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A WAR ON US

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FRANÇAIS

+

MAIRIE
Nantes



MINISTÈRE
DE LA CULTURE
*Liberté
Égalité
Fraternité*

EVERY
DEATH
IS A DRUG
POLICY
FAILURE

Slogans issus de pancartes de manifestations

RÉSUMÉ *DU PROJET*

Depuis maintenant 30 ans aux États-Unis, l'avidité de l'entreprise pharmaceutique Purdue Pharma et celle de tout un marché dans son sillon, ainsi que la politique de criminalisation des drogues ont créé une situation sans précédent : plus d'un million d'américains sont morts des suites d'une overdose.

A travers le pays, militants et familles manifestent leur détresse et crient leur colère. Ils demandent aux responsables de rendre des comptes. Dans l'ombre de ces derniers, les survivants mènent un combat d'une autre échelle. Ils luttent contre l'addiction qui les consume et le désespoir qu'elle suscite. Alors que l'épidémie des opioïdes infiltre les moindres recoins de leur communauté, ces combattants luttent pour récupérer ce qu'ils ont perdu : leurs enfants, un foyer, leur dignité.

L'épidémie des opioïdes, loin d'être anecdotique d'un point de vue historique, est imbriquée dans un vaste système qui comprend les inégalités nord-sud (narcotrafic), la pénalisation de la consommation de drogues (War on Drugs - Nixon), les violences systémiques (racisme, inégalités sociales, violences sexistes et sexuelles, etc.).

Les politiques en matière de drogues aux États-Unis ont échoué. Le trafic s'est densifié tout en devenant toxique - le fentanyl tue en masse depuis 2015 - et les prisons se sont remplies de personnes qui, plus que d'une incarcération, ont besoin de traitement et de soutien.

Les discours autour des usages des drogues peuvent être binaires et moralisateurs. Ils masquent des réalités qui sont rarement nommées : la précarité économique et/ou la détresse psychique des personnes qui perdent la capacité de fonctionner. N'est-il pas plus facile de blâmer les personnes en détresse que de s'interroger sur les responsabilités du système économique, politique et social auquel ils appartiennent ?

A War On Us s'intéresse aux causes et aux conséquences de l'épidémie des opioïdes. Il propose de nouvelles représentations et de nouveaux récits sur les troubles de l'usage de substance.

A War On Us pose également les questions de responsabilité et de culpabilité. Il est mené aux côtés des personnes et des communautés que l'épidémie d'overdose et les politiques de criminalisation des usages de drogues a et continue d'affecter en 2025.



For 30 years in the USA, the giant of Purdue Pharma and an entire network built around it controlled each the pain of controlling drugs. They created an unprecedented situation where their customers paid for their pain, and their shareholders the money and profits and bonuses for making their business thrive, sharing out their anger, and demanding accountability from those responsible in their name. The agencies are suing a battle on a different scale. They are fighting against the addiction that consumes them, and the people of the world. The lawsuit is a landmark case, a landmark of their commitment, their fight to change the industry, and to end their children's lives. They are demanding that rights.

At the 2016 address attention to the causes and consequences of the epidemic, it was created in close collaboration with those directly affected by the substance use.

The opioid epidemic, far from being an isolated phenomenon, is deeply embedded in a system that includes the health care industry, the pharmaceutical industry, the government, the drug use like our own, and systems of social inequality. The system is broken, broken, broken. We are asking for the opioid epidemic not represent the continuation of a system that has failed to respond and to the industry.

In Vermont, some communities, families, and individuals have chosen to confront the crisis head-on. Beyond the epidemic and addiction, we are in a place to report and sustain what can be achieved. There is a commitment and responsibility that has been the potential to shape the world of addiction and substance use, and to build a community, both collective and individual, to create a culture of care and support. There have been lessons. Communities have been able to their own.

What are the possibilities for building resilience, both collective and individual? What are the mechanisms for helping some find their way to some people being with substance use disorder that is so difficult to understand that they are struggling, regardless of what happens to them, and that they are not the only person who is struggling? That practice power and profit over the well-being of individuals? There are some of the questions that guide their photography research.

Former photographer Andrew Russell spent six months in 2017 living in a transitional house in Vermont that supports the recovery of people who use drugs. His research has been a series of photographs that capture the lives of people who are struggling with addiction, and what they are doing to get their lives back on track. Between 2018 and 2022, he captured the lives of people who are struggling with addiction, and what they are doing to get their lives back on track. Between 2018 and 2022, he captured the lives of people who are struggling with addiction, and what they are doing to get their lives back on track.



WAR ON DRUGS
A History

1961
The War on Drugs begins with the passage of the Controlled Substances Act, which created the Federal Bureau of Investigation's (FBI) Drug Abuse Control Division and the Department of Health, Education and Welfare's (DHEW) Office of Drug Abuse Control (ODAC). The act also established the Federal Bureau of Investigation's (FBI) Drug Abuse Control Division and the Department of Health, Education and Welfare's (DHEW) Office of Drug Abuse Control (ODAC).

1960s
The 1960s saw a significant increase in drug use, particularly among young people. The government responded with a series of laws and programs aimed at reducing drug use and increasing law enforcement's ability to catch drug dealers.

1971
The Nixon administration's "War on Drugs" campaign was a major focus of its domestic policy. It included the passage of the Comprehensive Drug Abuse Prevention and Control Act of 1970, which established the Federal Bureau of Investigation's (FBI) Drug Abuse Control Division and the Department of Health, Education and Welfare's (DHEW) Office of Drug Abuse Control (ODAC).

1981
The Reagan administration's "War on Drugs" campaign was a major focus of its domestic policy. It included the passage of the Anti-Drug Abuse Act of 1986, which established the Federal Bureau of Investigation's (FBI) Drug Abuse Control Division and the Department of Health, Education and Welfare's (DHEW) Office of Drug Abuse Control (ODAC).

1994
The Clinton administration's "War on Drugs" campaign was a major focus of its domestic policy. It included the passage of the Anti-Drug Abuse Act of 1994, which established the Federal Bureau of Investigation's (FBI) Drug Abuse Control Division and the Department of Health, Education and Welfare's (DHEW) Office of Drug Abuse Control (ODAC).

2001
The Bush administration's "War on Drugs" campaign was a major focus of its domestic policy. It included the passage of the Anti-Drug Abuse Act of 2001, which established the Federal Bureau of Investigation's (FBI) Drug Abuse Control Division and the Department of Health, Education and Welfare's (DHEW) Office of Drug Abuse Control (ODAC).

2010
The Obama administration's "War on Drugs" campaign was a major focus of its domestic policy. It included the passage of the Anti-Drug Abuse Act of 2010, which established the Federal Bureau of Investigation's (FBI) Drug Abuse Control Division and the Department of Health, Education and Welfare's (DHEW) Office of Drug Abuse Control (ODAC).

2017
The Trump administration's "War on Drugs" campaign was a major focus of its domestic policy. It included the passage of the Anti-Drug Abuse Act of 2017, which established the Federal Bureau of Investigation's (FBI) Drug Abuse Control Division and the Department of Health, Education and Welfare's (DHEW) Office of Drug Abuse Control (ODAC).

2020
The Biden administration's "War on Drugs" campaign was a major focus of its domestic policy. It included the passage of the Anti-Drug Abuse Act of 2020, which established the Federal Bureau of Investigation's (FBI) Drug Abuse Control Division and the Department of Health, Education and Welfare's (DHEW) Office of Drug Abuse Control (ODAC).

1933
The Volstead Act, which enforced the 18th Amendment to the U.S. Constitution, is passed. It prohibits the manufacture, sale, and transportation of intoxicating liquors containing more than 0.5% alcohol by volume.

1970
The Controlled Substances Act is passed, creating the Federal Bureau of Investigation's (FBI) Drug Abuse Control Division and the Department of Health, Education and Welfare's (DHEW) Office of Drug Abuse Control (ODAC).

1977
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2020
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The 18th Amendment to the U.S. Constitution, which prohibited the manufacture, sale, and transportation of intoxicating liquors containing more than 0.5% alcohol by volume, was passed in 1919. It was the first time that the federal government had the authority to regulate interstate commerce in a specific area of the economy.

The Volstead Act, which enforced the 18th Amendment, was passed in 1919. It prohibited the manufacture, sale, and transportation of intoxicating liquors containing more than 0.5% alcohol by volume.

The Anti-Drug Abuse Act of 1986, which established the Federal Bureau of Investigation's (FBI) Drug Abuse Control Division and the Department of Health, Education and Welfare's (DHEW) Office of Drug Abuse Control (ODAC), was passed in 1986.

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INTENTIONS

ARTISTIQUES

A *War On Us* est une recherche qui interroge les liens entre les trajectoires personnelles, le politique et les violences systémiques, dans un contexte d'épidémie des opioïdes. À l'appui de plusieurs corpus d'images, d'une chronologie de la «guerre contre la drogue» et d'un essai, ce projet photographique documentaire propose des éléments de réflexion sur la criminalisation des usages des drogues aux États-Unis et le contexte qui a rendu possible l'actuelle épidémie d'overdose en Amérique du Nord.

L'épidémie des opioïdes, loin d'être anecdotique d'un point de vue historique, est imbriquée dans un vaste système qui comprend les inégalités nord-sud (narcotraffic), la pénalisation de la consommation de drogues (*War on Drugs*), les violences systémiques (racisme, inégalités sociales, violences sexistes et sexuelles, etc.). Historique, ne représente-elle pas la fin d'un système qui a définitivement échoué à prendre soin de ses concitoyens ? Encore faudrait-il que s'en fusse un jour le projet...

Dans le Vermont, des communautés, des familles et des individus ont décidé d'en découdre avec la crise. Par-delà les actions et dispositifs mis en place pour réparer ce qui peut encore l'être (centre de désintoxication, rehab, maison de transition, prescription de médicaments de substitution, groupe de parole et suivi thérapeutique), il y a les liens que l'addiction altère, la solitude qu'elle engrange. Là-bas, dans des communautés rurales et autres villes désindustrialisées et déclassées, les traumas collectifs et individuels se confondent. Les paysages et les corps ont été affectés. Les communautés ont été ébranlées.

Quelles traces les paysages et les corps gardent-ils de ces traumas ? Réparer les liens est-il la condition préalable à toute forme de résilience collective et individuelle ? D'où vient cet élan qui permet parfois la guérison ? Voici quelques questions qui guident ma recherche.

CONTEXTE

HISTORIQUE

En 1968, Richard Nixon, alors président des États-Unis, décide de faire la guerre à la drogue (*War on Drugs*). Au début des années 70, une politique répressive se déploie aux États-Unis. Elle vise le cannabis et l'héroïne, dont les principaux consommateurs sont respectivement la jeunesse pacifiste de la contre-culture et les afro-américains. (En 2016, l'un des proches de Nixon témoignera que le gouvernement de l'époque avait ciblé ces drogues pour avoir une prise juridique sur une jeunesse qui le dérangeait).

Plus tard, des discriminations raciales et sociales allaient continuer d'opérer, cette fois-ci entre une population afro-américaine consommatrice de crack et une autre plus respectable, à la peau plus claire, consommatrice de cocaïne. En effet, il y a peu, une personne arrêtée en possession de cinq grammes de crack était automatiquement emprisonnée pour cinq ans, sans possibilité de libération conditionnelle, tandis que pour la cocaïne, la jauge était fixée à 500 grammes. Pourtant, la molécule est la même. L'arsenal juridique américain s'est donc bâti, non pas sur la base de la dangerosité des drogues en elles-mêmes, mais bel et bien en fonction des consommateurs de ces drogues qui représentaient pour les gouvernements successifs une menace à l'ordre économique et social. Les États-Unis détiennent, à ce jour, le record de la plus grande population carcérale par habitant.

Fin des années 90, l'industrie pharmaceutique américaine persuade peu à peu, à grand renfort de publicités, médecins et patients que de nouveaux antidouleurs répondant au nom de OxyContin, Fentanyl ou Percocet sont révolutionnaires et qu'ils peuvent être prescrits pour des maladies chroniques. Ces médicaments sont des dérivés de l'oxycodone, un analgésique puissant classé comme stupéfiant par l'OMS. Au début des années 2000, le nombre de prescriptions explose, celui des overdoses également. Chaque année aux États-Unis, 75 000 personnes décèdent par overdose, dont près de 50 000 sont des overdoses d'opioïdes.

À ce jour, 500 000 personnes seraient décédées d'une prescription d'opioïdes et plus d'un million d'américains seraient morts d'un arrêt respiratoire dû à une overdose depuis la fin des années 90.

Depuis 2016, on parle d'une crise, voire même d'une épidémie des opioïdes. Si toutes les catégories de population sont touchées, les plus fragiles - dont celle que l'on appelle les *White Trash* - en font particulièrement les frais. L'État du Vermont détient, quant à lui, le record en pourcentage de l'augmentation des décès par overdose entre mars 2020 et mars 2021. Tandis que les overdoses létales ont augmenté de 35% à l'échelle du pays, elles se sont accrues de 85% dans le Vermont. Par ailleurs, la pandémie de Covid 19 a entraîné une crise massive du logement. Le Vermont est, à l'automne 2023, le second État du pays en termes de population de sans-abris par habitant, derrière la Californie.

Dans l'ombre de ces chiffres alarmants, se cachent les personnes qui survivent à l'overdose, celles qui redoutent la suivante, les enfants retirés à leurs parents, les familles détruites, la prison. Pour les personnes dépendantes, un traitement de substitution et un suivi thérapeutique sont essentiels, particulièrement pour les femmes. En effet, la majorité d'entre-elles subissent des violences qui vont de paire avec ce qu'elles nomment ce style de vie (violences psychologiques et physiques, viol, prostitution, enlèvement, tortures).

Ces dernières années, d'autres drogues issues du marché noir se sont diffusées massivement à travers les réseaux des narco-trafiquants d'Amérique Centrale et depuis la Chine, jusque dans les grandes métropoles américaines et les hubs des États ruraux, en premier lieu le Fentanyl. Certains consommateurs l'utilisent pur, d'autres à leur insu, celui-ci étant mélangé à d'autres drogues par les trafiquants. Le marché entier est empoisonné. Les utilisateurs occasionnels ne souffrant pas d'un trouble de l'usage de drogues risquent eux aussi l'overdose.

Seul espoir à l'horizon pour les personnes dépendantes et les communautés auxquelles elles appartiennent : la réduction des risques. À l'opposé de l'approche pénale qui stigmatise les usagers et les éloigne du soin, la réduction des risques propose un changement de priorités. La pénalisation est remplacée par la prévention. Les usagers ne sont plus considérés comme des délinquants mais comme des personnes ayant une maladie chronique. Elle n'impose pas l'abstinence et ne confond pas usage et trouble de l'usage. La mise à disposition de matériel stérile, les programmes d'échanges de seringues et l'ouverture de salles de consommation à moindre risque sont des exemples d'actions qui visent la réduction des risques. Issue des mouvements de pair-aidance, la réduction des risques se structure actuellement à bas bruit aux États-Unis, car en dehors de quelques rares expérimentations, elle représente un coût politique que peu de politicien.nes qui souhaitent être (ré)-élu.es sont prêt.es à prendre.

1971

Nixon officially launched the *War on Drugs*, telling Congress that drug addiction had become "a national emergency" and that drug abuse was now "public enemy number one." The then-president increased the size, presence, and funding of federal drug control agencies. Nixon pushed through measures such as mandatory sentencing and no-knock warrants and also created the Drug Enforcement Administration (DEA) two years later.

1981

Nancy Reagan began a highly publicized anti-drug campaign entitled "Just Say No." Los Angeles Police Chief Daryl Gates founded the D.A.R.E. drug education program. Gates stated that, "Casual drug users should be taken out and shot." D.A.R.E. was adopted nationwide despite the lack of evidence of the program's effectiveness.

1977

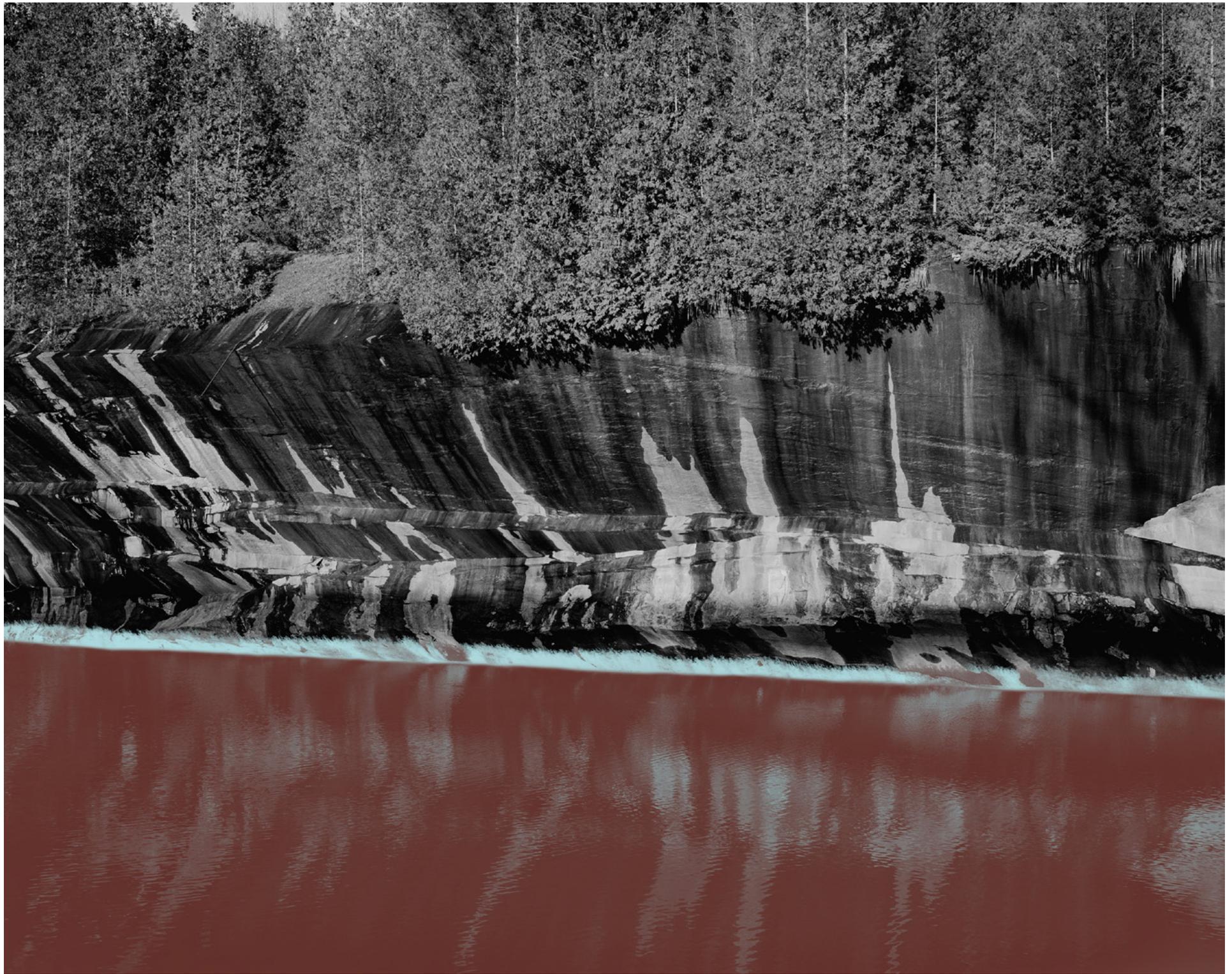
In January, President Jimmy Carter was inaugurated on a campaign platform that included the decriminalization of marijuana. In October, the Senate Judiciary Committee voted to decriminalize possession of up to an ounce of marijuana for personal use.

19

Congress established the Sentencing Reform Commission for sentencing guidelines. Critics argued that the commission's recommendations would allocate too much money to the federal prison system. Black people were disproportionately affected by the system, with an estimated 10% of the Black population in the United States in prison.

Overall, for no reason, 400,000 people in the United States are in prison.



















EVERY DEATH IS A DRUG POLICY FAILURE

During my flight to the United States on November 15, 2016, I didn't know precisely what I was going to find. Donald Trump had been elected only a week earlier. Many were still in shock. Polarities were asserting themselves. In Rutland, where I had just set down my suitcases, they took the form of small yard signs planted in the lawns of the wooden houses typical of the Northeastern United States. The posters provided an inkling as to what might be going on behind the windows of these homes. Some bemoaned the failure of Bernie Sanders, while others rejoiced: the man who had the power to save them would finally reach the White House.

I was embarking on a more or less serene six-month stay, during which I was to be one of the many residents of a Vermont transitional house. I wasn't addicted to opiates. I wasn't just out of prison. On the contrary, I had chosen to be there and share my life with Tim, Mark, Holly, Shawn and the others. They were all in trouble with the law. With the exception of Shawn, who was following an alternative-to-custody program offered by the local court for people with substance use disorders, the other residents had received prison sentences of varying lengths. Their incarceration was linked to their addiction.

The residents were benefiting from a reduced sentence made possible by their admission to this transitional house. For a period ranging from six to fifteen months, residents were provided with a setting capable of supporting their recovery efforts. The low rent fees and access to free food also enabled them to get back on their feet financially and regain control of their lives independently.

As a resident of this home, I had the same rights and duties as the other residents. I also had to follow the same rules of conduct. No

use of psychotropic drugs, including alcohol. No violence. No romantic relationships between residents. In the end, the salaried staff and especially the director, who had agreed to take me in, expected very little of me. I was therefore free to organize my time and activities. And so I began a kind of creative residency that would last until May. Until then, I'd have to survive the winter in the far North.

Before that winter of 2016/2017, I had never heard of the opioid epidemic. It was only once I was there that I understood the context of the global crisis I found myself surrounded by. In light of the many meetings I had the opportunity to attend, I quickly realized that the situation was indeed dramatic. The way in which the local community and professionals had united around common goals spoke volumes about the scale of the battle they were waging. Together, they formed a kind of pacifist army which had united to save the lives of those already affected by the epidemic. For my part, I pushed open every door that had been shown to me: the office of Probation and Parole (the equivalent of the SPIP - Service Pénitentiaire d'Insertion et de probation), the local prison, self-help groups affiliated with AA/NA (Alcoholics and Narcotics Anonymous), social services and so on. Why were these new drugs—which were as addictive as heroin—approved by the FDA (Federal Drug Administration)? How had doctors been persuaded to prescribe these drugs on a massive scale? Why had so many people succumbed to the pressure?

I was questioning the links between capitalism and ultra-liberalism, and stumbling on the ambitions of the Sackler family and their Purdue Pharma company. To go down this pathway was to enter the heart of the system on which this epidemic was based.

¹ The word addiction is highly controversial. Its use can feed and reinforce prejudices about the use of drugs and alcohol, but also about the users. Today, it's customary to speak of substance use disorders. In this book, I will sometimes choose the term addiction, as this is the term most often used by users to talk about their disorder.

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1980s

Media portrayal of Americans addicted to "crack" cocaine fueled public concern. In 1985, 2-6% of Americans saw "drug abuse" as a major problem. By 1989, this percentage increased to 64%. Less than a year later, fewer than 10% of those polled expressed concern, following a loss of interest in the story by the media. Yet, policies and incarceration rates remained unchanged. During this time, access to naloxone remained inaccessible to the people who needed it most: those addicted to drugs. It was only available for use by emergency medical and hospital personnel. However, rumors spread of sympathetic EMTs and paramedics, who were witnessing the majority of overdoses, quietly distributing small amounts of naloxone to drug users. They knew it saved lives.

1994

John Ehrlichman, White House Counsel and Assistant to the President for Domestic Affairs during President Richard Nixon's tenure, admitted that the "war on drugs" was designed to target Black communities. According to Ehrlichman, "The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiracist left and Black people. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or Black, but by getting the public to associate the hippies with marijuana and Blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did."

President Nixon's creation of the War on Drugs to criminalize Black Americans amplified the presumption of guilt assigned to Blacks dating back to slavery and entrenching the racialization of criminality that began in earnest with lynching.

1996

25 years after the approval of naloxone, the Chicago Recovery Alliance (CRA) lost co-founder and beloved colleague John Syler to overdose and decided something more needed to be done. Under the leadership of Dan Bigg, co-founder and director of CRA, and Dr. Sarr Mawuli, the Alliance decided to start distributing naloxone to drug users who used syringe services.

2010

President Barack Obama reduced the sentencing disparities between crack and powder cocaine users. Obama also ended the ban on most federal funding for syringe access programs and federal interference in state medical marijuana laws.

Public support for the War On Drugs has waned in recent decades. Some Americans and policymakers feel the campaign has been ineffective or has created a racial divide. Between 2009 and 2013, some 40 states took steps to soften their drug laws, lowering penalties and shortening mandatory minimum sentences.

2017

Despite accounting for just 5% of the world's general population, the prisoner population in the United States accounts for 25% of the world's imprisoned population overall. People of color, who make up just 37% of the population, account for 67% of those incarcerated.

2013

The third wave of opioid epidemic began in 2013, with significant increases in overdose deaths involving synthetic opioids, particularly those involving illegally made fentanyl. The market for illegally made fentanyl continues to change, and presently fentanyl can be found in combination forms containing a mixture of heroin, counterfeit pills, and cocaine.

1977

In January, President Jimmy Carter was inaugurated on a campaign platform that included the decriminalization of marijuana. In October, the Senate Judiciary Committee voted to decriminalize possession of up to an ounce of marijuana for personal use.

1986

Congress passed the Anti-Drug Abuse Act, which established mandatory minimum prison sentences for certain drug offenses. This law was later heavily criticized as having racist ramifications because it allocated longer prison sentences for offenses involving the same amount of crack cocaine (used more often by Black Americans) as powder cocaine (used more often by white Americans). Five grams of crack triggered an automatic five-year sentence, while it took 500 grams of powder cocaine to merit the same sentence.

Overall, the policies led to a rapid rise in incarcerations for nonviolent drug offenses, from 50,000 in 1980 to 600,000 in 1997. In 2014, nearly half of the 186,000 people serving time in federal prisons in the United States had been incarcerated on drug-related charges, according to the Federal Bureau of Prisons.

1992

President Bill Clinton campaigned on drug treatment as opposed to incarceration. Yet, he rejected a Sentencing Commission recommendation to cut the sentencing disparity between crack and powder cocaine. He also rejected his health secretary's advice to end the federal ban on funding syringe access programs. Two years later, the Violent Crime Control and Law Enforcement Act or Crime Bill was passed by Congress and signed by Clinton in 1994. This bill created tough new criminal sentences and incentivized states to build more prisons. It is the largest crime bill in U.S. history, consisting of 366 pages that provided for 100,000 new police officers, and \$9.7 billion in funding for prisons, designed with significant input from experienced police officers. The Crime Bill ensured more Americans in an ever-widening net of the criminal justice system, targeting people who use drugs. This law is now widely seen as a major cause of mass incarceration.

1995

In the early 1990s, Purdue Pharma began losing ground. The pharmaceutical company's painkiller MS Contin® was suffering from losses to market competitors. It developed a new drug based on oxycodone: OxyContin®, a semi-synthetic opiate with similar effects to MS Contin®. The laboratory publicly asserts that the effects of OxyContin® last for twelve hours, reliably accompanying the argument that the risk of dependence and addiction is attenuated, if not non-existent. This line of argument, which ran counter to the results of tests, enabled the laboratory to rally many general practitioners to its cause, who often had very little training in the effects of drug dependence. Approved by the FDA in 1995 and launched on the US market in 1996, OxyContin® was a resounding success.

1999

The first wave of the opioid epidemic began with the increase in doctors prescribing opioids, and overdose deaths involving prescription opioids were on the rise.

2011

The second wave of opioid epidemic began, with rapid increases in overdose deaths involving heroin. This second wave is the result of changes in use by people who had become dependent on prescription opioids. Once access to legally prescribed pills was denied, those people turned to heroin.

2015

The number of inmates in for-profit private prisons rose by 45% between 2000 and 2015. After a report which highlighted the high level of violence in these facilities, Barack Obama decided to limit admissions to these facilities. The Trump administration, on the contrary, wants to make greater use of them.

2018

American taxpayers pay \$80 billion to maintain the US prison system. As to the non-profit organization Prison Initiative, the real cost to taxpayers is much higher: 182 billion, if judicial inmate family expenses are included, accounts for ten times the budget of 1% of US GDP.

President Donald J. Trump called for penalty for people who sell drugs, resurrected the defunct "Just Say No"

NO MORE DRUG WAR

CONTEXTE *DU PROJET*

Fin 2016, Adeline Praud est partie vivre pendant six mois au sein d'une maison de transition américaine, qui accompagne, à leur sortie de prison, des personnes vivant avec des troubles de l'usage de substance. Ce n'était pas la première fois que la photographe choisissait le - vivre avec - comme mode d'exploration du monde et processus créatif. Elle développe ce travail depuis 2019. Il est le fruit d'une immersion de sept années dans l'État du Vermont, qui se situe au nord-est des États-Unis.

BIOGRAPHIE

Ancienne étudiante à l'école des Beaux-Arts de Nantes, Adeline Praud mène d'abord une carrière dans le secteur culturel. Depuis 2017, elle développe un projet long terme aux États-Unis. En 2022, elle est invitée par Le Carré d'Art - Réseau Diagonal - à développer un travail sur la santé mentale dans le cadre d'une résidence de création au Centre Hospitalier psychiatrique de Rennes. Ce travail intitulé *Comme une branche de laquelle un oiseau s'est envolé* a été publié en 2023 par les éditions Sur la crête. Depuis 2022, elle est membre de la commission des photographes du Centre Claude Cahun pour la photographie contemporaine (Nantes). En 2025, elle est l'une des résidentes de la Villa Salammbô (Institut Français de Tunisie). Depuis 2016, elle anime des workshops et enseigne la photographie. Enfin, elle crée en 2018 l'association L'œil parlant, afin de mettre en œuvre des projets photographiques à destination de publics vulnérables et marginalisés, dans une démarche d'empouvoirement participative. Adeline Praud est née en 1979, vit à Nantes et travaille en France et à l'étranger.



Exposition personnelle, Vermont Center for Photography, janvier/mars 2025

PARTENAIRES

SOUTIENS

A War on Us a été produit avec le soutien financier de l'Institut français, en partenariat avec la Ville de Nantes d'une part, et la Région des Pays de la Loire d'autre part. Il bénéficie également du soutien financier du ministère français de la culture.

En 2024, Adeline Praud a été sélectionnée pour le programme de mentorat de l'ENSP d'Arles avec ce projet.

Début 2025, ce travail a été exposé pour la première fois au Vermont Center for Photography. Il sera exposé à Portland (Oregon) en 2026. À partir de septembre 2025, il sera exposé pour la première fois en France, par le festival QPN à Nantes (Réseau LUX). Adeline Praud est actuellement à la recherche de partenaires en coproduction.

Ce projet reçoit dans son développement le soutien de la Villa Albertine sur le territoire américain.

Un nouveau chapitre pourrait voir le jour dans un futur proche. En effet, Adeline Praud souhaite développer une recherche sur la réduction des risques, qui s'avère être un enjeu majeur dans la prise en charge des personnes vivant avec un trouble lié à l'utilisation de substances psychoactives.

Adeline Praud tient à remercier toutes les personnes et organisations qui lui ont fait confiance et qui l'ont soutenue dans le développement de ce projet. Ce projet traite d'un sujet complexe et difficile, sans leur humanité, leur générosité, leur vitalité, leur combativité et leur joie, la réalisation de ce projet aurait été très difficile. Elle les remercie infiniment.

