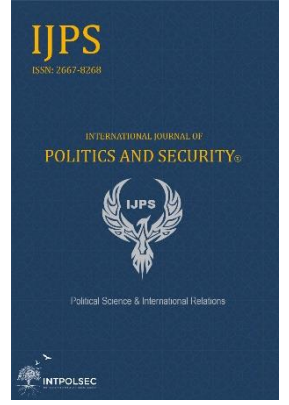


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Drug Abuse and its Implication on Regional Security in West and Central Africa: Case Studies of Nigeria and Cameroon

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Drug Abuse and its Implication on Regional Security in West and Central Africa: Case Studies of Nigeria and Cameroon

Neba Ridley NGWA*

Abstract

Though previous literature establishes that abuse of drugs may amount to numerous health risks, they, however, fail to present the extent to which such cases could constitute a threat to national and regional security. Therefore, this research sheds light on the extent to which drug abuse constitutes an existential threat to national security by focusing on the use of Tramadol extending from terrorist organizations to youth in Nigeria and Cameroon. In general, Tramadol is considered an analgesic pill that treats severe and moderate pain. But the outcome of the analysis in this research reveals the extent to which tramadol is prevalent among the terrorist and organized crime groups in Nigeria, and it is the driver of youth violence and heightened crime rates in Cameroonian cities of Douala and Yaounde.

Keywords: Drug Abuse, Tramadol, National Security, Organized Crime

Batı ve Orta Afrika'da Uyuşturucu Suistimali ve Bölgesel Güvenliğe Etkisi: Nijerya ve Kamerun Örneği

Özet

Önceki literatür, uyuşturucu kullanımının çok sayıda sağlık riski oluşturabileceğini ortaya koysa da, bu tür vakaların ulusal ve bölgesel güvenliğe ne ölçüde tehdit oluşturabileceğini gösterememektedir. Dolayısıyla bu araştırma, Nijerya ve Kamerun'da terör örgütlerinden gençlere uzanan Tramadol kullanımına odaklanarak, uyuşturucu kullanımının ulusal güvenliğe ne ölçüde varoluşsal bir tehdit oluşturduğuna ışık tutmaktadır. Genel olarak, Tramadol, şiddetli ve orta derecede ağrıyı tedavi eden bir analjezik hap olarak kabul edilir. Ancak bu araştırmadaki analizin sonucu, tramadolün Nijerya'daki terörist ve organize suç grupları arasında ne kadar yaygın olduğunu ve Kamerun'un Douala ve Yaounde şehirlerindeki gençlik şiddetinin ve artan suç oranlarının itici gücü olduğunu ortaya koyuyor.

Anahtar Kelimeler: Uyuşturucu Kullanımı, Tramadol, Ulusal Güvenlik, Organize Suç

1. Introduction

For decades before the end Cold War, the term national security by and large meant military security. The discourse on national security now includes issues such as human, food, environmental, and health security. In recent years, there has been a frequent linkage between public health and national security concerns.¹ This article hypothesized that increased consumption of synthetic opioids for non-medical purpose have potential implications for national security across West and Central African states. Thus, the paper distinctively examines

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¹ Peter Hough, Andrew Moran, Bruce Pilbeam and Wendy Stokes. *International security studies: theory and practice*.(Routledge, 2015).



the extent to which tramadol constitutes a threat to national security in Nigeria and Cameroon. Tramadol was first approved in 1995 in the United States as an analgesic that works in the brain to change how the body feels and responds to pains.² Since its inception, it is globally being used to help relieve severe and moderate pains. National governments around the world, including the United States, Canada, Sweden, Finland, Morocco, and many others widely endorse the use of tramadol as a pain reliever.³ The World Health Organisation (WHO), United Nations Office on Drugs and Crime (UNODC), and UN's Commission on Narcotics Drugs (CND) all consider tramadol as a 'centrally acting analgesic that treats pains from moderate to severe intensity.'⁴ The decision to endorse and legalize the usage of a drug is only made when national and international health bodies envisage that the expected benefit outweighs the risk involved. Tramadol is a legal drug that is neither regulated nor included in the list of illicit drugs by WHO and UNODC.

Generally, the use of synthetic opioids is severely restricted worldwide, but tramadol is perceived by WHO as a viable alternative. At the 39th Meeting of the Expert Committee on Drug Dependence in November 2017, the WHO reiterated its stance to keep tramadol unregulated. This seemingly intransigent position requires a balanced examination of the potential implications on national security. The WHO's position not to regulate its use is backed by medical experts who argue that stricter international controls would unjustly affect certain countries and patients. In recent years, much research has focused on the various health risk posed by tramadol, however, this study submits that it is probable that when tramadol is ingested with other drugs or alcohol, it can lead to violent extremism and radicalization. It is also established that the drug is addictive and has a high dependency rate, especially when taken for non-medical purposes.⁵ Though previous literature on the subject has established that tramadol may amount to numerous health risks, they failed to ascertain the extent to which this synthetic opioid is a threat to international security. While some studies claim low-risk potential, this research highlights a significant threat to public health and national security associated with tramadol abuse. According to preliminary findings, hitherto, there is no

² Marwan Diab, Guido Veronese, Yasser Abu Jamei and Ashraf Kagee. "Risk and protective factors of tramadol abuse in the Gaza Strip: The perspective of tramadol abusers and psychiatrists." *International Journal of Mental Health and Addiction* 19.6 (2021): 2074-2090..

³ Ibid

⁴ UNODC, *Drug Use in Nigeria*: Published by United Office of Drugs and Crime, (2018) file:///D:/Drug_Use_Survey_Nigeria_2019_BOOK.pdf (20.12.2020).

⁵ Björn Johnson, Richert Torkel and Svensson Bengt. "Physical violence and property damage towards parents, committed by adult children with drug problems." *Journal of family violence*, (2020): 1-16.



systematic empirical research that suggests that tramadol is an existential threat to national and international security. High levels of tramadol consumption by terrorist and organized crime groups in many parts of the world signal a threat to both national and international security. The security implications of tramadol in West and Central Africa, notably Cameroon and Nigeria remain unclear.

Tramadol is increasingly being used as a recreational drug across many parts of the globe, the non-medical use and trafficking of this synthetic opioid by youths, terrorist organizations, and organized crime groups pose an existential threat to international security. States and non-state actors are faced with the dilemma of halting its production to curb its abuse at the expense of patients who are in dire need of it. In this context, the purpose of this research is to enable national and international actors, particularly The World Health Organisation and the United Nations Office on Drugs and Crime to comprehend the extent to which synthetic opioids, particularly tramadol poses a threat to national security in Nigeria and Cameroon. The research is meant to allow these actors to understand where their gaps exist and how to make amends. The findings particularly expose significant gaps in the regulation of synthetic opioids and spur the national and international community to introduce context-specific reforms that avert the existential threats posed by tramadol.

This article adopted qualitative research methods to generate findings, the data was drawn from both primary and secondary sources. In the Cameroonian case, the primary source included in-depth interviews with medical personnel, teachers, and addicts at a rehabilitation center in Douala. The study particularly sought to identify the consequences of tramadol abuse on youths, it focused on the effect of the drugs on national security. The interviews were conducted with the aid of an audio tape recorder. The process respected professional ethics and protected the integrity, confidentiality, and identity of the respondents. The participants were informed about the purpose of the study and they signed a form to give their consent. They were also permitted to withdraw from the interview at any time or abstain from answering any of the questions. A discourse analytical technique was employed to analyze the information drawn from the interviews. In the Nigerian case, the research relied on secondary sources of information drawn from the World Health Organization Report, United Nations Office on Drugs and Crime, and the national bulletin on narcotics. Other secondary sources of information from the United States provide empirical evidence of the consequences of tramadol abuse on national security. This, therefore, imply that the consequences observed in the United States



show that Cameroon and Nigeria were not unique but typical. This paper is structured into four main parts. The first section on theory accounts for the modern understanding of national security. The second part outline the international legal instrument guiding the use of tramadol. The third part provides an in-depth analysis of the extent to which tramadol constitutes a threat to national security in Nigeria and Cameroon. The final section focuses on the conclusion and policy recommendation.

2. Securitization Theory and the Modern Understanding of Regional Security

Since the end of the cold war, the field of security studies has undergone profound changes, the concept has been reconceptualized and broadened beyond the notion of state and military security. The Copenhagen School's theory of securitization and critical security theory has made significant contributions to the debate regarding the meaning of security. In this part, I argue that the meaning of security has been construed in a way that drugs abuse constitutes an existential threat to national, regional, and international security.

According to the Copenhagen school of security, the meaning of security is based on three fundamental questions; first, it relates to the "referent object," that is whether security should be about the state, the individual, ethnic group, environment, or some other entity that ought to be prioritized and protected e.g. drugs. Second, relates to the nature of threats faced, that is whether the threat is internal, external, or both? Third, whether the meaning of security should be expanded beyond the military sector to include other non-military elements such as health, food, environment, etc. Barry Buzan and his associates of the Copenhagen school opposed traditionalist scholars of International Security Studies (ISS), who draw their inspiration largely from Realist or Liberal theories in International Relations.⁶ According to supporters of the traditional approach, the answer to the first question is simply stated. For these scholars, the process of globalization, powerful as it may be, has failed to alter the most fundamental characteristic of the international system, namely, the world of sovereign state entities that was established by the Treaty of Westphalia in 1648. The term 'traditionalism' within Security Studies encompasses both the Realist and Liberal perspectives on security. Thus, what binds the traditionalist school of thought is their unwavering commitment to the state as the sole referent object of security. According to them, securing the state is

⁶ Barry Buzan and Hansen Lene. *The evolution of international security studies*, (Cambridge University Press, 2009).



instrumentally considered the best way of protecting the referent object. They underpinned that the security of the state should reflect the protection of its national values and interest. Therefore, in theoretical terms, traditionalists argue that sovereign states continue to be the ‘building blocks of the Westphalian international system.’⁷ They claim that the state is the most sophisticated unit of human communal organization within world politics; and most importantly, the only legitimate and significant possessor of organized violence in the international system. Traditionalists narrowly focused on the military security of states and pay particular attention to military threats relating to nuclear proliferation, and armaments. On the contrary, this article contends that the state is not the only referent object of security, they are other entities such as health, food, individuals, ethnic groups, environment, and some other entities that require protection.

The second question is whether or not to include internal as well as external threats. In response to the second question, traditionalist proponents always link security threats with discussions about state sovereignty. In the wake of the cold war, threats to national security were mainly external, but today, national security predominantly includes both internal and external threats. The third question is whether to expand security beyond the military sector and the use of force. It’s in this part of the question that securitization theory provides a powerful intellectual understanding of the meaning of security.

According to the Copenhagen School, security is about safety and survival. They argue that in international relations something becomes a security issue when it is presented as posing an existential threat to mankind.⁸ According to Copenhagen school theorists, a more general sectoral meaning of security includes human, societal, economic, environmental, health, and gender as referent objects. Through the notion of securitization theory, security is an outcome of the socially constructed process such as the “speech act” rather than an objective condition. To this end, the widening and deepening of the security agenda at the end of the cold war demonstrates the connection between public health and national security, particularly the relationship between them. The ‘war on drugs’ shows how drug abuse constitutes an existential threat to national and international security. Drug abuse intersects a vast array of international security issues such as terrorism, violent extremism, and radicalization of youths. The abuse of

⁷ Mely Caballero-Anthony (ed). *An introduction to non-traditional security studies: a transnational approach*, (Sage, 2015).

⁸ Ibid.



drugs such as tramadol probably exacerbates threats to national, regional, and international security. Though tramadol is considered a centrally acting analgesic that treats pains of moderate to severe intensity, nonetheless this article argues that it should be treated as an existential threat to security. The unique nature of its use makes its threat more complex, durable, and severe.

3. National and International Legal Disposition of Tramadol

Currently, there is no international legal instrument regulating the use of tramadol. At the international level, WHO and UNODC largely perceive the drug as a centrally acting analgesic and fail to quantify its threat to peace and security, as such they neither regulate nor include it in the list of illicit drugs. The World Health Organization's Expert Committee on Drug Dependence reviewed the use of tramadol five times: in 1992, 2000, 2002, 2006, and 2014. In November 2017, considering that many experts claim a low level of abuse and security risk connected to the drug, international bodies have somewhat been reluctant to introduce stricter regulations. The outcome of this study provides sufficient evidence and justification for the implementation of an international regulatory mechanism. Nonetheless, national legislations variously impose a legal status on tramadol. Tramadol is under strict national control in Bahrain since 2000, in Australia since 2001, in Sweden since 2008, in the Bolivarian Republic of Venezuela since 2008, in Ukraine since 2008, and in Iran since 2007.⁹ In India, in April 2018, a new set of rules outlined in the gazette of India placed the pills into the group of a controlled substances. In December 2017, UNODC highlighted the implications of its usage in the Middle East, and the notable implications of its connection with terrorist and organized crime groups.

The United States is amid the worst drug epidemic addiction in its history, The Drug Abuse Warning Network (DAWN) reported in 2010 that an estimated 16,251 emergency department visits were related to tramadol abuse, with an estimate of 20,000 abuse rate in 2011.¹⁰ According to the National Survey on Drug Use and Health (NSDUH) in 2012, 3.2 million people in the U.S. aged 12 or older used Tramadol for non-medical purposes. In 2014, NSDUH reported that the number of emergency visits involving tramadol abuse increased

⁹ Sumedha Gupta, Thuy D. Nguyen, Patricia R. Freeman and Kosali I. Simon. *Competitive Effects of Federal and State Opioid Restrictions: Evidence from the Controlled Substance Laws*. No. w27520. National Bureau of Economic Research, 2020.

¹⁰ The DAWN Report. Findings on Drug-Related Emergency Department Visits; Drug Abuse Warning Network (2012) <https://www.samhsa.gov/data/sites/default/files> (22.12.20).



approximately to 250% from 2005 to 2011. In 2014, the United States Drug Enforcement Administration (DEA) published a revised set of rules that categorized tramadol as a controlled substance.¹¹ In 2015, the U.S. Department of Health and Human Services reported that approximately 12.5 million people in the United States abused the use of synthetic opioids while an estimated 24,861 people died from overdoses. By 2016 these numbers tripled and in effect six U.S. states declared public health emergencies to combat the opioid crisis.¹² In October 2017, President Trump declared the synthetic opioid crisis a public health emergency.¹³ In the same year, U.S. law enforcement officials estimated that about 1 billion unauthorized tramadol tablets were seized leaving India for the United States. In Cameroon and Nigeria, there's no national legislation completely outlawing the use of the drug. Despite myriad efforts by national legislators in both countries to regulate the use of the drug, there is still limited evidence of its implication for national security.

4. Tramadol as a Threat to National Security in Nigeria

The United States is amid the worst drug epidemic addiction in its history, yet the U.S is not the only country facing such a predicament. Nigeria one of Africa's largest nations is as well suffering from a wide-scale drug and opioid epidemic. The analysis in this section relied on secondary data drawn from the World Health Organization Report, United Nations Office on Drugs and Crime, and the national bulletin on narcotics. In 2018, the United Nations Office of Drugs and Crime UNODC in partnership with the National Bureau of Statistics (NBS) conducted the first-ever comprehensive nationwide drug use survey in Nigeria.¹⁴ The survey provides empirical data on the extent and pattern of drug use in the country, the demographic characteristics of the drug users, the health risk involved, and their national security implications. The findings from the survey revealed that the number of drug users in Nigeria is estimated at 14.4 percent or 14.3 million people aged between 15 and 64 years. The data suggested that in 2018 the prevalence of drug abuse in Nigeria is twice the global average of

¹¹ Drug Enforcement Administration, Schedules of Controlled Substances: Placement of Tramadol into Schedule IV, accessed February 2, 2021, <https://www.federalregister.gov/documents>

¹² National Survey of Drug Use and Health-NADUH. Results from National Survey on Drug Use and Health, (2019) <https://www.samhsa.gov/data/release> (18.12.2020).

¹³ Kavya Rajesh, Gary Wilcox, David Ring, Michael Mackert. "Reactions to the opioid epidemic: A text-mining analysis of tweets." *Journal of Addictive Diseases* 39, no. 2 (2020): 183-188.

¹⁴ UNODC, Drug Use in Nigeria: Published by United Office of Drugs and Crime (2018) file:///D:/Drug_Use_Survey_Nigeria_2019_BOOK.pdf (20.12.2020).



5.6 percent. The extent to which synthetic opioids, mainly tramadol are used for non-medical purposes, stood at about 4.6 million.

4.1. Tramadol Abuse Along Geopolitical Lines

Nigeria comprises 37 administrative states and six geopolitical zones that include: North-East, North-West, North-Central, South-East, South-West, and South-South. The survey found a high prevalence of drug abuse in the Northern geopolitical zones ranging from 13.8% - to 22% compared to the southern geopolitical zones with a range of 10% - to 13.6%. Tramadol, codeine, and morphine are the three main substances with a high prevalence of abuse in the Northern parts of the country while cannabis, tramadol, heroin, cocaine, and codeine are common in the southern zones. In terms of gender difference in the abuse, proportionally more men than women used synthetic opioids for non-medical purposes. While the use of tramadol was observed among all age groups in Nigeria, overall its consumption was high among young people between the ages of 15 and 39 years. The mean age was 21 years. On average. Nearly 80 percent of the abusers were daily or nearly daily users. However, there was considerable non-medical use of tramadol among older people within the age brackets of 45 and 64 years. It was observed that a vast majority of the user in this age group had been prescribed the medication legally for pain control purposes.

Poverty, unemployment, hard manual labor, sex work, and the general desperation of youths are the main drivers cited in the data. Tramadol addiction proved to have an adverse effect on the user's societal, occupational, and mental health. Many tramadol abusers report strained family relationships, as well as troubles in the workplace, at school, and in their communities. The health risk enlisted in the survey includes seizures, coma, hypertension, tachycardia, lethargy, nausea, and agitation.¹⁵ Nearly 1 in 8 persons in Nigeria felt unsecured or had experienced adverse consequences from a drug addict. Those who had experienced adverse consequences were mostly threatened or physically assaulted.

¹⁵ Ibid



Table 1: Drug Abuse in the Northern Regions of Nigeria

North Central (Most Consumed Drugs)	Consumption Rate in terms of population size	Estimated No of consumers	North East (Most Consumed Drugs)	Consumption Rate in terms of population size	Estimated N0 of Consumers
Cannabis	10.4%	150,000	Cannabis	7.0%	1000,000
Tramadol	1.3 %	160,000	Tramadol	8.5%	1,225,000
Codeine	2.1%	216,000	Codeine	4.0%	460,000
Estimated annual average	10%	1.5 million	Estimated annual average	13.8%	3,000,000

Source of Data: UNODC

The North-Central zone includes Benue, Kogi, Kwara, Nasarawa, Plateau, Niger States, and the Federal Capital Territory (FCT) of Abuja. The estimated annual prevalence of drug use in this zone is 10 percent, equivalent to 1.5 million people. Drug abuse in this region is 30% lower than the overall national rate. Cannabis, codeine or dextromethorphan, tramadol, and morphine are the four main substances with a high prevalence of abuse in the North-Central zone. The North-East zone which includes Adamawa, Bauchi, Borno, Gombe, Taraba, and the Yobe States had an estimated annual average of 13.8 percent or over 3 million drug abusers. The overall extent of abuse in the North-East zone is the highest when compared with the national rates. It is interesting to note that while the prevalence of cannabis in this area is lower than other national estimates, synthetic opioids particularly tramadol, codeine, and morphine recorded the highest rates of abuse. Tramadol registered 1.2 million abusers rates. Among the North East regions, the highest rates of abuse were recorded in the Gombe State (21 percent of the adult population and 79 percent of youths).

Table 2: Drug Abuse in West and Eastern Regions of Nigeria

North West (Most Consumed Drugs)	Consumption Rate/%	Estimated No of Consumers	South East (Most Consumed Drugs)	Percentages %	Estimated N0 of Consumers
Most consumed, Cannabis	8.9%	2,100,000	Cannabis	11.4%	1,226,000
Tramadol	3.0%	670,000	Cocaine	3.6%	352,000
Codeine	2.2%	373,000	Tramadol	3.5%	301,000
Estimated annual average	11%	2,090,000	Estimated annual average	13.6%	1,550,000

Source of Data: UNODC

The North-West zone includes Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto, and the Zamfara States. With a population of approximately 25 million people in 2018, the zone has



the largest population of all the geo-political zones in Nigeria. The prevalence of drug abuse in this geopolitical zone stood at 11% about 2.2 million people. Cannabis and non-medical use of synthetic opioids, especially tramadol, codeine, and morphine are the most common in this zone. The South-East zone is comprised of Abia, Anambra, Ebonyi, Enugu, and the Imo States. In 2018, drug abuse in this geopolitical zone was estimated at 13.6 percent of the population, or 1.5 million people aged 15-64. In that year cannabis, cocaine and tramadol were common in the South-East zone.

Table 3: Drug Abuse in Southern Regions of Nigeria

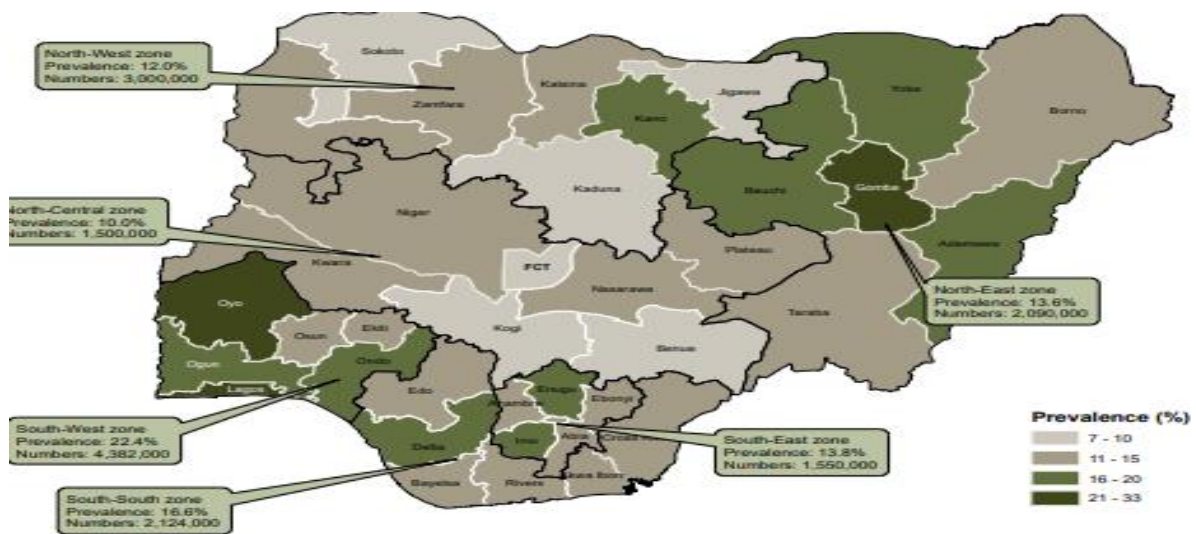
South-South (Most Consumed Drugs)	Consumption Rate in terms of population size	Estimated No of Consumers	South West (Most Consumed Drugs)	Consumption Rate in terms of population size	Estimated No of Consumers
Cannabis	14.7%	2,760,000	Cannabis	15.3%	1,883,000
Morphine	8.4%	1,530,000	Morphine	3.6%	411,000
Codeine	4.7%	700,000	Codeine	3.3%	307,000
Estimated annual average	17.1%	2,124,000	Estimated annual average	22.9%	4,382,000

Source of Data: UNODC

Finally, the South-South geopolitical zone includes the States of Akwa Ibom, Bayelsa, Delta, Edo, Rivers, and Cross River. The estimated rate of drug abuse in the South-South zone was 16.6 percent or 2.1 million people aged 15 to 64. Cannabis, and other synthetic opioids such as codeine, and morphine are among the main group of substances reportedly used beyond the prescribed limits in the South-South geopolitical zone. The South-West geopolitical zone includes Ekiti, Lagos, Ogun, Ondo, Osun, and the Oyo States. Lagos with approximately 6.4 million people aged 15-64 is the second most populated state in Nigeria. The city of Lagos is an urban mega center with one of the most populated urban agglomerations. In 2018, the estimated rate of drug abuse in the South-West region was about 22.4 percent or 4.38 million people, nearly twice the national average. The high rates of drug abuse in the zone are driven by sharp poverty rates, unemployment, hard manual labor, sex work, and general desperation of people. The rate of cannabis use was particularly high in this zone with an estimated 2.7 million abusers while codeine and morphine also registered high values.



Figure 1: Map of Nigeria Showing Rates of Tramadol Abuse



Source: United Nations Office on Drugs and Crime

Figure 2: Areas in Nigeria where Boko Haram is Most Active



Source: Encyclopaedia Britannica

The above maps demonstrate a striking similarity between the growing use of tramadol in areas where Boko Haram is most active. Though the drugs were largely used for non-medical purposes throughout the national territory, the consumption of cannabis and morphine were predominant in the southern parts of the country while cannabis and tramadol were widespread in the northeast and north-central regions. Though the abuse in the northern states was



particularly driven by sharp poverty rates, unemployment, manual labor, sex work, and the general desperation of people, its link to the Boko Haram terrorist organization was conspicuous and worthy of note. Information drawn from the survey revealed that the extensive use and trafficking of tramadol has a direct bearing on the security conditions in these regions with a potential to spill over to neighboring states. The outcome of the national survey on drug abuse in Nigeria denotes that tramadol is largely prevalent among the Boko-haram terrorist group and a syndicate of organized crime groups in the country.¹⁶ Of the 4.6 million people who admitted to having used the drug for nonmedical purposes throughout the national territory, 1.2 million people were from the northeastern geopolitical zone. While presenting the results of the survey, the UNODC Regional Representative in West and Central Africa, Mr. Pierre Lapaque admitted as such,

*"tramadol is regularly found in the pockets of suspects arrested for terrorism in Nigeria. this raises the question of who provides the tablets to fighters of Boko Haram including young boys and girls, preparing to commit suicide bombings."*¹⁷

The outcome of the UNODC survey makes it evident that tramadol is increasingly being trafficked by terrorist and organized crime groups and, in effect, poses an existential threat to national security in Nigeria. In the interview conducted by UNODC in Maiduguri, a city in the North-Eastern part of Nigeria that had once hosted the headquarters of the Boko Haram terrorist group, a rehabilitation expert at the Maiduguri Federal Neuro-Psychiatrist Hospital noted as follows:

"since the insurgency started in 2009, the occupancy of the rehabilitation center of causes related to drug abuse is 40%-60%, an unthinkable high dosage of tramadol abuse has been recorded, of recent we have started seeing 625mg of tramadol which is far above the prescribed 100mg. It is also surprising to know that these addicts take up to 10 capsules of the 625mg in a day. This is over 60 times the maximum legal dosage"

A related interview with a former Boko haram expatriate in Bornu State highlights the risk of tramadol abuse to national security. The respondent underpinned how the excessive consumption of the drug stimulated members of the group to orchestrate violent activities without recourse. The former Boko-Haram member submitted as follows

"I was in the movement for four years before escaping, they would take 100-200 of us in a house, they would takeout tramadol from their bags and hand them to us, 5-6 tablets each. When I first started taking the drug it made me feel sick, I got a headache and I

¹⁶ Ibid

¹⁷ Lapaque Pierre, Remarks by the UNODC Regional Representative in West and Central Africa on tramadol and its security and health implications: *Published by United Office of Drugs and Crime* (2017) [https://www.unodc.org/documents/westandcentralafrika\(8.1.2021\)](https://www.unodc.org/documents/westandcentralafrika(8.1.2021)).



vomited. Many times, they took us to go steal cattle from Cameroon. They would gather about 200-300 of us together with 80-90 gun-carrying Boko-Haram members. They would give us sticks and machetes to herd the stolen cows back to Nigeria. The drug inspired us for 24 hours to carry out our mission.”

Another defected member at the Maiduguri Federal Neuro-Psychiatrist Hospital explained to UNODC in the following words, “after taking a huge dose of tramadol, we set out on missions with guns and we were ordered to shoot and kill, they taught us how to shoot, we shot people, we often attacked military bases and when the soldiers ran away we collected their weapons, guns, and trucks. We took them to our Commander”. The response from another youth in the Adamawa region that borders Cameroon further reveals how the drug was used for suicide missions. The respondent explained as such

“My fiancée and I joined the group, she died carrying a suicide bomb attack in Cameroon. I pleaded with her not to do it but she said no. Her father as well begged her not to do it but she went ahead with it. I tried to convince her but her mind was already made up. She warned me if I continue to convince her she was going to report that am a traitor. Tramadol is the key to our activities, when there is no tramadol we couldn't have the guts to leave our bases. We were scared and we couldn't fight. We usually fight under the influence of tramadol”.

Also, the director of the Aminu Kano Teaching Hospital further acknowledged that about 50%-60% of drug addicts in the hospital were abusers of tramadol. However, he stressed that the dilemma of outlawing the drug is that it may lead to disastrous results. For example, patients suffering from sickle cell diseases, blood disorders with acute bone pains and stunted growth take tramadol as a pain reliever. This research holds the view that if the drug is completely banned, patients who genuinely need them would suffer.

4.2. Tramadol as a Threat to National Security in Cameroon

Tramadol is increasingly being used as a recreational drug across Central Africa. The illegal trade and non-medical use of this synthetic opioid is appearing to be a threat to public health and national security. In Cameroon, the alarming spike in the abuse of the drug raises national security concerns among youths. The case study on Cameroon relied on qualitative research methods to generate findings, the data is drawn from both primary and secondary sources. The primary source includes in-depth interviews with medical personnel and addicts at the rehabilitation center in the city of Douala and Yaounde. A total of 30 participants from Cameroon were sampled for the study. The study particularly sought to identify the consequences of tramadol abuse on youths. The interviews focused on the effect of the drug on national security. The interviews were conducted with the aid of an audio tape recorder. The



process respected professional ethics, protected the integrity, confidentiality, and identity of the respondents. The participants were informed about the purpose of the study and signed a form to give their consent to that effect. They were also allowed to withdraw from the process at any time or abstain from answering any of the questions. A discourse analytical technique was employed to analyze the in-depth- interviews.

Table 4: Demographic composition of respondents

Male	25
Female	5
Youths Age 13-35	10
Adults 35-60	20
Teachers	8
Youth Addicts	10
Illegal vendors	6
Medical Practitioners	4
Rehab experts	2

Table 5: Emerging Themes from the Data

Category of Respondents	Causes	Undesirable Health Effects	Undesirable Psychological Effects	Undesirable Physical Effects
Teachers	Peer pressure	Sleepiness	Irritability,	Aggressive behaviors
Addicts-Students	Curiosity Euphoria/excitement	Unconsciousness Coma	Anger, Anxiety	Violence among peers Street Violence
Illegal vendors	Parental Neglect	Seizures	Emotional	Sexual Assault/Rape
Medical Practitioners	Family crisis Daily work	Respiratory problems Low blood pressure	aloofness	Theft Suicide
Rehab experts	Sex	Weak muscles		Deaths

As illustrated in the table above, the findings of the study exposed six main themes as the underlying causes of tramadol abuse among youths in the Central region of Cameroon. Most of the youths interviewed testified that they were influenced by their peers to take the drug. Some students noted that their friends recommended the drugs to them as an effective pain reliever after work while others noted that it was suggested to them as a recipe for an overwhelming feeling of happiness, joy, and confidence. The following extract supports the view provided by one of the respondents:



A friend told me that the drug makes you feel very happy and confident, it boosts one's self-esteem. That after consuming it I will feel very happy and confident. At first, I was hesitant, but later he convinced me. So, for me, it was a friend who convinced me to take it the first time. (17-year-old high school student).

It was further observed from the information gathered that students use tramadol out of curiosity, two students noted that they had heard a lot about the possible benefits of the drugs and decided to take it out of curiosity. They reported that they first took the drug because they wanted to explore and confirm all that they had heard about it. Family neglect and broken families were other factors that account for the abuse of the drug among youths. Increasing unemployment, and the meager economic situation of the country exacerbated by family separation force some students to find solace in tramadol. According to one high school student,

I started taking tramadol not because I loved to take it. The situation in my house caused me to take it. My mum and dad separated due to family problems, life has become very difficult for my sister and me. My friend introduced me to tramadol two years ago, it helps me to forget my problems. It makes me feel happy (an 18-year-old high school student).

Some of the youths involved in manual work reported that they use tramadol to relieve themselves from the fatigue of work. others also verbalized that the drug enhances their sex performance. A motorbike rider aged 28 in the city of Yaoundé noted "I need tramadol to carry out my duty as a bike rider, with tramadol I navigate through bad roads without feeling pains, each time I take the drug I ride my bike all day without feeling any pain, I feel lighter and relieved." The outcome of the information gathered during the field study underpins the fact that youths in the Littoral and Centre regions of Cameroon abuse the use of tramadol by taking it for non-medical purposes and in exceedingly high dosages. Medical practitioners and rehabilitation experts enumerated the health implications of tramadol abuse. Henry Fombad, a retired nurse and a lecturer at the Catholic School for Health Sciences during a field study outlined the side effects of tramadol abuse as follows: loss of consciousness, coma, seizures, respiratory problems, low blood pressure, and weak muscles.

4.3. Tramadol is a Threat to National Security

Most importantly, the research investigated the undesirable effects on national security in Cameroon. In this part, the researcher asked the respondents to share their experiences on the adverse effects they endure or witnessed after consuming the pills. The undesirable physical and psychological reactions expressed by the participant were identified as a major threat to national security. According to the participants, irritability, anger, anxiety and emotional aloofness



account for the psychological reactions that perpetuate violence among youths in that part of the country. The participants indicated that the drug makes them temperamental with the least provocation and also makes them lose interest in interacting with others in society. For instance, one respondent noted, “sometimes when I take tramadol, I don’t like to talk too much because when I do I easily get irritated when someone bothers me unnecessarily”. (22-year-old male). Another youth shared his experience as such

Each time I consume the pills, I like to isolate myself in a quiet place because I don’t feel like talking to anyone. And when someone plays or angers me the least, I lose my temper. I’m well aware of that that’s why I don’t want to mingle among others. (27-year-old male)

While the undesirable physical reaction expressed by the participant include aggression, the manifestation of violence among peers, street violence, robbery, blatant violations of societal rules and laws, sexual assault/ rape, suicide, and death. All these largely account for the phenomenon of youth violence and a heightened crime rate that is bedeviling the peace and stability of Cameroon. The outcome of the study revealed that tramadol appears to be an enabler of youth violence in these parts of the county. According to another participant, “*When I consume tramadol I feel brave and strong, at times I may become very aggressive. I know of many people who belong to a gang and take it in exceedingly high quantity when setting out for armed robbery operation*”

Tramadol is largely manufactured in India, exported to Nigeria then trafficked to Cameroon. Cameroon’s porous border with Nigeria in the North, North West, and Southwest regions furnish local markets in the country. Easy access to the drug is raising security concerns in some secondary and high schools. For instance, in one high school on the outskirts of the city of Yaoundé, the principal noted

“here in our schools we have observed students who take tramadol pills and we’ve seen how violent they have become, they are aggressive not only to their peers but also to teachers and adults. One such student raped an 8-year-old girl”.

Another high school teacher asserted that tramadol abuse is gaining ground in the school milieu. A lot of tramadol capsules have been caught circulating among students in his school. She admitted that the consumption of drugs by students is a threat to the safety and security of teachers, their families, friends, and their communities as a whole.



Tramadol is one of the main synthetic drugs posing a serious concern in Cameroon. This drug is generally trafficked from India via West Africa for distribution within Cameroon and other countries in Central Africa. It is easily accessible in the black market and it is now making its way into streets and schoolyards. Youths are some of the biggest consumers of the drug in the country. The adverse psychological and physical reactions are growing concerns to national security. Overall, levels of trafficking and consumption of Tramadol are on the rise. According to data from Cameroon Anti-Drug National Committee, in Cameroon, tramadol is the second most used substance among youths after cannabis. The outcome of the interview links the effects of the drugs with acts of violence and criminality. Cameroon's 2018 statistics on narcotic consumption revealed that the most demanded drugs include cannabis (58.54%), tramadol (44.62%), and cocaine (12.10%).¹⁸ The Wall Street Journal 2020 report entitled "Tramadol: The Opioid Crisis for the Rest of the World," highlights the fact that Cameroonian cities with high tramadol abuse have reported high rates of traffic accidents and street violence.¹⁹ In the region of Garoua, hospitals could trace 80 percent of all traffic accidents resulting from tramadol and at least half of those involved are youths of a working-age group.

5. Recommendation: International Regulatory Control

It is evident that although tramadol is useful for medical care, it also has potential for abuse or addiction and therefore needs to be forcefully regulated. The lack of international regulations greatly contributes to the problem. There is a need for national and international bodies to designate the drug as a controlled substance. Tramadol abuse is proving to be a growing threat to global health and international security. At a national level, this research suggests specific context solutions to tramadol abuse. National legislatures should impose several legislations to regulate the use of the drug. In the United States, the Drug Enforcement Administration (DEA) established a new set of rules in 2014 making tramadol a federally controlled substance in the country.²⁰ Since 2000, it is under national control in Bahrain, in Australia 2001, in Sweden 2008, the Bolivarian Republic of Venezuela in 2008, in Ukraine since 2008, and in Iran since 2007.²¹ In India, in April 2018, a statement was published in the

¹⁸ Wansi, E., et al. "Rapid assessment of drug abuse in Cameroon." *Bulletin on Narcotics* 48, no. 1-2 (2018): 79-88.

¹⁹Wall Street Journal. "Tramadol: The Opioid Crisis for the Rest of the World," (2020) <https://www.wsj.com/articles/tramadol-the-opioid-crisis-forthe-rest-of-the-world-1476887401> (19.10.2021).

²⁰ Allison Pitt L, Humphreys Keith and Brandeau Margaret. "Modeling health benefits and harms of public policy responses to the US opioid epidemic." *American journal of public health* 108, no. 10 (2018): 1394-1400.

²¹Sumedha Gupta, et al. *Competitive Effects of Federal and State Opioid Restrictions: Evidence from the Controlled Substance Laws*.



gazette of India on the control of the drug.²² While the drug is a controlled substance in some national jurisdictions, a host of the west and central African states still pay little attention to it. It is regulated in some jurisdictions and not in others. More challenging is the absence of an international legal instrument regulating the use, hence, it's not regulated by international conventions. In the case of Cameroon and Nigeria, national legislations guiding the use of the drug are short of statutory enforcement mechanisms to ensure compliance. Tramadol is neither regulated nor included in the list of illicit drugs by the UN's Commission on Narcotics Drugs (CND) or WHO's expert committee on drugs.²³ At the international level, the WHO and UNODC exclusively perceive it as a centrally acting analgesic and fails to ascertain the extent of its threat to the public and the international community. Thus, at the national level, this research supports the idea of context-specific regulations while at the international level it mandates international bodies, especially the UN's Commission on Narcotics Drugs (CND) and WHO's expert committee on drugs as a distinct type of illicit substance. Besides imposing more national restrictions, this paper advocate for educational campaigns that objectively inform society about the risks of excessive tramadol use. Thus, there's also the need for international legal instruments and enforcement mechanisms against the abuse of drugs by terrorist and organized crime groups. To this end, the research underpins the need for a national and international coordination response and surveillance mechanism by states and non-state actors.

6. Conclusion

This research sheds light on how tramadol touted as a safer opioid and pain reliever has become an existential threat to national security in West and Central Africa, notably Nigeria and Cameroon. States and non-state actors such as the World Health Organisation, the United Nations Office on Drugs and Crime, and the UN's Commission on Narcotics Drugs consider tramadol as an analgesic that treats pains of moderate to severe intensity, consequently, it is neither regulated nor included in the list of illicit drugs. The outcome of the analysis revealed the extent to which the drug is prevalent among the Boko-haram terrorist and organized crime groups in Nigeria. Also, compelling evidence showed that the drug is a driver of youth violence and heightened crime rates that bedevil the Cameroonian cities of Douala and Yaoundé. Other

²² Folorunsho O. Muyideen. "Predictors of Violence among Drug Abusers in Selected Drug Joints in Mushin, Lagos Metropolis." *Randwick International of Social Science Journal* 1, no.2 (2020): 211-221.

²³ World Health Organization. Management of substance abuse; WHO Expert Committee on Drug Dependence (2018) https://www.who.int/substance_abuse/right_committee/en/ (22.12.20).



national sources of information provided empirical evidence of its consequences on national security in the United States. Therefore, consequences recorded in the United States complement the findings in Cameroon and Nigeria.

It is evident that although the drug is useful for medical care, it also has potential for abuse or addiction and therefore needs stringent regulation. The lack of international regulations greatly contributes to the problem. There is a need for national and international bodies to designate the drug as a controlled substance. Tramadol abuse is proving to be a growing threat to global health and international security. At the national level, this research proffers the need to introduce context-specific regulations. This paper advocates the need for educational campaigns that objectively inform society about the risks of excessive tramadol use. At the international level, it mandates international bodies, especially WHO's expert committee on drugs, the United Nations Office on Drugs and Crime, and the UN's Commission on Narcotics to enlist the drug as a distinct type of illicit substance. To this far, the study craves an international legal instrument and surveillance mechanism that circumvents the use of synthetic opioids for nonmedical purposes by terrorist or organized crime groups and youths in the subsections of the continent.

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