

“Cheese” Heroin: Status as of June 2, 2007

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Photo courtesy of Jeremy Liebke, 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[®], which is acetaminophen and diphenhydramine (such as Benedryl[®]). 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.

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 press has published various numbers, and the Dallas County Medical Examiner at the end of March, 2007, reported no deaths in 2005 involving heroin+diphenhydramine+acetaminophen. There were two deaths involving this combination of drugs in 2006, and none as of the end of March, 2007. The Dallas Medical Examiner is reexamining the death data to determine the number of deaths involving heroin and other substances.

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 4 through May, 2007. Between 1998 and 2005, the age range was 17-36, average 21.6 years. and during this period, there was one case in Dallas and one in adjoining Cooke County. The other cases were spread around the state in Corpus Christi, Amarillo, and Lubbock. The exposure reason for seven of the 1998-2005 cases was intentional, suspected suicide. The 10 cases in 2006 were all in Dallas and ages ranged from 13-48. Average was 21.1 years, but six of the cases were teenagers, with a 13 year old, two 14 year olds, one 15, and one 16. Seven of the 2006 cases were male. Eight of the 10 cases were intentional abuse.

In 2007, four cases had been reported to poison control centers through May (reporting may be incomplete). Of these, ages ranged from 11-18, average age of 14.5. Two of the cases were from Dallas, one from Denton County, and one from Hockley County, which is west of Lubbock.

Three of four cases were males. Intentional abuse was the exposure reason for the four cases to date in 2007. No deaths were reported in any of the poison control center cases between 1998 and May, 2007.

Inhaling/“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, and 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.

Treatment Data. Analysis of the Texas TEDS/BHIPS treatment data for the DSHS-funded Value Options area (Dallas area) in Table 1 shows an increase in the number of heroin inhaler admissions from 2005 through May, 2007. Over time, these clients are becoming younger, and the proportion who are Hispanic is increasing. The ages of the clients admitted in 2007 to date ranged from 13 to 59. Some 39% were age 19 and younger.

**Table 1. Admissions to DSHS-Funded Programs in the Value Options Area:
Clients with a Primary Problem Inhaling Heroin**

	2005	2006	2007 (thru 5/31/07)
# Admissioin	237	268	195
Age (Years)	30	28	26
% First Tmt Admits	36	38	26
% Male	59	59	60
% IV History	20	13	16
% Black	25	12	13
% White	34	29	15
% Hispanic	39	56	71

Table 2 shows that at admission, other drug problems are identified, and while 42% of those clients in the Dallas area ages 10-14 reported no other drug or alcohol problem, 42% reported a problem with marijuana. Those clients who were older teens were more involved with drugs, with 34% reporting problems with marijuana and 17% reporting problems with powder cocaine. Clients aged 30 and older were the most likely to report problems with other drugs, with 25% reporting problems with cocaine, 14% crack cocaine, 10% marijuana, and 20% reporting problems with other drugs, e.g., 7% methamphetamine, 5% alcohol, and 5% other opiates.

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.

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

Age Group	None	Cocaine	Marijuana	Crack	Other Drugs
10-14	42%	8%	42%	0%	8%
15-19	35%	17%	34%	2%	12%
20-24	50%	11%	18%	7%	14%
25-29	45%	19%	23%	3%	10%
30+	31%	25%	10%	14%	20%

Statewide, the proportion of heroin treatment admissions to DSHS-funded treatment who were inhalers has increased from 4% in 1995 to 20% in 2007. 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 72% in the same period of time.

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 on 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. 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.

As of June 2, 2007, there have only been two reports of the use of the term “Cheese” or the Cheese heroin combination elsewhere in the state and no reports from correspondents around the nation to the Community Epidemiology Work Group. 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. Dependent 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).