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Version



A WAR ON US

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INSTITUT
FRANÇAIS

+

Nantes



MINISTÈRE
DE LA CULTURE
*Liberté
Égalité
Fraternité*

EVERY
DEATH
IS A DRUG
POLICY
FAILURE

Slogans on protest signs

PROJECT SUMMARY

A War on Us is a documentary research project that delves into the causes and consequences of the opioid epidemic, a crisis that has been unfolding in the United States for over 30 years. Driven by the unchecked greed of Purdue Pharma and a broader market built around it, coupled with policies focused on criminalizing drugs, the situation has become unprecedented: more than a million Americans have died from overdoses.

U.S. drug policies have failed. Trafficking has not only intensified but has also become increasingly toxic, with fentanyl leading to a massive wave of deaths since 2015. Meanwhile, prisons continue to be filled with individuals who need treatment and support more than incarceration.

Across the country, activists and families are making their distress and anger visible, demanding accountability from those responsible. In their wake, survivors are waging a different kind of battle—fighting against both the addiction that consumes them and the despair it brings. As the opioid epidemic spreads into every corner of their communities, these individuals are struggling to reclaim what they've lost: their children, their homes, and sometimes their dignity.

Discussions around drug use often become binary and moralistic, obscuring the real and complex issues at hand—economic insecurity and the psychological distress of those who lose the ability to function. Is it not easier to blame the individuals in distress than to question the responsibilities of the political, economic, and social systems that shaped their lives?

The project *A War on Us* was created to bring a closer understanding of the people and communities most affected by this epidemic, shedding light on the unseen struggles of those living in its aftermath. It offers new representations and narratives about substance use disorders. *A War on Us* also raises questions of responsibility and guilt. It is led alongside the individuals and communities that the overdose epidemic and the policies of criminalizing drug use have affected, and continue to affect, in 2025.



For 50 years in the USA, the giant of Purdue Pharma and an entire market built around it, continued with the selling of
opioid drugs, have created an unprecedented situation
more than a million people have died from overdoses.
Across the country activists and families are making their
voices heard, shouting out their anger and demanding
accountability from those responsible. In their wake, the
nation are seeing a battle at a different scale. They are
fighting against the addiction that consumes them, and the
system that has created it. In the second epidemic, many
corner of their communities, these fighters struggle to maintain
what they can of their children, their homes, sometimes their
lives.

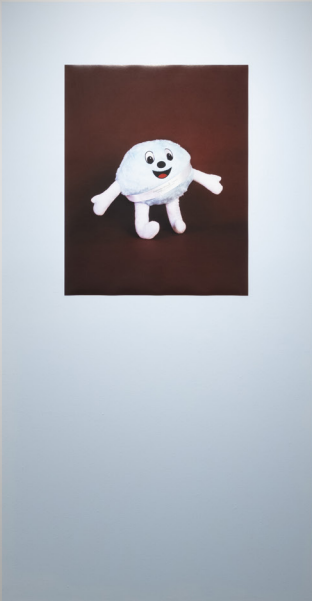
A Star On is drawn attention to the causes and consequences
of the epidemic. It was created in close collaboration with
those directly affected by the numbers in the.

The opioid epidemic, far from being an isolated phenomenon,
is deeply embedded in a system that includes North South
inequalities along with the, the concentration of drug use
like war on drugs, and systemic racism social inequalities,
which are often driving forces. In understanding how the
second epidemic not represent the culmination of a system
that has failed to properly care for the citizens.

In Vermont, some communities, families, and individuals have
chosen to confront the crisis head-on. Beyond the numbers
and policies put in place to repair and sustain what can be
salvaged, there are connections and relationships that have
the potential to change the culture of addiction and isolation.
In some rural and border communities, both collective and
individual healing is ongoing. Landscapes and bodies have
been scarred. Communities have been shaken to their core.

What are the possibilities for healing practices? Both
collective and individual? Above all, the movement for
healing comes from why do so many people living with
substance use disorder find it so difficult to understand that
they are not alone, regardless of what happens to them,
and that their recovery is the result of personal courage
that protects power and profit over the well-being of
individuals. These are some of the questions that guide the
photograph research.

French photographer Antoine Pélissier spent six months in 2017
living in a transitional house in Vermont that supports the
recovery efforts of people who use drugs. She documented her
initial research there, which he considered the catalyst for
which what was then called the second crisis came to surface.
Between 2017 and 2022, she returned to Vermont several
times to produce A Star On, the work she is presenting here
for the first time.





For 30 years in the USA, the nation's media has been reporting on drugs from a narrow perspective, focusing on the criminal justice system and the war on drugs. This has led to a distorted view of the drug problem, one that is based on fear and misinformation. The reality is that drug use is a complex issue, one that involves social, economic, and cultural factors. The war on drugs has been a failure, one that has cost lives and billions of dollars. It is time to re-examine our approach to drug use and to find a more effective way to deal with the problem.

What are the consequences of the war on drugs? The answer is simple: more deaths, more suffering, and more crime. The war on drugs has led to the deaths of thousands of people, many of whom were innocent. It has also led to the suffering of countless others, who have lost loved ones or who have been injured by drug-related violence. Finally, the war on drugs has led to an increase in crime, as people turn to the streets for their livelihoods.

There is a need for a new approach to drug use, one that is based on science and compassion. We need to focus on prevention and treatment, rather than punishment. We need to provide people with the resources they need to overcome their addiction, rather than locking them up. We need to create a society in which drug use is not stigmatized, but rather is seen as a health issue. Only then can we hope to solve the drug problem and to create a safer, healthier nation.



























ARTIST STATEMENT

A War on Us is a research project that explores the connections between personal trajectories, politics, and systemic violence within the context of the opioid epidemic. Supported by several image corpus, a timeline of the «war on drugs,» and an essay, this documentary photography project offers reflections on the criminalization of drug use in the USA and the context that made the current overdose epidemic possible.

The opioid epidemic, far from being an isolated phenomenon, is embedded in a system that includes North-South inequalities (drug trafficking), the criminalization of drug use (war on drugs), systemic violence (social inequalities, sexist and sexual violence, racism, etc.). Historically, does the opioid epidemic not represent the end of a system that has definitively failed to take care of its fellow citizens?

In Vermont, some communities, families and individuals have chosen to confront the crisis. Beyond the actions and systems established to repair and sustain what can be fixed (detoxification centers, rehab, transitional living, prescriptions of substitution drugs, support groups and therapeutic follow-up care), there are connections and relationships which can help to disrupt the cycle of addiction and isolatedness. In some rural communities and deindustrialized and disaffected areas, traumas both collective and individual merge. Landscapes and bodies have been affected. Communities have been shaken to their core.

What marks do landscapes and bodies retain from these traumas? What are the prerequisites for a state of resilience, both collective and individual? Where does the drive that sometimes enables healing come from? These are some of the questions that guide my photographic research.

HISTORICAL CONTEXT

In 1968, Richard Nixon, then President of the United States, instituted the War on Drugs. In the early 1970s, this punitive and repressive policy was put in place across America. It took aim at marijuana and heroin, whose principal consumers included the young pacifists of the counterculture and individuals from the African American community. In 2016, one of Nixon's top advisors testified that the government had targeted these drugs in order to establish a tighter legal grip over members of these two communities that they were determined to silence and disrupt.

Over the next few decades, racial and social discrimination continued to proliferate, this time between a crack-using population with strong ties to under-resourced African-American communities and another more "respectable", lighter-skinned population, the customer base of cocaine. Surprisingly recently, an individual arrested for possession of five grams of crack-cocaine was automatically imprisoned for five years without the possibility of parole, while for cocaine, this same sentence was set for 500 grams. And yet, the molecule is the same.

This makes plain that the ensuing criminalization the American legal system instituted in its embrace of this War on Drugs was built, not on the basis of the danger attributed to the drugs themselves, but instead according to the Black consumer population of these drugs which represented for successive administrations a threat to the status quo, to both the economic and social order.

At the end of the 1990s, the American pharmaceutical industry, in particular the Sackler family, owner of Purdue Pharma, gradually persuaded doctors and patients, thanks in no small part to hefty advertising campaigns, of the revolutionary nature of their new painkillers, including OxyContin, Fentanyl and Percocet. These medications are derived from oxycodone, a powerful analgesic, classified as a narcotic by WHO. Starting in the early 2000s, the number of prescriptions for these medications skyrocketed, and with

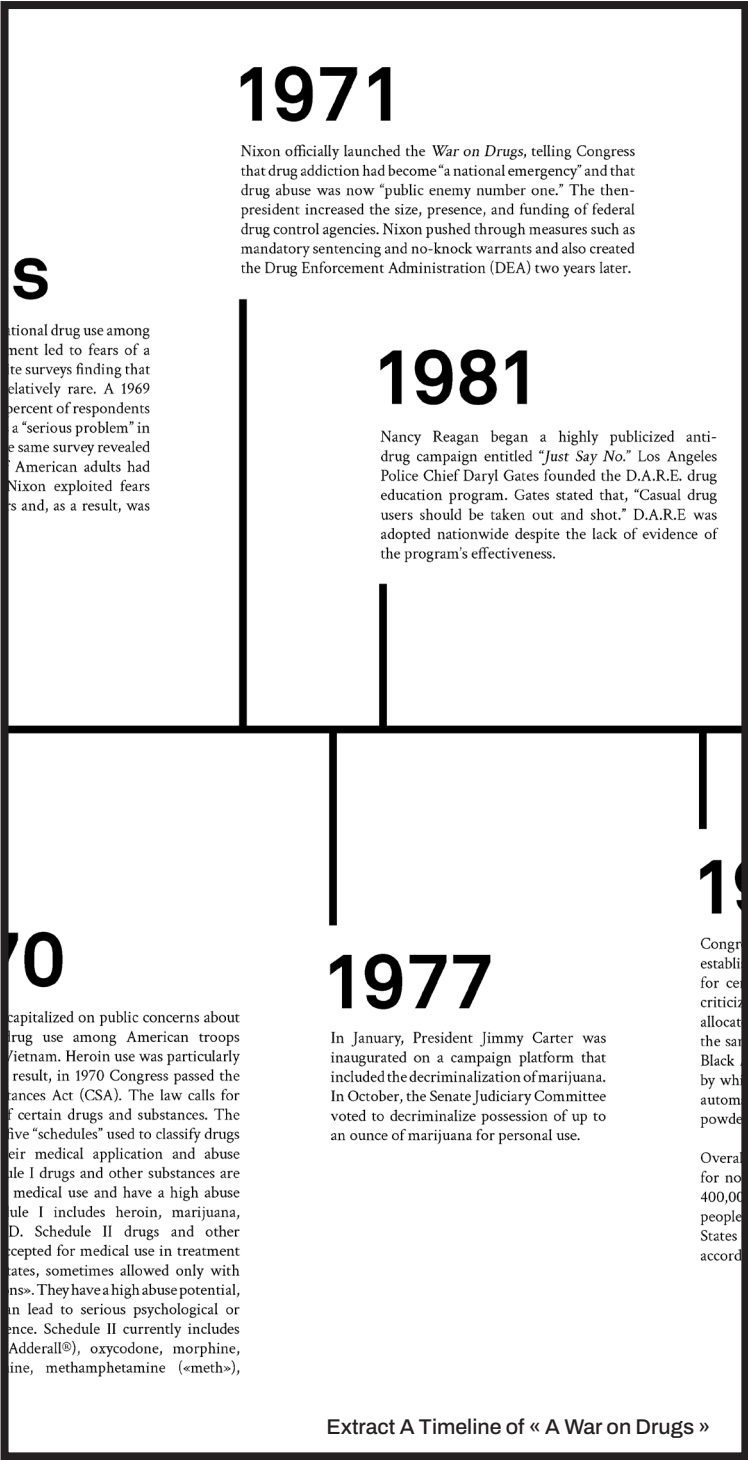
it the number of overdoses. Each year in the United States, 75,000 die from overdoses, with almost 50,000 of them attributed to opioids.

Since 2016, the number of conversations has grown in recognition of this crisis, even defining it as an opioid epidemic. While an epidemic is bound to affect all aspects of the population, the most at risk, including the so-called ‘white trash’, will almost certainly bear the brunt of its death and destruction. Tragically, Vermont holds the record for the highest percentage increase in overdose deaths between March 2020 and March 2021. While the national increase stood at 35%, in Vermont, fatal overdoses increased by 85%. Moreover, the Covid-19 pandemic led to a massive housing crisis. As of fall 2023, Vermont is the second state in the country in terms of homeless population per capita, behind California.

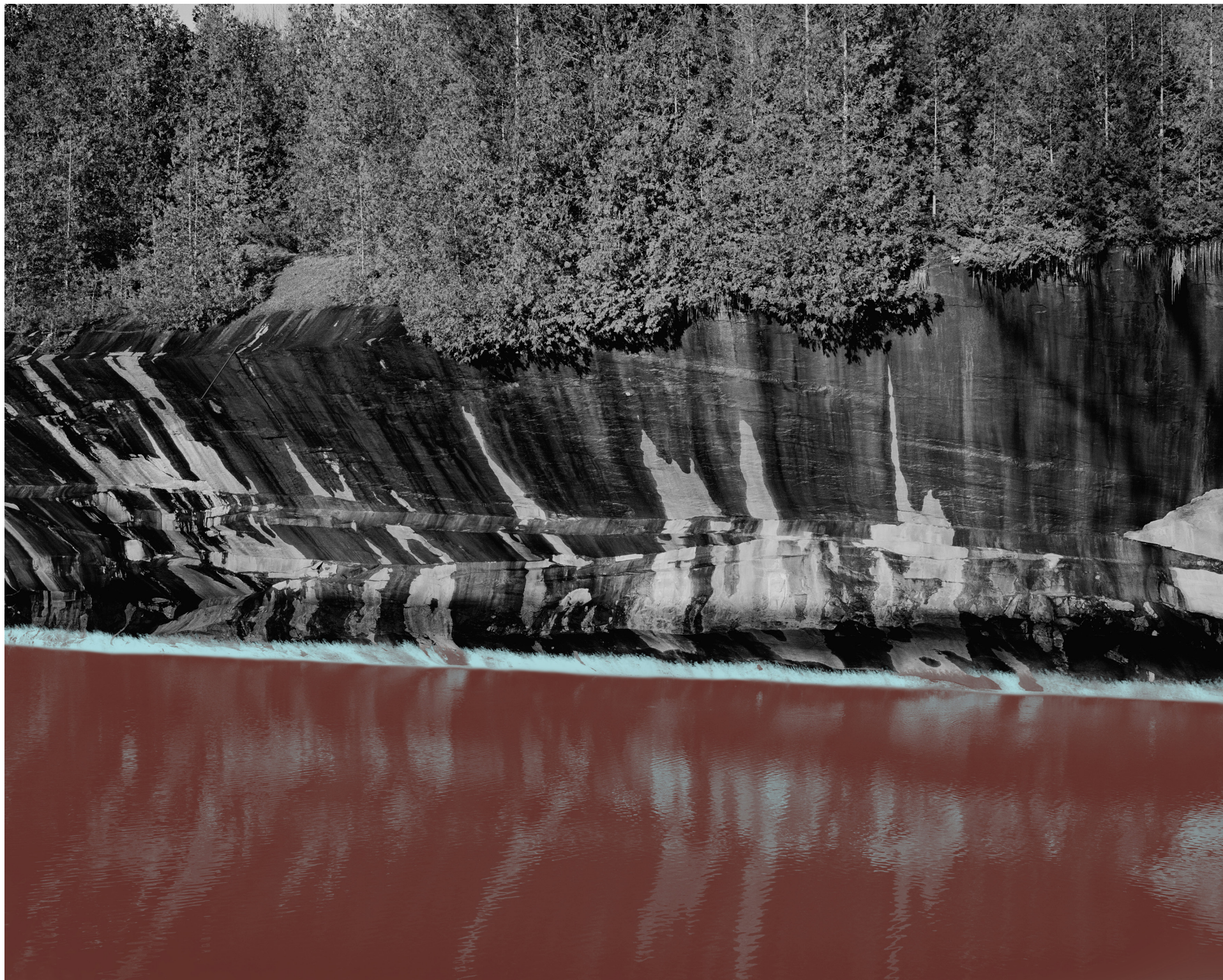
In the shadow of these alarming figures hide the people who’ve survived an overdose, those who fear the next one, the children taken from their parents, the families torn apart, the prisons. For people struggling with addiction, substitution treatment and therapeutic follow-up are essential, particularly for women. Indeed, the majority of them endure violence that goes hand in hand with what they refer to as this lifestyle (psychological and physical abuse, rape, prostitution, kidnapping, torture).

Over the past few years, other black market substances have spread massively through drug trafficking from Central America to major American cities and hubs in rural states, with Fentanyl coming in first place. Some people with substance use disorder use it pure, others an altered form, which has been mixed with other drugs by traffickers, unbeknownst to them. The entire market is poisoned. Even casual users, who do not have a substance use disorder, are at risk of overdose.

The only hope on the horizon for people struggling with addiction and the communities to which they belong is harm reduction. In contrast to the punitive approach that stigmatizes users and distances them from care, harm reduction proposes a shift in priorities. Penalization is replaced by prevention. Users are no longer seen as criminals but as people with a chronic illness. Abstinence is not imposed, and substance use is not equated with a disorder. The provision of sterile equipment, needle exchange programs, and the opening of low-risk consumption rooms are examples of actions aimed at reducing risks. Originating from peer-support movements, harm reduction is currently developing quietly in the United States because, apart from a few rare experiments, it represents a political cost that few politicians eager to be (re)elected are willing to bear.





















EVERY DEATH IS A DRUG POLICY FAILURE

A WAR ON US

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.

* 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.

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.

1980s

Media portrayal of Americans addicted to "crack" cocaine fueled public concern. In 1983, 2-4% 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 antiwar 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 Seyler to overdose and decided something more needed to be done. Under the leadership of Dan Bigg, co-founder and director of CRA, and Dr. Sarz Maxwell, the Alliance decided to start distributing naloxone to drug users who used syringe services.

2010

President Barack Obama reformed 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.

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 combined forms containing a mixture of heroin, counterfeit pills, and cocaine.

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.

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 400,000 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 346 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, relentlessly 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, these 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 NHS of the UK, and 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

PROJECT CONTEXT

At the end of 2016, the French photographer Adeline Praud went to live for six months in an American transitional house, which supports people suffering from substance use disorder when they are released from prison. It wasn't the first time she had chosen - living with - as a mode of exploration of the world and a creative process. She has been developing this work since 2019. It is the fruit of a seven-year immersion in Vermont (New-England).

BIOGRAPHY

A former student at the École des Beaux-Arts in Nantes, Adeline Praud initially pursued a career in the cultural sector. Since 2019, Adeline Praud has been developing a long-term project in the USA. In 2022, she was invited by Le Carré d'Art (Diagonal) to develop a body of work about mental health as part of a residency at the psychiatric hospital in Rennes. This work, entitled *Comme une branche de laquelle un oiseau s'est envolé*, was published in 2023 by Sur la crête. In 2025, she is one of the residents at the Villa Salammbô (French Institute of Tunisia). Since 2016, she has been running workshops and teaching photography. Finally, in 2018, she created *L'œil parlant*, an organization aiming to implement photographic projects addressed at vulnerable and marginalized audiences, in an empowering participatory approach. Praud was born in 1979, lives in Nantes and works in France and abroad.



Solo show, Vermont Center for Photography, january/march 2025

PARTNERS / SUPPORT

A War on Us was produced with the financial support of the French Institute, in partnership with the City of Nantes on the one hand, and the Pays de la Loire Region on the other. It also receives financial support from the French Ministry of Culture.

In 2024, Praud was selected for the ENSP Arles mentorship program with this project.

In 2025, this work will be exhibited for the first time at the Vermont Center for Photography. This work will be exhibited in Portland (Oregon) in 2026. In September 2025, it will be shown for the first time in France at the QPN festival in Nantes (Réseau LUX).

This project receives support for its development from Villa Albertine in the United States.

A new chapter may emerge in the near future. Indeed, Adeline Praud aims to develop research on harm reduction, which is proving to be a major issue in the care of individuals living with a substance use disorder.

Adeline Praud would like to thank all the people and organizations who placed their trust in her and supported her in the development of this project. This project deals with a complex and difficult subject, and without their humanity, generosity, vitality, fighting spirit and joy, it would have been extremely difficult to bring it to fruition. Adeline Praud thanks them sincerely.

