

# The catastrophic consequences of criminalising livelihoods in West Africa

November 9 2021, by Ini Dele-Adedeji, Amanda Schmid-Scott, Gernot Klantschnig

---



A busy street in Obalende, Lagos, Nigeria. Credit: Gernot Klantsching, Author provided

We were in Obalende: a bustling working-class neighborhood of office buildings, shops and residential areas, on Lagos Island, Nigeria. During

the day, the neighborhood teems with small market stalls selling all manner of things, from fruit and vegetables to electronics, tailored clothes and everyday household items.

In the evenings, new stalls spring up to cater for commuters queuing for buses, and noisy street-side bars open to provide distraction and refreshment for people coming back from a long day at work.

But we weren't there to buy an iPod or have a drink. We were in Obalende, in August 2019, to explore the clandestine world of Tramadol dispensing.

Our [research](#) examined what happens when previously informal—and legal—activities are criminalized, and heavy-handed state regulations blur the lines between what is considered legal and illegal. Specifically, [our project](#) looked at how the criminalisation of Tramadol in Nigeria, and stricter rules governing the movement of people and goods in the Sahara region, were affecting people and society.

We chose the trade of Tramadol and the transport of migrants in west Africa because they had both attracted widespread policy and media attention. Both activities have also been directly linked to a supposed rise in organized crime, along with other activities, such as sex work or [artisanal](#) (small-scale) gold mining. Our aim was to question these media and policy portrayals—and instead provide an insider's view of these activities.

In both cases, it seemed new restrictive laws had, almost overnight, turned people once thought to be earning an "honest living" into organized criminals. We discovered that policy changes—in particular, criminalisation—often do not have their intended impact and there is little consideration of the wide-reaching effect criminalizing livelihoods has on communities that have sometimes relied on them for centuries.

We conducted a total of 40 in-depth interviews in Nigeria and Niger. These included 21 in Lagos, Nigeria, with local sellers of Tramadol, as well as official pharmacists selling the drug legally. We spoke with national and local agency workers, including the United Nations Office on Drugs and Crime ([UNODC](#)) and Nigeria's National Drug Law Enforcement Agency ([NDLEA](#)).

In Agadez, Niger, we conducted 19 interviews, including with former migrant transporters (or "passeurs") and local and international humanitarian organizations working in the region, such as the International Organization for Migration ([IOM](#)), the [International Red Cross](#) and [Alarme Phone Sahara](#).

## **'Doctor' will see you now**

Back in Obalende, a contact explained to us that Tramadol was still being sold and consumed openly, despite the restrictions.

Tramadol is a synthetic opioid, providing almost immediate relief for moderate to severe pain. It is not illegal to sell Tramadol in Nigeria, but since 2018 it has been heavily regulated by the government, and now should only be available through licensed pharmacies—doses above 100mg per tablet [are also prohibited](#).

As a result, its availability is restricted to only a few licensed medical authorities and pharmaceutical dispensers. This was intended to curb its abuse, turning the informal selling of the drug into a criminal activity.

Our contact arranged for us to have a meeting with a Tramadol retailer, known locally as "Doctor." Doctor, aged in his late twenties, agreed to meet us later that evening at his shop.

Constructed from a cheap wooden shed, Doctor's shop operated like a

kiosk, with a seating area for himself and his customers, from which he sold small retail items, and a variety of pharmaceutical products, including Tramadol. He needed to attend to the throng of customers queueing outside his shop, before he would be able to make time for a conversation. This gave us the opportunity to people-watch and observe him interacting with his regulars.

Customers approached Doctor and told him they had particular ailments, after which he would recommend a drug, which they would then buy. So, in one sense, it operated like a lawful pharmacy. But sometimes a customer knew exactly which drug they wanted and we witnessed some requests for illegal Tramadol.



Credit: AI-generated image ([disclaimer](#))



Nonetheless, Doctor's dispensing of Tramadol and other drugs to buyers was not done surreptitiously. Some of Doctor's patrons even wore shirts that indicated they were employees of the Nigeria Police Force, and the shop itself was near a police barracks.

When we finally got a chance to talk, Doctor told us that he had previously worked as a farmer in northern Nigeria, before relocating to Lagos. He had moved in search of better job opportunities, but a lack of stable employment had led him into the drug business.

While people like Doctor are being increasingly categorized by the state as criminals, our conversation with Doctor didn't feel like a meeting with a drug dealer, as his work was conducted openly and was regarded as legitimate in the eyes of both him and his customers.

## **Moral panic**

So how did Nigeria end up in this situation? Despite the fact that Tramadol has been imported into Nigeria for more than two decades, it only recently was propelled into the spotlight, partly because of the opioid crisis in America and partly because of a codeine cough syrup ban by the Nigerian government.

The cough syrup ban followed the release of a 2018 BBC documentary, [Sweet, Sweet Codeine](#), which reported that millions of bottles of codeine were being consumed daily across Nigeria. The government's response to the situation was to ban the production of [codeine cough mixture](#).

Another 2018 BBC report then claimed that a Tramadol crisis was "fuelling death, despair and [Boko Haram](#)" in Nigeria. This echoed reports published by the [UNODC](#) and the [World Health Organization](#), as moral panic about Tramadol increased, too.

Again, in 2018, the Nigerian government responded with a ban, restricting the sale of Tramadol to only a very limited number of approved dispensers and cracking down on the production of high dosage pills. The state's clampdown on unlicensed Tramadol dispensers was arguably harsh and forced sellers onto the black market.

## **Healthcare and unemployment**

But the government's Tramadol crackdown didn't account for the fact that Nigeria—the most populous country in Africa—lacks adequate and affordable healthcare. Indeed, the thriving black market in pharmaceuticals is inextricably tethered to this lack of adequate health infrastructure for the nation's population of 211m, encouraging the normalization of self-medication by a large majority of the country's [underprivileged citizens](#).

Then there is the fact that a third of the population is unemployed. So for Tramadol sellers like Doctor, the clandestine work provides a stable source of income. Bashir, Another Tramadol seller we met, told us: "We are just involved in this trade because we want to survive, because there are no jobs in the country..."

Bashir said he tried to sell only to a loyal group of customers, in order to avoid being arrested, but explained that Tramadol was his most sought-after product.

## **Saharan migrant transport**

In Agadez, the problems aren't drug-related. But the issues surrounding state regulation were the same. Agadez is the fifth largest city in Niger with a population of approximately 110,000 people. It is located in the Sahara desert, and lies at the crossroads of major Sahelian and Saharan

migration routes.

Agadez has been an important trading hub in Africa since the 16th century, providing a critical source of income to the Sahelian region—[one of the poorest in the world](#). But Niger's migration policy has dramatically evolved to curtail the movement of people and goods through the region. This was formalized through the passing of a statute [in 2015](#). This change came on the back of growing political and media debates concerning the so-called "migrant crisis" and, in particular, concerns about the trafficking of migrants from west Africa to Algeria, Libya and on into Europe.

Niger is a member of the Economic Community of West African States, which supposedly guarantees the free movement of people across its 15 member countries. Yet the new legislation essentially criminalized migration from Niger across the Sahara to north African countries.

This has radically transformed the socioeconomic structure of Agadez. Before 2015, migration from Agadez to Algeria and Libya, and for some on into Europe, was commonplace, particularly boosting the local economy in Agadez across various sectors. The economic benefits were felt across the entire country.

At the grassroots level, local businesses in Agadez thrived due to the steady flow of travelers through the city. But today, any visitor familiar with its history as a Saharan hub of exchange will regard Agadez as a ghost town.

After the fall of Muammar Gaddafi's Libyan regime in 2011, Niger experienced strong external pressure from the European Union to [prevent migration northwards](#). The EU purportedly promised to implement specific initiatives to ameliorate the loss of income to ex-transporters and introduce alternative means of income (as did the

Nigerien government).

But according to former transporters we interviewed in Niger, these promises have yet to be fulfilled and many informed us of the devastating impact the law has had on their ability to sustain a livelihood. One ex-transporter, Abdul, told us: "There's nothing we can do. We have no activity ... it has totally destroyed us, we have nothing left."

## **Dying in the desert**

Like the Tramadol ban in Nigeria, the criminalisation of transporting migrants has not totally ended the practice. In response, transporters have been forced to foster stealthier strategies for remaining in the trade and evading the authorities. This has inevitably resulted in transporters taking more perilous routes through the Sahara to avoid arrest, routes which previously were centered around water points.

While transporters we spoke to boasted of their reliability in getting people across the Sahara safely, interviews with humanitarian agencies, including the International Organization for Migration, reported that an increasing number of migrants are being abandoned in the desert, which can be attributed to the use of less-familiar travel routes by transporters. The risks transporters are compelled to take have been significantly compounded by the criminalisation of migration across the Sahara. The director of one humanitarian organization working in the region told us: "Many people disappear in the desert, many people die, and now there are military patrols chasing people in the desert... The drivers can throw the passengers outside of the car... in case they are arrested."

Local initiatives have been implemented to assist with the reintegration of ex-transporters and humanitarian agencies have operations on the ground to assist with extricating stranded migrants in the Sahara. Nevertheless, the region continues to suffer as a result of the legislation



and those who do continue in this previously legal activity are now deemed "human traffickers." Another ex-transporter told us: "It wasn't illegal... we were taking an official route... we paid taxes, we did everything according to the regulation and what we were supposed and then the men came and made this migration criminal. They said we are criminals, that we are trafficking people."

Foreign government agencies and NGOs claim they are prioritizing the safety of vulnerable migrants. But we found that these legislative changes actually steer formerly legal workers into more precarious situations and devastate regional economies that have very limited forms of employment.

## **What now?**

These measures need to be entirely reconsidered. Pressure from international agencies and foreign governments have contributed to the governments of both Nigeria and Niger resorting to harsh, punitive measures in seeking to address the challenges of Tramadol distribution and trans-Saharan migration.

But what these impoverished communities need is more protection and less criminalisation.

NGOs and local organizations are doing important work in seeking to address these issues on the ground. For example, the International Rescue Committee, International Red Cross and Alarme Phone Sahara help stranded migrants in the Sahara and with the reintegration of ex-transporters. In Nigeria, meanwhile, there are several national initiatives seeking to address substance abuse, including awareness campaigns ([Lagos State Kicks Against Drug Abuse](#)) and support groups promoting youth-orientated alternative projects like [Youth Rise Nigeria](#).

But uncertainty about future economic survival continues to affect the vast number of people who are unemployed or in precarious employment. And this uncertainty drives them to exploit opportunities to create employment, whether "legal" or otherwise. As Doctor explained before we left him to deal with his customers: "There is nobody to say they will help me and give me money... I am just managing myself like this, I am managing and pushing my goods around..."

All names have been changed to protect the anonymity of those involved.

This article is republished from [The Conversation](#) under a Creative Commons license. Read the [original article](#).

Provided by The Conversation

Citation: The catastrophic consequences of criminalising livelihoods in West Africa (2021, November 9) retrieved 3 July 2024 from <https://phys.org/news/2021-11-catastrophic-consequences-criminalising-livelihoods-west.html>

<p>This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.</p>
--