

Exploring hidden narratives in the West African Tramadol trade and transport of migrants

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About the research

West Africa's role in illicit flows and their control has become a central concern for international and domestic policy makers of late, with attention coalescing around threats such as drug trafficking and irregular migration. Our current understanding of these activities and their alleged links to crime relies mostly on depictions from the outside, as West African data and narratives have been largely ignored. These narratives, however, can help to better understand what these activities mean locally, what has caused their emergence and what can address them as a policy issue.

The [Hidden Narratives on Transnational Organised Crime in West Africa](#) project explores the narratives on two activities with a particularly ambiguous legal status, which have increasingly been linked to organised crime: the trade in Tramadol (a synthetic opioid) and the transportation of migrants. The project uses in-depth interviews with individuals involved in these activities and their regulation, focusing on two regional trade and control centres: the port city Lagos (Nigeria) and trans-Saharan hub of Agadez (Niger).

As part of the project, a policy workshop was held in Ibadan (Nigeria) on 9 and 10 March 2020. It engaged key policy makers and practitioners from national, international and non-government agencies with research on the trade in Tramadol and the transport of migrants in Nigeria and Niger. The workshop discussions form the basis of this policy brief.



Crossing the Sahara, photo credit: Elodie Aparé

Policy implications

Policy makers need to:

- Acknowledge the complexity of the Tramadol trade and transport of migrants and avoid conflation of problems. Differentiate between socially acceptable and problematic practices, e.g. between migration and human trafficking, and acknowledge the medical need for pain-relief.
- Recognise that criminalisation leads to serious harms, especially to the rights of drug users and migrants. Instead, there should be a more balanced approach that prioritises preventative and rights-based policies.
- Acknowledge the embeddedness of the Tramadol trade and the transport of migrants and that they cannot be changed easily, especially as livelihoods depend on them.
- Look beyond single factor explanations and better address the context driving these activities, such as underfunded healthcare, the need for pain-relief or the lack of local job opportunities.
- Expand regular channels of pain-relief and migration opportunities. Regular channels should be promoted where demand for pain-relief and outward migration is strongest.
- Provide more balanced and field-tested information about Tramadol and migration, making clear the potential harms and benefits. This should draw on good practices provided by some NGOs.
- Coordinate regionally but more importantly nationally to avoid incoherence and policy being dominated by donor interests. In order to have legitimacy, policy also needs to be inclusive, with strong input from civil society, victims and those currently criminalised.
- Base policies and preventative strategies on in-depth research, reliable data and inclusive knowledge exchange with researchers.

Research findings

- The widespread use and trade of Tramadol and the transportation of migrants in West Africa have become key policy concerns over the last five years. Tramadol, a painkiller available on prescription, is perceived as a new 'drug of abuse', especially in Nigeria where it is today the second most widely used drug after cannabis. In response, higher dosages of the drug have been prohibited and its importation curtailed. Similarly, in 2015 Niger introduced a new law prohibiting the trans-Saharan transportation of migrants who plan to leave the Economic Community of West African States (ECOWAS). The law largely responded to European concerns about migration from West Africa.
- These state interventions have made the legal and social status of formerly licit activities more ambiguous. The new policies have ignored the blurred lines between accepted medical use and recreational 'abuse' of Tramadol and also conflated migration with human smuggling and trafficking. There are also legal uncertainties, such as the incompatibility between free movement of people in ECOWAS and the 2015 law in Niger. The law is also problematic as it is implemented on the presumption that migrants intend to cross the Sahara, before any illegal act is committed.
- Labelling the tramadol trade and migrant transport as 'transnational organised crime' (TNOc) has also contributed to confusion. Much of what is called TNOc is not exclusively transnational, organised or criminal. The concept's application to domestic trade and rural-urban migration are only two of the most obvious problems. Bringing the Tramadol trade and transport of migrants under the same heading of TNOc is also problematic because they are not systematically linked, even though they might share some trade routes.
- The actual link between the two activities is the dominant policy response: criminalisation. This has been reflected in law and policy implementation, which has stressed a repressive criminal justice focus rather than seeing these issues from health, rights or development perspectives.
- This criminalisation has caused serious harms. The restrictions on Tramadol have led to more difficult access to cheap painkillers and the emergence of a black market in potentially less reliable drugs. In the case of the transport of migrants, the journeys chosen by transporters and migrants have become more dangerous, leading to more deaths in the Sahara and higher costs due to the greater risk of arrest. Criminalisation policies, therefore, have been harmful to those they aim to protect.
- Criminalisation has also led to the dominance of law enforcement narratives, which emphasise (organised) criminals behind the Tramadol trade and migrant 'smuggling.' This has side-lined the views of drug users and migrants, as well as traders and transporters, and hindered a better understanding of the drivers behind the use, trade and socio-economic significance of these activities. Dominant narratives ignore the state's role in creating the push and pull factors underlying drug use and migration, such as the lack of affordable medical facilities leading to self-medication and the scarcity of local job opportunities.
- There have also been major policy coordination issues. International coordination is slowly being improved between so-called source and destination countries, such as South Asian and West African governments collaborating over the Tramadol trade. However, there remains too much competition among national actors and this needs to be addressed in order to improve the coherence of national policies.
- International interests have often been too dominant and side-lined domestic ideas. Many of the donor-driven projects on drugs and migration are not in the interest of host countries. The 2015 law in Niger is the best example, as it has had devastating effects on the local economy in Agadez. Donor projects are now seeking to remedy this fallout.
- In general, data and research on Tramadol and the transport of migrants remains limited. Law enforcement data is known to be highly problematic but is nonetheless widely used in devising policy. There is a lack of independent, in-depth research that can challenge unfounded and dominant narratives. Up till now, policy makers have also prioritised rapid situation assessments or consultancies for practical or political reasons.

Further information

The [Hidden Narratives on Transnational Organised Crime in West Africa](#) project is a collaboration between the Universities of Bristol and Ottawa and IFRA-Nigeria (French Institute for Research in Africa, Nigeria) and funded by the UK Economic and Social Research Council.

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