is needed to avoid withdrawal, users may shift from inhaling or snorting heroin to injecting it, and the treatment and death data show that heroin inhalers are also using other drugs, including cocaine and Xanax®. The increase in inhaling of heroin across the state, the decrease in age, and the increase in the proportion of Hispanics who are inhalers will continue to be monitored.

At the June 2008 meeting of the Community Epidemiology Work Group, there were no reports from other cities about the presence of “cheese heroin.” On-going epidemiological monitoring is needed to identify the problem in an area early so that culturally-sensitive community-based prevention and education programs can be targeted to the population at risk. Special treatment modalities such as Suboxone® are needed for youths and young adults who are dependent on heroin. These individuals should be able to quickly access effective treatment that will enable them to remain abstinent after treatment and not relapse to further heroin use (and injecting).