

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

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The media has been reporting on “Cheese” heroin for about a year. It 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. “Cheese heroin” 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, and 10 in 2006. 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 March (reporting may be incomplete). Of these, ages ranged from 11-18, average of 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 March, 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, mannite (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 a mix of heroin with 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 the exhibit below shows an increase in the number of heroin inhaler admissions between 2005 and 2006. In addition, these clients are much younger than heroin injectors statewide (average age of 35), and the proportion who are Hispanic is increasing. The ages of the clients admitted between 2005 and 2007 ranged from 65 (one admission) to 11 (one admission). Some 118 of 581 of the admissions (20%) were age 19 and younger.

Admissions to DSHS-Funded Programs in the Value Options Area: Clients with a Primary Problem Inhaling Heroin			
	2005	2006	2007 (thru 4/25/07)
# Admission	238	268	75
Age	29.8	27.2	27.6
Age of 1st Use of Heroin	22.1	21.1	20.7
% First Tmt Admits	38.7	50.7	38.7
% Male	59.2	58.6	62.7
% IV History	20.2	13.1	14.7
% Black	25.2	12.3	14.7
% White	33.6	28.7	18.7
% Hispanic	38.7	56.0	64.0

Statewide, the proportion of heroin treatment admissions to DSHS-funded treatment who were inhalers has increased from 4% in 1995 to 17% in 2006. Average age of heroin inhalers at admission has dropped from age 32 in 1995 to 28.6 in 2006, and the proportion of inhalers who were Hispanic has increased from 29% to 59% in the same period of time.

Cultural Aspects of the Situation. The cultural components of an earlier meeting of DSHS treatment programs in Dallas included a recommendation to quit using the term “Cheese,” and to use the term “heroin” or “Cheese heroin” to take away some of the glamour of the “Cheese” term and to focus on heroin and the fact one can become addicted on it even when inhaling it, and that as dependence builds, users may shift to injection to avoid withdrawal. The increase in inhaling of heroin across the state, the decrease in age, and the increase in Hispanics who inhale should not only be monitored, but effective treatment protocols which enable these individuals to remain abstinent after treatment and not relapse to further heroin use (and injecting) should be emphasized. Other recommendations included working with the neighborhood churches and Hispanic community associations to build trust and to provide culturally sensitive education and outreach services to a primarily Spanish-speaking population.

Another concern is the continuing widespread publicity about “Cheese” heroin and the potential for it to result in “copy cat” outbreaks in other areas. Unsubstantiated numbers and sensationalistic emphasis in the media about “new highs” or “schoolboy drugs” may magnify what is already a problematic situation.

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.