

Cannabis swap: gender and tramadol use among Nigerian university students

Ugochukwu Titus Ugwu

*Department of Sociology/Anthropology, Faculty of Social Sciences,
Nnamdi Azikiwe University, Awka, Nigeria*

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Abstract

Purpose – Cannabis as a recreational drug is prohibited in Nigeria. Consequently, the open use of cannabis attracts both formal and informal sanctions. As such, there is much stigma on users' faces across social spaces. This has led to innovations in drug use. Recently, non-medical use of tramadol has been rising across each of the gender categories. This study aims to understand (1) tramadol use prompts, (2) the sudden surge in gendered recreational use of tramadol and (3) the gendered challenges of recreational tramadol use among Nigerian university students.

Design/methodology/approach – Data were collected between December 2021 and October 2022. The researcher conducted 20 semi-structured interviews, with participants chosen purposefully from acquaintances and others selected through chain referral. The selection criteria included knowledge of a particular tramadol tablet and willingness to participate. This study got ethical approval from the Anambra State Ministry of Health (Ref: MH/AWK/M/321/354) and oral consent was obtained before the interviews. The participants were assured of confidentiality. The interviews were conducted in English (the formal Nigerian language) and lasted between 30 and 65 min. The data collected were transcribed and coded manually, and themes generated.

Findings – Findings suggest that peer pressures accounted for entry-level drug use. However, cannabis-related stigma is attributed to the surge in tramadol use across gender categories. Furthermore, academic pressure and sexuality are major reasons for tramadol use. The challenges associated with tramadol use include headaches and addiction.

Originality/value – This study, to the best of the author's knowledge, presents alternative data on the surge in tramadol use among Nigerian university students.

Keywords Cannabis swap, Opioid use, Gender and tramadol use, Tramadol use, Recreational drug use, Southeast Nigeria

Paper type Research paper

Introduction

Researches in the last decade display that there is an increase in the recreational use of tramadol across the continents (Fuseini *et al.*, 2019; Klein, 2019; Reines *et al.*, 2020; Diab *et al.*, 2021; Lee *et al.*, 2012; Hedenmalm *et al.*, 2019; Muller *et al.*, 2019). Tramadol is an opioid analgesic (Anzaku, 2013; Argungu *et al.*, 2021; Diab *et al.*, 2021; Fuseini *et al.*, 2019; Saapiire *et al.*, 2021), prescribed to treat minor to severe pain in acute and chronic conditions (Fuseini *et al.*, 2019). It is normally thought to be safe but more likely to be abused (Argungu *et al.*, 2021). Tramadol misuse can cause severe dependence, seizure and death (Diab *et al.*, 2021).

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While attempts are made by researchers to further grasp the logic for the abuse of tramadol, much of these studies are quantitative in nature. In Nigeria, much of the studies on tramadol have not been able to link upsurge in the gendered tramadol use to cannabis swap. Consequently, there is dearth of empirical qualitative evidence about the increasing gendered dimension of tramadol abuse among Nigerian university students and how they arrived at the choice of tramadol as the alternative to cannabis. As such, this study sets to understand (1) tramadol use prompts, (2) the sudden surge in gendered recreational use of tramadol and (3) the gendered challenges of recreational tramadol use among Nigerian university students.

Literature review

Researches abound that drug use does not only shapes gendered identities but also is constitutive of gender (Hunt *et al.*, 2016; Hunt and Antin, 2019; Dahl and Sandberg, 2015). Studies have also shown that there are gendered dimensions to cannabis use and stigmatization (Nelson, 2021a, b; Ugwu and Dumbili, 2022). Furthermore, reports show unparalleled perception of the gender categories with regards to drug use, control and stigmatization. As such, stigma and control is more visible among women than men (Werner *et al.*, 1999; Amos *et al.*, 2004; Hutton, 2004).

Bako *et al.* (2020) argue that in spite of classification, the abuse of these substances can be associated with serious consequences like injuries, illness, disability and death as well as chronic depression, sexual dysfunction and psychosis. They pointed to the growing trend in the abuse of these substances globally, especially among the youths. In another study, there are heightened challenges which tramadol (ab) users face. These include, but limited to weakness, sleepiness, insomnia, panic attacks and other symptoms of opioid dependence. In some cases, overdose of tramadol may lead to difficulty in breathing and even death (Iorfa *et al.*, 2019). Furthermore, there is indication that tramadol abuse could lead to aggressive behaviors, altered mood, anxiety and depression (Diab *et al.*, 2021) and can also lead to increased risk of violence against women as well as domestic violence (Diab *et al.*, 2021). Current data indicate that in Nigeria, psychoactive substance use cuts across diverse groups, with high risk groups including youths, commercial sex workers (CSW), commercial drivers and motor park touts (Bako *et al.*, 2020).

A number of studies have looked at the prevalence of tramadol use. Reines *et al.* (2020) conducted a study on misuse of tramadol in the United States of America. The analysis shows a low prevalence of oral tramadol misuse, relative to other commonly prescribed opioids, in a nationally representative sample of the non-institutionalized USA residents. Also, the estimates of reported oral tramadol abuse have remained relatively stable over time.

In a study carried out to determine the association between tramadol hydrochloride misuse and other substances use in an adolescent population in Iran, it was found that there was a significant increase in the prevalence of tramadol misuse observed in men with heavier smoking status, lower self-esteem, self-harm, risk taking behavior, peer influence, quarreling, social activity and all category of substances use. Conversely, among women this relationship was only observed in the presence of self-harm, risk taking behavior, peer influence, quarreling and all categories of substances use except cannabis and opium (Nazarzadeh *et al.*, 2014). However, in a latter study among higher education students in the city of Damghan, Semnan province, Iran, the prevalence of abuse is low (Pourmohammadi and Jalilvand, 2019).

In Egypt, a study was conducted on adolescent tramadol use. The study found that the prevalence of tramadol use was 8.8% among school students and the average age at onset of tramadol use was 16.5 ± 1.1 . Some 83% of the users were using tramadol alone, while the rest (17%) were using a combination of tramadol, alcohol and cannabis. The study further reported that two-thirds of these students began with tramadol as the first drug after the onset of tobacco smoking (Bassiony *et al.*, 2015).

In another study conducted in Jirapa Municipality in Ghana, to understand the insurgence of tramadol abuse (Saapiire *et al.*, 2021), it was observed that the prevalence of tramadol use is 36.2% among respondents in the municipality with 77.6% of the users improperly taking or abusing the drug. On average, the daily milligram intake of tramadol was $100 \text{ mg} \pm 42.6 \text{ mg}$. About 32.9% of the participants abuse tramadol without knowing the various strengths/dosages they take. Irrespective of the strength, 17.1% of the study participants can take at least four tablets/capsules at once.

Ibrahim *et al.* (2017) conducted a study to assess the prevalence, patterns and the reasons behind the sustained use of tramadol in a subpopulation of drug users in North-Eastern Nigeria. The study found that among others, the prevalence of tramadol abuse was 54.4% [$n = 129$] and 78 [60.5%, 95% C.I. = 54.1–65.7] met the ICD-10 diagnostic criteria for tramadol dependence. Over 93% of tramadol users were males and 87 [67.4%, 95% C.I. = 59.9–73.4] were in the 18–37 years age bracket. Over 67% used tramadol with other psychoactive substances while 65.1% [95% C.I. = 50.7–81.4] used multiple daily doses. Over 91% of the subjects got the drug without prescriptions and 12.4% [95% C.I. = 7.5–16.8] were first introduced to the drugs by prescriptions from health professionals. The commonest primary reasons for constant usage were; to relieve tiredness [28.7%, 95% C.I. = 25.4–31.2] and to prolong sexual intercourse [22.5%, 95% C.I. = 20.1–24.7].

In another study, it was found that among others, both adults and teenagers are increasingly using tramadol in Lagos, Nigeria (Anzaku, 2013). All these studies have examined the prevalence of tramadol abuses/misuses. However, (Chikezie and Ebuenyi, 2019) argue that the true prevalence may not be known and there is most likely a gross under-reporting as with misuse of other substances in Nigeria and other African countries.

What then are the causes of upsurge in tramadol abuse? In Ghana (Alhassan, 2022) and South Africa (Hunter, 2020), the root causes of tramadol upsurge are politically and economically driven. Politically, the aggressive acculturative effects of colonialism presented the youths with economic problems. This produced uncertainty and despair. Consequently, drugs are used to ameliorate the challenges. Other reasons for tramadol use include: to offer energy required for work, solution to precarity and anxiety.

In the face of the huge side effects, many people continue to misuse tramadol for physical, psychosocial and sexual reasons. There are reports on the positive effects of tramadol on the sexual performance of men (Abdel-Hamid *et al.*, 2016; Wong and Malde, 2013). Tramadol, mixed with energy drinks, is a common remedy for enhanced sexual performance among men in Benin and Nigeria (Salm-Reifferscheidt, 2018). Furthermore, the report has it that tramadol on-demand results in a significant improvement in mean intravaginal ejaculatory latency time and an improvement in partner sexual satisfaction scores (Wong and Malde, 2013). However, the researchers as citizens and residents of Nigeria have observed with worry, the disturbing pace at which young people of the country abuse the drug, as shown by various media reports.

Frictions of drug use: a rational choice perspective

This study adopts the rational choice theory as the theoretical framework. The primary assumptions of rational choice theory derived from neoclassical economics, utilitarianism and game theory. As a result of these different models, Friedman and Hechter (1988) put together what they describe as a skeletal model of the rational choice theory. The actors are the focus in rational choice theory. From this perspective, actors are seen as purposive or as having intentionality. The actors' actions are targeted toward an aim and they have preferences. The rational choice theory is not concerned with these preferences but is concerned with the fact that action is undertaken to achieve aims that are consistent with an actor's preference hierarchy.

Even though the rational choice theory begins with actors' intentions, it must consider at least two major frictions on action. The first is scarcity of resources and the second source of friction on individual action is social institutions. Driven by this approach, this study collected qualitative data through in-depth interview (IDI), to understand the participants' interpretation of the rationality of their cannabis and tramadol use experiences and source of friction and constraints. The data suggests that while the participants found cannabis as satisfying their intents for use, there is a friction between their intent and institutions of the society. Females are more constrained than males in the use of cannabis and this result in social stigma. In order to avoid the intent and institutional frictions, females are swapping cannabis with tramadol as an alternative. However, the males are more concerned with the friction between their intent and the drug control agents. To evade this friction, they turn to tramadol. They do this to evade the structural and social challenges (Ugwu and Dumbili, 2022) associated with drug use.

Methodology

Area of the study

The locus of this study was Awka, the capital of Anambra State, Nigeria. The researcher has lived for many years in this city. Nigeria is a multi-ethnic, cultural and religious country with three major ethnic groups (Hausa/Fulani, Igbo and Yoruba) and over 200 minor ethnic groups (Ugwu and Dumbili, 2022). Awka, is in South-Eastern Nigeria with an estimated population of 337,618 people (National Bureau of Statistics, 2011). It is a cosmopolitan city located on a major highway connecting two other cities, and it hosts both government and private institutions and businesses (Ugwu and Dumbili, 2022).

Data collection

With Lagos State as the shipping and distribution routes, since a 2018 Nigerian government policy, tramadol has remained a restricted pharmaceutical product that can only be administered through prescription by medical professionals. However, its wide non-medical use in life-threatening doses remains a human security problem in the country. Both cannabis and tramadol are classified as illicit drugs under control of National Drug Law Enforcement Agency (NDLEA) (UNODC, 2018).

Drawing from phenomenology, this study collected qualitative data using IDI guides. Data were collected between December 2021 and October 2022. The researcher conducted 20 IDI with participants chosen purposively from the acquaintances and others selected through chain referral. The selection criteria included knowledge of a particular tramadol tablet and are willing to participate. There was no incentive for the participants. The participants were 12 males aged between 18 and 24 and eight females aged between 17 and 25. These are students in their various academic levels.

This study got ethical approval from the Anambra State Ministry of Health (Ref: MH/AWK/M/321/354), and oral consent was obtained before the interviews. The participants were assured of confidentiality (Ugwu, 2019). The interviews were conducted in English (the formal Nigerian language) and lasted between 30 and 65 min. The author sought permission from the participants and the interviews were recorded with an android phone. Part of the specific questions asked included: "How long have you used tramadol?" "How did you get to know about it? Why are you using tramadol?" "Why do you choose tramadol over other drugs, like cannabis?" "How would you describe the challenges you have encountered since you started using tramadol?" "How were you able to cope with those challenges?" "Are you still using tramadol?" "These and many other probes questions were used to get deep into their narratives."

Analysis

This study used thematic analysis. The data collected were transcribed and read repeatedly while listening to the record. This was done several times to ensure that the transcription accurately reflected what was recorded. Transcripts were then subjected to manual descriptive coding (Saldaña, 2013), to generate themes. The themes were evaluated and reevaluated in line with the study objectives. The following themes combined with the analyses of participants' lived experiences emerged.

Findings

The findings of this study as presented reflect the responses from the tramadol users' interviewees. The users (participants) are drawn from different academic study levels, and these narratives are based on their experiences as tramadol users. These major themes, peer pressures, academic pressure, cannabis related stigma and (challenges) addiction (see Table 1).

Peer pressures

Peer pressure is seen as one of the factors that aid tramadol use and abuse among the gender categories. While it is not clear how tramadol users are attracted to themselves, there is an indication that users are influenced by their peers for different reasons. Most of the respondents, males and females alike, narrated how they started using drugs because of their friends. They noted that during hang out, they were introduced to different drugs that help them to get along with their friends. One of the female students in her 200 level narrates her experience with her friends:

When I got admission, I was always nervous and naïve. I was having some difficulty getting along in school. During my second semester year one, I made a number of friends that I always chat with. They were always bold and could always discourse whatever they liked with whoever they wanted to. I hardly join them. I later discovered that they take drugs. They always told me to take a bit of it. That it would help me overcome my nervousness. I never obliged to it until a day that I had to taste it. Since then I have always taken it even when it is not necessary (19 years female)

Also a male student's account corroborates the above narrative. But unlike the above, he was never naïve nor nervous. He mixes up easily and discourses with anybody of his interest. But to him, his friends always used drugs and that made him odd until he decided to join them. The 100-level male student has this to say:

I like mixing up with people. I enjoy identifying with others. When I got to school I started making friends. I have a number of them in their final years. I chose them to guide me when I needed help. But on many occasions I find myself odd among them. So I joined them in taking tramadol and I feel cool (18 years male).

Other students have also indicated how their friends introduced them to tramadol use. Thus, the data suggest that the participants never made decisions on their own to re-creatively take tramadol. However, their decision to take the drug was socially (peer pressure) motivated as

Gender	Age	Total
Males	18–24	12
Females	17–25	8
Total		20

Note(s): Fieldwork 2022

Table 1.
Demographics of the
participants

they wanted to align with their group identity. Report below highlights more on why students are using the drug.

Coping with academic pressures

Data suggest that the major reason they take the drugs is to cope with school related challenges. While there are other reasons, the school entry point to drug use is the illusion that it will aid them to overcome some academically related pressures. Most of the student's accounts of why they began to take tramadol collaborate with this. For instance, when asked why did you succumb to peer pressure for taking drugs? A 300-level female student said:

I shared my experiences with them all the time. They also told me their stories, one after the other, how their challenges were even more serious than mine. They told me how they always have some relief whenever they take tramadol or other drugs. I began to see conviction in their stories. So a day came when I requested it from them. I had some feelings of relief. So since then, I have always used it to reduce pressure (female, 23).

Another 300-level female student's account supports the above. Even though she never wanted to be associated with drug related issues, she succumbed because of the numerous challenges she faced.

I had the challenges of making the right decisions when I gained admission to this school. I never wanted to discuss these challenges anymore with my parents because I thought it was the time to make more of my decisions. Although I never liked the idea of using drugs, I only tried it when they continuously told me that it would help me to cope with the pressure in school (female, 19).

Furthermore, the 200-level student's account on why she started using tramadol upholds the other's account. She always wanted to be outspoken but finds it difficult each time. She would always feel nervous and naïve. As such, she decided to have a taste of the drug. When she did, she had some relief. When asked why do you take tramadol? She said:

When I came here, I was always afraid to talk to people. Because of my background, I was not a talking type. But being here demands that you must be outspoken. You don't have to be nervous and naïve like I used to be. Taking tramadol helped me to overcome this challenge.

Like the females, males' accounts point to coping with academic pressure. Most of the participants stated that they started taking tramadol and other drugs because of academic pressure they faced at their early life in school. When asked what were those challenges? A 400-level male student stated that the challenges were, and are still many. He stated that to register for general studies (GS) courses alone was a big challenge to him. He had to leave his hostel very early but could not succeed at the end of every day. This created some other challenges which were more psychological before he started using the drug as a coping strategy.

I faced a whole lot of challenges. Starting with GS course registrations. Every day I will leave my hostel early without success until five good days. This also made me miss classes. I was stressed up and I had to take tramadol to relax (male, 24).

Unlike the females, data showed that males found other potentials of tramadol. This relates to sustained sexual energy. Many of the male students stated that they were no longer taking the drug because of their initial reason. When asked what other reason do you have for taking tramadol? A 300-level male student stated that he used it whenever he wanted to have sex with his girlfriend. He learned about the sexual prowess of tramadol from his friend. "It makes my sex life better when I use it moderately" (male, 24). Although many of the participants did not start drug use with tramadol, following narratives suggest how tramadol became a choice.

Cannabis related stigma

Gendered tramadol upsurge is linked to cannabis related stigma. The data showed that participants are attracted to tramadol as a substitute to cannabis. This is because cannabis is prohibited in Nigeria besides cannabis prohibition, culturally, women users are most likely to be stigmatized than men. This has shifted the drug consumption to a culturally safer one, tramadol. One of the female students believed that she used cannabis, but had to stop. The move to stop was stimulated by how people perceived her. As such she had to swap for something of equal value, tramadol, according to her. The following is what the 400-level female student recounts.

Most of the time I liked smoking cannabis. But that was in the past now. People who noticed that I was taking that saw it as a bad little slut that lacked parental training. There was lots of gossip that I never liked. I tried to quit but I couldn't. Thereafter, my friend introduced tramadol to me. I took it the first time and it was ok. So I decided to use it in place of cannabis (female, 25).

Another 400 level female student narrates how she used cannabis secretly before discovering that over the counter drugs can help. "I have smoked cannabis before, but that was secretly". She was secretly smoking cannabis because of the stigma associated with the drug. She never wanted people apart from her peers to have knowledge of her cannabis use. However, when she discovered that tramadol can help, she switched to it.

I was always conscious of my image. I have made that mistake but people shouldn't know much about it. I looked for an alternative because it was as if my life depended on it. That's why I switched to tramadol (female, 24).

Apart from the above, accounts of all the remaining female students are in tune with looking for alternatives to cannabis use. They are anxious about what people say about them, especially when it suggests a bad family and moral upbringing. "As much as I would like to be taking cannabis, tramadol is safer for me" (female, 20, 300-level). Likewise, another 300-level female student fought to quit cannabis with tramadol. "I had to quit cannabis for tramadol" (female, 21).

In contrast, most of the males use both cannabis and tramadol. Some preferred cannabis, but the fear of being arrested has continued to put a check on them. To them, it is not much about the stigma, but indiscriminate harassment by men of Nigerian forces. A 400-level student reported how he was embarrassed and treated like a common criminal simply because they (police) caught him with just a wrap of cannabis.

That day was a very bad day for me. I didn't even remember that I had that (cannabis) in my pocket. I was in *keke* (tricycle) and suddenly we ran into a stop and search checkpoint that was never there before. I thought the driver would give them money as usual but he was wasting time. They (police) began to search all of us. The stuff was found on me. Do you know I had to pay ₦10,000 because of ₦100 stuff? Yes I did with all the insults and humiliation.

Another 300-level male student's responses corroborated the above account when he noted that he uses cannabis when it is safe. "I smoke when I see my friends smoke. I don't go to buy anymore". When asked why he does not buy anymore? He simply said, "Police *wahala* (trouble) too much". When asked what happens when he needs but friends are not smoking? He said, "that's where tramadol comes in, I always have easy access to it" (male, 20).

Evidence implies that tramadol use increases because it presents alternatives to cannabis and police-related troubles associated with its possession and use. While males are more encumbered by the harassment from law enforcement agents, females are encumbered more by morally and socially related stigma associated with female cannabis use.

Challenges

Female tramadol users like other drug users have problems arising from the drug use. Among the problems reported, addiction seems to be the most challenging tramadol users'

face. Most of the participants stated that their daily lives depend on the drug. When asked what is the biggest challenge you face as a result of using tramadol? A 400-level student said, "I can't just do without it" (female, 21). Another student in the 300-level says, "I lose composure when not on it" (female, 24).

Like the females, all of the males stated that the major challenges they have is their inability to do without the drug. They have built their daily lives around tramadol use. Consequently, they find it difficult to concentrate without the drug. Among the males, a 400-level student relives his tramadol use experience.

I never knew it would get to this point. When I started using tramadol, I didn't see my life depending on it. I thought I could quit any time I wanted. But it seems I am dreaming. I can't even concentrate when not on the drug (male, 22).

Apart from addiction, some have reported minor headaches. Among those that reported headache, it occurred only when they attempted to quit. This may be withdrawal syndrome. However, two males reported that when taken more than required (overdose), it causes seizure. It can frustrate you as such.

There was a day when I was very angry. I decided to take tramadol to cool off. But it was a very bad experience. I didn't know what actually happened after that. Later, when I regained consciousness, my friend told me I passed on. Since then, I am always conscious of how I take it (male, 21, 300 level).

The data imply that tramadol users face challenges. Among the challenges are addiction, headache and seizure. While seizure results with abuse (overdose), headache seems to be associated with time lag in the drug usage. The withdrawal challenge has continued to bond users with the drug.

Discussion

This study used IDI to explore gender and tramadol use among Nigerian universities students. This is consequent upon the upsurge of gendered recreational use of tramadol and subsequent clamp down on the drug in Nigeria. Notwithstanding, several factors are responsible for the drug use. Our findings identify peer pressure among the factors that lead to recreational tramadol use among Nigerian students. Data showed that most of the participants were introduced directly or indirectly to the drug use by their peers, who continued to create the illusion that it (tramadol) would help solve their problems. This finding is consistent with findings of other earlier studies ([Aguocha et al., 2021](#); [Fuseini et al., 2019](#)). Also this corroborates the findings of other researches like ([Oe et al., 2017](#); [Saapiire et al., 2021](#)). These studies have pointed to peer pressure as one of the factors that step up drug use among students and others alike. However, other studies like ([Diab et al., 2021](#); [Peprah et al., 2020](#)), added economic factors as triggers of tramadol use. Our study joins other studies to understand the overarching influence of peers on individual actions. For instance, some of the participants used drugs under peer pressure. This finding has implication on the quality of peers one should align with, and family institution, a primary socialization agent must step up on its role as the first face of child's socialization.

Apart from peer pressure, students use tramadol to cope with academic related pressures. Evidence abound that the drug helps to reduce stress. Consequently, this has led the students to depend on the drug for routine daily activities. This is consistent with findings of other drug related researches like ([Aguocha et al., 2021](#); [Ajayi and Somefun, 2020](#); [Anzaku, 2013](#); [Diab et al., 2021](#)). [Aguocha et al. \(2021\)](#) study found that people use drugs (psychoactive) to cope with painful emotions, relieve physical pains and as a source of energy to work harder. Like [Aguocha et al., 2021](#), [Ajayi and Somefun \(2020\)](#) study finds that young adults use drugs as a coping mechanism. However, drug use is prevalent among young adults whose mothers

are either dead or divorced. The drug helps them to cope with such situations. Relatively, [Diab et al. \(2021\)](#) found that the propelling factors include coping with unemployment, poverty, stress and other health related challenges. Tramadol, like cannabis, is used as a coping strategy ([Ugwu, 2022](#)). This finding has implications on the academic administrative structures in the university. There should be a relative policy that addresses the root of academic stress encountered by these students.

Furthermore, this study finds that the gendered upsurge in tramadol use is related with the stigma associated with cannabis use in Nigeria. Cannabis is prohibited in Nigeria and culturally females are more vulnerable to cannabis related stigma ([Ugwu and Dumbili, 2022](#)). Apart from stigma, corrupt law enforcement agents exploit those found with cannabis ([Ugwu and Dumbili, 2022](#)). In order to avoid these social and law related challenges, cannabis users change how they use the drug ([Dumbili, 2020a, b](#)). The study demonstrates that upsurge in gendered tramadol use reflects the growing concern by drug users to evade law related persecution and social stigma associated with drug use. Females are mostly stigmatized culturally as such they find a leeway to the stigma by indulging in tramadol use. This is because tramadol can be taken on the point of purchase and easily available within most residential environments. This is not the same with cannabis as identified. Following the rational choice theory, our finding suggests that drug users have freewill to make a choice. The choice of using cannabis or tramadol is dependent on their ability to escape law enforcement agents that trample on their freewill. This friction has continued because of inefficient enforcements by enforcement agents who are also complicit in drug chains distribution. Also the availability of these drugs points to policy inefficiency to scale down availability of these drugs.

Tramadol use, like other psychoactive substances, has challenges. Addiction is one of these challenges as found by this study. This is consistent with other studies on tramadol and other psychoactive substance use ([Bassiony et al., 2015](#); [Diab et al., 2021](#); [Farajidana et al., 2012](#); [Fuseini et al., 2019](#); [Pourmohammadi and Jalilvand, 2019](#)). These studies found that psychoactive substance users are faced with challenges of dependence on the drugs. The dependence raises issues of inability to quit and performance of daily routines free of drug use. Apart from addiction, another challenge found by this study is headache. This also corroborates with the findings of other studies ([Ahmadi, 2012](#); [Nna et al., 2014](#); [Orfega et al., 2020](#)). The findings from these studies suggest that chronic psychoactive substance users are confronted with headaches. The headache arises from an attempt of withdrawal and lag in time of drug use. Furthermore, medically, seizure is one of the most challenging effects of tramadol use ([Ahmadi, 2012](#); [Chikezie and Ebuonyi, 2019](#); [Dumbili, 2020a, b](#); [Farajidana et al., 2012](#); [Fuseini et al., 2019](#); [Okazi et al., 2018](#)). Findings of this study also corroborate these studies. Although few of the participants reported seizure, there is the possibility of more participants not reporting the same. Joining the poll of literature on the consequences of drug abuse, our study suggests that drug distribution chains be controlled effectively to prevent these consequences.

Furthermore, there is no relationship with the drug use and academic prowess of the students interviewed. Data seem to have suggested that the drug use has negative implication on their academic performance. For instance, none of the students interviewed, maintained a cumulative grade point average (CGPA) higher than 2.67 on a five-point scale.

Conclusion

This study explored gender and tramadol use among Nigerian university students, Awka being the study location. The limitation in sample size (20) and locus of the study makes the study ideographic. As such, this study is not an attempt to generalize but to shed light on gender and tramadol use. The findings of this study establish that peer pressure is one of the factors that trigger tramadol use among students. However, the pressure emanates from students' discussion of challenges they face daily in the school environment. With a solution

in mind, students accept tramadol as a coping mechanism for their daily challenges. However, this alone cannot explain the upsurge in gendered tramadol use among the students. Our findings also suggest that in order to avoid cannabis related social stigma and law enforcement related persecution, students, males and females alike are increasingly swapping cannabis with tramadol. This has led to challenges like addiction, etc. This has serious implications to the health of these users.

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Corresponding author

Ugochukwu Titus Ugwu can be contacted at: ugochukwutitus22@gmail.com

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