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Title: Opioid of the people: the moral economy of tramadol in Lagos¹

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Abstract: 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 legitimise their work. Using a moral economy lens, we show how these narratives are linked to wider power struggles in the pharmaceutical market and between regulatory agencies. The article argues that the ambiguous moral nature of tramadol is critical for an understanding of a drug that is officially despised and yet so widely used and traded.

In recent years there has been growing concern in international policy circles about the abuse of opioids. The major opioid of concern in West Africa has been tramadol - a synthetic analgesic drug used to treat moderate to severe pain.² The happenstance of an opioid crisis in North America has triggered an increased focus on the tramadol economy in West Africa, but without much of an emphasis on empirical evidence, which 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 crisis.³ 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 one single opioid crisis.⁴

There are indeed stark differences between opioid use in the two regions. Klein, Padwardhan and Loglo have shown that not only the type and strength of opioids differ – fentanyl being much more potent than tramadol – but also the social setting of 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 alternative and affordable painkillers are often unavailable in West Africa.⁵ Health officials have been aware of this

¹ We would like to thank Elodie Apard, Philippe Frowd, Mark Hunter and three anonymous reviewers for comments on earlier versions of this article; Ayoola Oyakunle for research assistance; and the ESRC for its financial support ([ESRC ES/S008578/1](#)).

² WHO Expert Committee on Drug Dependence, *Critical review report, tramadol*, 41st ECDD meeting. Geneva: World Health Organization, 2018, 5.

³ L. Salm-Reifferscheidt, « Tramadol: Africa's opioid crisis », *The Lancet*, 2018; UNODC, *World Drug Report*, Vienna, UNODC, 2020.

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

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* 76, 2020, 102640.

difference and have promoted a more nuanced view of medical tramadol use, in contrast to law enforcers who have often lumped tramadol together with illegal drugs such as heroin and cocaine.⁶

But it is not the medical use of tramadol that has created most concern. Commentators have lamented tramadol's widespread non-medical abuse by 'addicted' urban youth as well as its links to insecurity and terrorist activities by Boko Haram. In Nigeria, these concerns came to 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 only be available via prescription and in low dosages today, it continues to be sold freely in pharmacies, open markets and in the street. Coupled with state attempts to prevent its unregulated importation, restrictions have re-shaped the trade and consumption of tramadol, above all tramadol's price has risen. But despite these policies and the wider moral concern about tramadol, 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 take to legitimise their work – work that is often legally ambiguous. These strategies are also often linked to power struggles in 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 as well as economic terms.⁷ Using a moral economy lens helps us, first, to humanise a stigmatised set of actors and their work and, second, to see market actors not solely as economic agents concerned with the maximisation of profit but also as actors concerned with the just nature of their economic interactions. Hence, we aim to shed light on the moral landscape of tramadol, as we contrast prevailing policy views on tramadol and its control with counter-narratives that exist among market insiders and regulators.

To understand these moral debates, the article draws on interviews with tramadol regulators and traders in Lagos – a difficult to access group in the current anti-tramadol climate – which provide a unique insider perspective on the trade and its control.⁸ The article's intended contribution is thus

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

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

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 markets of tramadol 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; and participants were recruited through snowball sampling with an effort to gather the views from a diverse range of actors, especially tramadol market insiders. Gaining access to illicit traders was particularly difficult, requiring personal introductions from our contacts and repeated meetings. Research followed strict ethical guidelines, which were institutionally approved at the Universities of York, Bristol and IFRA-Nigeria. In total, we interviewed in-depth 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 them unlicensed), community pharmacists, as well as several local drug shop owners and itinerant drug sellers (most of them unlicensed). Regulators interviewed in Lagos were mostly mid-ranking officials holding operational roles

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 markets.⁹ Theoretically, we combine work on the moral dimensions of economic activities with the concept of 'quasilegality', which helps to expose the illusory quality of rigid binaries of legal-illegal or moral-immoral in the context of a local drug economy. In practice, we do this 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 and contextualised understanding of the tramadol trade that has been missing from policy and academic debates to date, as they have either focussed on the situation in North America and global tramadol policy or have only recently attempted to sketch the extent of tramadol's use in West Africa.¹⁰ While we know that tramadol is the second most widely used drug in West Africa after cannabis today,¹¹ little is still known about why and how tramadol is used so widely and even less so about its trade and suppliers, who are often just stigmatised as (organised) criminals in policy discourse.

In the following, the article, first, provides a short history of tramadol before presenting 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, as well as 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 and the related moral ambiguity of tramadol is critical for an understanding of a drug that is officially despised and yet so widely used and traded.

Tramadol in historical perspective

Despite the recent public and policy concern, 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 weaker than morphine.¹² Tramadol was developed by *Chemie*

(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 interviews involved long periods of waiting, as they were interruptions to 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 for any drug used was nearly twice the national rate in 2018. See UNODC, *Drug Use in Nigeria*, Vienna, UNODC, 2018, 23-24.

¹⁰ E. W. Dumbili et al., « Enhancement motivations for using prescription drugs among young adults in Nigeria », *International Journal of Drug Policy*, 2020; M. O. Ezenwa et al., « Tracking opiate routes in Nigeria: identifying trafficking routes through dealers and users of tramadol and codeine », *Bulletin on Narcotics* 62, 2019; A. Klein, « Drug problem or medicrime? Distribution and use of falsified tramadol medication in Egypt and West Africa », *Journal of Illicit Economies and Development* 1, no. 1, 2019; A. Klein, S. Patwardhan, and M. G. A. Loglo, « Divergences and commonalities ... »; UNODC, *World Drug Report*

¹¹ Nigeria's first and most authoritative drug use survey of 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* ..., 16-17.

¹² WHO Expert Committee on Drug Dependence, *Critical review report, tramadol*

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 causing severe harms to embryos and damages to limbs, face, eyes and other organs of the surviving newborns.¹³ Some interviewed Nigerian traders were aware of Grünenthal's dark history and could also still remember tramadol being available in Nigeria, decades ago, under the Grünenthal label of *Tramal*.¹⁴

With the expiry of Grünenthal's patent in the 2000s, generic versions soon began to dominate the market. Today the great majority of generic tramadol is produced in India. The greater supply of cheaper generic tramadol has – among other factors – also increased its global use. In West Africa, tramadol provides an important and cheap analgesic used in hospitals and in Ghana and Niger it is even on the list of essential medicines used in the healthcare sector.¹⁵ 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 national drug use survey of 2018.¹⁶

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. These reviews were often driven by concerns or research conducted in North America or Europe, some of them showing that heavy tramadol use led to morphine-type side-effects such as dependence and withdrawal syndrome.¹⁷ The most recent attempt towards international control was driven by United Nations (UN) concerns about increasing use in North and West Africa and especially by the Egyptian government, which had already made tramadol a controlled substance in 2012.¹⁸ As a result, in 2018 the WHO reviewed tramadol yet again 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, in part driven by international debates on the global opioid crisis 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 syrups.¹⁹

¹³ J. Parle and L. Wimmelbucker, « 'These Are the Medicines That "Make" Monsters': Thalidomide in Southern Africa, 1958-1962 », *Social History of Medicine* 33, no. 3, 2020, 898-99.

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

¹⁵ A. Klein et al., *Tramadol in Africa: Scarcity and Excess of Pain Medication in a Poorly Regulated Market*, ACK Consultants, 2018, 8-9.

¹⁶ UNODC, *Drug Use in Nigeria* ..., 16.

¹⁷ WHO Expert Committee on Drug Dependence, *Critical review report, tramadol* ..., 12.

¹⁸ A. Klein, « Drug problem or medicrime ... », 52.

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

In 2014 and 2015 tramadol was not yet seen as worth reporting in the national drug agency's (NDLEA) annual reports and seizure statistics, although it had already come to the attention of law enforcers on the ground by then. Only in 2016 did annual reports first mention tramadol shipments seized at Lagos ports, as well as statistics of tramadol and codeine cough mixtures seized across Nigeria.²⁰ In 2018 concern climaxed, as the government banned the sale of codeine and made access to higher dosages of tramadol (above 100mg) illegal.²¹

Tramadol crisis narratives

While tramadol and other related substances had been available for long, policy concern about them erupted in April and May 2018, as part of what Jock Young and Stan Cohen have termed a moral panic.²² 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, which is followed by a disproportionate policy response. In Nigeria, this 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, such as the total ban on codeine.²³ However, the sudden outburst of moral anxiety about these drugs was also linked to long-established elite concerns about social order and attempts to control poor youth and women in urban centres, especially in Nigeria's North. In this part, we deconstruct the crisis narratives on tramadol that emerged as part of this moral panic, before exploring the counter-narratives among the ones targeted by state responses.

In addition to the 'global' nature of the crisis, it was the opioid crisis among young people that galvanised most concern in Nigeria. While moral anxieties about opioids had lingered 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 wide-spread use of codeine-containing cough syrups among 'addicted' young people in Northern Nigeria.²⁴ The journalists claimed that '[y]oung Muslim women were believed to be the biggest hidden abusers of codeine cough syrup.'²⁵ The documentary also tried to show how codeine use was leading to serious harms, such as mental illness, by presenting a 'young man in Kano, chained to the floor of a rehab centre, swarming with flies, driven mad by months of drinking syrup with his friends.'²⁶ In fact, the documentary tried to present the moral decay among the young and especially young women in Northern Nigeria, characterised by their excessive abuse of dangerous drugs, which ended with dependence and 'madness,' as the graphic clips and interviews in

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

²¹ *BBC News Africa Eye*, « Sweet Sweet Codeine - What Happened Next? », 9 July 2019. Available at: <https://www.bbc.co.uk/programmes/p07gbs1x>

²² S. Cohen, *Folk devils and moral panics: the creation of the Mods and Rockers*, 3rd ed., London, Routledge, 2002; J. Young, « Moral Panic, Its Origins in Resistance, Ressentiment and the Translation of Fantasy into Reality », *The British Journal of Criminology* 49, no. 1, 2009, 4-16.

²³ S. Cohen, *Folk devils and moral panics: the creation of the Mods and Rockers ...*; J. Young, « Moral Panic, Its Origins in Resistance, Ressentiment and the Translation of Fantasy into Reality ... », 4-16.

²⁴ *BBC News*, « How cough syrup in Nigeria is creating a generation of addicts », 30 April 2018. Available at: <https://www.bbc.co.uk/news/world-africa-43912282>

²⁵ *BBC News Africa Eye*, « Sweet Sweet Codeine - What Happened Next? »

²⁶ *BBC News*, « How cough syrup in Nigeria is creating a generation of addicts ».

rehabilitation centres 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 heavily reliant on information provided by local law enforcers and religious advocacy groups involved in the rehabilitation of drug users. The NDLEA had taken the journalists on policing missions and so law enforcers' views and interests shaped the documentary's framing of drugs as a policing problem and its recommendations for tougher controls. Drug rehabilitation centre staff interviewed in the documentary also provided some captivating quotes and 'figures' on the escalating numbers of 'addicts' in their care.

While the documentary focused on codeine, tramadol was soon added to the debate in media and in public statements.²⁷ There had not been such an intense debate about drug use since the 1990s, when General Abacha had declared a drug war.²⁸ Similar to the 1990s, it was foreign views – now a British news report tapping into well-known tropes of drug use and youth and its dangers to an unprepared continent – that triggered these local moral discussions, as Nigeria's elites seemed to care more about their image abroad than about local social problems.²⁹ 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 1980s.³⁰

Evidently, the 2018 moral anxieties did not only grow out of elite and media concerns about drugs and Nigeria's image abroad alone but were grounded in wider gerontocratic and patriarchal attempts of social control, reflected in concerns 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 or itinerant Quranic students in Northern Nigeria, has documented related social control attempts over these 'vulnerable' populations who were often deemed 'threatened' or 'out of control,' especially when they indulged in novel substance use.³¹ As such, the moral outrage over youths and women as consumers of codeine and tramadol has to be understood in this socio-cultural context of enforcing public morality and behaviour. Narratives on tramadol resonated with existing attempts to stigmatise and control these 'endangered populations,' for instance in the words of a women's association:

²⁷ Ayodamola Owoseye, « Nigeria: Codeine Ban - Five Other Pharmaceutical Drugs Abused By Nigerians », *Premium Times*, 7 May 2018. Available at: <http://allafrica.com/stories/201805080011.html>

²⁸ G. Klantschnig, « The politics of law enforcement in Nigeria: lessons from the war on drugs », *Journal of Modern African Studies* 47, no. 4, 2009, 529-49.

²⁹ I. Obot, « Assessing Nigeria's drug control policy, 1994-2000 », *International Journal of Drug Policy* 15, 2004, 17-26.

³⁰ G. Klantschnig, « The politics of drug control in Nigeria: Exclusion, repression and obstacles to policy change », *International Journal of Drug Policy* 30, Apr 2016, 134-37.

³¹ E. 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 », *Journal of African History* 47, no. 1, 2006; H. Hoehner, *Quranic schools in northern Nigeria: everyday experiences of youth, faith, and poverty*, Cambridge, Cambridge University Press, 2018; F. Adamu, « Gender, Hisba and the Enforcement of Morality in Northern Nigeria », *Africa* 78, no. 1, 2008.

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 hunger.³²

In addition to lamenting the threat to young people, the debate in 2018 also focused on greed fuelling the drug supply – a theme common in debates on drugs and corruption.³³ 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's broadcasting. Tramadol dosages beyond the permitted 100 milligrams were also subsequently cracked down on.

However, the immoral practices of corporations and their agents were soon side-lined in the debate. Especially when pharmacists and their powerful associations gained a say in the public debate, they began to blame the unlicensed distribution of pharmaceuticals and especially the unlicensed 'open markets,' such as in Idumota wholesale market in Lagos. These interventions by pharmacists did not only lament the dangers of an unregulated drug supply, where any kind of drug could be bought without pharmacists' oversight; but they also highlighted the fierce competition that existed between licensed pharmacists and unlicensed traders in the context of the continued decline of the Nigerian pharmaceutical market.³⁴ These interventions were partly 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 crisis.³⁵

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 some international actors, such as UNODC officials, who also linked tramadol-related organised crime with Boko Haram's activities. For instance, a UN press release in December 2017 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 organizations.³⁶

UN officials as well as interviewed Nigerian law enforcers often made a direct link between tramadol and Boko Haram. In fact, Boko Haram and terrorism was another major element in their

³² UNODC, « Press Release: Sahel and beyond: UNODC sounds the alarm on the increase in trafficking and consumption of tramadol and its security and health implications », Dakar, 11 December 2017. Available at: <https://www.unodc.org/westandcentralafrica/en/2017-12-11-unodc-warns-tramadol-use.html>

³³ G. Klantschnig « Les politiques de contrôle des stupéfiants au Nigeria: centralisation, répression et insécurité », *Politique africaine*, vol. 128, no. 4, 2012, p 57.

³⁴ K. Peterson, *Speculative Markets: Drug Circuits and Derivative Life in Nigeria*, London, 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 Ibid.

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 already claimed in 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 bombings.³⁷

While there is anecdotal evidence to support claims about the use of tramadol by Boko Haram members, there is a marked absence of empirical data available to provide nuance on its usage and purposes by the sect's members. This gap was evident in the vague manner in which reports linked tramadol with Boko Haram, which more often than not relied on hearsay. As a result, it 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 narrative followed a trend of narratives constructed around Boko Haram which 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 had recycled exactly the above unsubstantiated UNODC statement about Boko Haram and tramadol and it went even further to claim (again without 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 region.³⁸

These claims about tramadol – which were rarely backed up with 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 activities aligned well with Nigerian law enforcers' views and interests. An interviewed NDLEA officer was most explicit in this respect, although acknowledging 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 tramadol.³⁹

Thus, tramadol was drawn on in narratives to explain a whole range of social crises – many of them of a moral nature. Young people, especially young women in Northern Nigeria, were seen most threatened, 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 enforcers. Underlying these narratives were

³⁷ UNODC, « Press Release: Sahel and beyond ».

³⁸ WHO Expert Committee on Drug Dependence, *Critical review report, tramadol ...*, 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 ...*

struggles over the social control of ‘problematic’ populations – the poor, young and women – as well as control of the pharmaceutical market, and in the case of the law enforcers an attempt to expand their jurisdictional expertise over yet another drug problem.⁴⁰ In the following, we discuss the counter-narratives prevalent among the ones stigmatised by official narratives. While we will not shed light on the uses of tramadol in Northern Nigeria or by Boko Haram, some of the evidence from Lagos also helps to explain why a drug that symbolises moral decay and crisis, still provides so many benefits to users and sellers.

Opioid of the people – providing pain relief and pleasure

Tramadol has many uses in Lagos, some of them are seen as morally acceptable whereas others are not. The use that causes least concern is as a cheap pain medication. Tramadol as a medicine was seen as morally acceptable, 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 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 addicted.⁴¹

In fact, pharmacists saw tramadol as a very effective pain medication, which was widely used in hospitals, for instance to deal with pain and treatment of sickle cell disease and after operations.⁴² 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 tramadol.⁴³

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

[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 pain.⁴⁴

⁴⁰ A. Abbott, *System of Professions*

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

⁴² L. Salm-Reifferscheidt, « Tramadol: Africa's opioid crisis ... ».

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

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

While medical use seemed socially accepted, tramadol's use for performance enhancement or for hard labour was also common, even if less accepted by the ones selling it.⁴⁵ This distinction between medical use and its use to endure hard labour is arguably not so clear-cut. While the former was aimed to treat medical conditions or the pain caused by them, the latter type was often a way to numb 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 also highlighted in recent research on the uses of tramadol in South-Eastern Nigeria.⁴⁶ For many, especially individuals involved in physically exerting jobs, tramadol was considered to be important for optimal job performance and for coping with the strenuous demands of their tasks, in the same way coffee or other caffeinated substances are considered important by white-collar workers. In essence, tramadol helped to keep jobs.

Tramadol was not solely used and accepted to treat or endure bodily pain. Tramadol was also used to enhance performance in sports, sex and in jobs that are not as physically or mentally demanding.⁴⁷ For others, tramadol was also cool, pleasurable and to some extent symbolised counter-cultural opposition to mainstream society and its values. This type of use is evidenced by its salience in pop culture. In 2018 the artist Olamide released a chart-topping song titled *Science Student*, a reference to the heavy use and innovative combination of various substances – including tramadol – by young Nigerians. In another song titled *Mafo*, released in 2019 by Naira Marley, he can also be heard saying ‘...quarter past...o si fe high (you still wish to get high) ... after one [1am] ... original tramadol extra...’.⁴⁸ Marley is referring to the known affinity that some revellers have for taking tramadol in order to stay awake all night when partying. Thus, tramadol's appeal also stems from its associations with pleasure and being cool, although mainstream society might consider this deviant or immoral behaviour.

Tramadol traders interviewed, especially retailers who engaged with a range of customers, were conscious of these diverse associations. There were different types of tramadol on offer to serve this diverse market. At the retail level, types were often distinguished by their colours or brand names and some of them were more targeted at managing bodily pain, others for different types of labour and yet others for their pleasurable effects.⁴⁹ Traders also explained that the varieties of tramadol were a consequence of its regulation, which made some manufacturers ‘re-package’ the drug under different names to bypass the Nigerian regulatory bodies, an example of which was the brand *Ticmadol*, 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 called in the language of pharmacists. Some explained this acceptable versus unacceptable use by pointing at the difference between use for pain relief and pleasure – between getting 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:

⁴⁵ E. W. Dumbili et al., « Enhancement motivations for using prescription drugs among young adults in Nigeria ... », 102995.

⁴⁶ Ibid.

⁴⁷ Ibid.

⁴⁸ Naira Marley, “Naira Marley x Young Jonn – Mafo [official video]”, 27 September 2019. Available at: <https://www.youtube.com/watch?v=3nhO6b1XD2s>

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

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 thing.⁵⁰

(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 use of it in this manner that quite a number of tramadol users end up with psychiatric problems.)

Our interviewed traders of tramadol, whether qualified pharmacists or unlicensed sellers, knew of negative effects, which could lead to mental health and dependence problems, as well as seizures when overdosing. Each of them had their own advice on how to avoid these side-effects, for instance by consulting a doctor and gaining a prescription or by using lower dosages of the drug. But the key was to use tramadol for medical purposes and not to ‘get high.’

There was also a common awareness by non-pharmacists that the psychoactive effect of tramadol could differ from individual to individual and their context. This individual and contextual aspect of tramadol use was less accepted by pharmacists, who liked to stress the pharmacological properties of the substance. Some unlicensed tramadol traders understood that the user’s specific condition, as well as the social setting of tramadol use determines its effects, what Zinberg has termed ‘drug, set and setting’.⁵¹ One retailer explained this 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 blood.⁵²

(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 between what was acceptable or moral use and what was ‘abuse’ in these narratives. At the most basic level, acceptable tramadol use was for medical, and in some cases work purposes, while use for pleasure by young people to ‘get high’ was seen as less acceptable. Pharmacists would also add 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 using it for purely recreational purposes.

The lines between medical and non-medical use had also become more blurred due to a wider trend towards self-medication in Lagos and elsewhere.⁵³ As Nigeria’s healthcare system began its decline in the 1980s due to structural adjustment and related policies, this contributed to the rise

⁵⁰ Interview 4: Unlicensed drug trader, Lagos, 18 August 2019.

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.

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

of self-medication with drugs such as tramadol.⁵⁴ Thus, sale and use of drugs outside hospitals and pharmacies became the norm, as well as the growing role of so-called open markets as we will see in the next section. Distinguishing between acceptable medical and immoral pleasurable use of tramadol was much harder and fluid outside the hospital setting.

Tramadol livelihoods

Our interviewees did not only reflect on how it was legitimate to use tramadol but also on what tramadol meant to them as an ‘illicit livelihood’.⁵⁵ There are few studies available with drug market insiders in Africa, as gaining access is usually difficult.⁵⁶ Tramadol’s fluid legal status was in some ways conducive to gaining access and asking these questions, as the drug was not a formally controlled substance yet. However, due to the policy changes since 2018, it became harder to gain the trust of tramadol traders. 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 – so their involvement with tramadol and their introductions to it were diverse. Some had been farmers before peddling drugs, others had been in related drug businesses, for example selling paracetamol. For many, tramadol was only one of many drugs or goods sold. The interviewed licensed traders also differed, ranging from community pharmacists to wholesalers and importers of pharmaceuticals.

The most interesting discussions were concerned with justifying why they were selling tramadol in the current climate of moral opposition to the substance. Several licenced pharmacists mentioned that they had sold tramadol in the past but that it was harder to justify this now. They had effectively abandoned this line of business. This move away from tramadol due to the changed policy status was also the case with some unlicensed traders, who saw the tramadol trade as too risky after 2018. However, as we 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 was already mentioned above in the context of official narratives but this was also common 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 money.⁵⁷

⁵⁴ G. Klantschnig and C. Huang, « Fake drugs: health, wealth and regulation in Nigeria », *Review of African Political Economy* 46, no. 161, 2019.

⁵⁵ N. Carrier and G. Klantschnig, « Illicit livelihoods: drug crops and development in Africa », *Review of African Political Economy* 43, no. 148, 2016, 174-89.

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* 87, no. 3, 2017, 479-95.

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

When we contrast these official views with 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 that one gains are also not as large as imagined by state actors, although many traders still strived to improve their position in the market by increasing their stock, or even by ‘going legal’ and entering a more respectable trade. At least this was the impression that unlicensed sellers tried to give. It is also clear that there was a sense of self-justification in these narratives, 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 that.⁵⁸

(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 of selling tramadol became more important through the ban on high dosages. The 2018 restrictions raised the risks of dealing in tramadol and also its price. One interviewed seller illustrated how tramadol that had cost 50 Naira per tablet previously was now selling for 200 or 300 Naira.⁵⁹ Higher-priced tramadol became an attractive product for sellers who were inclined to take the extra risks of police interdiction. According to some 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 ridiculous.⁶⁰

It is important to note that these illicit tramadol livelihoods came under most criticism from interviewed pharmacists. Qualified pharmacists emphasised the greed driving this trade, while they also stressed that their own involvement in the pharmaceutical trade was supposedly driven by nobler causes 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 falsified, while only pharmacies were selling the genuine product, most easily identified by the lower dosages. 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 medicine.⁶¹

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 has been concern with unregulated ‘open drug markets’ in Nigeria and pharmacists have emphasised the difference between the qualified pharmacist selling genuine drugs for medical purposes, and the unlicensed and unqualified trader selling drugs illegally, many of them supposedly falsified and sub-standard.⁶² However, previous research on pharmaceuticals and their regulation has shown that the line

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

⁵⁹ Interview 3.

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

⁶¹ A. Klein, « Drug problem or medicrime ... ».

⁶² K. Peterson, *Speculative Markets: Drug Circuits and Derivative Life in Nigeria*

between what is ‘fake’ and ‘genuine’ is vague in Lagos, as elsewhere.⁶³ According to Nigerian law, ‘fake drugs’ can include anything that is not properly registered with the main regulator, NAFDAC, and fakeness can thus be negotiated.⁶⁴ 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 so labelled by state authorities and professional associations of pharmacists.

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 by pharmacists were attempts to (re)gain what Andrew Abbott has termed ‘jurisdiction’ over professional fields and claims to professional expertise, here the dispensing of medicine.⁶⁵ These arguments were also part of processes of exclusion, and the defence of one’s 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, however, they had the opposite effect, as more pharmacists were now wary of selling tramadol.⁶⁶ 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 to expose the illusory quality of rigid binaries of legal-illegal or moral-immoral employed by those charged with enacting legislation.⁶⁷ Tramadol clearly occupied such a quasilegal space, even though state actors tried to counter this ambiguity by defining legitimate tramadol by its dosage, i.e. of 100 mg or less, and showing us exemplars of illegal or fake packs with higher dosages. Reference to dosages also aimed to help 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 gram that people are expected to bring in, ... but when you go beyond the legitimate approval then it becomes criminal.⁶⁸

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 NDLEA.⁶⁹

Of course, such dosage-related definitions of tramadol’s legality, as 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

⁶³ G. Klantschnig and C. Huang, « Fake drugs: health, wealth and regulation in Nigeria ... »; G. Antonopoulos, *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* 134, no. 2, 2014.

⁶⁵ A. Abbott, *System of Professions*

⁶⁶ M. O. Ezenwa et al., « Tracking opiate routes ... », 27-47.

⁶⁷ N. Carrier and G. Klantschnig, « Quasilegality: khat, cannabis and Africa’s drug laws », *Third World Quarterly* 39, no. 2, 2018, 350-65.

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

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

deal with so-called fake drugs, which also included higher dosage tramadol. And tramadol did not explicitly appear in any laws pertaining to the NDLEA's mandate. Thus, the law was clearly ambivalent towards tramadol and furthered the competition between the law enforcement-focused NDLEA with its regulatory sister agency NAFDAC. These agencies' officers acknowledged this ambiguity. Law enforcers were concerned about the 'grey areas' of tramadol and feared that criminals could 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-crossing.⁷⁰

This 'criss-crossing' between the legal and illegal trade in tramadol further complicated tramadol's legal status. In previous work on 'fake drugs' this criss-crossing could be traced back as far as the factory level, where drugs were produced for both the legal and illegal export.⁷¹ Tramadol above the suggested dosage was also often produced and imported by the same companies or individuals who dealt in tramadol of a lower dosage.⁷² NDLEA officers involved in recent large seizures confirmed that at times legal and illegal tramadol was even shipped in the same containers.⁷³ They would see these cases as the latest concealment method or a sign of the ingenuity of organised criminals. But often this simply meant that it was the same trade network importing different types of tramadol, targeting different market segments, one legal in the eyes of the state, the other illegal.

While the 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 to reduce the import of higher dosages, at least for some time. UNODC officials were also involved in garnering cooperation between regulatory agencies across West Africa.⁷⁴ In Lagos, the restrictions also shifted ideas on the acceptability of tramadol among traders and led to more efforts to conceal goods. It also led to the greater importance of trust among buyers and sellers in the market. The higher risks of interdiction meant that tramadol was not as openly traded anymore and was to some degree pushed underground, at least while law enforcement agencies targeted the drug. When we conducted our fieldwork, it was hard to find openly displayed tramadol in pharmaceutical markets, especially on the 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 it.'⁷⁵ So, 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.

An instance of this, which we observed, was in Obalende, where one of such small-scale retailers sold tramadol, albeit discreetly, from his stationary shop by the roadside in a street corner. This trader sold tramadol alongside other everyday items and in the course of waiting around his shop

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

⁷¹ G. Klantschnig, « Négociier les profits ... », 103-06.

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

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

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

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

various types of customers could be seen patronising him 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 who 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.’ Tramadol was still available through the same networks as before but inter-personal relationships based on trust became more crucial in deciding who would sell and buy from whom. Unlicensed trader associations that were concerned with the image of their market and that were already under attack from pharmacists and their associations, assured us that there was no more tramadol available after 2018, while other market insiders admitted that tramadol was still there but now more hidden. This greater emphasis on secrecy and trust among traders and also their customers was a direct effect of the government restrictions and moral debates they were couched in.

A moral economy of tramadol

In sum, 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 to see market actors not solely as economic agents concerned with formal economic exchange and the maximisation of profit but also as actors concerned with the just nature of their economic interactions.⁷⁶ While the term ‘moral economy’ has clearly been over-used and lost some of its analytical value, it can nonetheless help to foreground these moral debates linked to economic activities, such as the sale and consumption of drugs.⁷⁷ In our case, market insiders and regulators saw the tramadol market not simply as a means to access a commodity or to make money but also as a just arrangement to provide access to health and medicine, as well as a means of livelihood. Looking at the moral dimensions of the tramadol market allowed us to expose the different normative standpoints, specifically through narratives on what tramadol use, trade and control meant for market insiders and regulators.

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

⁷⁶ J. Scott, *Moral Economy of the Peasant ...*; E. P. Thompson, « The moral economy of the English crowd in the eighteenth century », *Past & Present* 50, no. 1, 1971, 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 & Misuse* 33, no. 11, 1998, 2323-51; J. Carrier, « Moral economy: What’s in a name », *Anthropological Theory* 18, no. 1, 2017, 18-35; J. Siméant, « Three bodies of moral economy: the diffusion of a concept », *Journal of Global Ethics* 11, no. 2, 2015, 163-75.

But tramadol trade was more than just the provision of an affordable medicine to the ones that needed it. Tramadol was also a means to cope with strenuous work and achieve optimal job performance. In addition to helping to keep jobs, tramadol also provided jobs, as it was a livelihood for traders. In a context where life and work were often characterised as hard and ‘struggling’, where 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 that reaped larger profits. However, if one wanted 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 showed 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 diverse views in the market, 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, key features of moral economic activities we have sketched, such as acceptable medical use, were comparable to state views, even though the state promoted a narrower position based on lower tramadol dosages and the sale through pharmacies. Essentially, there was not a moral economy of tramadol traders distinct from the dominant state views, as in James Scott’s classic depiction of the moral economy of the peasant.⁷⁸

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, as well as drugs more widely, 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, 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 rarely grasped this quasilegal and morally ambiguous status.

⁷⁸ J. Scott, *Moral Economy of the Peasant*