

DOSSIER

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OPIOID OF THE PEOPLE: THE MORAL ECONOMY OF TRAMADOL IN LAGOS

This article provides an in-depth examination of the illicit tramadol market in Lagos. It draws on interviews with tramadol regulators and traders to explore the moral narratives that state and market actors adopt to legitimize their work. Through a moral economy lens, we show how these narratives are linked to wider power struggles within the pharmaceutical market and between regulatory agencies. The article argues that the ambiguous moral nature of tramadol is critical for understanding a drug that is officially despised and yet so widely used and traded.

There has been growing concern in international policy circles in recent years about the abuse of opioids¹. The major opioid of concern in West Africa has been tramadol – a synthetic analgesic drug used to treat moderate to severe pain². The coincidence of an opioid crisis in North America has triggered an increased focus on the tramadol economy in West Africa, but without much emphasis on empirical evidence, a failing that has made it easy to conflate the particularly different contexts into a singular global crisis narrative. International commentators and reports have commonly discussed opioids on these two continents as part of a single global crisis, or portrayed tramadol use in West Africa as the “forgotten” opioid crisis³. The UNODC’s flagship *World Drug Report* of 2020 is a case in point. While it acknowledges the differences between opioid use in the two regions, especially the exceptionally large number of overdose deaths from fentanyl in North America, which is clearly not the case with tramadol in West Africa, the report still discusses these two regions as part of a single opioid crisis⁴.

In fact, there are stark differences between opioid use in the two regions. Klein, Patwardhan and Loglo have shown that it is not only the type and strength of these opioids that differ – fentanyl being far more potent than tramadol – but

1. We would like to thank Ayoola Olakunle for research assistance and Élodie Aparé, Philippe Frowd and Mark Hunter for comments on drafts of this article. The research was funded by the UK Economic and Social Research Council (ESRC ES/S008578/1).

2. WHO Expert Committee on Drug Dependence, *Critical Review Report: Tramadol*, 41st ECDD Meeting, Genève, World Health Organization, 2018, p. 5.

3. L. Salm-Reifferscheidt, « Tramadol: Africa’s Opioid Crisis », *The Lancet*, vol. 391, n° 10134, 2018, p. 1982-1983; UNODC, *World Drug Report*, Vienne, UNODC, 2020.

4. UNODC, *World Drug Report... op. cit.*, booklet 4, p. 29-58.

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also the social setting for their use. Above all, it is tramadol's role as a cheap pain medicine, especially in the healthcare sector, that sets it apart from North American patterns of use. The medical use of tramadol is also widespread because affordable alternative painkillers are often unavailable in West Africa⁵. Health officials have been aware of this difference, and have promoted a more nuanced view of medical tramadol use, unlike law enforcement agencies, which have often lumped tramadol together with illegal drugs such as heroin and cocaine⁶.

It is not the medical use of tramadol that has created most concern, however; commentators have lamented tramadol's widespread non-medical abuse by "addicted" urban youth, as well as its links to insecurity and Boko Haram's terrorist activities. In Nigeria, these concerns reached a climax in a media- and state-triggered moral panic about the abuse of tramadol and the related drug codeine in 2018. As a result, new restrictions were imposed and enforced by agencies such as the National Drug Law Enforcement Agency (NDLEA); however, they have not had their intended effects. While tramadol should now only be available on prescription and in low dosages, it continues to be sold freely in pharmacies, open markets and on the street. Coupled with state attempts to prevent its unregulated importation, restrictions have reshaped the trade and consumption of tramadol, and above all its price has risen. But despite these policies and the wider moral concerns, the drug is still widely used and sold.

This article is interested in the gap between these official concerns and the realities of the tramadol market, which can tell us not only about the (limited) powers of the state but also about the strategies that state and market actors adopt to legitimise their work – work that is often legally ambiguous. These strategies are also often linked to power struggles within the pharmaceutical market and between regulatory agencies. Conceptually, we explore the tramadol economy as a "moral economy" in the sense used by James Scott, as we see how regulators and market insiders have rationalised their actions and interests in both moral and economic terms⁷. The use of a moral economy lens first helps us humanise a stigmatised set of actors and their work and then to see market actors not solely as economic agents concerned with maximising profits, but also as concerned with the just nature of their economic interactions. We therefore aim to shed light on the moral landscape of tramadol, as we contrast prevailing policy views on tramadol and its control with the counter-narratives that exist among market insiders and regulators.

5. A. Klein, S. Patwardhan and M. G. A. Loglo, «Divergences and Commonalities between the US Opioid Crisis and Prescription Medicine Mis/use in West Africa», *International Journal of Drug Policy*, vol. 76, n° 2, 2020, 102640.

6. Interview 1: Senior NAFDAC officer, Abuja, 6 August 2019; Interview 34: Senior NDLEA officer, Lagos, 12 March 2020.

7. J. C. Scott, *The Moral Economy of the Peasant: Rebellion and Subsistence in Southeast Asia*, New Haven, Yale University Press, 1976.

Opioid of the People: The Moral Economy of Tramadol in Lagos

To understand these moral debates, the article draws on interviews with tramadol regulators and traders in Lagos – a group that is difficult to access in the current anti-tramadol climate – which provide a unique insider perspective on the trade and its control⁸. The article's intended contribution is thus twofold. Empirically, it challenges some of the misrepresentations of tramadol markets in West Africa, which are referred to in policy circles but are rarely explored in in-depth research. Based on insider views, we are also able to provide a better understanding of discussions on the legitimacy of drug use and drug selling in Lagos, one of Africa's most flourishing drug markets⁹. From a theoretical standpoint, we combine work on the moral dimensions of economic activities with the concept of "quasilegality", which helps expose the illusory nature of rigid binaries of legal-illegal or moral-immoral in the context of a local drug economy. In practice, we do so at an opportune moment, when tramadol and its control are at a critical juncture in West African and global policy debates. The aim is to provide an in-depth, contextualised understanding of the tramadol trade that has been missing from policy and academic debates to date, as they have either focused on the situation in North America and global tramadol policy or have only recently attempted to sketch the extent of tramadol use in West Africa¹⁰. While we know that tramadol is currently the second most widely-used

8. Fieldwork was conducted in August and September 2019 and in March 2020 for a total of nine weeks. Geographically, we concentrated our interviews and observation on the wholesale and retail tramadol markets in the commercial hub of Lagos Island, particularly on the informal wholesale market for pharmaceuticals in Idumota, as well as the nearby Obalende neighbourhood, which is comprised of predominantly low-income communities but is also close to the most affluent areas of Lagos. Access was negotiated with the help of past research contacts. Participants were recruited through snowball sampling in an effort to gather the views of a diverse range of actors, especially tramadol market insiders. Gaining access to illicit traders proved especially difficult, and required personal introductions from our contacts and repeated meetings. Our research followed strict ethical guidelines, which were institutionally approved at the Universities of York, Bristol and IFRA-Nigeria. In total, we carried out in-depth interviews of twenty-two tramadol traders and regulators and interacted with many others. About half of our interviews were with traders – a broad category including a few very hard-to-access importers/wholesalers (some of whom were unlicensed), community pharmacists, and a number of local drug shop owners and itinerant drug sellers (most of whom were unlicensed). The regulators interviewed in Lagos were mostly mid-ranking officials with operational roles (especially in the NDLEA and NAFDAC). We also conducted a few interviews with senior officials in Abuja, partly to gain access to their Lagos counterparts. Many of the interviews involved long waiting periods, as they were interruptions in the busy lives of our participants. This gave us a chance to observe the context of the tramadol trade and its regulation. The gathered data was analysed through a thematic analysis, using NVivo.

The fieldwork was part of a research project on the hidden narratives of legally ambiguous activities, including drugs and migration, in West Africa (ESRC ES/S008578/1). In addition, the article draws on data and insights from a longer-term ethnographic and interview-based research project on pharmaceutical markets and their regulation in South-Western Nigeria (British Academy SG120638).

9. In Lagos, the prevalence of any drug used was nearly twice the national rate in 2018. See UNODC, *Drug Use in Nigeria*, Vienne, UNODC, 2018, p. 23-24.

10. E. W. Dumbili, J. Gardner, H. M. Degge and R. Hanewinkela, « Enhancement Motivations for Using Prescription Drugs among Young Adults in Nigeria », *International Journal of Drug Policy*, 2020; M. O. Ezenwa, T. C. Orjiakor, M. C. Ukwuma, H. I. Oraetue, E. N. Ude and T. Nweze, « Tracking Opiate Routes in Nigeria: Identifying Trafficking Routes through Dealers and Users of Tramadol and

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drug in West Africa after cannabis¹¹, little is still known about why and how tramadol is used so widely, and even less about its trade and suppliers, who are often simply stigmatised as (organised) criminals in policy discourse.

The article first provides a short history of tramadol, before presenting the prevailing policy views of the tramadol crisis. It then contrasts these views with counter-narratives in the Lagos tramadol market, which range from tramadol being seen as an essential pain medicine, a source of pleasure, and an important livelihood for traders. Finally, we explore the “quasilegal” status of tramadol, which is openly acknowledged by market insiders, as well as regulators. The paper concludes by arguing that this quasilegality of tramadol and its related moral ambiguity are critical for an understanding of a drug that is officially despised, and yet so widely used and traded.

TRAMADOL FROM A HISTORICAL PERSPECTIVE

Despite the recent nature of public and policy concerns, tramadol is not a new drug. It was developed in the 1960s and launched in 1977 as a synthetic alternative to the painkiller morphine, although it is pharmacologically ten times weaker¹². It was developed by Chemie Grünenthal, a German drug company notorious for one of the worst scandals in pharmaceutical history – the prescription of thalidomide to pregnant women in the 1960s, which caused severe harm to embryos and damages to the limbs, face, eyes and other organs of the surviving new-borns¹³. Some of the Nigerian traders we interviewed were aware of Grünenthal’s dark history and could also still remember tramadol being available in Nigeria decades ago under the Grünenthal label *Tramal*¹⁴.

With the expiry of Grünenthal’s patent in the 2000s, generic versions soon began to dominate the market. Today, the vast majority of generic tramadol is produced in India. The increased supply of cheaper generic tramadol – among other factors – has also expanded its global use. In West Africa, tramadol provides an important, cheap analgesic for use in hospitals, and in Ghana and

Codeine», *Bulletin on Narcotics*, vol. 62, 2019, p. 27-47; A. Klein, «Drug Problem or Medicrime? Distribution and Use of Falsified Tramadol Medication in Egypt and West Africa», *Journal of Illicit Economics and Development*, vol. 1, n° 1, 2019, p. 52-62; A. Klein *et al.*, «Divergences and Commonalities...», art. cité; UNODC, *World Drug Report...*, *op. cit.*

11. Nigeria’s first and most authoritative drug use survey from 2019 estimates that 4.7 percent of Nigerians use opioids (the great majority of which is tramadol), while 10.8 percent use cannabis. UNODC, *Drug Use in Nigeria*, *op. cit.*, p. 16-17.

12. WHO Expert Committee on Drug Dependence, *Critical Review Report...*, *op. cit.*

13. J. Parle and L. Wimmelbücker, «These Are the Medicines that “Make” Monsters: Thalidomide in Southern Africa, 1958-1962», *Social History of Medicine*, vol. 33, n° 3, 2020, p. 898-899.

14. Interview 10: Senior pharmacist, Lagos, 2 September 2019.

Niger it is even on the list of essential medicines used in the healthcare sector¹⁵. In Nigeria, prescribed tramadol is also widely used in hospitals, although it is its non-prescribed and unregulated use outside healthcare settings that makes it the second most widely-used drug after cannabis, according to the 2018 national drug use survey¹⁶.

Like the company that developed it, tramadol is not new to controversy. International drug control institutions such as the Commission on Narcotic Drugs (CND) and the World Health Organisation (WHO) have reviewed tramadol and the potential dangers it has posed in various countries since 1992. Their reviews have often been driven by concerns or research in North America or Europe, some of which showed that heavy tramadol use led to morphine-type side-effects such as dependence and withdrawal syndrome¹⁷. The most recent attempt at international control was driven by United Nations (UN) concerns about its increasing use in North and West Africa, and in particular by the Egyptian government, which had already made tramadol a controlled substance in 2012¹⁸. As a result, the WHO reviewed tramadol yet again in 2018 to consider scheduling it as a controlled drug. Then, as before, its expert committee decided against tighter international controls due its widespread use as an essential and cheap pain medication. However, national governments have taken their own measures against tramadol, often with the assistance of the UN Office on Drugs and Crime (UNODC).

Several West African governments and their media began to debate the dangers of tramadol and the related opium-based painkiller codeine in the course of the 2010s, driven in part by the international debates on the global opioid crisis we have mentioned above. In 2014, tramadol was not yet a major policy concern in Nigeria, at least not among policymakers or foreign representatives in the country:

“[Y]ou know this whole issue of tramadol has come up mainly in the past I would say five years or so and there was some talk when I first moved here, but the way it sort of, I think, gripped everybody and, not just tramadol, it’s also cough syrups, codeine containing cough syrups¹⁹.”

In 2014 and 2015 tramadol was not yet considered to be worth reporting in the annual reports and seizure statistics of the national drug agency (NDLEA), although it had already come to the attention of law enforcement on the ground by then. It was only in 2016 that annual reports first mentioned tramadol

15. A. Klein, M.-G. Ane, A. Ukachi Madukwe, O. Dirisu, J. Strijdom, F. A. Kpatinvoh and L. Goussanou, *Tramadol in Africa: Scarcity and Excess of Pain Medication in a Poorly Regulated Market*, ACK Consultants, 2018, p. 8-9.

16. UNODC, *Drug Use in Nigeria*, *op. cit.*, p. 16.

17. WHO Expert Committee on Drug Dependence, *Critical Review Report...*, *op. cit.*, p. 12.

18. A. Klein, «Drug Problem or Medicrime...», *art. cité*, p. 52.

19. Interview 2: Mid-ranking UNODC official, Lagos, 8 August 2019.

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shipments seized at Lagos ports, as well as statistics on tramadol and codeine cough mixtures seized across Nigeria²⁰. Concern peaked in 2018, when the government banned the sale of codeine and made access to higher dosages of tramadol (above 100mg) illegal²¹.

TRAMADOL CRISIS NARRATIVES

While tramadol and other related substances had been available for many years, policy concerns around them erupted in April and May 2018 as part of what Jock Young and Stan Cohen have termed “a moral panic²²”. A moral panic is a sudden outburst of moral concern about a deviant activity by a specific social group, such as drug use among the young, followed by a disproportionate policy response. In Nigeria, the moral panic was triggered by graphic media reports and related official statements about the effects of tramadol and codeine, as well as a disproportionate response, including a total ban on codeine²³. However, the sudden outburst of moral anxiety about these drugs was also linked to long-established concerns on the part of the elite about social order and attempts to control poor youth and women in urban centres, especially in the north. In this section, we deconstruct the crisis narratives on tramadol that emerged as part of this moral panic before exploring the counter-narratives among those targeted by state responses.

In addition to its “global” nature, it was the opioid crisis among young people that galvanised the most concern in Nigeria. Although moral anxieties about opioids had been in the air for a while, they were brought to the fore in April 2018 by a BBC Africa Eye documentary called “Sweet, Sweet Codeine”, which went viral in (social) media and policy circles. The documentary depicted the widespread use of cough syrups containing codeine among “addicted” young people in Northern Nigeria²⁴. The journalists claimed that “[y]oung Muslim women were believed to be the biggest hidden abusers of codeine cough syrup²⁵”. The documentary also sought to show how codeine use was leading to serious harm, such as mental illness, by presenting a “young man in Kano, chained

20. NDLEA, *Annual Report*, Lagos, NDLEA, 2015; NDLEA, *Annual Report*, Lagos, NDLEA, 2016; NDLEA, *Annual Report*, Lagos, NDLEA, 2017.

21. BBC News Africa Eye, «Sweet Sweet Codeine. What Happened Next?» [en ligne], BBC News Africa Eye, 9 juillet 2019, <<https://www.bbc.co.uk/programmes/p07gbs1x>>, consulté le 8 septembre 2021.

22. S. Cohen, *Folk Devils and Moral Panics: The Creation of the Mods and Rockers*, 3^e éd., Londres, Routledge, 2002; J. Young, «Moral Panic: Its Origins in Resistance, Ressentiment and the Translation of Fantasy into Reality», *The British Journal of Criminology*, vol. 49, n° 1, 2009, p. 4-16.

23. S. Cohen, *Folk Devils and Moral Panics...*, *op. cit.*; J. Young, «Moral Panic...», art. cité.

24. BBC News, «How Cough Syrup in Nigeria is Creating a Generation of Addicts» [en ligne], BBC News, 30 avril 2018, <<https://www.bbc.co.uk/news/world-africa-43912282>>, consulté le 8 septembre 2021.

25. BBC News Africa Eye, «Sweet Sweet Codeine...», art. cité.

to the floor of a rehab centre, swarming with flies, driven mad by months of drinking syrup with his friends²⁶. The documentary tried to present the moral decay among the young, and especially young women, in Northern Nigeria, as characterised by their excessive abuse of dangerous drugs, which ended with dependence and “madness”, as the graphic clips and interviews in rehabilitation centres were intended to show. These images were contrasted with scenes of pious young women and men in educational and religious settings speaking out against the drugs.

The documentary was mostly shot in Lagos and Kano, and relied heavily on information provided by local law enforcement and religious advocacy groups involved in the rehabilitation of drug users. The NDLEA had taken the journalists on policing missions and so the views and interests of law enforcement shaped the way the documentary framed drugs as a policing problem and its recommendations for tougher controls. The staff of the drug rehabilitation centre interviewed in the documentary also provided some captivating quotes and “figures” on the escalating numbers of “addicts” in their care.

Although the documentary focused on codeine, tramadol was soon added to the debate in the media and in public statements²⁷. There had not been such an intense debate about drug use since the 1990s, when General Abacha had declared a war on drugs²⁸. As in the 1990s, it was foreign views – this time a British news report tapping into well-known tropes of drug use and youth and its dangers for an unprepared continent – that triggered these local moral discussions, as Nigeria’s elites seemed to care more about their image abroad than local social problems²⁹. A concern with potential funding from foreign donors for a “new-found” drug problem was also entangled with these questions of image, although foreign financial support for drug policy has traditionally played a minor role, at least for the NDLEA. In fact, “image building” has been one of the core rationales of Nigerian drug policy since the 1980s³⁰.

Clearly, the 2018 moral anxieties did not grow out of elite and media concerns about drugs and Nigeria’s image abroad alone, but were also grounded in wider gerontocratic and patriarchal attempts at social control, as reflected in worries about the loss of control over poor youth and women in urban centres. Previous work on alcohol, juvenile delinquency and the policing of young women and itinerant Quranic students in Northern Nigeria has documented the related attempts at asserting social control over these “vulnerable” populations, who

26. BBC News, «How Cough Syrup in Nigeria...», art. cité.

27. A. Owoseye, «Nigeria: Codeine Ban – Five other Pharmaceutical Drugs Abused by Nigerians», *Premium Times*, 7 mai 2018.

28. G. Klantschnig, «The Politics of Law Enforcement in Nigeria: Lessons from the War on Drugs», *The Journal of Modern African Studies*, vol. 47, n° 4, 2009, p. 529-549.

29. I. S. Obot, «Assessing Nigeria’s Drug Control Policy, 1994-2000», *International Journal of Drug Policy*, vol. 15, n° 1, 2004, p. 17-26.

30. G. Klantschnig, «The Politics of Drug Control in Nigeria: Exclusion, Repression and Obstacles to Policy Change», *International Journal of Drug Policy*, vol. 30, 2016, p. 134-137.

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were often deemed to be “threatened” or “out of control”, especially when they indulged in the use of a novel substance³¹. The moral outrage over youths and women as consumers of codeine and tramadol must therefore be understood in this socio-cultural context of enforcing public morality and behaviour. The narratives on tramadol resonated with existing attempts to stigmatise and control these “endangered populations”. In the words of a women’s association, for instance:

“We are confronted on a daily basis with the severe increase in tramadol consumption, especially by our children. I very often see girls and boys barely older than my 10-year-old son staggering in the street after taking or being given pills in their tea in order to help reduce their feeling of hunger³².”

In addition to lamenting the threat to young people, the debate in 2018 also focused on the greed fuelling the drug supply – a theme common in debates on drugs and corruption³³. The documentary showed agents of reputable Nigerian pharmaceutical companies such as *Emzor* and *Bioraj* illegally selling large quantities of codeine. This narrative of greed and immoral enrichment was picked up by other media reports depicting pharmaceutical firms as enriching themselves at the cost of a generation of young, addicted Nigerians. The first government reactions thus focused on the closure of these companies and a ban on the syrup within hours of the documentary being broadcast. Tramadol dosages beyond the permitted 100 milligrams were also subsequently cracked down on.

The immoral practices of corporations and their agents were soon sidelined in the debate, however: especially after pharmacists and their powerful associations gained a say in the public debate, they began to blame the unlicensed distribution of pharmaceuticals in particular on the unlicensed “open markets”, such as the Idumota wholesale market in Lagos. These interventions by pharmacists did not just complain of the dangers of an unregulated drug supply where any kind of drug could be bought without any oversight by pharmacists; they also highlighted the fierce competition that existed between licensed pharmacists and unlicensed traders in the context of the continuing decline of the Nigerian pharmaceutical

31. E. K. Akyeampong, *Drink, Power, and Cultural Change: A Social History of Alcohol in Ghana, c. 1800 to Recent Times*, Oxford, James Currey, 1996; J. Willis, *Potent Brews: A Social History of Alcohol in East Africa, 1850-1999*, Oxford, James Currey, 2002; L. Fourchard, «Lagos and the Invention of Juvenile Delinquency in Nigeria, 1920-60», *The Journal of African History*, vol. 47, n° 1, 2006, p. 115-137; H. Hoehner, *Quranic Schools in Northern Nigeria: Everyday Experiences of Youth, Faith, and Poverty*, Cambridge, Cambridge University Press, 2018; F. L. Adamu, «Gender, Hisba and the Enforcement of Morality in Northern Nigeria», *Africa*, vol. 78, n° 1, 2008, p. 136-152.

32. UNODC, «Sahel and Beyond: UNODC Sounds the Alarm on the Increase in Trafficking and Consumption of Tramadol and Its Security and Health Implications» [en ligne], Dakar, 11 décembre 2017, <<https://www.unodc.org/westandcentralafrica/en/2017-12-11-unodc-warns-tramadol-use.html>>, consulté le 7 septembre 2021.

33. G. Klantschnig, «Les politiques de contrôle des stupéfiants au Nigeria : centralisation, répression et insécurité», *Politique africaine*, n° 128, 2012, p. 57.

market³⁴. These interventions were in part attempts by pharmacists to declare their “jurisdiction” and regain control over the market by depicting unlicensed traders and importers as the agents of greed causing the tramadol crisis³⁵.

Some commentators also began to depict these unlicensed entrepreneurs as organised criminals. Narratives on organised crime linked to tramadol and its suppliers had already appeared before the 2018 debate, and these ideas were especially promoted by certain international actors such as UNODC officials, who also linked tramadol-related organised crime with the activities of Boko Haram. For instance, a December 2017 UN press release stated that:

“[T]here are indications that tramadol, which is mainly produced in South Asia, is smuggled through the Gulf of Guinea by transnational organized crime networks, towards areas of the Sahel partially controlled by armed groups and terrorist organizations³⁶.”

Both UN officials and Nigerian law enforcement agents we interviewed often made a direct link between tramadol and Boko Haram. In fact, Boko Haram and terrorism was another major component of their narratives. The drug was supposed to infuse, and at times explain, the violence in North-Eastern Nigeria. As a UNODC official based in West Africa claimed as early as 2017:

“[T]ramadol is regularly found in the pockets of suspects arrested for terrorism in the Sahel, or who have committed suicidal attacks. This raises the question of who provides the tablets to fighters from Boko Haram and Al Qaeda, including young boys and girls, preparing to commit suicide bombings³⁷.”

While there is anecdotal evidence in support of claims about the use of tramadol by Boko Haram members, there is also a marked absence of empirical data available to give nuance to its use by the sect’s members and its purposes. This gap was evident in the vague manner in which reports have linked tramadol with Boko Haram, which have more often than not relied on hearsay. As a result, it has tended to further the moral anxiety around tramadol by situating it as a major driver behind the violence of Boko Haram while downplaying other factors such as religion, politics and socio-economics. This followed a trend of narratives constructed around Boko Haram that attempted to link the sect to transnational terror and organised crime networks as a means of rationalising the relative success of the movement’s insurgency.

The 2018 WHO report reviewing the international status of tramadol cited a *Lancet* article that precisely recycled this unsubstantiated UNODC statement

34. K. Peterson, *Speculative Markets: Drug Circuits and Derivative Life in Nigeria*, Durham, Duke University Press, 2014.

35. A. Abbott, *The System of Professions: An Essay on the Division of Expert Labor*, Chicago, University of Chicago Press, 1988.

36. UNODC, «Sahel and Beyond...», art. cité.

37. *Ibid.*

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about Boko Haram and tramadol, going even further to claim (again with no evidence) that the tramadol trade leads to the destabilisation of the region:

“[From coastal port cities,] the imported tablets are then trafficked by criminal organisations to areas of the Sahel where armed groups and terrorist organisations such as Boko Haram in Nigeria and the Islamic State of Iraq and the Levant in Libya have partial control. According to UNODC, tramadol trafficking plays a direct role in destabilising the region³⁸.”

These claims – which were rarely backed up by actual evidence – resonated well in international policy circles, as they confirmed stereotypical depictions of drugs and disorder in Africa. However, they also gained significant traction locally. Linking tramadol with Boko Haram’s activities aligned well with Nigerian law enforcement’s views and interests. An NDLEA officer we interviewed was extremely explicit in this respect, although he acknowledged that the evidence for his claims was not exactly solid:

“Because our statistics show that seizures in the North-East [...] far outweigh seizures in the South [...]. Though we don’t have empirical evidence [...] of arrest, but we know that the insurgents who have been terrorising the country around North-East, they also live on tramadol³⁹.”

Tramadol was therefore drawn on in narratives to explain a whole range of social crises – many of which were of a moral nature. Young people, especially young women in Northern Nigeria, were seen as being the most threatened group, while unlicensed drug sellers and importers were the greedy drivers of the tramadol menace. The 2018 debate focused on these crises of youth and greed. In addition, tramadol also came to be linked to organised crime and instability in Northern Nigeria, especially in the eyes of international observers and local law enforcement. Underlying these narratives were struggles over the social control of “problematic” populations – the poor, the young and women – as well as control of the pharmaceutical market, and in the case of law enforcement an attempt to expand their jurisdictional expertise in yet another drug problem area⁴⁰. We will now discuss the counter-narratives prevalent among the groups who were stigmatised by the official narratives. We will not shed any light on the uses of tramadol in Northern Nigeria or by Boko Haram, but some of the evidence from Lagos also helps explain why a drug that symbolises moral decay and crisis still provides so many benefits to its users and sellers.

38. WHO Expert Committee on Drug Dependence, *Critical Review Report...*, *op. cit.*, p. 44.

39. Interview 40: Senior NDLEA officer, Abuja, 13 March 2020. The Nigerian drug use survey shows that most tramadol is in fact consumed in Nigeria’s South-West rather than in the North-East. UNODC, *Drug Use in Nigeria*, *op. cit.*

40. A. Abbott, *The System of Professions...*, *op. cit.*

OPIOID OF THE PEOPLE – PROVIDING PAIN RELIEF AND PLEASURE

Tramadol has many uses in Lagos, some of which are seen as morally acceptable, while others are not. The one that causes the least concern is as a cheap pain medication. Tramadol was seen as morally acceptable as a medicine, although what “medical use” meant was not always clear. Foreign and medical professionals usually stressed the healthcare system’s dependence on tramadol, as alternatives were not available:

“You know morphine is not available. So, there is an acute lack of legitimate pain medication and then rules and regulations are difficult [...]. doctors are scared to prescribe because you’ve got to fill in all these forms, you’ve got to get it from there, you know pharmacists are nervous about dispensing because it’s you know somebody will become addicted⁴¹.”

In fact, pharmacists saw tramadol as a highly effective pain medication that was widely used in hospitals, for instance to deal with pain and the treatment of sickle cell disease, and in post-operative care⁴². As a prescription drug, it was seen as highly effective:

“[I]n Nigeria it’s a very good drug particularly used mostly in the hospital, you know strictly under prescription because of its ability to relieve pain. [...] There are people in pain that need it. [...] Yes. So we prefer tramadol with us and it’s very useful, it does a lot of things in the, particularly in the very good for management of post-operative pain and other pain that the doctors, the physician consider appropriate, you know, to prescribe tramadol⁴³.”

Of course, most of the tramadol consumed in Nigeria is not used in hospitals and is not acquired on prescription from pharmacies but is purchased from unlicensed traders – some of the ones we interviewed were respectfully called “doctors” by their customers. These unlicensed sellers of tramadol in Lagos were also well aware of the medicinal properties of the drug, and some had personal experience of its efficacy:

“[I]n terms of this drug that you are talking about, is something that cures pains [...]. Immediately when you take it [...] At least I can test on that one, because I have injury when I was at the hospital that is the kind of drug I used to take [...]. That is able to relieve me of that pain⁴⁴.”

While its medical use seemed to be socially accepted, it was also commonly used for performance enhancement or hard labour, although this was less well-accepted by the people selling it⁴⁵. This distinction between medical use and its use to endure hard labour is arguably not very clear-cut. While the former was to treat medical conditions or the pain they caused, the latter was often a way of

41. Interview 2: Mid-ranking UNODC official, Lagos, 8 August 2019.

42. L. Salm-Reifferscheidt, «Tramadol...», art. cité.

43. Interview 10: Senior pharmacist, Lagos, 2 September 2019.

44. Interview 38: Unlicensed drug trader, Lagos, 17 March 2020.

45. E. W. Dumbili *et al.*, «Enhancement Motivations...», art. cité.

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numbing the pain of working under severe conditions or for long hours. It is not surprising that workers in some of the most challenging jobs, such as sex workers, construction workers, motorcycle taxi drivers and soldiers, turned to tramadol. Interviewees were at least implicitly aware of these blurred notions between pain and work – the latter case has also been highlighted in recent research on the uses of tramadol in South-Eastern Nigeria⁴⁶. For many, especially individuals involved in physically demanding jobs, tramadol was considered to be important for optimal job performance and for coping with the strenuous requirements of their tasks, in the same way as coffee or other caffeinated substances are considered to be important by white-collar workers. In essence, tramadol helped people keep their jobs.

It was not used and accepted solely to treat or endure bodily pain, however; it was also consumed to enhance performance in sports and sex and in jobs that are not as physically or mentally demanding⁴⁷. For other people, it was also cool and pleasurable, and to some extent symbolised counter-cultural opposition to mainstream society and its values. This type of use is evidenced by its prominence in pop culture. In 2018, the artist Olamide released a chart-topping song entitled *Science Student*, a reference to the heavy use and innovative combination of various substances – including tramadol – by young Nigerians. In another song entitled *Mafo* released in 2019, Naira Marley can be heard saying “...quarter past... o si fe high (you still wish to get high) [...] after one [1 a.m.] original tramadol extra⁴⁸”. Marley is referring to the known affinity some revellers have for taking tramadol to stay awake all night when partying. Its appeal therefore also stems from its associations with pleasure and being cool, although mainstream society might view this as deviant or immoral behaviour.

The tramadol traders we interviewed, especially retailers who engaged with a range of customers, were conscious of these various associations. There were different types of tramadol on offer to serve this diverse market. At a retail level, these types were often distinguished by their colours or brand names; some were targeted more at managing physical pain, some for different types of labour and others for their pleasurable effects⁴⁹. The traders also explained that the varieties of tramadol were a consequence of its regulation, which led some manufacturers to “re-package” the drug under different names to bypass the Nigerian regulatory bodies, one example of which was the *Ticmadol* brand, which did not actually contain tramadol but a related legal substance. The retailers were also knowledgeable about the potentially negative effects of tramadol, especially in the context of its “abuse”, as it was termed in the language used by the pharmacists. Some explained this acceptable versus unacceptable use by

46. *Ibid.*

47. *Ibid.*

48. Naira Marley, «Naira Marley x Young Jonn – Mafo [official video]» [en ligne], 27 septembre 2019, <<https://www.youtube.com/watch?v=3nhO6b1XD2s>>, consulté le 8 septembre 2021.

49. Interview 4: Unlicensed drug trader, Lagos, 18 August 2019.

pointing out the difference between its consumption for pain relief and pleasure – between becoming healthy and “getting high”. Tramadol’s use as a “drug” to “get high” was seen as leading to its negative side-effects, as an unlicensed retailer explained:

“Na so dem dey do am, for people wey dey sick... but, now some guys dem dey use am as in drug to make dem high or something like that... so na, some guys now because of take that one, some people dem dey see psychiatrist because of that thing⁵⁰.”

“[Previously, it was commonly used by people who were unwell as a form of medication. However, these days, some people use it, like drugs, primarily for the purpose of getting high... it is due to its use in this manner that quite a number of tramadol users end up with psychiatric problems.]”

The tramadol traders we interviewed, whether they were qualified pharmacists or unlicensed sellers, knew of the negative effects that could lead to mental health and dependence problems, as well as seizures in the case of an overdose. Each of them had their own advice on how to avoid these side-effects, for instance by consulting a doctor and being given a prescription or by using lower doses of the drug, but the key was to use tramadol for medical purposes and not to “get high”.

There was also a shared awareness by non-pharmacists that the psychoactive effect of tramadol might differ from individual to individual and their context. This individual and contextual aspect of tramadol use was less accepted by pharmacists, who preferred to stress the pharmacological properties of the substance. Some unlicensed tramadol traders understood that a user’s specific condition and the social setting of tramadol use determined its effects – what Zinberg has termed “drug, set and setting⁵¹.” One retailer explained it in the following way:

“So that is why na anybody he come take this thing, he come make high too, he no go know wetin he dey do [...]. Even as paracetamol e dey take am like this, you know say e go one day-one day e go affect your blood⁵².”

“[So that is why it is just anybody who can ab/use this drug, then it will make them high too, he won’t know what he is doing. [...] Even if it is paracetamol one is consuming that way, it will eventually enter your bloodstream and affect you.]”

In sum, there was a nuanced understanding of the effects of tramadol in the narratives we observed, including by the unlicensed “tramadol doctors”. However, there was a clear distinction in these narratives between what was acceptable or moral and what was “abuse”. At the most basic level, acceptable

50. *Ibid.*

51. N. Zinberg, *Drug, Set, and Setting: The Basis for Controlled Intoxicant Use*, New Haven, Yale University Press, 1984.

52. Interview 3: Unlicensed drug trader, Lagos, 16 August 2019.

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tramadol use was for medical and in some cases work purposes, while recreational use by young people to “get high” was seen as less acceptable. The pharmacists also added that acceptable tramadol had to be prescribed or at least involve a qualified health professional. On the ground, this division of moral medical and immoral recreational use was not always practicable, and of course, tramadol was also sold to consumers who used it for purely recreational purposes.

The lines between medical and non-medical use had also become more blurred as a result of a wider trend towards self-medication in Lagos and elsewhere⁵³. The onset of the decline of Nigeria’s healthcare system in the 1980s due to structural adjustment and related policies contributed to the rise of self-medication with drugs such as tramadol⁵⁴. The sale and use of drugs outside hospitals and pharmacies therefore became the norm, as did the growing role of so-called open markets, as we will see in the next section. Distinguishing between the acceptable medical and immoral pleasurable use of tramadol was much harder and more fluid outside the hospital setting.

TRAMADOL LIVELIHOODS

Our interviewees did not reflect just on how it was legitimate to use tramadol; they also remarked on what tramadol meant to them as an “illicit livelihood⁵⁵”. There are few available studies involving drug market insiders in Africa, as gaining access to them is usually difficult⁵⁶. Tramadol’s fluid legal status was in some ways conducive to gaining access and asking these questions, as the drug was not yet a formally controlled substance. However, because of the policy changes since 2018, it became harder to gain the tramadol traders’ trust. Several of them had also moved out of the tramadol trade, or at least claimed that they had.

It is important to note that we interviewed a relatively diverse set of market insiders – ranging from wholesalers and local retail shop owners to itinerant drug sellers – and so their involvement with tramadol and their introductions to it varied. Some had been farmers before peddling drugs, while others had been in a related drug business, selling paracetamol, for example. In many cases, tramadol was only one of the many drugs or goods they sold. The licensed traders we interviewed also varied, ranging from community pharmacists to wholesalers and importers of pharmaceuticals.

53. S. R. Whyte, S. van der Geest and A. Hardon, *Social Lives of Medicines*, Cambridge, Cambridge University Press, 2002, p. 86-90.

54. G. Klantschnig and C. Huang, « Fake Drugs: Health, Wealth and Regulation in Nigeria », *Review of African Political Economy*, vol. 46, n° 161, 2019, p. 442-458.

55. N. Carrier and G. Klantschnig, « Illicit Livelihoods: Drug Crops and Development in Africa », *Review of African Political Economy*, vol. 43, n° 148, 2016, p. 174-189.

56. Henrik Vigh’s work is a rare exception in this respect. See H. Vigh, « Caring through Crime: Ethical Ambivalence and the Cocaine Trade in Bissau », *Africa*, vol. 87, n° 3, 2017, p. 479-495.

The most interesting discussions involved their justifications for why they were selling tramadol in the current climate of moral opposition to it. Several licenced pharmacists mentioned that they had sold tramadol in the past but that it was harder to justify it now. They had effectively abandoned this line of business. This move away from tramadol due to the changed policy status also applied to some of the unlicensed traders, who saw the tramadol trade as too risky after 2018. However, as we will show at the end of this section, more restrictive tramadol policies also meant that some actors thrived, and new ones entered the market.

One of the dominant policy narratives about tramadol was that money and greed drive the sale of the drug, especially the prohibited dosages above 100mg. This line of thinking has already been mentioned above in the context of official narratives, but it was also commonplace on the ground, for instance among NDLEA and National Agency for Food and Drug Administration and Control (NAFDAC) officers:

“[P]eople are making millions of Naira, money out of the detriment of the people, of the vulnerable youths who are high on tramadol [...]. It’s all about money⁵⁷.”

When we contrast these official views with those of market insiders, it is clear that money is indeed a major incentive, but that many chose the tramadol business based on a sense of necessity. The profits to be made are also not as large as the state actors imagine, although many traders still strived to improve their position in the market by increasing their stock, or even by “going legal” and going into a more respectable business, or at least this was the impression the unlicensed sellers tried to convey. It is also clear that there was a sense of self-justification in these narratives that was potentially exacerbated by the fact that they were speaking to interviewers from a foreign university:

“We just dey do am make we survive because work no dey for the country... you understand... so na wetin basically... na why me I dey do the business be that⁵⁸.”

“[We are doing this to survive because jobs are scarce in Nigeria. Do you understand? That’s essentially the reason why I entered this trade.]”

In some ways, the profit motive for selling tramadol became more important after the ban on high dosages. The 2018 restrictions raised both the risks of dealing in tramadol and its price. One seller we interviewed told us that tramadol that had previously cost 50 Naira per tablet was now selling for 200 or 300 Naira⁵⁹. Higher-priced tramadol became an attractive product for sellers, who were inclined to take the extra risks of police interdiction. According to some

57. Interview 1: Senior NAFDAC officer, Abuja, 6 August 2019.

58. Interview 39: Unlicensed drug trader, Lagos, 17 March 2020.

59. Interview 3: Unlicensed drug trader, Lagos, 16 August 2019.

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market insiders, new actors entered the market based on the higher returns that could be gained from tramadol.

“But of recent when tramadol became an issue in Nigeria, they, a lot of medicine stores, pharmacy stores even patent medicine dealers that are not meant to sell tramadol started selling tramadol and the prices became very ridiculous⁶⁰.”

It is important to note that these illicit tramadol livelihoods came under the most criticism from the pharmacists we interviewed. Qualified pharmacists emphasised the greed driving this trade, while also stressing that their own involvement in the pharmaceutical trade was supposedly driven by nobler motives such as providing health and care for the needy. They saw the continued sale of tramadol by unlicensed traders in the so-called open market as the root cause of Nigeria’s tramadol problem. Some even claimed that the tramadol sold by these unlicensed traders was “fake” or false, while only pharmacies were selling the genuine product, which was most easily identified by its smaller doses. Some academic studies have similarly claimed that the tramadol trade in Nigeria should be understood as a *medicrime*, as it amounts to the sale of falsified medicine⁶¹.

This distinction between genuine and “fake” tramadol is also linked to the wider politics of the Nigerian pharmaceutical market. At least since the 1980s, there have been concerns about the unregulated “open drug markets” in Nigeria, and pharmacists have emphasised the difference between a qualified pharmacist selling genuine drugs for medical purposes, and an unlicensed and unqualified trader selling drugs illegally, many of them supposedly falsified and sub-standard⁶². However, previous research on pharmaceuticals and their regulation has shown that the line between what is “fake” and “genuine” is vague in Lagos, as it is elsewhere⁶³. According to Nigerian law, “fake drugs” can include anything that is not properly registered with the main regulator, NAFDAC, and fakeness can thus be negotiated⁶⁴. In the case of tramadol, it means that claims about its “fake” or “unregulated” nature do not necessarily mean that the drug was not working for users but that it was labelled as such by state authorities and professional pharmacists’ associations.

Essentially, these arguments about “fake” tramadol being sold by unlicensed actors were tied to political struggles over the control of the pharmaceutical market. These arguments on the part of pharmacists were attempts to (re)gain what Andrew Abbott has termed “jurisdiction” over professional fields and

60. Interview 6: Community pharmacist, Lagos, 25 August 2019.

61. A. Klein, « Drug Problem or Medicrime... », art. cité.

62. K. Peterson, *Speculative Markets...*, *op. cit.*

63. G. Klantschnig and C. Huang, « Fake Drugs... », art. cité; G. A. Antonopoulos, A. Hall, J. Large, A. Shen, M. Crang and M. Andrews, *Fake Goods, Real Money: The Counterfeiting Business and its Financial Management*, Bristol, Policy Press, 2018.

64. G. Klantschnig, « Négocier les profits et la facticité: le commerce des produits pharmaceutiques entre la Chine et le Nigeria », *Politique africaine*, n° 134, 2014, p. 89-110.

claims to professional expertise, in this case the dispensing of medicine⁶⁵. These arguments were also part of processes of exclusion, and the defence of a livelihood in the market, as it reflected the fierce competition between pharmacists and unlicensed sellers and their respective associations. Interestingly, the 2018 restrictions were meant to push unlicensed sellers out of the tramadol market, but they had the opposite effect, as more pharmacists were now wary of selling tramadol⁶⁶. Instead, the higher prices of illegal tramadol increased profit margins for some unlicensed traders.

CRISS-CROSSING LEGALITIES

The debate and uncertainty about “fake tramadol” also points to a wider issue of the drug’s ambiguous or quasilegal status. Quasilegality as a concept helps expose the illusory quality of rigid binaries of legal-illegal or moral-immoral employed by those charged with enacting legislation⁶⁷. Tramadol clearly occupied such a quasilegal space, even though state actors tried to counter this ambiguity by defining legitimate tramadol by its dosage – that is, 100 mg or less – and showing us examples of illegal or fake packs with higher dosages. The reference to dosages was also aimed at helping clarify the “jurisdiction” of different state agencies, which were often competing over regulatory turf.

“Yea I also quickly want to say that the tramadol that has been banned is not the legitimate one. The one that is above the strength. Because there are the approved grams that people are expected to bring in, [...] but when you go beyond the legitimate approval then it becomes criminal⁶⁸.”

“The jurisdiction of NAFDAC is for 1 milligram to 100 milligrams that’s the ones that are approved now for use, [...] anything from 100 milligrams to 225 milligrams is prohibited and anything that is prohibited or illegal comes under the purview of NDLEA⁶⁹.”

Of course, these dosage-related definitions of tramadol’s legality, like the last one by the NDLEA, were not as clear-cut on the ground. That was in part due to the law, which allowed NAFDAC to deal with so-called fake drugs, which also included tramadol at higher doses. Also, tramadol did not explicitly appear in any laws pertaining to the NDLEA’s mandate. The law was therefore clearly ambivalent towards tramadol and furthered the competition between the law enforcement-focused NDLEA and its regulatory sister agency NAFDAC. Officials from these agencies acknowledged this ambiguity. Law enforcement officers were

65. A. Abbott, *The System of Professions...*, *op. cit.*

66. M. O. Ezenwa *et al.*, «Tracking Opiate Routes...», art. cité.

67. N. Carrier and G. Klantschnig, «Quasilegality: Khat, Cannabis and Africa’s Drug Laws», *Third World Quarterly*, vol. 39, n° 2, 2018, p. 350-365.

68. Interview 1: Senior NAFDAC officer, Abuja, 6 August 2019.

69. Interview 34: Senior NDLEA officer, Lagos, 12 March 2020.

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concerned about the “grey areas” of tramadol and feared that criminals would be able to exploit these areas successfully:

“[S]o somebody comes in with [...] a permit of going to import the right dosage then all of a sudden goes in and brings in higher dosages without you knowing. Then some do not even have license at all to import and they find a way of smuggling it into the country. [...] I am telling you that the border line between legitimate and what is criminal is very thin, very thin, when the one veers off into this and veers into this. It’s criss-crossing⁷⁰.”

This “criss-crossing” between the legal and illegal trade in tramadol further complicated the drug’s legal status. In previous work on “fake drugs”, it could be traced back as far as the factory level, where drugs were produced for both legal and illegal export⁷¹. Tramadol over the suggested dosage was also often produced and imported by the same companies or individuals who dealt in tramadol at a lower dosage⁷². NDLEA officers who had been involved in recent large seizures confirmed that at times legal and illegal tramadol was even shipped in the same containers⁷³. They would see these cases as the latest method of concealment or a sign of the ingenuity of organised criminals, but often it simply meant that it was the same trade network importing different types of tramadol and targeting different market segments, one legal in the eyes of the state, and the other illegal.

While trade in low and high dosages of tramadol continued unabated despite the new restrictions, they nonetheless had an impact on patterns of trade. An agreement between Indian and West African regulators in 2018 helped reduce imports of the higher dosages, at least for some time. UNODC officials were also involved in fostering cooperation among regulatory agencies across West Africa⁷⁴. In Lagos, the restrictions also shifted ideas about the acceptability of tramadol among traders and led to more efforts to conceal goods. It also led to an increase in the importance of trust among buyers and sellers in the market. The higher risks of interdiction meant that tramadol was not as openly traded any more, and was pushed underground to some degree, at least while law enforcement agencies were targeting it. When we conducted our fieldwork, it was hard to find tramadol being openly displayed in pharmaceutical markets, especially at a wholesale level, such as in Idumota. More than once we were told that “if you want to buy tramadol it has to be an insider, someone that you really know that is going to help you sell it⁷⁵”. The wholesale end of the tramadol market had become more hidden through the new restrictions, while small-scale retailers could still be found working relatively openly.

70. Interview 1: Senior NAFDAC officer, Abuja, 6 August 2019.

71. G. Klantschnig, « Négociier les profits... », art. cité, p. 103-106.

72. J. Scheck, « Tramadol: The Opioid Crisis for the Rest of the World », *The Wall Street Journal*, 19 octobre 2016.

73. Interview 11: Mid-ranking NDLEA officer, Lagos, 6 September 2019.

74. Interview 2: Mid-ranking UNODC official, Lagos, 8 August 2019.

75. Interview 36: Unlicensed drug trader, Lagos, 17 March 2020.

Opioid of the People: The Moral Economy of Tramadol in Lagos

One instance of this we observed was in Obalende, where one of these small-scale retailers sold tramadol, albeit discreetly, from his stationary shop by the roadside at a street corner. He sold tramadol alongside other everyday items and while we waited around his shop, we saw various types of customer there in the evening for tramadol and other pharmaceutical products, despite being aware that he was unlicensed. We were informed by a resident of the neighbourhood and customer that due to the recent regulations, traders mostly sold tramadol to customers they recognised and trusted.

In general, the effects of the 2018 restrictions did not mean that tramadol was now only available on a separate “black market”. It remained available through the same networks as before, but inter-personal relationships based on trust became more crucial when it came to deciding who would sell and buy from whom. Unlicensed trader associations that were concerned with the image of their market and were already under attack from pharmacists assured us that there was no more tramadol available after 2018, while other market insiders admitted that it was still there but was now more hidden. This greater emphasis on secrecy and trust among traders and their customers was a direct effect of the government restrictions and the moral debates they were couched in.

In conclusion, these on-the-ground counter-narratives on the tramadol trade and its relative legitimacy can be understood as part of a moral economy. Moral economy as a conceptual tool helps us see market actors not solely as economic agents concerned with formal economic exchanges and the maximisation of profit but also as actors concerned with the just nature of their economic interactions⁷⁶. While the term “moral economy” has clearly been over-used, and has lost some of its analytical value, it can nonetheless help foreground these moral debates linked to economic activities, such as the sale and consumption of drugs⁷⁷. In our case, market insiders and regulators saw the tramadol market not simply as a means of accessing a commodity or making money but also as a fair arrangement for providing access to health and medicine, as well as a means of earning a livelihood. Looking at the moral dimensions of the tramadol market allowed us to expose the different normative standpoints, specifically through narratives about what tramadol use, trade and control meant for market insiders and regulators.

76. J. C. Scott, *The Moral Economy of the Peasant...*, *op. cit.*; E. P. Thompson, «The Moral Economy of the English Crowd in the Eighteenth Century», *Past and Present*, n° 50, 1971, p. 76-136.

77. P. Bourgois, «The Moral Economies of Homeless Heroin Addicts: Confronting Ethnography, HIV Risk, and Everyday Violence in San Francisco Shooting Encampments», *Substance Use and Misuse*, vol. 33, n° 11, 1998, p. 2323-2351; J. G. Carrier, «Moral Economy: What's in a Name», *Anthropological Theory*, vol. 18, n° 1, 2017, p. 18-35; J. Siméant, «Three Bodies of Moral Economy: The Diffusion of a Concept», *Journal of Global Ethics*, vol. 11, n° 2, 2015, p. 163-175.

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There was some evidence of a functioning moral tramadol economy, as we observed the moral lines in the narratives. While official and media narratives saw tramadol traders as greedy profiteers feasting on the addictions of the young and poor (taking a similarly moral position), the tramadol sellers themselves were eager to stress the health and work benefits their sales of the substance and its varieties provided to consumers. Above all, it was health and pain relief the “tramadol doctors” wanted to provide. They were much more critical of tramadol being used to “get high”, although some certainly did not mind adding a little pleasure to people’s daily lives. This also meant that tramadol sellers did not necessarily always apply their own moral ideals, and at times contradicted them.

However, the tramadol trade was more than just the provision of an affordable medicine to people who needed it. Tramadol was also a means of coping with strenuous work and achieving optimal job performance. In addition to helping keep jobs, it also provided jobs, as it was a livelihood for the traders. In a context in which life and work were often characterised as hard and a “struggle”, in which there was little support from the state or family, the tramadol trade was seen as a legitimate livelihood strategy. These moral positions were also strengthened by the fact that despite the official narratives on greed and wealth driving the sale of tramadol, the majority of traders selling it barely made a living. Of course, there were some importers or wholesalers who reaped larger profits, but if one wished to succeed in Nigeria’s pharmaceutical market, it would not be from a drug as despised as tramadol: there were far more respected and lucrative drugs. But to join the more respectable sections of the market or to “go legal”, one needed capital, qualifications and connections, which most unlicensed tramadol traders did not have.

While our narratives revealed some of the contours of a moral tramadol economy, it also had its limits. First, there was no coherent moral economy, as there were many different views in the market that were especially diverse between qualified pharmacists and unlicensed traders, and even among the latter there were different ideas about tramadol being acceptable or not. These different moral standpoints to some extent reflected the fierce competition between these actors in the pharmaceutical market more broadly and disputes over jurisdictional boundaries. Second, the moral economy of market insiders was also often closely linked to the moral views promoted by state elites and the media, especially after the 2018 debate. To some extent, the key features of moral economic activities we have sketched, such as acceptable medical uses, were similar to the state views, although the state promoted a narrower position based on lower doses and sale through pharmacies. Essentially, there was no moral economy of tramadol traders that was distinct from the dominant state views, like in Scott’s classic depiction of the moral economy of the peasant⁷⁸.

78. J. C. Scott, *The Moral Economy of the Peasant...*, *op. cit.*

Finally, our main object of study, tramadol and its moral status, was inherently ambiguous and thus made the formation of a coherent moral economy less feasible. Norms on tramadol use and trade, and drugs in general, were morally and legally never clearly defined and instead provided ample space for moral and legal ambivalence, presenting themselves as different things to different actors. The use and sale of tramadol had a clearly “quasilegal” status that was seen as immoral and illegal by the state (most of the time) but, at same time, they could be socially accepted on the ground. State and international responses to tramadol only rarely understood this quasilegal and morally ambiguous status ■

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Résumé

L'opioïde du peuple : économie morale du tramadol à Lagos

Cet article propose un examen approfondi du marché illicite du tramadol à Lagos. S'appuyant sur des entretiens avec des commerçants de ce médicament et des acteurs de son contrôle, il questionne les récits moraux que les agents de l'État et du marché adoptent pour légitimer leur travail. À travers le prisme de l'économie morale, nous montrons en quoi ces récits sont liés à des luttes de pouvoir plus larges au sein du marché pharmaceutique et entre les instances de régulation. L'article soutient que la nature morale ambiguë du tramadol est essentielle pour comprendre un médicament officiellement stigmatisé et, pourtant, largement utilisé et commercialisé.