

## WHEN DEATH ATTRACTS THE CONSUMER. AN ANALYSIS OF DEVIANT CONSUMPTION OF TRAMADOL

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### ABSTRACT

This research proposes to explore the question of misuse of the medicine by identifying the motivations and factors related to the consumption of Tramadol, as well as the presentation of the profile of the abusive consumer of this molecule. For this, after a literature review, a triangular approach was favored through a double data collection and a mix of the sample. Thus, 90 interviews were conducted (38 semi-structured interviews, 8 focus groups and 12 in-depth interviews) with Tramadol consumers after a social desirability test. A psychiatrist, a sociologist, two doctors, two pharmacists and two medicine vendors on the street were also interviewed to deepen our knowledge of the phenomenon. 200 questionnaires were administered to consumers using the snowball method. The results of our exploratory study indicate that misuses of tramadol has a plural dimension. So this psychoactive substance is consumed for its aphrodisiac virtues, as a stimulant in order to improve performances and as an antidepressant. It is also misused for fun to keep during the feast and for desires of socialization.

The quantitative findings reveal that factors related to Tramadol affect significantly its deviant consumption, especially its price, availability, control and sanctions. We also note the significant and positively impact of certain variables related to the environmental context as peers norms, unemployment and disappointments of life. Our results also highlight the impact of age and unrealistic optimism.

### Introduction

The ambivalence of Pharmacon is at the origin of a contemporary social phenomenon:

Confusion between medicines and drugs (Ehrenbeg, 1998)

Pharmaceutical leakage, misuse, divert usage, non-medical use, abusive use, deviant consumption are expressions used to describe divert usage of medicines around the world. Indeed, nowadays, it has become common to see that the same molecule serves both as a medicine and psychoactive substance. The issue of deviant medicine consumption is a major public health problem that has seen several disciplines and social actors take an interest in it for several centuries and in all

contexts. It has been the subject of numerous studies that deal with its risks and consequences (Lapeyre-Mestre, 2013) as well as the antecedents, predictors and motivations of its consumers (Maiga & Al, 2013; Levy & Thoër 2008). This research is part of this last dynamic and proposes to examine the different social uses of Tramadol in order to identify consumer motivations, predictive factors and to profile the consumer.

Tramadol, commonly known as Tramol in Central Africa, is a synthetic derivative of opium used in the medical field as level 2 analgesics according to the WHO classification. Consumed in high doses (more than 400 milligrams per day), it can cause respiratory depression, mitosis, gastrointestinal transit imbalance, major

muscular contractions, dependence, euphoria, epileptic-like seizures, even death. However, despite these enormous risks, some people consume it large dose and for non-medical purposes.

It seems that the consumption of Tramadol is motivated by the search for pleasure (Nguyen, 2008), the quest and the construction of an identity (Courty, 2003; Spapen, 2014), management of frustrations and stress (Brunelle & Al, 2000), the solving of psychological problems (Case, 2007) and keeping people awake (Thoër & Robitaille, 2011). Tramadol is also used to improve sports performances (Mottram, 2011), sexual (Fournier, 2010), social (Thoër & Levy, 2012), intellectuals (Maiga & Al, 2013), or even daily features.

In addition, Tramadol consumption would depend on the socio-demographic characteristics of consumers (Tremblay & Al, 2007), their attitude to risk, bias of optimism, peer norms (Loose & Siadou, 2015) and their life course (Muhsen, 2012).

While most of this work has shed light on the deviant consumption patterns of drugs and other proactive substances, the fact remains that most of these studies have been conducted in European and American contexts. Few studies have been conducted in Africa in general and in Central Africa in particular. This leads us to ask a number of questions: what are the predictive factors of Tramadol consumption in Central Africa? Would it be right to think that they are related to the profiles of its consumers? Or other variables? This research aims to shed light on these questions and conclude with recommendations likely to help Public Health actors to improve their action plans to reduce this social scourge. But before that, a literature review of the concepts involved is relevant, as well as a triangular approach characterized by a plurality of techniques and a mix of the sample.

### Theory

Talking about the excessive consumption of Tramadol leads us to make a state of the art of the predictive factors of the consumption of this substance, the mental representations of Tramadol and to look at the models of prevention to better identify the observed behaviors.

### Predictors of Tramadol consumption

According to the triangle of Olievenstein (1970) three categories of factors can influence the deviant consumption of Tramadol: the individual factors, the

Tramadol related factors and the environmental factors. Individual factors concern socio-demographic and psychological profiles of the consumer. We can mention here: age (Maiga, 2013), unrealistic optimism / bias of optimism and perceived risk (Loose & Siadou, 2015) and gender. Environmental factors concern disappointments of life, unemployment (Vidal-Treca & Boissonnas, 2001), surrounding's influence (Courty, 2003) and peer norms (Gordon & Al, 2010; Loose & Siadou, 2015). While factors related to Tramadol concern its price, availability, control and sanctions.

Tramadol abuse: behavior based to mental representations

The deviant consumption of Tramadol also depend on all the representations that the individual has of this substance. Mental representations, also known as cognitive representations, refer to how consumers would represent a given subject; how it is represented in the consumer's mind. These representations can be specific from one individual to another and have a core shared by individuals of the same culture.

For Dany & Apostolodis (2002), these represent "an organized whole of the knowledge, beliefs, opinions, images and attitudes shared by a group with respect to a given social subject" (p. 336). At the end, the content of the mental representations of Tramadol invokes the threat related to its consequences and therefore the risk incurred by those who consume it. Talking about deviant consumption of Tramadol is therefore to analyze the relationship that these tramolians have with risk. Several models and theories help to understand this relation.

The theoretical frameworks mobilized

Several theories and models allow us to identify the behavior of abusive Tramadol consumers. In our research, we will focus on the theory of social identity, the theory of planned behavior, social cognitive theory, life course theory and the sequential model of deviance.

The theory of social identity (Tajfel & Turner, 1985)

The theory of social identity postulates that individuals adjust their behavior to the norms of the group to which they belong. Gordon & Al (2000) have highlighted the influence of peers in adopting consumer behaviors of harmful products. This theory corroborates with the theory of planned behavior according to which the subjective norms would be one of the predictors of the behavior of the individual. In this case, it could be

said that an individual consumes tramadol because he suffers a perceived social pressure.

The theory of planned behavior (Ajzen, 1985)

According to this theory, the behavior of the individual depends both on attitude, subjective norms and behavioral control. Thus, the decision to take and remain attached to Tramadol will depend not only on the attitude towards this proactive substance, but also on the influence of the consumer's family and his behavioral control.

Cognitive social theory (Bandura, 1986)

This theory postulates that the commitment to a behavior depends on the results expected by the individual with respect to this behavior and that the behavior itself is acquired by imitation (vicarious learning). This theory, like the previous ones, also emphasizes the influence of the environment on the behavior of the individual. Thus, an individual would be committed to Tramadol not only because he saw people doing it around him, but mostly because he expects that this proactive substance will produce an effect and improve his performance.

Life course theory (Moschis, 2007)

This theory makes it possible to understand how an event occurring during the life of an individual can engender consumption behaviors. According to the author, the life course in consumer behavior (life course paradigm) is a relevant theoretical framework to understand the consumption phenomena, including evolutions and changes in the choices made throughout life, with emphasis on the past experiences of the consumer. In the same way, Gourmelen & Rodhain (2016) believe that "the perspective of the life course makes it possible to understand the behavioral changes of an individual through his past experiences, the relationships he has with the social groups to which he belongs. And, the socio-cultural context in which these changes operate".<sup>2</sup> For example, a person may decide to consume Tramadol because of disappointment of life, stress and peer pressure.

The sequential model of deviance (Becker, 1985)

Based on the principle that deviant consumers exercise their activities out of institutional barriers, the author proposes a sequential model, using the term deviant career, in analogy to the professional career. He thus distinguishes four stages of the deviant career: the first step is the transgression of the norm. This

transgression must not be occasional. The second step, commitment, occurs when the transgression is more regular. It implies the entry into a way of life and a change of identity. This is the moment of the deviance's socialization. The third phase is the public designation of one's deviant identity. To be publicly recognized as deviant in the sense that identity changes to others perception, where the individual acquires a new status. The last step is joining a deviant group, which has two types of consequences: the deviant groups develop rationalizations in order to legitimize the deviant identity, which makes it possible to think positively of its difference and to put in congruence its values and the image of oneself. In addition, belonging to a deviant group facilitates the perpetuation of deviant practices. This model allows us to define the tramolian cycle.

The Health Belief Model (Rozenstock, 1974)

According to the HBM (Health Belief Model) or model of health beliefs, the adoption of a health behavior or the consumption of a product harmful to health depends on the perception of the impact on his health by the individual who decides to consume it. Thus, the decision to adopt healthy behavior will be influenced by five variables: the perceived vulnerability of the person; the perceived severity of the disease; the perceived benefits of health actions; perceived barriers to health action and action drivers.

This model, based on risk and fear, implies that an individual who decides to consume Tramadol does not perceive that he is vulnerable to its consequences. This corroborates the unrealistic optimism or bias of optimism that some people think that they are less vulnerable to risk than others.

An examination of these theories and models, with the exception of HBM, shows that they harmonize and complement one another and have one thing in common: social influence. Indeed, whether in social identity theory, planned behavior, and life course or in the sequential model of deviance, we find that the behavior of the individual largely depends on subjective norms, his environment, social groups and peers.

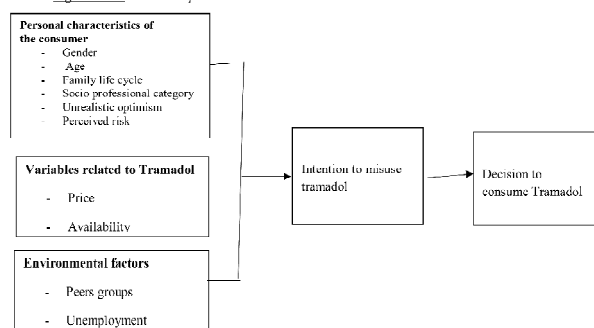
In sum, the decision to consume proactive substances in general and Tramadol in particular will depend on the characteristics of the individual, environment and variables related to Tramadol. This reflection leads us to build our model which summarizes our three hypotheses:

H1: Deviant consumption of Tramadol depend on the personal characteristics of the consumer

H2: Variables related to Tramadol significantly influence its deviant consumptions

H3: Environmental variables significantly and positively influence the deviant consumption of Tramadol-

Figure N° 1: our conceptual research model



## Method

This study was conducted in four major Cameroonian cities (Douala, Yaoundé, Garoua and Maroua) between February 2017 and August 2017. We chose these regional capitals because they correspond to the cities in which the phenomena of drugs and consumption of psychoactive substances are most observed.

### The analysis process

Inspired by the triangular approach, this study uses a variety of methods and techniques (Jick, 1979). This is what Guével&Pommier (2012) proposes for public health researches. Indeed, after a documentary research related to the work done on our studied phenomenon as well as reportages and reports of the Ministry of Public Health, we have, thanks to the help of two abusive consumers of Tramadol, gone round some sites of collective consumption of this molecule to contact some people who can be part of our sample and help us meet other consumers. This phase was essential given the sensitivity of the subject.

Once the people likely to be part of our sample contacted, we opted to carry out three types of qualitative techniques on the basis of the segmentation of people in this sample. Thus, we conducted focus groups among the youngest (children and adolescents aged from 13 to 19), semi-structured interviews with young people and adults (20 to 50 years old) and in-depth interviews with 'seniors' (over 50). The sample of respondents had varied

profiles in terms of gender, age, religion, socio-professional category and family life cycle.

The interview guide concerned mental representations of Tramadol, the motivations of consumption, initiation age, knowledge of consequences, polyconsumption, sources of supply, consumption patterns and budget.

In this triangulation of techniques, we added a mixed sampling by interviewing the different stakeholders concerned by the phenomenon studied, namely: consumers, medical doctors, a psychiatrist, a sociologist, two pharmacists and two medicine vendors on the street. Apart from our main target, which was made up of abusive Tramadol consumers, the other people were interviewed for information purposes in order to better understand the problem. Our sample consisted of ninety people: eighty-two misusers of Tramadol (thirty-eight semi-structured interviews, eight focus groups of four people each and twelve in-depth interviews); two doctors; one psychiatrist; a sociologist; two pharmacists and two medicine vendors on the street. This mix of the sample allowed us to improve the understanding of the phenomenon, to reduce possible biases and to improve the viability and reliability of the results.

Before the interviews, we conducted a social desirability test to eliminate response biases, given the sensitivity of the subject and to exclude people with social desirability.

These interviews were fully recorded and transcribed then a content analysis was then carried out on the basis of the verbatim obtained.

Finally we drew out a questionnaire, face to face, to two hundred people with multifaceted profiles depending on the sampling of snowball. This questionnaire included three sections: the motivations of deviant consumption of Tramadol, the consumption behavior and socio-demographic data. The questionnaire was pre-tested (N = 30) and the interviews took place in the respondents' homes (places of residence and work) and in public places.

## Results

The social desirability test, a prerequisite for our study

The social desirability bias (Crowne and Marlowe, 1960) is a tendency of the individual that want to present himself favorably in the eyes of society. It is characterized by the desire expressed by the respondent to gain a positive evaluation from those around him. It is viewed

from the angle of two mechanisms: self-dupery and hetero-dupery (Paulhus, 1984).

Self-dupery, self-deception, can result in self-illusion, or self- non awareness. It consists of a positive self-evaluation, non-conscious or automatic. This comes back to deceive oneself (Congard & Al, 2012). While hetero-dupery, Management Impression, management of impressions or blindness of others corresponds to the desire to please others. It refers to the tendency of people to desire to show a positive self-image to others by adopting a strategic attitude in their self-presentations. It is a deliberate strategy to consciously and intentionally deceive others (Congard, A. & Al. (2012),

Referring to Edwards' work (1957) that 30/39 items (or 76.92%) must be answered by False for the

answers to be consistent with social desirability. Thus, initially 104 people were subjected to the test of social desirability. Then 24 were excluded from the study because of social desirability. Indeed, we chose the scale Crowne & Marlowe (1960) and so we used 33 items asking interviewees to answer true or false. One person was eliminated from our sample when he ticked 'False' at least 25 times.

#### Results of qualitative study

The exploratory study carried out in this research allowed us to achieve two objectives: to collect informations concerning Tramadol on the one hand and to inquire about the mental representations and reasons of deviant consumptions of Tramadol on the other hand.

*Table N ° 1: The mental representations of Tramadol*

Theme	Sub-themes	frequencies	Glossary	Verbatim
Tramadol	Power	N = 72	Strength Elephant Military Resistance Energy	"The Moltra is my help; if I do not take it I'm just an incompetent person: I cannot get out of it " "When I take my Tra, I can work for 24 hours without tiring or even resting"
	Stimulating	N = 61	Doping Non-stop Self-efficacy Performances Awakening Comfort	"Thanks to Tra, I'm capable of everything!" "When I take my Moltra, I run without stopping" "It allows me to burn all night without sleeping"
	Aphrodisiac	N = 36	Starter Virility Excitation Tramol-Mister Sexual success	"When I take my tramol, I can do ten strokes" "It's too good when I take the Tramol-Sir before the act" "I do not care anymore and that's why I take the Tramol-sir to answer ..."
	Courage	N = 59	General Recklessness Ambience	"When I take it, I can flirt even the president's wife " "It puts me in the sky and I see you all small in my eyes. I'm afraid of nothing and nobody" "The General allows me to express myself"
	Pleasure	N = 45	Relaxation Shit	Well-being "It's like smoking cigarettes, taking a pot with friends; a good moment of distraction » "When I take Tramol I feel good about myself"
	Risks	N = 78	Side effects hazards Death Epilepsy Seizure	"It has effects when you take too much without slowing down. But the cube solves the problem » "Do you see those burns? I fell into the fire when it took me. Fortunately my brother was there » "My friend had a seizure and he died on the spot"
	Socialization	N = 78 N = 45	Belonging to a group Building Identity	"I consume not to be part of my friends because everyone takes Tramol in the group" "In my neighborhood everyone is scared of me because we know I'm taking the Way"

The mental representations of Tramadol

For some interviewees and regular users, Tramadol is essential because it is both a source of energy and an aphrodisiac even if it can involve enormous risks such as epileptic seizures or even death. For others who are considered casual consumers, this proactive substance is a step backward that can be taken to achieve a specific goal at a given time. You will find in the table below a summary of the terms associated with vaccination.

Once the mental representations of Tramadol are known, it is important to identify the different misuses of this psychoactive substance.

Consumption diverted from Tramadol

The misuse of Tramadol has a triple dimension that includes both rational and playful aspects. For most

respondents, Tramadol would lead to efficiency and effectiveness in physical, sporting, sexual and intellectual terms. For another category of people, it is a reducer of stress and anxiety. A last category of people (the youngest) consume it voluntarily or not for the purpose of feasting, to have fun. The table below summarizes the analysis of speeches by abusive Tramadol consumers

Findings of quantitative study

Socio-demographic characteristics of respondents

In total, two hundred people were interviewed, 81% of them were men and 19% were women. Details of the socio-demographic characteristics of these individuals are provided in the table below.

*Table 2: Socio-demographic characteristics of respondents*

Characteristics	Modalities	Population	%	% Accrued
<b>Gender</b>	Male	162	81.00	81
	Female	38	19.00	100.0
	<b>Total</b>	<b>200</b>	<b>100.0</b>	
<b>Age</b>	Under 25	61	30.50	30.50
	Between 25 and 35	68	34.00	64.50
	Between 35 and 45	32	16.00	80.50
	Between 45 and 55	20	10.00	90.50
	55 years and above	19	09.50	100.0
	<b>Total</b>	<b>200</b>	<b>100.0</b>	
<b>Family life cycle</b>	Single without child	59	29.50	29.50
	Single with child	60	30.00	59.50
	Married without child	26	13.00	72.50
	Married with child	34	17.00	89.50
	widower	13	6.50	96.00
	Divorced	8	4.00	100.0
	<b>Total</b>	<b>200</b>	<b>100.0</b>	
<b>Socio-professional category</b>	Unemployed	47	23.50	23.50
	Student	61	30.50	54.00
	worker	34	17.00	71.00
	Executive manager	7	3.50	74.50
	Trader	15	7.50	82.00
	Liberal profession	3	1.50	83.50
	Informal sector	33	16.50	100.0
	<b>Total</b>	<b>200</b>	<b>100.0</b>	

*Analysis of the reliability of items used*

## Analysis of the reliability of items used

We evaluated the reliability of the questionnaire through the internal consistency of the items constituting the factors determining the deviant consumptions of Tramadol and their motivations. This consistency was evaluated using the Cronbach's alpha coefficient (Pettersen & Al, 2004). The table below shows the verification of this internal consistency for the items used in our questionnaire.

*Table 3: Reliability statistics*

Cronbach's Alpha	Number of items
.875	58

This result indicates good internal consistency reliability for all the items used.

## Verification of hypotheses

The results of our study reveal the positive and statistically significant impact of unrealistic optimism ( $t = 0.223$ ,  $p = 0.002 < 0.05$ ), price ( $t = 0.298$ ,  $p = 0.003 < 0.05$ ), availability ( $t = 0.387$ ,  $p = 0.001 < 0.05$ ), unemployment ( $t = 0.384$ ,  $p = 0.000 < 0.05$ ), disappointment of life ( $t = 0.373$ ,  $p = 0.001 < 0.05$ ) and peers norms ( $t = 0.296$ ,  $p = 0.000 < 0.05$ ) as well as the negative and statistically significant impact of age ( $t = -0.354$ ,  $p = 0.000 < 0.05$ ), control ( $t = -0.362$ ,  $p = 0.000 < 0.05$ ) and sanctions ( $t = -0.524$ ,  $p = 0.001 < 0.05$ ). The table below summarizes the correlation coefficients obtained during the analysis of the data.

*Table 4: correlation analysis*

Variable to explain	Explanatory variables	Pearson's Coefficient of correlation	p (Sig)	Observations	
Deviant consumptions of Tramadol	Individual characteristics	Gender	0,78	0,390	Sub hypothesis rejected
		Age	-0,354**	0,000	Sub hypothesis verified
		Family life cycle	0,105	0,123	Sub hypothesis rejected
		Socio professional category	0,119	0,208	Sub hypothesis rejected
		Unrealistic optimism	0,223*	0,002	Sub hypothesis verified
		Perceived risk	-0,88	0,313	Sub hypothesis rejected
	Variables related to Tramadol	Price	0,298**	0,003	Sub hypothesis verified
		Availability	0,387**	0,001	Sub hypothesis verified
		Control	-0,362*	0,000	Sub hypothesis verified
		Sanctions	-0,524*	0,001	Sub hypothesis verified
	Environmental variables	Surrounding	0,139	0,65	Sub hypothesis rejected
		unemployment	0,384**	0,000	Sub hypothesis verified
		Disappointments of life	0,373*	0,001	Sub hypothesis verified
	Peers norms	0,296**	0,000	Sub hypothesis verified	

\*, \*\*: Significant correlation at the respective thresholds of 5% and 1%

## Discussions

At the end of our study, we can say that the deviant consumption of Tramadol is a complex phenomenon that affects all layers of population and which seems difficult to eradicate, in Africa in general and in Cameroon in particular, because of the accessibility of this substance and the laxity of the control bodies.

The reasons of deviant consumption of Tramadol

The reasons for consumption of Tramadol are personal and collective depending on the consumption context. Individually, it is very often a question of improving performances while the collective objective remains the search for pleasure.

## Consume Tramadol to improve its performance

Improving performance is a major motivation cited by a large number of interviewees (68 of the 82 respondents). In school and university environments, it is a question of reinforcing one's ability to concentrate, to memorize, to increase the duration of studies. "Before, I took vitamins and I was still sleeping; but since I am consuming Tramadol during exams, I work for a long time, I feel more focused. These tablets really stimulate my academic abilities "(Albert, 15 years old, student).

Others also mention taking Tramadol for sports, to improve its performance as confirmed by this athlete. "It's been 3 years that I practice this sport. Before, when I

did not take the Tra yet, I ran of course but I had never won.

Last year a friend advised me to take one capsule before each competition. Theform! When I was running I felt myself flying away from others and I did not feel any physical effort. Since that time, I have won several races "(Julienne, 23 years old, student).

Tramadol is also eaten for its aphrodisiac properties. The speeches of the interviewees reveal three reasons: the evacuation of the embarrassment, the shame, the intensity of the pleasure and the possibility to hold longer. The comments collected by four habitual consumers allow us to support these reasons. "The consumption of Tramol-sir allows me to look him in face while making love to him. It makes me sure of myself; I tell him everything and I do everything "(Abdoul, 48 years old, trader).

"You cannot imagine how I feel when I make love after taking Tramol. I am really in the seventh heaven: intense enjoyment. A fountain of orgasm. Ahh! It makes me to desire when I think about it "(Elodie, 27 years old, housewife)

"Ah! Without Tramol, I could not make love as I do. I am really like a horse when I take these tablets. I feel as a Man. I practice several positions, I go far and it lasts "(Laurent, 52 years old, mechanic).

"I'm in the street and I have a 13-month-old daughter. Tramol helps both of us. Before going to poto, I take two and I give the baby a quarter: for me to go with several men without tiring and for her to sleep. When I get back to sunrise, I pour plenty of water to wake her up. I do it because I have no one to stay with her "(Myriam, 23 years old, unemployed).

Finally, for the inseparable, the misuse of Tramadol is oriented towards the improvement of its daily functionality, as attested by Athanasius: "As one takes one cup of milk or coffee to be in form, to have the strength is so the tramol: a daily dose to have energy, punch. Otherwise, how to resist this sun, to live with this entire hubbub? There are only these tablets to help us. Every day has his dose "(42 years old, motorcycle taxi driver).

#### Consume Tramadol to look good

The benefits of Tramol in terms of fat reduction, thinness are mentioned by women who misuse this molecule as argue Bernadette: "I used Tramol involuntarily in the 'Hoyoro' at the wedding of my girlfriend. I was so excited. Sometime later, while we were

making comments about her party, she told me that she saw me under the effect. I told her I never took this. She told me that she had this stuff in the natural juice that was served to her friends. I was angry at first, but she told me I was also good at losing weight. As I had the obsession to lose weight, I tried; I still took. And seeing my weight decrease, I adopted it and advised other girls who are currently taking it to lose weight "(Marceline, 31 years old, office worker).

Consume Tramadol to fight anxiety, stress and sleep deeply

Tramol is also misused for the purpose of escaping from discomfort, to relieve stress. The information collected from girls and some family leaders confirm this as Nicole says: "I take it often during conjugal crises. You know, men today are very unfaithful and insolent. So, to escape this malaise I tramolise myself "(Berthe, 43 years old, shopkeeper).

For others, like Moses, the consumption of Tramol is a response to the setbacks of life, to the uncertainty of the future that was thought to be radiant once the studies were completed. "When I think of my present and obscure misery, the darkness that surrounds me, I can only console myself with Moltra. Otherwise, I would have committed suicide since. It helps me to stay alive, to accept my destiny". (Moses, 37 years old, unemployed intellectual).

One last category, like, Basil considers Tramol as an effective sleeping aid. "The problems of life impose on us insomnia of all kinds. I took alcohol to sleep, nothing. I tried several types of medicines, without result. Today, I just take these capsules to sleep like a baby. Thank you Tramol!" (Basile, 37 years old, nurse).

#### Consume Tramadol for pleasure, to feast

Here it is a question of making oneself happy and to please others and thus of hedonistic and oblation motivations. In the first case, consumers consider Tramadol like any other intoxicating product, such as beer, cigarettes, etc. "What do you want me to tell you? It's like taking a cigarette stick, a glass of whisky; nothing more!" (Anita, 30 years old, hostess).

"You know, sometimes when you go to the party and you spend the time dozing, you make others feel uncomfortable; you give them work because they spend the time waking you up. So, you have to adjust yourself before going to the party to hold until dawn "(Bruno, 28 years old, worker).



"Sometimes I get ambianced for two days. The first day, I take a good dose of Tra and I fall asleep after the party. When I wake up, I take a cold bottle of water and I am tramolized for the rest of the party the next day. But that almost took me away because another time

I had a crisis. Fortunately my friends were there to give me the kitchen cube, a powerful soothing "(Solange, 29 years old, gas station attendant).

Consume Tramadol to assert in the group

Tramadol is finally consumed to respond to social motivations, self-expression. This aspect integrates the influence of peers and groups of references, as Robin and Lea point out. "In my neighborhood, there was a bunch of guys that all the kids were worried about. I did everything to impress them, but they laughed at me and lowered me in front of the girls, during the demonstrations. I was trying to understand the origin of their zeal and I had to take Tramadol twice so that their attitude would change about me. When I got where they were, I spoke loudly and they ended up calling me 'big'. Today, I am the leader of their patrol "(Robin, 21 years old, lifeguard).

"You know, the world of women is complicated and to be accepted, to be on top, it's difficult. I had to ask my brother to let me drip the Tramol to look like him and be respected by these girls "(Rose, 33 years old, hairdresser).

It should be pointed out that a small number of abusive Tramadol consumers have revealed to us that they use all kinds of drugs and therefore that this molecule was taken like any other.

The analysis of these interviews, reports and the observation of our environment reveal that the deviant consumption of Tramadol and other proactive substances remains a major problem that concerns both public health, public authorities, international organizations and researchers that we are. At the end of any analysis, it is important to propose strategies to reduce this social phenomenon.

The determinants of deviant consumption of Tramadol

At the end of our study, we can say that the deviant consumption of Tramadol depends on three categories of criteria: the profile of the consumer, the variables related to Tramadol and the environmental factors. Indeed, our results reveal that the misuse of Tramadol is significantly correlated with consumer

profile concerning age and unrealistic optimism (H1). This corroborates with the works of Levy & Thöer (2008) and Loose & Siadou (2015). These results nevertheless show an insignificant result as regards the gender, family life cycle, socio professional category and perceived risk (H1 bis).

Our results are in line with those of Etile (2004), Maiga & Al (2013), Decorte (2002), and Becker & Al (2004) and highlight the existence of a link between Tramadol's variables and its deviant consumptions regarding the price, availability, control and sanctions (H2).

Finally, these results let us know that the environment context affects the deviant consumptions of Tramadol, with the exception of surrounding (H3). Indeed, the unemployment, disappointments of life and peers norms significantly and positively influence the deviant consumption of Tramadol.

#### Implications

The analysis of the content of the speeches of the interviewees invokes three types of deficiencies in the management of deviant drug consumption phenomena in our context: the inefficiency and inadequacy of social marketing campaigns; the negligence of pharmacovigilance and the passivity of the control structures of the drug distribution network. To improve the system put in place, it is necessary to raise awareness another way; focus on pharmacovigilance and continuously monitor the drug distribution network.

#### Raise awareness

The results of our study reveal that proactive anti-substance campaigns use an identical message for all targets with the same communication media and an accusatory tone. It would be relevant, for more efficiency, to set up a differentiated communication strategy integrating the specificities of the targeted persons. This supposes a 'translation' (translation into languages, adaptation of the content of the message and relevance of the communication medium given the media sensitivity of the target).

#### Focus on Pharmacovigilance

The interviews in our study reveal that one of the modalities of access to Tramadol is the purchase in pharmacy, with or without a prescription. Indeed, it is enough, sometimes, to know a salesman in a pharmacy to buy Tramadol: what is prohibited! Other deviant consumers, even smarter, get it in the pharmacy with an old or false prescription without any question being

asked. It would be relevant, for greater efficiency, to put in place a system to detect false prescriptions in our pharmacies and to check the date of the prescription before providing this kind of drugs.

Continuously monitor the distribution network of proactive substances

Drug vendors on the street, neighborhood grocer, dealer, fish roasters, shopkeepers, etc. are distributors of Tramadol in Cameroon. Although it is difficult to hunt them all, it is imperative to formally prohibit the sale of drugs on the street and conduct periodic police investigations to identify the different sources of supply of these deviant substances to significantly reduce their accessibility.

#### Conclusion

The objective of this research was to understand the determinants of deviant consumption of Tramadol, as well as the motivations of consumers in order to come up with proposals to reduce this phenomenon. For this, after a literature review, we first sought to identify the mental representations of Tramadol, then we use a triangular approach with various techniques and several actors to better understand the phenomenon. So, we conducted ninety semi-structured interviews and two hundred questionnaires.

The results of the exploratory study reveal that the reasons for deviant consumptions are to improve athletic, academic / intellectual and sexual performances; the pursuit of pleasure and socialization. However, the analysis of the interviews carried out shows that the effect of Tramadol can reappear, even when it is not taken some time after, by simple consumption of ice cold water. It also highlights the fact that Tramolians do not need treatment to circumvent the risks of overdose. Indeed, for the third of respondents, just take a kitchen cube to recover in case of a seizure caused by an overdose. These speeches are made by people with unrealistic optimism because Tramol continues to kill people.

The results of the quantitative study allowed us to partially support the three hypotheses. Indeed, our results reveal that factors related to Tramadol affect significantly its deviant consumption, especially its price, availability, control and sanctions. We also note the significant and positively impact of certain variables related to the environmental context as peers norms, unemployment and disappointments of life. Our results also highlight the impact of age and unrealistic optimism.

At the end of our research, we made recommendations in order to help to reduce the deviant consumptions of Tramadol. Thus, it is important to raise awareness in other ways, to emphasize

pharmacovigilance and to constantly monitor the distribution network of this molecule.

It would be appropriate to deepen this study to interview consumers after a period of time to check whether they have changed their behavior. It would be also important to make comparative studies to identify and justify the variability of behaviors.

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