

Substance Abuse Among Second-Generation Tibetan Refugees Living in India.

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August 10, 2003

**Emory-IBD Tibetan Studies Program
Dharamsala, India (Spring 2003)**

Preface

The following research comes from six weeks in Dharamsala, India. This hill town, in the north Indian state Himachel Pradesh, is home to the Tibetan government in exile and one of the largest Tibetan refugee communities. The method used includes semi-structured interviews with recovering drug addicts, community members, and administrative representatives. I came to know the addicts through Kunphen, the only center for substance Abuse and HIV/AIDS in the Tibetan community in exile. Special thanks goes to Lobsang Tsering, Tenzin Choetop, the Dharamsala Welfare Officer, Yusif Naik, Tara Doyle, and Tara Plochocki, and the patients of Kunphen.

Introduction

The complexities of substance Abuse affect persons and communities all over the world. The Tibetan refugees in India face similar difficulties in drug prevention and rehabilitation as countless other worldwide communities. However, the additional factors of culture and political situation must not be ignored in understanding and addressing this common social problem. In 1950 the Chinese Liberation Army began invading the independent nation of Tibet. By 1959 the Tibetan spiritual and political leader, the 14th Dalai Lama was forced into exile. After the Dalai Lama escaped to India many other Tibetans began leaving Tibet and forming large refugee communities throughout the host country. In this paper I recount the life stories of seven different Tibetan drug addicts living in India. Through their accounts I hope to maintain the value of personal experiences while illuminating the unique challenges of Tibetans living in India.

Two significant commonalities found among the interviewees were an addiction to pharmaceutical drugs and their status as second-generation refugees in India. In exploring the details of these two similarities and drawing from outside resources deeper socio-political issues come to surface. The increased use of pharmaceutical drugs among

Tibetan youths, for example, exposes political weakness whereas the disproportionate number of second-generation Tibetans addicted to drugs questions factors such as sense of identity and unemployment.

The Interviews

“Tashi” May 6, 2003

Tashi was born to wealthy Tibetan parents in Darjeeling, a Nepali settlement in the Indian state of West Bengal. His mischievous behavior began at a young age while attending a Catholic elementary school, and subsequently contributed to substance experimentation. He began chewing tobacco while only in class two (second grade) and now, at the age of twenty-nine, it is the only substance he still uses on a daily basis. As part of his mischievous behavior, he used to roam around his town looking for used cigarette butts to smoke. At the extremely young age of five he first tried *chang*, a fermented millet brew originated in Tibet and still very popular among Tibetans in India.¹ By the age of twelve, he had already tried marijuana given to him by a rich friend. While he did not care for the effects of marijuana, he did enjoy alcohol and had already started drinking *chang* on a regular basis after school.

¹ Bhatia, Shushum; Dranyi, Tsegyal; Rowley, Derrick. A social and demographic study of Tibetan refugees in India. *Social Science and Medicine*. 2002. Volume 54, Issue 3. pp.411-422.

In 1986, Tashi became involved in a political movement ignited by the demand of the Nepali people in Darjeeling to have an independent state. Although Tashi's parents are from Tibet, he strongly identifies with Nepali people, even speaking Nepali with much more ease than Tibetan. During this time of turmoil known as the Gorkhaland movement, "which disrupted the district with massive violence between 1986 and 1988," his drug use broadened and intensified.² As a young member of one of the two main agitator groups in the movement, the GVC, Tashi enrolled in a rebel training course and began spending nearly all his time with the other rebels in the jungle. According to Tashi, the other rebels used many drugs, had long hair and earrings, and he "looked up to them." Many of the agitators took a pharmaceutical cough syrup new to the market at the time called Phensedyn. At an extremely cheap price of 9 Rupees a bottle, Tashi found a new, seriously addictive drug and role models who encouraged its use.

He frequently fought with his father and often left home to spend five or six days in the jungle. To distance him from the dangerous influences of the agitation, his father sent him to CST Mussoorie, a far away Tibetan school in the state of Uttar Pradesh. However, while at CST Mussoorie Tashi was able to purchase Phensedyn from a local Indian chemist (pharmacist) and his addiction only increased. Taking up to six bottles of cough syrup a day, he neglected his studies and he no longer placed at the head of his class. To support his own addiction, he introduced and began selling Phensedyn to other wealthy Tibetan students in school. After three years at CST, the administrators refused to continue tolerating his delinquency and expelled him on the basis of health problems. He returned to West Bengal and finished his secondary schooling in Kalimpong, an area

² <http://www.lupinfo.com/country-guide-study/india/india77.html>

near his home. Apparently his reputation went with him to his new school and the principle warned him, “don’t fuck around with me.”

Tashi’s father began to realize the extent of his son’s ever worsening addiction and eventually he decided to send him to receive professional treatment. After completing the rehabilitation program at KIRPA, the largest center for substance Abuse treatment in India, Tashi came out clean. Unfortunately, the night of his one-year sobriety he drank alcohol and “got relapsed.”

Reverting back to his using lifestyle, he lived with his aunt in Delhi. Tashi explains that drugs in Delhi are more easily available and much cheaper than in other places in India. After some time, he moved back to Darjeeling to live with a friend he met while at KIRPA. Despite their experience together in rehab, this friend introduced Tashi to “brown sugar,” an impure form of heroin.³ Tashi gave only a few details about the years he battled heroin addiction. As a heroin addict he testifies that “you wake up the first thing you think about is where will the money come from. The second thing you think of is where will you get the stuff.”

“Habituated in going in and out of rehab,” he returned to KIRPA five times, went to rehabilitation in Mumbai twice and twice attended a detoxification program in Siligouri. Each time he returned from one rehab center, his father sent him to a different one to keep him out of trouble.

³ “The effects of heroin can be felt within seconds of intravenous injection. Users tend to feel euphoric, drowsy, and warm. These sensations are what are known as being “high” on heroin. Other effects brought on by heroin include slowed breathing, the users arms and legs feeling heavy or weighted, itchy skin, dry mouth, slowed heartbeat, constricted pupils, and feeling sick. More often than not users have the desire to sleep after they have experienced the high and euphoric effects from heroin. Shortly after heroin is ingested it crosses the blood-brain barrier. Within the brain, heroin is changed into morphine, which then binds quickly to opioid receptors. This intensity of the high that is felt by the user varies on the amount of heroin taken and how quickly it enters into the users brain. Heroin gets its addictive nature from the fact that it enters the users brain so rapidly.” <http://www.heroin-addiction.info/effects.htm>.

At the time of the interview, Tashi had been out of rehab for one year and three months. For much of that time he remained clean and optimistic. However, the past *Losar*, Tibetan New Year, in early March, he had a relapse with painkillers. His relapse ended quickly and since that time he has remained clean. Now Tashi believes “frankly speaking, things are improving.” He had just finished assisting with a local movie and hopes to act in another within the next few months. Tashi feels that one of the most difficult aspects of recovery involves reintegrating into society. He remarks that, in his hometown, his “reputation was spoiled by gossip rather than addiction.” He wants to prove to his community that he can change; however, changing his image after so many years requires much work. His father tried to find a Tibetan wife for him, but his reputation in the community as an addict pushed away any possibilities.

“To be an addict or not to be. When I first started using it was really great, people looked up to me and were afraid of me. But now, when people find out you’re an addict . . . That is one of the main reasons for relapses: society won’t re-accept the addict. It is really hard to make a comeback. Especially in this society.”

“Kalsang” May 27, 2003.

Kalsang was born in Majnu-ka-tilla, an exile Tibetan settlement located in Delhi. His father worked as an assembly member of the Tibetan Government and had many connections within the community. Kalsang’s family sent him to be educated at a Tibetan boarding school at the age of five, as is the case with many Tibetan children in exile. He studied at CST Mussoorie for a total of twelve years, failing three times and only completing through the tenth grade. After failing class ten, students are not allowed any further chances. When Kalsang did so, he returned to Delhi. He first tried bedis,

tobacco wrapped in a tobacco leaf without a filter, at the age of thirteen and smoked cigarettes and bedis throughout school. While at CST he also secretly drank *chang* bought from local Tibetans. According to Kalsang “[the *chang*] was cheap and they sold it to anyone,” including high school-aged youth.

Once back in his home of Majnu-ka-tilla after leaving school, he began associating with “local bad boys.” These bad boys were a group of young men with whom Kalsang had been childhood friends. In that company, he first tried and began smoking marijuana. According to Kalsang, in Delhi marijuana is more popular than hashish, the form of cannabis found Lhodundantly in the northern hill stations of India and sold at a higher price in Delhi. The group also took cough syrup frequently, gathering in tea stalls and consuming bottles of cough syrup. Kalsang first tried cough syrup at the age of nineteen and soon incorporated the drug into his regular using schedule. Alcohol use was also common among the group. Eventually they started taking tranquilizers as well, causing them to start fights which “became a public issue.”

With the help of his family, Kalsang secured a job in a travel agency. However, he greatly disliked the job, claiming it required “too much discipline and [he] had no free time.” He quit the job after working there for a month. Later his father assisted him in obtaining a job in the Tibetan printing press at which he worked for eight or nine months, using all the pay he received to buy cough syrup or marijuana.

Kalsang first tried brown sugar/smack (heroin, often in impure forms) with Lobsang Tsering, a man who has since recovered and founded the only Tibetan substance Abuse organization in India. According to Kalsang he first tried heroin in the bathroom of a discotheque and felt “excited about trying a new drug.” He was already high off of

alcohol and hashish when he tried brown sugar. He melted the substance on a piece of foil. Then he inhaled the fumes through a small tube also made of foil while holding a coin in his mouth to collect the excess, a technique known as “chasing” or “chasing the dragon.” He used it and blacked out.

Kalsang said that the period from the ages of twenty to twenty-five was a “frigid time” in his life. His father died when he was twenty; by that time, he was already addicted to drugs and the addiction only became worse. Although people in his life tried to stop him, he “had gone too far” and was then “totally dependent on drugs,” needing them for “every occasion, joy or sorrow.”

With the help of a family friend who was the Tibetan minister from the exile government, he entered into a rehabilitation program. However, Kalsang believes that he did not have the “correct motivation” for going to rehab, due to the fact that he made an agreement with his mother assuring that she would give him money if he went to rehab. Because Kalsang needed the money to support his addiction, he would have agreed to any conditions. The type of program he entered into was one of homeopathic medicine using counseling, yoga, and meditation to treat those undergoing withdrawal symptoms. The suffering of withdrawal was so great that Kalsang cut huge slashes in his arms, hoping he would receive some sort of medicine or painkillers. After only sixteen days, he convinced the facility to discharge him and he began using again. The initial high after being clean for sixteen days was so good that Kalsang began a cycle of entering and exiting rehab programs only to experience such intensity over and over again.

Over the next few years, Kalsang started a new cycle of going in and out of jail. On two occasions his mother negotiated with the Welfare officer in Majnu-ka-tilla to

have him arrested. The first time, he spent four months in jail and the second time, he spent ten months there. His time in jail did not, however, end his addiction because he was able to obtain drugs even while locked up. During the time he was in jail, his family applied for visas to go to the United States. Kalsang claimed that he received permission to go to the US but could not because he was in jail. “But anyway,” Kalsang said, “I had a very good time in jail.”

After his being released for the last time, his mother left for the United States. Kalsang, however, was less worried that his mother was leaving and more concerned that his “banker” was going away; his primary source of income was money stolen from his own family members. During next couple years, from 1999 till 2001, he “really hit rock bottom.” He became very lonely, and it was “a hard time to survive.” In 2001 Kalsang made the decision himself to go for treatment. He attended a rehabilitation program for eight months and stayed clean for four months after. Later, he relapsed yet again and returned to rehab for another nine months. Since then, he has stayed with Kunphen, the organization started by Lobsang Tsering, his old using partner, for one month. The past ten months have been the longest time he has ever been clean.

“I am doing my best to stay clean, but I’m still not sure. I am most afraid that the loneliness will cause a relapse. The loneliness is really disturbing me. I’m trying to meet a nice Tibetan girl. I have spent thirty years of my life as a drug addict. Sometimes I feel there is still time for using, but rationally thinking I want to live a happy life. I have really screwed up my life since childhood. Speaking honestly I want to die on an overdose...I am very angry with my family for sending me to boarding school. I pity myself for being a refugee; I have no fundamental rights in India. I don’t know if these are all excuses, but I have to accept them because I have no option.”

Since this interview on May 27, 2003, Kalsang was expelled from Kunphen for stealing from another housemate to buy prescription painkillers. I last saw him in the bus stand of McLeod Ganj, Dharamsala, selling a piece of jewelry.

“Tenzin” May 9, 2003.

Tenzin was born 1972 in the Tibetan exile settlement of Bir, located in the north Indian state of Himachal Pradesh. He has one older brother who is a *Rinpoche*, a reincarnated spiritual figure, and three younger sisters. His entire family is very religious with a deep faith, and he even had several relatives who were lamas. In following with family tradition, Tenzin was ordained as a monk at the age of eight, and he proceeded to live and study as a monk at Shereb Ling monastery for seven years. While in the monastery, he only saw his parents once a month. At the age of fifteen, Tenzin disrobed from monastic life on his own will. According to Tenzin, he “wanted to be like other guys; wear pants, have girlfriends.” When he left the monastery and showed up at home, his parents forced him to return. However, he escaped for a second time and lived on the streets until his mother had pity on him and let him live at home until he was admitted into a CST school near his home. This was the first time Tenzin had ever experienced any kind of traditional education not specifically for monastics. However, while he should have been in school, he skipped to hang out with older street guys and he officially left after only one week. His father was very angry and hurt that he left both the monastery and school;

however, Tenzin feels his father was the only person in his family who was deeply upset. Everyone else had sympathy for him, especially his mother.

After leaving school, he spent his days hanging out with the older street guys. He first tried smoking cigarettes and then, when he was fifteen, he began smoking hashish while loitering in the streets and drinking alcohol with the group. Around this time, his father became very ill and died shortly after from cirrhosis of the liver. Although his father suffered from alcoholism, Tenzin does not believe that his father's addiction had any affect on his own.

After the death of his father, he helped his mother with the family business of selling clothes. The business required a great deal of traveling and eventually brought them to Shilong, a place close to the Burma border notorious for drugs. It was in Shilong that Tenzin first tried various pharmaceutical drugs including pills, tablets, and cough syrup. While in Shilong, he became addicted to a pill called Spasmoproxyvon, also known as Spasmo or SP. Even at an early age, Tenzin was able to buy Spasmo from the local chemist at eighty Rupees for eight pills. Due to the fairly expensive price, Tenzin's using remained limited while in Shilong. However, once he had returned to Bir, he began taking more pills and using them more frequently. In addition to Spasmoproxyvon Tenzin also used N-10 (Nitrosun), a different painkiller with effects similar to those of Spasmo, and cough syrup. At the peak of his addiction, Tenzin took up to forty pills of whatever he could obtain per day. When taking the pills orally became insufficient, he began "fixing," a technique in which one melts tablets into liquid form and injects them into the veins using a needle. This has a much quicker and more powerful effect than taking pills orally.

In July of 2001, Tenzin decided to check himself into a rehabilitation program, where there were four other young men that had all been addicted to the same drugs. At that time, his family knew of his addiction and no longer trusted him because he stole from them. He was not helping with the business anymore and he had essentially become segregated from the rest of his family. He contacted Kunphen, which he had learned about from a friend, and they sent him to a rehab center in Delhi called KIRPA.

At KIRPA, the largest rehabilitation organization in India composed of several different locations in different states, there were twelve Tibetans and thirty Indians (all male). According to Tenzin, one of the Indian counselors discriminated against the Tibetan patients. After much tension, a fight broke out between the Indians and Tibetans. Tenzin speculates that the Indian patients were jealous of the Tibetans because the Tibetan government in exile pays for their treatment.

Tenzin has now been clean for one year and several months. He wants to move home, but he first has to regain his family's trust. Right now he enjoys staying at Kunphen and helping out with the organization. He feels the "most difficult thing about staying clean is worrying about the future, earning money, thinking about marriage...raising a family."

"Lhodu" June 8, 2003.

Lhodu has a different story from those of the other Tibetans I interviewed. He is not affiliated with Kunphen, nor has he ever been in a rehabilitation program. The

youngest of eight children, Lhodu was born in Dharamsala, where he continues to live with his parents. Although he is in his early twenties, he has an extensive history of drug use. At the early age of seven he began drinking alcohol. While in school at CST Dalhousie he drank alcohol and smoked cigarettes regularly, obtaining them from the market and paying extra to local liquor dealers. He moved onto hashish when he was thirteen and painkillers at fourteen after dropping out of school. By the time he was fifteen, he was in the “hash business,” transporting hashish from the northern city of Manali in order to sell it for a greater price in Delhi. Not long after his trips to Delhi began, he met a Nigerian man with whom he had his first experience with heroin. Although his first time using brown sugar was with a foreigner, his primary using partners were a group of three older Tibetan teenagers, also born in India. From their original group, two of the four have since died from drug related causes. One of them, who commonly fell asleep after injecting, “...was taking one day [later] with new company who didn’t know how he became [after injecting]. They thought he had died so they dropped him in the river.” This incident, as well as the overdose of another friend, caused the third member of the group to quit all drugs “except alcohol.” However, Lhodu continued using. He says that, while living in Delhi, his daily schedule included waking up, taking one gram, going to work, then coming home and smoking all night.

He supported his addiction by working, dealing, and receiving money from his family. For a few years, his family knew nothing of his drug use until one evening in 1995 when he took eight files (sixty-four pills) and came home high. His parents thought that he was drunk, but when they smelled his breath there was no scent of alcohol. They checked his pockets, found the files, and discovered the source of his intoxication. On

that day, he pledged to his parents to “stop all bad habits;” however, his parents remained worried and his father brought him to see the welfare officer. According to Lhodu, “he gave me a big lecture with my father there. I got very angry. I told him, ‘it is not your problem. You can help those who don’t have a family. It is my money and my life, not yours.’ I was on a trip then, with pills.”

Despite the confrontation with the welfare officer, he did not stop using. He claims his using has continued unbeknownst to his mother and father and that they have yet to realize his lasting addiction. He received money from his sister in Austria until one of his older brothers caught him using brown sugar in Delhi and notified his sister, who stopped sending him funds, forcing him to find alternate sources.

Lhodu’s addiction continued full force until he became sick from tuberculosis, an illness found commonly among Tibetans living in exile.⁴ His sickness required him to have two operations, one in Delhi and the second in Austria, where his older sister lives. In total, he spent about two years in bed. However, while sick in bed his sister helped him to get hash and alcohol. Additionally, he became addicted to morphine, taking three to four morphine injections per day.

After recovering from surgery, he returned to Delhi, where he resumed using brown, and would also spend time in Dharamsala with his family. According to Lhodu, he was the “first Tibetan to do brown in Dharamsala.” Additionally, he shared the drug with other people in the town, making the “guys very addicted.” Lhodu claims that there are about ten to fifteen guys in Dharamsala who suffer from extreme addiction to heroin. He has tried to convince these guys to overcome their “sickness of brown,” withdrawal,

⁴According to a demographic study of health conditions among Tibetans in India, tuberculosis is the second highest cause of death, totaling 35 percent of all cases. Bhatia, A social and demographic study of Tibetan refugees in India.

the way he has learned: with painkillers. They are cheaper and, as Lhodu claims, “not addictive.”

Lhodu believes he has overcome his addiction problem. He chases brown sugar only “once or twice a week,” yet takes painkillers and alcohol on a daily basis. He takes care, however, never to cocktail, mixing painkillers with alcohol. Lhodu reports that drug users in Dharamsala do not cocktail because “they lack experience and are afraid.” They fear that cocktailing pills with alcohol could lead to a serious overdose. Lhodu, however, prides himself on his knowledge of substances and their affect (see appendix). So, after swallowing painkillers, he waits three to four hours before drinking alcohol. He admits he cannot sleep at night without taking pills. The director of Kunphen, Lobsang Tsering, approached Lhodu and told him he could go to the best rehabilitation facility in India to become clean of all substances. He responded to Lobsang that he could cure his addiction to one drug by taking another drug. I asked Lhodu what he thought of Kunphen. He responded, “for some guys it is good. But, I’ve seen those same guys back in Delhi using again. So mostly it is bullshit.”

Lhodu has no interest in going to rehab. He believes that the “main thing is your mind.” If one chooses to overcome the mental dependency on drugs, then structured rehabilitation becomes unnecessary. He now lives in Dharamsala with his parents and works as a carpenter. At the moment, he cannot leave the area due to a pending legal case. During Losar, the Tibetan New Year occurring at the beginning of March, Lhodu had a fight with an Indian local. The police arrested him and he spent one month in jail unable to post bail. While in jail, he gave extra money to the officers to buy him alcohol and hashish. In order to curb his painkiller addiction, he complained of a pain in the

stomach. Lhodu plans to move back to Delhi once the case finishes; however, he does not think he will have enough income to use drugs.

“Chime” June 13, 2003

Chime’s story differs some from those of the other recovering addicts in Kunphen. Although he spent many years using, he has yet to attend a rehabilitation program. I was able to interview him while he was passing through Kunphen on his way to rehab. The other patients in Kunphen informed me that he was still using at the time. However, I encountered no evidence of his continued use during our interview. Chime was born while his family was traveling in Bhopal, the capital of the central Indian state Madhya Pradesh, for their sweater selling business. For most of the year, however, his family lived in Kollegal, a Tibetan settlement near Belegobie. He studied in Kollegal until tenth grade and then transferred to Mungod CST. Throughout his school career he made good grades and performed successfully. Even serving as class monitor and a mathematics tutor. While in class twelve Chime’s elder sister died and he left school to help with his family’s farm. Although he had other brothers and sisters they all either were studying at a university or had married and moved in with another family. Like most families in Belegobie his family’s main occupation is farming. He had planned to complete secondary school and pursue a college degree, but after he left class twelve he never returned to school.

He began using Spasmoproxyvon while still in class twelve. Another student who had been expelled from Mussoorie and was transferred to Mungod had offered him the tablets. Before this incident he knew nothing of substances except for the alcohol consumed by other students. According to Chime, he and his friend from Mussoorie were the only students using Spasmo at the time. Everyday during their lunch break from school, they would go to the local medical store ten minutes away and purchase Spasmo tablets. Before returning to class, they would go to a “tea stall and have SP with tea,” using three to four tablets each. The teachers never discovered their lunchtime drug taking “because there were not many students using.”

Throughout much of his school life, Chime suffered from what he calls a “hole in [his] stomach.” He developed a severe ulcer from medication prescribed by a doctor attempting to cure a headache he had had in class five. In class eight, his illness became so extreme that he traveled to Bangalore for an operation. Despite the procedure, he continued experiencing poor health throughout his life, once even vomiting blood. Every month he becomes bedridden for one or two weeks, unable even to stand. His entire stomach pains him and he frequently experiences yellow vomiting. If he makes a visit to a doctor and receives an injection, he will recover in about four days time. All medical practitioners agree that his problems are the result of the pill he took in class five. If he undergoes another operation, he might be able to begin to permanently recover. However, his family is unable to cover the costs.

After leaving school, he continued using SP while working on his family’s farm. Although there were only two students taking painkillers at school, his town of Kolligan tells a different story. According to Chime there were “small kids (class five) using SP

and Corex (cough syrup) because the drugs are very available.” Younger children pay older youth to buy these prescription drugs for them at the local chemist while they are purchasing drugs for themselves. Also, those who are too young pay local Indians to buy painkillers or cough syrup.

After three years in Kolligan, he moved to Delhi to work in a family shop. While in Majnu-ka-tilla, the Tibetan settlement in Delhi, he met a Tibetan girl and fell in love with her. When their romance began he stopped using SP and remained clean for the remainder of the relationship (nine months). However, their relationship created turmoil within his family. They had hoped to marry, but his parents greatly disapproved. Her family, however, did approve and they received money from her sister. With the 70,000 rupees she sent, they bought a small shop in Haraduar, four hours away from Delhi, the same town where the girl’s brother lived. As an alcoholic, however, her brother provided little assistance and many problems. After several months of harassment from her brother, one incident ended their relationship. Chime recounts how

“one day her brother came over drunk and started beating her. I tried to intervene, but he beat me even more severely. Her brother locked her in the room and told me to go to Delhi. He said if I ever see her again he will break my leg. I have tried to contact her many times out there but I have not yet been able to reach her.”

When Chime returned to Delhi alone he began using Spasmo again. He became aware of how hard it was for him to stop taking the tablets. If he ever tried to stop, he became very “lazy and idle” but when he continued using he had more energy. He continued using for several months without his family’s knowledge until December of 2002 when his father found tablets under Chime’s bed. When he questioned Chime about the painkillers, Chime did not respond. So, his father took the tablets to Chime’s

brother-in-law, who had been educated in Delhi, to investigate. His brother-in-law told his father that they were for “substance Abuse.” His brother-in-law suggested that they send Chime to Kunphen to be placed in a rehabilitation program. Before his going to Kunphen, his brother-in-law warned Chime that “if [he] doesn’t come out clean it will be a waste of time because they are spending so much money.”

Chime’s poor health imposes a huge burden on his life. He began describing the conditions of his illness long before he even mentioned anything regarding his drug addiction. Chime says, “I feel I will die very soon because of this sickness. If the operation is done it might help, but I still dream about dying.” Despite these hopeless feelings, Chime never vocalized any connection between his addiction to painkillers and his illness. Although he spoke liberally about both situations in his life, he never led me to believe that his painful and stressful health conditions either resulted from or contributed to initial drug use, or fostered continued and/or intensified use.

Chime feels much more hopeless about his future when discussing his illness than when discussing his addiction. At the time of our interview, he had not yet received treatment, but he was staying with Kunphen and planned to join a program within the next week. In response to his brother-in-law’s warning about “com[ing] out clean” Chime says he is “very happy and hopeful for a new life.” He continued to say that for a long time he had “wanted to give up the habit, but couldn’t before.” He admitted that although he is still using, he has tried to minimize the amount of tablets he consumes until he quits altogether in rehab. After he completes a treatment program, he plans to talk to users in his town. He says, “I will tell them that using is not good and that there is a place that can help you. I will tell them my own success story”

He seemed more much optimistic than other drug addicts about his ability to fully recover. Unlike the other interviewees, Chime does not have a long history of entering rehab and relapsing or being put in jail. He believes in his chances of coming out clean and staying that way. When he recovers, he hopes to regain his parents' trust and continue running the family shop in Delhi.

“Palden” May 20, 2003

Palden is one of the only recovering drug addicts born in Dharamsala. Although he lives very near to Kunphen, the Tibetan center for substance Abuse, he never approached the organization for help with his addiction. Palden began drinking alcohol and smoking hashish in secondary school. The first time he tried hashish was in one of the local snooker halls. According to Palden, the snooker hall, Q-Ball, is a “gathering place for addicts.” He has encountered many different drugs and many different people using drugs at the snooker hall. Palden claims that he has “even shared sticks of hash with government officers who work for the Department of Education.”

After graduating from Upper TCV school (Tibetan's Children Village), he moved to Delhi to attend Delhi University. During the first few weeks of school, he stayed focused on his studies and attended classes regularly. However, after the first time he tried painkillers with some Tibetan college friends, his life began to change. Palden admits that he “really felt like taking a lot” because they made him “energized, happy, and forget all worries.” Sometimes, though, “tablets make you boring” and want “to

sleep a lot.” Palden said that, in addition to smoking hashish regularly, he took an average of four to five tablets per day, either Spasmoproxyvon or Nitrosun, strong painkillers containing opiates. He purchased the pills from the chemist stores where he “made friendships with the pharmacists.” Most chemists sold him Spasmo or Nitrosun for only a few Rupees extra even without a prescription because, in his words, they “are very selfish.”

One day Palden drove a friend to McDonalds on his motorbike. Before leaving the restaurant, they both took seven Spasmoproxyvon pills. While they were driving home, he lost control of the bike and they had an accident. Palden suffered serious injuries from the accident and it took him several weeks to recover. Although he attempted to successfully complete his studies, he failed his first year exams. Palden commented remorsefully, “I don’t know how I got failed,” yet later he confessed the main reasons to be “snooker, pot, and tablets” in addition to his “own carelessness.”

After the accident and failing his exams, Palden’s parents realized that their son had a problem with drugs. They forced him to move back to Dharamsala and swear before God that he would stop taking marijuana, tablets, and pills. However, after only a few months he broke his vow by smoking “Ganga” (Marijuana) at the snooker hall.

His parents helped him secure a job in a travel agency, but he continued smoking marijuana while he worked there and lost the job after two months. They then put him in charge of one of their businesses, yet he still spent a considerable amount of time “hanging out.” Eventually he began taking pills and tablets again and his drug problem escalated.

During the most recent Tibetan New Year, *Losar*, Palden chased brown sugar for the first time with his friends. After he inhaled and became high, he “wasn’t able to recognize [his] friends” anymore. He says he was aware that brown can be very addictive; however, he “thought one time wouldn’t hurt.” Later that night, he participated in a fight against a group of local Indians and became injured. His parents found out about the fight and his drug use and once again made him swear in front of God.

Since then Palden has remained clean. His parents now make him tend to their shop all day and forbid him to see his drug using friends. He hopes to open his own shop in the Tibetan settlement of Delhi, yet still feels remorseful about failing out of college. When asked about his future Palden says, “this tablet thing, it ruined my life.”

“Tsewang” June 11, 2003

Tsewang is the oldest patient at Kunphen and has one of the longest stories of recovery and relapse. Born in Manali, he moved at the age of nine with his mother to the Tibetan settlement of Bir after his parents divorced. One year later, his mother died and his uncle who was a monk suggested that he join the monastery. He followed his uncle’s advice and began living as a monk despite never having taken the official vows. However, after only four years he disrobed because he “was not interested in monastic life or learning scripture” and was more “interested in drinking *arak*, going with friends, and going to movies.” At fourteen, he had already begun drinking *arak*, a potato alcohol

made commonly among poor Tibetans living in Bir during the 1970s. He first sampled *arak* at the age of seven and began drinking more regularly around the age of eleven or twelve.

Upon leaving the monastery, Tsewang began helping his aunt and uncle with their sweater selling business in Bir during the winter and working in the carpet business the rest of the year. One year, when he was nineteen, his uncle went to Lhasa for business and his aunt was pregnant, forcing Tsewang to travel around selling sweaters on his own. When he returned, his aunt had died during childbirth, leaving him alone with his uncle and the new baby. He did not enjoy living with his uncle, but they were experiencing a good time for business. At the time, Tsewang drank alcohol with his friends at least three times a week. He knew that so much drinking was “not good,” but he “didn’t care to stop at that time.” After a couple years of partying like this, he began to feel guilty and made the decision to vow in front of a Lhama to stop drinking.

Tsewang stayed clean for a year and a half until he began traveling to Lhasa, the capital of Tibet, for business. He remarks that at that time in Lhasa, “beer cans were very popular and fashionable.” Despite his vow, he began drinking again with the other businessmen from India. He had little chance to build back up to his old drinking habits, however, because his uncle kept a close watch on him. He started becoming sick from Malaria and left Lhasa for Nepal. While in Nepal, he began drinking a form of *chang*, Tibetan beer made from barley, that people believed gave strength to the body. After recovering, Tsewang returned to Bir.

Once Tsewang was back in Bir, his uncle began encouraging him to get married and live with another family. He fell in love with a neighbor girl and they planned to

marry before their child was born. Despite a disappointing miscarriage, the couple wed and he moved in with her family. However, he continued drinking alcohol. Tsewang stated that “during the day we would do business and during the evening I took either beer or whisky.”

They lived with his wife’s father, who was also an alcoholic. Between Tsewang and her father many family quarrels occurred. He said he and his wife tried to avoid conflict, but “sometimes [they] would argue, mainly because her father was drunk.”

After years of drinking *arak*, *chang*, beer, and whiskey, Tsewang learned about a new substance: a cough syrup called Corex. His friend informed him that “if you take a whole bottle you will feel very good.” Although he felt content with his marriage, the problems involving his father-in-law contributed to his substance Abuse. When he first started drinking Corex, he remembers “enjoying [himself] and feeling very happy.” Early into his using Corex, Tsewang felt energetic and able to work and eat well. However, after some time his body became weak, he experienced a loss of appetite, and he began hallucinating. People were unaware of his drug use and believed him to be “possessed with a devil.” Tsewang was also unaware of the cause of the hallucinations so he went to a monastery for help. The Lhamas recommended that he “pray a lot.”

His addiction began causing problems with his family. His father-in-law wanted him to leave, and his wife also started becoming negative towards him. Amongst the turmoil and drug use, he began beating his wife. They soon initiated a divorce and he began making business trips alone. Eventually Corex became too expensive to support his addiction and he began taking Spasmoproxyvon in addition to marijuana and alcohol. When he returned from his first business trip alone he felt very unhappy and started

spending money lavishly on drugs and alcohol. Due to his drug use and short temper, he also instigated many arguments and fights. Eventually he spent all of his own money and whenever he got money from another source he spent it on alcohol and drugs. He claims to have lost a “sense of supporting [himself].” He states, “I watched what friends gave me money and would spend more time with those friends. I had no money, no more job, no food. I was very upset.”

He began stealing from his friends and relatives. Only when he was sober could he notice how everyone around him judged him negatively. Those judgments made him feel “lonely, sad, and shamefully” and in order to “escape these feelings,” he took more drugs and alcohol. Tsewang fell into a cycle of stealing, feeling ashamed, and using drugs for a period of about six months. His addiction became so strong that he could not function properly without a drink in the morning. Tsewang says, “when I was drunk I felt happy. But, when I was sober I felt miserable and didn’t want to be around people because when I was I felt guilty and had a lot of self-doubt. So, I started early in the morning and remained tipsy all day.”

He felt rejected by everyone in his life except one “compassionate *Rinpoche*” who gave him a job in a monastery. While in the monastery he managed a short sobriety but began drinking again after three months. He believes he stayed clean because of the kindness of the *Rinpoche* and having a job and place to live. The chance to lead a normal life again and the hope it brought affected his ability to stay clean. Unfortunately, his addiction took over again as well as his tendency to steal. He was forced to leave the monastery because of his misbehavior.

After a short stay in Manali, he returned to Bir and once again was fortunate enough to meet a kind man who offered him a job and place to stay. While working, he remained clean, grew stronger, and fell in love. After only five months, however, he began taking Spasmo secretly. Although he usually only took four pills a day, on one occasion he took eighteen pills.

One day he was not feeling well. He went to see a doctor who told him that he cannot drink alcohol anymore or he might die. The doctor recommended that Tsewang visit the Kunphen office to receive treatment for his alcoholism and drug addiction. Kunphen sent him to the KRIPA rehabilitation center. At first he was very unhappy in the center. After two months, however, he began taking interest in the programs of the center. By the time the six-month program ended he enjoyed rehab so much he did not want to leave. Now, Tsewang has been clean for one year and two months. He says the main reasons he has been able to stay clean are the “rehab center and the role of God in his life.” He still feels very afraid of having a relapse and prays to God “for [himself] and for other people to not become like [he] was.”

Analysis

Pharmaceutical Drugs

Nearly every addict interviewed agreed that they either prefer pharmaceutical drugs when using, or use them as a fallback. Lobsang Tsering, the director of Kunphen,

testifies that “pharmaceuticals are the new drug of choice.”⁵ Drug users favor pharmaceuticals due to their accessibility, low price, and relatively less incriminating nature when compared to other drugs. The types of pharmaceutical drugs discussed by the interviewees fall under two categories: tablets/pills used for pain reduction and/or cough syrup. Painkillers and cough syrup may seem relatively mild, but both contain by-products of opium, the same plant used to make heroin, and possess similar addictive qualities.

Of those interviewed, every single person expressed an addiction to painkillers, either as their sole addiction or as a substitute for heroin. Pills or tablets become especially addictive when the user dissolves them in water and injects the fluid into their veins. According to the president of the International Conference on the Reduction of Drug-Related Harm, “in Delhi alone, there are over 20, 000 addicts using this intravenously.”⁶ For many people, taking opium-based pills or tablets eventually leads to heroin use. Of those addicts I interviewed who had tried heroin each used cough syrup and painkillers as “gateway drugs”. Although everyone had used painkillers and cough syrup, the levels of addiction varied as did the amount needed for satisfaction. For example, Palden spoke of taking three to four pills daily, Tenzin spoke of thirty to forty, Lhodu spoke of taking up to sixty to seventy, and Tashi admitted to dissolving the tablets in water and injecting the fluid.⁷ Like other opiates, addicts build up varying levels of immunity and require different amounts, frequencies, and methods.

One reason pharmaceutical drugs have gained such popularity among Tibetans is that they have a less incriminating nature. First, pharmaceutical drugs possess a less

⁵ Taken from Interview on May 5, 2003.

⁶ Addition to legal drugs on the rise. *The Times of India*. April 2, 2001. A Staff Reporter, New Delhi.

⁷ Taken from Interviews on May 20, 2003, May 9, 2003, June 8, 2003, and May 6, 2003.

negative stigma than other opiates like heroin. Additionally, many people, especially youth, prefer taking pills and tablets because excuses claiming legitimate medical needs usually satisfy a curious family member. When Lhodu's father questions him about the pills he takes he "can tell [his] father the medication is for [his] leg."⁸ Lhodu clarifies that because his father is "not educated" he doesn't know why he actually takes pain killers. Similarly, Tenzin's father realized the purpose of Spasmo pills only after consulting his brother-in-law who was "educated in Delhi." Tenzin implies that, without the advice of someone with the experience of a big city, his father, a farmer, would have remained unaware. Likewise, Tsewang easily misled several monks to believe he was possessed when he began taking heavy doses of Corex. They found it easier to conclude that his body was possessed by an evil spirit than to imagine that he had been taking a mind altering substance. In response to this general ignorance among older generations about pharmaceutical drug Abuse, the Tibetan Welfare Office in Dharamsala holds community meetings where they allot time to warning parents about drugs.⁹

In addition to preferring pharmaceutical drugs because of their innocuous appearance, they are also easily obtained. India acts as one of the world's largest pharmaceutical manufacturers and, despite production regulation laws, "there is no uniformity in the monitoring of compliance with the law."¹⁰ For example, according to the UNODC, secret operations exist that transform licit opium products into heroin for illegal distribution. It is the smaller scale law defiance, however, that directly affects the lives of addicts.

⁸ Taken from Interview on June 8, 2003.

⁹ Taken from Interview on May 23, 2003.

¹⁰ United Nations Office on Drugs and Crime 2003 India Country profile, p.16.
www.unodc.org/india/country-profile.html?id=801.

From an early age, addicts remember purchasing painkillers and cough syrup from local pharmacies (chemist stores) without a prescription. According to one article, the Drugs and Cosmetics Act forbids the sale of Corex, Phensedryl, and Spasmoproxyvon, among other drugs without documentation from a doctor. However, despite this law, young and older persons alike easily find ways of obtaining their drug of choice from chemist stores. For example, Palden “made friends with [his] chemist,” paying only a few extra Rupees for files of Spasmo. Tenzin spoke of younger students in class five giving extra money to older students for purchasing Spasmo pills and Corex cough syrup for them. At a young age Tashi also experienced no difficulties buying Phensedryl cough syrup from chemists. However, living in Darjeeling, his was one of the only areas where the police forced a ban on the sales of pharmaceuticals without a prescription. After the ban he had to buy the bottles of cough syrup on the “black market” for four or seven times the original amount. Tsewang believes that “the local Indians [of Bir] were not fond of Tibetans so didn’t care” that they were selling potentially dangerous and addictive substances to young people.

In addition to the easy access of painkillers and cough syrup, these substances sell for relatively low prices. Tashi and Tsewang supported their addictions to cough syrups for only a few Rupees a bottle. Tashi remembers paying nine Rupees per bottle for codine based Phensedryl until forced to pay black market prices of 40-70 Rupees per bottle. For equally addictive Corex, Tsewang paid 13 Rupees per bottle. Although the price of Corex has since increased, the cough syrup can still be purchased for less than 30 Rupees. Like cough syrup, the price of painkillers also varies based on time and location. Tenzin recalls needing 80 Rupees to buy one file (eight pills) of Spasmoproxyvon in Bir.

However, in Dharamsala Palden bought one file for 30 Rupees and only paid 20 Rupees in Delhi.

While the cheapness and accessibility of pharmaceutical drugs prove problematic for controlling substance Abuse in India, many people with real medical needs benefit. One anonymous community member spoke evenhandedly about the issue: “In one way it is bad, but in some ways it is good. One way it is good is if a person is really sick and going to the doctor is too much hassle.”¹¹

In addition to the convenience of not needing a doctor’s prescription, the relatively inexpensive prices allow for more people to be able to afford their needed medicine. Furthermore, a study conducted in the United States suggests that the beneficial effects of opiate-based pharmaceuticals outweigh the risk of potential addiction. This study “found that while doctors are prescribing opiod painkillers more often these days, emergency rooms are not seeing significantly more cases of related drug Abuse.”¹² Unfortunately, this optimistic news faces difficulty in application to India while pharmacists remain unaccountable.

The Tibetan government in exile faces particular difficulties addressing the problems of licit drug addiction among Tibetans. Joint Secretary of Health Yusif Naik summarized their dilemma:

We cannot tell people not to sell. In Tibetan hospitals and health centers we can control the distribution of pharmaceuticals. But, we have no ability to mandate the sales of those pharmacists receiving permits from the Indian government.

¹¹ Taken from Interview on June 10, 2003.

¹² Benefits from opioids outweigh risk, study says. CNN.com. April 4, 2000. Laura Lane. www.cnn.com/2000/HEALTH/04/04/pain.killer.wmd/

The Central Tibetan Administration functions in many ways like a real democracy but it lacks ultimate political control of an independent nation. Tibetan government officials possess no legal authority over Indian commerce or policy enforcers. Kalsang mentioned the Tibetan Welfare Office's role in convincing chemist stores in Majnu-ka-tilla, the Tibetan settlement in Delhi, to abstain from selling pain killers and cough syrup to Tibetan youth. While this effort proved relatively successful, addicts only had to walk across the highway, outside of the settlement, to purchase their drugs from different Indian pharmacists.

The Tibetan Welfare Officer for Dharmasala states that the Welfare Office does take a role in drug Abuse related issues within the community. Often the Welfare Office learns from a community member or friend about a young person with a substance Abuse problem. The Welfare Officer or a welfare office employee calls the person with a problem and their parents into the office. The Dharamsala Welfare Officer remarks that "it is very rare that a parent will approach the welfare office for help because they are too shy to show problems."¹³ Often times, however, the families are not aware of an Abuse problem. In this case, the Welfare Office informs them of the details. The Welfare Officer attempts to explain that drug use causes problems for families and the community at large. Before giving referrals for professional help, they first recommend that the family "should address and solve [the] problem by themselves." In the opinion of the Welfare Officer the families ought to show their children "love and affection" instead of disowning them out of frustration. Sonam argues that when parents force their

¹³ Taken from Interview on May 23, 2003.

problematic children out of the home the children only become more immersed in their drug problem.

If a family takes the advice of the Welfare Office but cannot overcome an addiction problem on their own they are then referred to Kunphen. From Kunphen they are then sent to a three to six month rehabilitation program. If a family cannot afford treatment they are subsidized by the Department of Health and Kunphen. In order to “keep tabs on them” addicts are always sent to rehab through Kunphen.

Second-Generation Refugees

Regardless of varying life events and experiences every drug addict I interviewed shared the common bond of being second-generation Tibetan refugees. In all of my research I came across no addicts from the community or involved with Kunphen who had escaped from Chinese occupied Tibet within their lifetime. It was their parents who made the dangerous trek across the Himalayan mountains and started families and new lives in India. Although the second-generation refugees identify themselves as ethnic Tibetans, do not maintain Indian citizenship, and possess international refugee status the only home they have known is India. Growing up in India to Tibetan parents they became socialized under two different cultures at once. In recounting their life histories, all of the drug addicts, at one point or another touched upon negative experiences related to conflicting cultural identification.

According to a study by Gauri Bhattacharya intergenerational conflict resulting from issues of acculturation leads to increased risk of substance use. The study reports, “intergeneration conflict surrounding role expectations and individual behavior, in turn, tends to destabilize family relations.” Conflicts within the family than encourage youths to deviate from their parents and bond more closely with peers. “Bonding with deviant peers often leads to [substance use] among adolescents, further alienating children from their parents and increasing the risk of greater drug Abuse.”¹⁴

The most exemplary example of conflicting cultural influences comes from Tenzin’s monastic experience. At a young age Tenzin joined the monastery because of his family’s religious background and influence. However, at the age of fifteen he decided to disrobe against the wishes of his family. This decision resulted in family turmoil. After experiencing friction at home he stopped going to school and began spending the majority of his time other deviant youth. It was with this company that he began taking drugs. Tenzin believes “if [he] had gone to school and [a] monastery [he] would have never become an addict at all.”¹⁵ Notably, most people who take back their vows of being a monk or nun and become a layperson do not end up with drug addictions. And while other factors probably contributed to Tenzin’s drug use, pressures from his family to fill one of the most traditional Tibetan roles against his own will undoubtedly had negative affects on his life.

¹⁴ Bhattacharya, Gauri, Drug Use Among Asian, Indian Adolescents: Identifying Protective/Risk Factors. *Adolescence*. Volume 33, Issue 129.

¹⁵ Taken from Interview on May 9, 2003.

Unemployment

Administrators say unemployment acts as one of the primary motivators of drug use. Two out of three reasons given by Yusif Naik, Joint Secretary of the Department of Health, as to why people become addicted to drugs pertained to unemployment. Firstly, he says those who fail out of high school “have no job so [they] take drugs.” Secondly, he states there are college graduates who cannot find jobs either, turning them to drugs. A manual created by the Department of Health aimed at helping community health workers identify and successfully deal with substance Lhodu suggests “the unemployed” as an example of a group of who “are at greater risk than others.”¹⁶ The Welfare Officer of Dharamsala agrees that unemployment is a key factor in promoting drug use. According to him the “main problem is that when people return from rehab they have no job and after one to two months they start using again.”¹⁷ The Welfare Officer believes that that government in exile “should try to involve them” with projects like a “paper making center or environment cleaning where they can make 50 Rupees a day.”¹⁸ He suggested the idea of an employment center for those returning from rehabilitation to higher officials in the Department of Home and the Department of Education. Thus far, however, he has seen no results from his suggestion. Lobsang Tsering, the director of Kunphen also expressed concern about unemployment and eventually hopes to expand

¹⁶ A Manual on Drug Dependence and Alcohol Related Problems. Department of Health, Central Tibetan Administration, India.

¹⁷ Taken from Interview on May 23, 2003.

¹⁸ Taken from Interview on May 27, 2003.

the organization to facilitate a more organized form of employment training and placement.¹⁹

Many of the addicts I interviewed also expressed concerns about unemployment and the need to stay occupied. For example, Tenzin enjoys staying at Kunphen because he spends his days doing tasks for the organization and feeling useful.²⁰ Tsewang believes that an effective rehabilitation program keeps the patients busy. He explains, “it was a whole day program; no freetime except to wash clothes and exercise.”²¹ With activities and responsibilities people feel like useful and productive members of society. Tashi summarized the need for recovering addicts to avoid idleness and feel self worth:

*You can't stay clean and do nothing. Staying clean has to have some meaning, more than just eating three meals a day...If a person is to stay clean there must be a purpose to do so.*²²

While many of those addicts interviewed expressed the importance of having an occupation, most at least had fallback jobs with their families. Four recovering addicts planned to assist with their family businesses, Tsewang also had extensive business experience with his family, and Lhodu was already employed in the same field as his father. Kalsang was the only person who truly seemed to have no options. He had an opportunity to move with his family to the United States but could not go because he was in jail. Unfortunately, among the other Kunphen patients he was the only one to start using again during my time with them. Additional counterintuitive evidence regarding unemployment came from a demographic study of Tibetans living in India. The house-

¹⁹ Taken from Interview on May 5, 2003.

²⁰ Taken from Interview on May 9, 2003.

²¹ Taken from Interview on June 11, 2003.

²² Taken from Interview on May 6, 2003.

to-house survey found that only 2.4% reported to be unemployed, an extremely low percentage rate.²³

To synthesize these seemingly contradictory sources one must examine the particulars of timing. Although the demographic study was published in 2002 the surveyors collected information from 1994 to 1996. Of the 97.3% who reported being employed (except for the 6.5% who were either too young or too old to be employed) 27% were occupied through education, including students. The “substantial bulge in the 10-24 year age range” most likely influenced the high percentage of Tibetans in India occupied by education. However, those numbers were recorded seven years ago. Since that time, many of those in the 10-24 age range have left their occupation of education (by dropping out or graduating from either high school or college) and infiltrated job markets. An increase in the number of available employees would also increase competition and ultimately leave greater numbers of people unemployed. If this is the case, than the current concerns about unemployment and its affect on drug use proves validated.

Conclusion

Issues facing the Tibetan community in exile regarding the problems of substance abuse prove extremely complex and difficult. In terms of the growing amount of

²³ Bhatia, Shushum; Dranyi, Tsegyal; Rowley, Derrick; A social and demographic study of Tibetan refugees in India. *Social Science and Medicine*. Volume 54, Issue 3, February 2002, pp411-422.

addiction to pharmaceutical drugs the Tibetan government in exile must work together with Indian government officials. This problem does not only affect Tibetans, but people all over India. Both governments must promote a sense of vested interest in reducing pharmaceutical drug addiction. As long as the Indian pharmacists running chemist stores have no concerns about their employees selling drugs without a prescription then no change will occur. Additionally, there needs to be a greater amount of awareness among older generations of the increasing spread and impact of pharmaceutical addiction. This awareness will take a community effort on the behalf of parents, health workers, and concerned youth.

In many ways problems regarding second-generation acculturation are unavoidable. No matter how much effort both parents and children make to be patient and understanding with one another inter-generational conflict will inevitably occur. As long as refugee children are growing up in a different location and society than their parents did, a gap in expectations and realizations will remain. Through combined efforts, however, the gap can be shortened.

Unemployment provides another difficult challenge for the Tibetan government in exile. Although many jobs exist through the Tibetan government and education systems, young Tibetans should be encouraged to expand their employment expectations into the Indian job market. I realize these suggestions require great thought and detailing to realize implementation. However, these are the issues that ought to be addressed in responding to root causes of substance Abuse in the Tibetan refugee community.

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