

“Cheese” Heroin: Status as of October 31, 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 (Benedryl[®] or Dormin[®]). 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 Dallas press has published various numbers (up to 23), but very few involved only heroin, diphenhydramine, and acetaminophen. A review of the records of the Dallas County Medical Examiner found five deaths involving heroin, diphenhydramine, and acetaminophen, which would match the case definitions for “cheese” heroin. However, in four of these cases, the official findings were that the deaths were caused by the toxic effects of heroin and cocaine (three cases) or the toxic effects of heroin, cocaine, and ethanol (one case). In Collin County to date in 2007, there has been one death due to toxic effects of heroin with the presence of cannabis and diphenhydramine (no acetaminophen). And in Tarrant County, there have been two deaths in 2007 where the cause of death was mixed drug intoxication of heroin and diphenhydramine. The Tarrant County Medical Examiner did not test for acetaminophen.¹

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 35 through October 12, 2007. The 10 cases in 2006 were all in Dallas and 32 of the cases in 2007 to date were in the Dallas metropolitan area. Of the 2007 calls from the Dallas area, 25 were under age 21.

¹ John J. Coleman, Special Report: Cheese-Heroin in Dallas, TX, Prescription Drug Research Center, Fairfax, VA, 2007.

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.

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.²

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) in Table 1 shows an increase in the number of heroin inhaler admissions from 2005 through July, 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 12 to 59. Some 40% 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 7/31/07)
# Admissioin	237	268	242
Age	30	28	25
% First Tmt Admissions	36	38	27
% Male	59	59	62
% IV History	20	13	16
% Black	25	12	10
% White	34	29	16
% Hispanic	39	56	73

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.

² 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 shows that at admission, 31% of those clients in the Dallas area ages 10-14 reported no other drug or alcohol problem while 56% reported an additional problem with marijuana and 6% had a problem with cocaine. Those clients who were older teens were more involved with drugs, with 36% reporting problems with marijuana, 17% reporting problems with powder cocaine, 14% 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 26% reporting problems with cocaine, 14% crack cocaine, 9% marijuana, and 18% reporting problems with other drugs.

Table 2. Secondary Problem Drug of Heroin Inhalers Entering Treatment in the DSHS-funded Value Options Area January-July 31, 2007

Age Group	None	Cocaine	Marijuana	Crack	Other Drugs
10-14	31%	6%	56%	0%	7%
15-19	32%	17%	36%	2%	14%
20-24	45%	14%	24%	5%	12%
25-29	46%	14%	24%	5%	11%
30+	33%	26%	9%	14%	18%

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.

At the June 2007 meeting of the Community Epidemiology Work Group, there were no reports from other cities about the marketing of “cheese heroin” to youths, but young adult heroin inhalers in Philadelphia were reported to be mixing Tylenol PM[®] with their heroin; in Cincinnati and Denver, there were mentions of young adult heroin users creating the same mixture; and in some rural areas of Minnesota, people were reported to be familiar with the term “cheese heroin,” although there were no reports of its use. These findings may be an unfortunate result of the continuing widespread publicity about “cheese” heroin and the potential for “copy cat” outbreaks in other areas. Unsubstantiated numbers and inappropriate emphasis in the media about “new highs” or “schoolboy drugs” may magnify what is already a problematic situation.

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 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).