A WAR *ON US*

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Foreword

For over 30 years in the US, the greed of Purdue Pharma and of an entire market in its wake, combined with the policy of criminalizing drugs, have created an unprecedented situation: more than a million Americans have died as a result of an overdose.

Drug policies in the United States have failed. Trafficking has intensified while becoming ever more toxic - fentanyl has killed on a massive scale since 2015 - and prisons are filled with people who need treatment and support, more than they need incarceration.

Across the country, activists and families are making their distress and anger visible. They demand accountability from those responsible. In their shadow, the survivors are waging a battle on a different scale. They are fighting both an addiction that consumes them as well as the despair it carries. As the opioid epidemic infiltrates every corner of their community, these fighters struggle to reclaim what they've lost: their children, their homes, sometimes their dignity.

Discussions related to drug use can be binary and moralistic. They mask realities that are rarely named: economic precariousness and/or the psychological distress of people who lose the ability to function. Is it not easier to blame people in distress than to question the responsibilities of the economic, political and social system to which they belong?

A War On Us focuses on the causes and consequences of the opioid epidemic. The project was created to bring greater proximity to the people and communities it has most affected.

This book completes the exhibition *A War on Us*. It features slogans taken from signs at protests against the epidemic and a personal essay by Adeline Praud. Both the exhibition and book are the result of French photographer Adeline Praud's research, which was carried out in Vermont between 2017 and 2023. This research began with a six-month immersion in a transitional house that supports the recovery of people living with substance use disorders.

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 Americans were in shock. Divisions were becoming increasingly clear. In Rutland, Vermont where I had just settled, these divisions took the form of small yard signs planted in the lawns of the iconic wooden houses of the Northeast. These signs provided an inkling as to what might be going on inside these homes. It was obvious that some bemoaned the failure of Bernie Sanders, while others rejoiced: the man who had the power to save them would finally reach the steps of the White House.

I was embarking on a six-month stay, during which I was going to be one of the residents of a Rutland transitional house. I wasn't addicted to opiates, nor was I just out of jail. 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 court for people with substance use disorders, the other residents had received prison sentences of varying lengths. Their incarceration was linked to their addiction[1]. However, 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 designed to support their recovery efforts. The low rent fees and access to free food also enabled them to get back on their feet financially so they could regain control of their lives.

As a resident of this house, I had the same rights and duties as the others. 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 Terese, 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 here in Rutland that I understood the gravity of the global crisis I found myself witnessing. 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 was given access to the agencies and groups that work with the residents: the Probation and Parole office, the local prison, self-help groups affiliated with Alcoholics and Narcotics Anonymous, social services and so on.

Why were these new drugs, which are 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?

[1] The word addiction is 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. Harm reduction activists simply talk about drug use. In this book, I will sometimes use the word addiction, as this is the word most often used by users to describe their reality. I will also use substance use disorders or drug use.

OXY KILLS

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. I'll come back to this later.

In Rutland, the battle waged by professionals and volunteers was being played out on a local scale. Denouncing the system and those responsible for the epidemic was not on the agenda. The most urgent task at hand was to save those affected by the epidemic and support their families.

I remember a discussion with Sergeant Matthew Prouty in 2018. At the time, he was in charge of coordinating *Project Vision*, a community coalition of organizations, institutions and volunteers mobilized against the opioid epidemic on a local scale. At the time, we were discussing the reasons for the crisis. Eluding the ultra-liberal origins and greed of pharmaceutical companies, Prouty spoke of the loss of meaning that weighs on certain communities and individuals. Indeed, the deindustrialization of regions such as the Rust Belt and Vermont has deprived millions of people of their trades and jobs. This loss can give rise to great despair, and this despair is fertile ground for substance use disorders, domestic violence and political radicalization.

It was January 2017; it had been just over two months since I had set down my bags at Dismas House, the transitional house that welcomed me as a volunteer. Tim—one of the residents—and I took a long time getting used to one another; we were both very different. Tim is a redneck, at least that's how he defines himself. He lives with PTSD which he regulates by avoiding any social contact. His imposing frame and husky voice make him the kind of man you don't want to mess with. At the time, Tim spent his time, sitting in one of the armchairs in the living room of this charming Victorian-style house. From there, he had an unobstructed view of the kitchen, dining room, staff office, front door and television set. Looking back, I realize that this was a strategic position from which he could anticipate any danger. Sitting there all day long, Tim always had a drink in hand and one eye on the TV.

Tim had befriended Bobby, a former resident who sometimes came to visit. On January 20, 2017, as I crossed the living room to my room, Tim and Bobby were more or less attentively following the television broadcast of Donald Trump's arrival at the White House. Suddenly, one of them exclaimed, “Finally, a president who’ll take care of us!” Circumspect, I nevertheless understood how they could think this way. This president resembled them in some ways, but more importantly, he was saying what they needed to hear. Tim had grown up in an abusive home that had shaped his life. After numerous trips to prison and almost 25 years behind bars, Tim was done with that life. Over the months, he and I became friends. It took this long immersion period to allow us to get to know each other in spite of our political disagreements and cultural differences.

The following day, at Martha's invitation, I'd be taking part in the Women's March on Washington, alongside several

THE SACKLERS DESTROYED MY PARENTS' LIVES

hundred thousand people outraged by the misogynistic comments of this new conservative president.

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I chose Rutland as my research territory for two reasons: it seemed to me that participating in and understanding the workings and culture of a community on a small scale would be easier. This proved to be the case. I was also intrigued by the unique sociological aspects of this small deindustrialized town.

Rutland does not always enjoy a good reputation across the state of Vermont. Less intellectual than the university city of Burlington, less progressive than the state capital, Montpelier, Rutland is working-class and proud of it. The city basks in its unique history, that of having once been the world leader in the extraction and marketing of marble. The third-largest city in Vermont, Rutland began to lose some of its splendor when major local employers took a hit in the early 2000s. At the same time, the opioid crisis was taking off. Purdue Pharma's sales force, led by a well-planned marketing strategy, scoured deindustrialized rural areas in search of patients in physical and psychological pain. The pain market was beginning to take off.

The opioid epidemic would not exist without the enormous market influence of pharmaceutical companies. While this epidemic is part of an economic context (concentration of wealth), a historical context (prohibition), a political context (the War on Drugs program), an international context (narco-trafficking) and a social context (great insecurity for the more vulnerable), there are an abundance of reasons to focus on the pharmaceutical company most responsible for the crisis.

Purdue Pharma is a family business that was founded in the early 20th century. It's also the story of a company that gradually decided to specialize in the treatment of chronic pain. By the early 1990s, the company was losing ground. Its painkiller MS Contin® was facing stiff competition. Purdue therefore developed a new sustained-release drug based on oxycodone, a semi-synthetic opiate with similar effects to its MS Contin®. "The laboratory publicly asserts that the effects of OxyContin® last for twelve hours[2], 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 proving that these effects were in fact less long-lasting, enabled the laboratory to rally to its cause many general practitioners, who at the time 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. But OxyContin®'s commercial success was actually due to dubious sales techniques, misleading marketing and a controversial recruitment campaign among GPs".

[2] *L'OxyContin®, l'anti-douleur qui a rendu l'Amérique accro*, Arnaud Sacleux, National Geographic, Dec. 2021

NO MORE DRUG WAR

If you'd like to learn more about this topic while also enjoying yourself, I recommend watching two series and a film, all available on Netflix: *Painkiller*, *Dopesick* and *Pain Hustlers*. I also recommend Laura Poitras' wonderful film *All the Beauty and the Bloodshed*, in which the director documents American photographer Nan Goldin's involvement with the P.A.I.N. group and against the Sackler family. The film is also a profound look into the artist's artistic universe and personal struggles. In the meantime, let's take a look at Purdue Pharma's marketing plan.

One of the cornerstones of Purdue's marketing plan for OxyContin® was to target physicians who were the biggest prescribers of opioids across the country: doctors with patients suffering from chronic pain. Incidentally, these pain-sufferers were primarily in the former mining territories of southern Appalachia in West Virginia and Kentucky. The motivations of these pharmaceutical salesmen were clearly profit-driven.

A lucrative system of sales bonuses[3] encouraged drug representatives to increase sales of OxyContin® in their territories, resulting in a large number of visits to physicians, resulting in high rates of opioid prescriptions. In 2001, in addition to the average sales representative's annual salary of $55,000, annual bonuses averaged $71,500, with a range of $15,000 to nearly $240,000. Purdue paid $40 million in sales incentive bonuses to its sales representatives that year.

Alongside targeted marketing campaigns, national pain management conferences were events designed[4] to persuade doctors to prescribe OxyContin® over other painkillers. From 1996 to 2001, Purdue conducted more than 40 national pain-management and speaker-training conferences. These all-expenses-paid symposia were attended by more than 5,000 physicians, pharmacists, and nurses, where they were recruited and trained for Purdue's national speaker bureau.

Purdue promoted a more liberal use of opioids among primary care physicians, and in particular those considered extended-release opioids. They began to use more of the increasingly popular OxyContin®; by 2003, nearly half of all physicians prescribing OxyContin® were primary care physicians. Some experts were concerned that these doctors were not sufficiently trained in pain management or addiction issues. The doctors, often working in a managed care environment with time constraints, had less time for evaluation and follow-up of patients with complex chronic pain.

Purdue “aggressively” promoted the use of opioids for treatment in the “non-malignant pain market.” In comparison with that of cancer-related pain, the non–cancer-related market was much larger than that which was related to cancer treatment, constituting 86% of the total opioid market in 1999. Purdue's promotion of OxyContin® for the treatment of non–cancer-related pain contributed to a nearly tenfold increase in OxyContin® prescriptions, from about 670,000 in 1997, up to about 6.2 million in 2002, whereas prescriptions for cancer-related pain increased only about fourfold during that same period.

[3] *The Promotion and Marketing of OxyContin®: Commercial Triumph, Public Health Tragedy*, Art Van Zee, National Library of Medicine

[4] The distribution to healthcare professionals of promotional items such as OxyContin® fishing hats and plush toys was unprecedented for a Schedule II opioid, according to the DEA - Drug Enforcement Administration.

HER DRUG DEALER WORE A LAB COAT

Studies comparing extended-release OxyContin® administered every 12 hours with immediate-release oxycodone given four times a day have shown comparable efficacy and safety for chronic back pain and cancer-related pain. The fact that OxyContin® presented no significant advantage over other conventional medications was established by the Federal Drug Administration's medical officer when Purdue submitted its New Drug Application in 1995. The commercial success of OxyContin® was therefore not based on the drug's merits, but solely on Purdue's marketing strategy.

Between 1996 and 2024, over a million Americans died from opioid-related overdoses (this statistic includes both opioids acquired via prescription as well as those obtained on the black market), while survivors of overdose face many challenges: stigmatization, imprisonment, isolation, guilt and bereavement.

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The transitional houses where I met people directly affected by the opioid epidemic (individuals who have developed opioid dependencies) usually welcome their residents after being released from prison. In these homes, people who no longer have access to an environment conducive to recovery are able to get back on their feet.

Substance use can induce life-altering changes that can lead users to lose everything they have—their children and loved ones, their valuables, driver's license, etc. “When the police arrest you, you go straight to prison. They have no consideration for your pets and personal possessions. If you're lucky, people you trust will take care of all that. But in reality, when you go to prison, you usually lose everything. Your landlord throws it all away. And before that, so-called friends come and take what they want!” In order to be able to fully grasp the ins and outs of this testimony, light will need to be shed on the lifestyle[5] that goes hand in hand with drug use within the communities I've researched.

Oftentimes, drug use carries with it a severing of ties with people who don't use drugs, and conversely, a proximity with people who do. The transition from dependence (drug use is ongoing, however the person continues to take care of their responsibilities) to addiction (characterized by a loss of the ability to cope with daily life) engenders a paradigm shift. The drug - finding the money to buy it, meeting the dealer, using it - becomes the main focus in people's lives, and most of the time destroys everything. This description of the impact of substance use is based on the numerous testimonials I've heard over the years. They all are remarkably similar. One thing that's important to specify is that the drugs in question can be either prescription drugs (OxyContin®, Percocet®, Vicodin®, Fentanyl®) or black market drugs (heroin, fentanyl).

[5] It's a phrase that many women using opioids have chosen to characterize all that this addiction brings with it.

STIGMA KILLS

“I never thought I'd using heroin one day!,” was a statement which was emphatically repeated to me many times over the course of my interviews. Legal prescription drugs are always the initiatory stage of this journey. This fact leads me to point out that not everything considered legal is necessarily legitimate and right, and vice versa. But then, the day comes where people can no longer obtain these pills (either because they no longer have access to them, or because they can no longer afford them), they then switch to heroin (whether they inject or not).

This shift represents a turning point in people's lives, generating both shame and guilt. It also establishes new types of relationships and activities for obtaining drugs. Petty crimes or, in rarer cases, felonies are normalized to the drug user. Feelings of withdrawal become so strong that people put themselves at risk in order to obtain the doses that will bring them momentary relief. In a country which has chosen to criminalize drug use[6], the difficulty as a person living with a substance use disorder, is that once you've entered the justice system it becomes very difficult to find a way out. The chronic nature of the disorder practically guarantees this reality. Additionally, a prison is not a detox center. Worse yet. drugs are present in correctional facilities, as Sue, the former director of the Marble Valley Regional Correctional Facility and many other people who have been in custody, have informed me.

The criminalization of drug use creates a downward spiral from which a user finds it extremely difficult to escape. A return to drug use usually means a return to custody. How does one find the energy to rebuild everything, every time?

I first met Aaron in Burlington, which, with its 45,000 inhabitants, is the largest city in the state of Vermont. Progressive Burlington is located in the northwestern part of the state, on the eastern shore of Lake Champlain, south of the Canadian border. Aaron suffers from mental illness and substance use disorder. He explains that it was at the intersection of these two disorders that his problems became more acute.

Sometimes it's social anxiety and inhibition that drive people to begin using drugs. Conversely, it may be mental hyperactivity that leads others to seek relief or simply sleep. Mental health issues, the environment, boredom, peer pressure, the desire for freedom, the difficulty of coping with freedom[7] or the accessibility of drugs are other reasons that can lead to substance use, dependence or even addiction. The reasons are multiple and full of nuance.

Furthermore, access to a fair shake in the judicial system is often determined by the ability to pay for good representation in court. Aaron is aware of his privilege. “If I weren't a young, white, middle-class man, I'd be in jail right now because of my addiction. I'm out because my parents were able to afford me a good lawyer.”

[6] See the chronology of the “War On Drugs” at the end of this book.
[7] *On Freedom: Four Songs of Care and Constraint*, Maggie Nelson

SAVING LIVES IS NOT A CRIME

Aaron does indeed stand out. He's not representative of the majority of people I've met since 2016 in Vermont transitional houses, who are predominantly from a working-class background. The opioid epidemic doesn't exclude any community and neither does drug use. Certain communities and social classes are simply less visible.

And yet, from the many interviews I've conducted over the years with the most socially and economically vulnerable, as well as with people who have developed a mental health disorder as a result of sexual, psychological or physical abuse, I noticed that this demographic is more inclined to use drugs, especially if the drugs are legal and accessible in the family medicine cabinet. It's also more difficult for these people to get back on their feet, as cultural and economic capital play an important role here. As Aaron reminds us, to get out of the justice system, a good lawyer is preferable to a public defender overwhelmed by their caseload. To heal properly, therapy is essential. To rebuild one's life and find a satisfying job, the support of friends and family can make all the difference. Sadly, addiction among the most vulnerable can lead to a life of violence.

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If I'm completely honest, I was quite overwhelmed when, in 2016, I first began listening to the stories of the residents of the transitional house with whom I shared my daily life. I was also suddenly able to understand where the screenwriters of a certain kind of American independent cinema found their inspiration. I openly share this thought, which I can still remember thinking to myself, as thoughtless as it may seem, because at the time, this realistic and dark genre of cinema, which also depicts stories of resilience, was my only reference. I had never been confronted with such levels of violence before, except through cultural products. From then on, no movie screen or book page could protect me from this violence: it was delivered to me unfiltered, in all its brutality.

I realize that by sharing these thoughts, I run the risk of victimizing the people I've spoken to over the years in Vermont. That's why I agree wholeheartedly with the term "survivor", which American activists have gradually substituted for "victim". Yes, these persons may have been through traumatic experiences which causes are necessary to identify. But they have also survived both their trauma and the experiences that the drug use lifestyle leads to.

The majority of drug users I've had the privilege of getting to know blame no one but themselves for their situation. I couldn't understand the fact that they considered themselves entirely responsible for the chronic illness of substance use disorder. The way I saw them was shaped by the research I'd done. I couldn't separate these people's lives from the overall coercive environment in which they lived. For a while, I thought that Twelve-step programs like Alcoholics and Narcotics Anonymous were responsible for this phenomenon, as they encourage members to take full responsibility for their actions and to make amends to their loved ones. I later realized that taking full responsibility for one's illness could be a

MURDERED BY FENTANYL

way of reclaiming agency when, most of the time, one has lost almost everything.

Over the years, some of the women who use drugs that I met have told me about the differences between their situation and that of men. I've met young women who have been kidnapped, tortured, threatened at gunpoint, raped, explaining that these assaults go hand in hand with the lifestyle they've led. Yet there's nothing trivial about this kind of violence, and none of these women are responsible for it.

Vulnerability and womanhood don't always go together. Shay embodies a form of feminine power; her tattoos and frizzy purple hair convey a certain freedom. Above all, it's her presence and her look that make her charismatic. A drug consumer as well as dealer, she managed to run a tight ship for many years, financially supporting her extended family as only a true business woman could. She was the one who kept the kettle boiling and was proud of it. I wonder what choice I would have made if I'd been in her shoes. Would I have held down three jobs to pay the bills, working myself to exhaustion? Or perhaps would I have chosen a riskier option that would nonetheless have allowed me to be available for my children?

In a place where some of society's most disadvantaged members are made to feel guilty for not succeeding, and where the system discriminates against racialized people and impoverished communities, the possibilities for being successful are definitely unequal...

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"Traffickers from big cities of closeby states come here and make a lot of false promises to us. I ended up being scared of this guy I was with and too scared to leave because he always said he would kill my family. He knew how to manipulate me and use drugs against me. He could do just about anything he wanted to me, and he didn't hold back. He knew that if he gave me drugs, after that he'd be fine." This testimony echoes the story of Jenna, whose trajectory was explained to me by her parents Dawn and Greg. Jenna was a jovial, sensitive and intelligent young woman. Surrounded by a loving and financially secure family, at first glance, Jenna had everything she needed to succeed.

In her early twenties, Jenna was still in a relationship with her high school sweetheart. The relationship was abusive, and one day, her boyfriend got so violent with her that Jenna ended up in the hospital. "Her bones weren't broken, only her heart, yet the doctor decided to prescribe a month's supply of OxyContin® to her. After a month, she was addicted." Life was never the same after that for Jenna and her family.

Like other young women whose testimonies I've had the opportunity to hear, Jenna was quickly controlled by drug traffickers. Gender biases make perfect mules and dealers of women, as they are not as quickly identified by the police and as the system tends to be more empathetic towards them[8]. This is how Jenna's "career" began. For seven years, Jenna was in and out of rehab, each time

DON'T PUNISH PAIN

returning to her life as a user and dealer. "She was in thrall to these guys. One day, I showed up at her place, and she was surrounded by a bunch of big guys. There were drugs, money and guns all over the place. I exploded with anger. Jenna got scared for me." says Dawn, who despite all this was able to maintain the bond with her daughter during those difficult years.

Rehab enlightened Jenna as to the reality of her peers' lives. She confided in her mother that, once she's gotten out of rehab, she'd like to create a place to help other women who use drugs. Jenna's loved ones were full of hope : there were signs that she was finally becoming ready to stop using ; Jenna had begun distancing herself from the drug traffickers she had been in thrall to. Her mother recounts: "She was in rehab and one of them called her. She went to meet him. That's when she called me. She told me what was going on and where she was. I wanted to call the police, but she asked me not to. There was $50,000 in the car, as well as drugs. If the police had come, she would have gone to jail. I regret not calling the police that day, because that was the day Jenna passed away (...). She knew too much. She could have brought them down." Her parents then explain to me that they are convinced she was murdered, that she was given a pure fentanyl injection that would have been fatal to anyone.

Thanks to Jenna's insurance policy, a few years after this tragic event, her parents were able to establish a non-profit organization in the village's deconsecrated church of Johnson in Northern Vermont, where Jenna's family resides. The non-profit is dedicated to supporting the recovery of women suffering from substance use disorders. The organization consists of several different projects and includes a transitional house, a discount store and a café.

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In the specific field of addiction to psychotropic substances, there are two well-known ideologies: abstinence and harm reduction.

Alcoholics and Narcotics Anonymous advocate abstinence. These support groups, open to everyone, are found throughout the US. These organizations offer a twelve-steps program whose members can choose to follow or not. This abstinence movement is part of what is known as peer support. The support groups' facilitators are people who have themselves experienced substance use.

The harm reduction approach is based on human rights and justice, focusing on positive change and collective work, without judgment, obligation or discrimination. It is driven by an unconditional open-door policy. Programs that promote harm reduction aim to limit the risks generated by substance use and to maintain a link with users. This involves needle exchange programs, overdose prevention and reversal, prescriptions for opioid-related disorders, low-risk

[8] "The results of this study indicated that there was a statistically significant difference in sentencing disparity among genders for male and female offenders,(...) Female offenders received less severe sentences than male evidence that female offenders receive greater leniency than male offenders." Sentencing Length Disparity offenders. (...) These results suggest that gender favoritism continues to impact sentencing, and they support the Across Gender and Race for Drug Offenses, Alexis Griggs, Walden University

NARCAN SAVES LIVES

consumption rooms and substance control (as the black market has been infiltrated by uncontrolled substance mixtures, it is essential to test the drugs bought by users to check whether they contain fentanyl).

As for AA/NA, this movement was born within user communities. These two approaches are complementary to therapeutic work, which should be carried out by a professional.

I understand first hand the resistances, fears and prejudices surrounding drug use. In fact, my own biases, as well as my own ignorance, influenced my desire to dig deeper into this issue. Although I've never personally experienced addiction, I do live with an eating disorder and a Xanax® dependency. In fact, this was the answer I'd give when asked about my motivations for this project by the people I spoke with during the seven years I spent in these communities. Indeed, I often wondered why I was working on this topic. It was only later that I came to understand it. My subject isn't addiction per se; what really interests me are the causal links between systemic violence and the individual and collective trajectories of the people living inside these systems.

Restricting medical care supply and access is a form of violence in itself and an obstacle to recovery. In a rural state like Vermont, trouble in accessing care could mean hours spent each day on the road to receive medication for opioid use disorders, as the area is not sufficiently endowed with licensed providers. Only recently have dispensing methods become more flexible, allowing patients to receive a week's worth of treatment with a single appointment. And yet, once the decision is made to start a recovery process very few people actually get immediate access to a necessary Medication Assisted Treatment (MAT). This reality reflects the lack of funds and of providers which causes long waiting lists that can delay access to treatment for weeks. It's no wonder that patients feel discouraged and abandoned.

Tracy is the director of Rutland's Turning Point Center, a charity staffed by people who have lived with a substance use disorder. A former nurse, she developed an addiction to opioids through off-label drug use. Now in recovery, she works daily to support people who use drugs. “When a person decides to start treatment, they must be given access to it immediately. They can't wait three weeks; it's impossible.” I've been watching Tracy for years. She is highly esteemed by both the Turning Point users and her colleagues, as well as by other professionals fighting the epidemic. Tracy is determined. She's a fighter. But since 2020, she's been running out of steam.

The Covid epidemic has wiped out years of field work. During the lockdowns, all social services and discussion groups were closed, leaving hundreds of suffering people in total disarray. Between March 2020 and March 2021, lethal overdoses increased by 85% in Vermont, while the

RECOVERY NOT FELONY

national average was 35%. Tracy is tired. She bears a burden that is not her own; the memorial wall that shows obituaries published in local newspapers reminds her every day of the extent of the fight ahead.

Supporting her peers has saved Tracy's life. Like her colleagues, she started out as a volunteer at Turning Point, then worked her way up through the ranks. Today, thanks in part to her efforts, Turning Point has earned a good reputation. About ten years ago, it was not a popular place for people seeking recovery. Many drug dealers were part of the daily support groups. They were taking advantage of the participants' vulnerability to drum up business. Today, the center does its utmost to create a community of peers, recovered or not, by practicing an open-door policy and programming events capable of re-establishing the social ties that are part and parcel of recovery.

As in other places, Rutland lacks psychiatrists and therapists. And yet, peer support groups and Medication Assisted Treatment are far from sufficient for recovery. As the people who shared their stories with me often told me, in most cases it was trauma that led them to start using. If these traumas are not addressed in therapy, there's a good chance that the person will return to their initial drug use.

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In her book *Undoing Drugs*, journalist Maia Szalavitz questions societal approaches and conceptions of addiction treatment. She looks closely at the following two commonly-held notions: that hitting rock bottom is first necessary in order to get clean, as well as that of practicing “tough love” towards loved ones struggling with substance use.

This popular approach is not based on any scientific facts, and has its origins in claims made by a couple who wrote a bestseller in the early 80s, the Yorks. They argued that prison and severing the bond with the child is the best approach to help the child. Szalavitz explains how, “Through the concept of tough love, the ideology of the War on drugs has come to dominate not only the criminal prosecution system, but also the treatment system, closely linked to 12-step groups (NA/AA). A punitive mindset now fully permeates all institutions and systems designed to help addicts.”

During the Covid epidemic, people in custody ended up isolated from the rest of the world. It suddenly became impossible to receive visits, or take part in any activity, whether therapeutic, spiritual or sports-related within the small Rutland facility. The Probation and Parole Office as well as police officers were encouraged to avoid further incarceration, at the risk of introducing Covid into the facility.

This situation was exacerbated in no small way by a momentum that was already underway: a person who had committed a minor offense related to their addiction or failing to comply with the rules of their parole was no longer systematically incarcerated. As a result, transitional house regulations have also gradually become more flexible. The punitive

BIG PHARMA KILLED MY DAUGHTER

approach - you relapse, you go back to jail - has given way to more flexible rules and greater empathy in the case of a return to substance use.

When I returned to Vermont in February 2022 (my first post-covid stay), then again in September 2022 and September 2023, I was both impressed by the fighting spirit of the professionals and saddened by the fatigue of some, including Tracy. I also met Officer Rosario, a young policeman whose joy and humor were always welcome during these dark times.

On the scale of a town like Rutland, policing has been completely redefined by the overdose epidemic. To this day, as Rutland's police chief explained to me, most of his patrol's on-duty calls are related to the use of psychotropic substances. When the chief and I spoke, I made no secret of the fact that I had once been a rebellious teenager who didn't like the police and everything they stood for.

Police officers In Rutland are an integral part of the community effort to tackle the overdose epidemic. They are one of the driving forces within the networks of professionals committed and engaged in the fight against the epidemic, and most of them seem to demonstrate empathy as well as compassion. Nonetheless, some have mentioned having heard some police officers (whom I have not met) expressing regrets when administering naloxone[9] to save lives; some preferred when overdoses were fatal. “One less junky to deal with” they allegedly have said. These few policemen are not the only ones to think so. They are representative of those who consider people who use drugs as “trash”.

“From the moment you're defined as an addict, no matter what you do, no matter how much you change, that's still how you'll be looked at,” Kim, who has been in recovery for many years, remarked. The stigma attached to living with a substance use disorder can kill you.

Krista, who is now in long-term recovery, is a mother of several children. Both her forearms are covered with two large scars. “I probably injected myself with a drug that was laced with something toxic. I never found out what it was. Little by little, the infection spread to the point where you could see my flesh and bones. It was horrible and very painful, but I didn't want to go to the hospital. I was too scared of being treated like a junkie and losing custody of my children." Her testimony reminds us that prejudice is not just the work of isolated individuals. It is also institutional.

To remedy this, Rutland's Turning Point has set up a collaboration with the hospital and, importantly, the local police. Whenever possible, members of the team (who are, it should be remembered, people who have experienced addiction) step in alongside health staff and police officers to reassure and support those in need, where appropriate.

—

I met Melissa on a Tuesday afternoon in September 2023. I had decided to go to court, for one of the “Drug Court” sessions, officially called “Treatment Court”. This was the program my friend Shawn signed up for in 2017. I had been allowed to film a sequence there because, at the time, I was working on a documentary film project.

[9] Naloxone (narcan®) is a drug that can temporarily neutralize the effects of an opioid overdose, giving paramedics time to intervene.

STOP THE KILLING

To my delight, I rediscovered the same courtroom with its kind judge, in the midst of which a theatrical scene was about to be played out. Here, each participant in the program would take their turn stating their case in front of the judge and a courtroom full of peers, the defense lawyer, the case managers, and the laughing, cheerful eyes of Officer Rosario.

Before each session, the court required participants to take a urine test in order to detect any traces of substance use. A positive result would require a night in jail, as they very well knew. If they tested negative, following a brief discussion with a judge who was genuinely interested in their situation, they were awarded good points which took the form of sweets, fruit or even vouchers in some of the more exceptional cases.

Melissa had been in the program for over a year and a half. She was finding it difficult to get through the five stages of the program because she refused to accept a rule that seemed arbitrary. As she later explained to me, “She thought she could change the system.”

Marijuana use in Vermont is legal. However, this program, which offers an alternative to prison, is a part of the federal system. In the courtroom, therefore, federal law takes precedence over Vermont state laws. Melissa was therefore not allowed to use marijuana until graduation from the program. It was precisely this rule that Melissa refused to accept. The situation seemed absurd to her, it made no sense.

At the end of the session, on the corner of State Street and Grove Street, Melissa and I decided to meet again. She wanted to tell me her story, and I was curious to hear it.

Melissa had worked as a nurse in different states, moving around each time a new sweetheart appeared in her life. Back in Vermont, she now lived with her father. This voluptuous, intelligent and cheerful young woman had never been in trouble with the law before. She had been using opioids for many years, but had always managed to get her hands on pills without putting herself in any real danger. Her friends and boyfriends supplied her with them. One of her dealers was a retired man who, in order to make ends meet, sold off the pills his doctor prescribed him. Melissa was dependent on them, and she knew it. Her dependency had not, however, caused any major damage in her life up to then.

As a nurse, Melissa had to dispense opioids to her patients. That day, for the first time, she was tempted to help herself to her patients’ medications. Aware of the potential risks, Melissa went ahead with it, nonetheless. The scene was captured on camera and Melissa's fate was sealed. Having never come into contact with the law in the past, she was offered the Treatment Court program.

As the months went by, Melissa, like the others, finally accepted the role assigned to her and played the game that would allow her to regain her freedom.

LOVE PEOPLE WHO USE DRUGS

Epilogue

I'm privileged to have a voice that some are willing to listen to. I also have two forms of expressing myself: photography and writing. By choosing to develop work on such a complex subject, especially as a foreigner, I have taken the risk of making mistakes and producing narratives or representations that fail to re-establish a social dialogue, or worse, reinforce polarities. I hope to have been able to be of service to the communities concerned.

This body of work aims to shed light on a social, historical and political context that has impacted and will continue to impact generations of Americans. Through it, I wish to express my gratitude to all the people I've had the chance to get to know or photograph. They have made me a better person. Their strength and determination are impressive. I've laughed and often cried alongside them. Each and every one of these people are the embodiment of a resilience that is nearly impossible for us to perceive, because their stories, often full of violence, remain inaccessible to most of us. To all of them, I'd like to remind that even the smallest victory must be celebrated, that every step counts, always one day at a time. I'm also thinking of the families who, along with their loved ones, are embroiled in the hell of substance use disorder in a coercive context. This work is a tribute to every single one of these people.

A system that turns a blind eye to, or worse, encourages gender or racial oppression cannot hope to heal magically. If there is magic, it lies in the hearts of the professionals and volunteers who work with compassion and empathy to heal their communities.

END STIGMA SAVE LIVES

A WAR *ON DRUGS*

TIMELINE

1898
Germany's Bayer Company started the production of heroin on a commercial scale. The first clinical results were so promising that heroin was considered a wonder drug. Indeed, heroin was more effective than codeine in treating respiratory diseases. It turned out, however, that repeated administration of heroin resulted in the development of a tolerance threshold and patients quickly became heroin-dependent.

1914
Congress passed the Harrison Act, which banned opiates and cocaine. Alcohol prohibition quickly followed suit, and by 1918 the U.S. was officially a "dry" nation. Rather than causing an end to drug use, instead, the new legislation led to people suddenly being arrested and jailed for doing what they had been doing previously. Prohibition also meant the emergence of a black market, operated by criminals and marked by violence.

1933
The public demanded the repeal of alcohol prohibition along with the return of state regulatory power due to concern over widespread organized crime, police corruption and violence. Most states immediately replaced criminal bans with laws regulating the quality, potency and commercial sale of alcohol; as a result, the harms associated with alcohol prohibition disappeared. Meanwhile, federal prohibition of heroin and cocaine was upheld, and with passage of the Marijuana Stamp Act in 1937 marijuana was prohibited as well.

1960s
A rise in support for recreational drug use among the counterculture movement led to fears of a drug epidemic—this despite surveys finding that drug consumption was relatively rare. A 1969 Gallup poll found that 48 percent of respondents believed that drug use was a "serious problem" in their communities, but the same survey revealed that only four percent of American adults had tried cannabis. Richard Nixon exploited fears among conservative voters and, as a result, was elected president in 1968.

1961
Naloxone* hydrochloride, created by Jack Fishman and Mozes Lewenstein and approved by the FDA, treats opioid toxicity ("overdose") by blocking the effects of opioids in the brain, restoring respiratory functioning, thereby "reversing" an overdose.

*Naloxone (narcan®) is a drug that can temporarily neutralize the effects of an opioid overdose, giving paramedics time to intervene.

WAKE UP, WE ARE DYING

1970

Nixon's policies capitalized on public concerns about high rates of drug use among American troops returning from Vietnam. Heroin use was particularly prominent. As a result, in 1970 Congress passed the Controlled Substances Act (CSA). The law calls for the regulation of certain drugs and substances. The CSA designated five "schedules" used to classify drugs according to their medical application and abuse potential. Schedule I drugs and other substances are not accepted for medical use and have a high abuse potential. Schedule I includes heroin, marijuana, ecstasy and LSD. Schedule II drugs and other substances are accepted for medical use in treatment in the United States, sometimes allowed only with «severe restrictions». They have a high abuse potential, and their use can lead to serious psychological or physical dependence. Schedule II currently includes Amphetamine (Adderall®), oxycodone, morphine, Fentanyl®, cocaine, methamphetamine («meth»), among others.

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.

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.

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.

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

FDA APPROVED DEATHS

people serving time in federal prisons in the United States had been incarcerated on drug-related charges, according to the Federal Bureau of Prisons.

1980'

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.

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 356 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 ensnared 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.

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.

1995

In the early 1990s, Purdue Pharma began losing ground. The pharmaceutical

SUPPORT, DON'T PUNISH

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 asserted 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, who often had very little training in the effects of drug dependence, to prescribe or over prescribe the drug. Approved by the FDA in 1995 and launched on the US market in 1996, OxyContin® was a resounding success.

1996

25 years after the approval of naloxone, the Chicago Recovery Alliance (CRA) lost co-founder and beloved colleague John Szyler 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 made the decision to start distributing naloxone to the people who used syringe services.

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.

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.

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.

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.

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

HARM REDUCTION IS HEALTH CARE

facilities, Barack Obama decided to limit admissions to these facilities. The Trump administration, on the contrary, wants to make greater use of them.

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.

2018

American taxpayers pay $80 billion annually to maintain the US prison system. According to the non-profit organization Prison Policy Initiative, the real cost to tax-payers would be much higher: 182 billion, if judicial costs and inmate family expenses are included. That accounts for ten times the budget of NASA and 1% of US GDP.

President Donald J. Trump called for the death penalty for people who sell drugs. He also resurrected the defunct "*Just Say No*" slogan.

2020

Oregonians overwhelmingly passed Measure 110. This landmark ballot initiative made Oregon the first state in the union to decriminalize possession of small amounts of all drugs. As a result, thousands fewer Oregonians were arrested for drug possession and hundreds of millions of dollars in Measure 110 funds expanded addiction services. In 2024, drug possession in Oregon was made illegal once more. Nonetheless, Oregon is in a better place than it was prior to Measure 110, when penalties for possession of illicit drugs were more severe. Even the proponents of its rollback admitted that Measure 110 successfully expanded service provision, agreeing the services it created must stay in place.

Since 2020

To date, the War on Drugs is still ongoing, albeit with less intensity and publicity. The Repressive drug policies of the past 15 years have contributed to the evolution of a pernicious black market, resulting in the sale of fentanyl and xylazine (a horse tranquilizer). These drugs are fatal. Efforts to stop the distribution of illicit drugs stimulate ever-more concentrated substitutes, including fentanyl and xylazine. The growing market for these illicit drugs could be curtailed through the introduction of harm reduction policy.

For the past few years opioid manufacturers, distributors and retailers have been paying tens of billions of dollars in restitution fees to settle lawsuits over their role in the overdose epidemic. However, how these funds are used remains at the discretion of the states that have initiated proceedings. States may decide to allocate funds to reinforcing law enforcement policies or to developing harm reduction initiatives. Most states in 2024 have enacted legislation to increase access to naloxone.

Source:
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Acknowledgements

Adeline Praud would like to thank the local organizations and institutions that supported this project: Rutland Dismas House, Dismas of Vermont, Turning Point Center of Rutland, Evergreen Substance Abuse Service, Jenna's Promise, Probation and Parole, Rutland District & Family Courthouse, Rutland City Police Department, Vermont Care, Project Vision, Cortina Inn, 77Art and the Vermont Center for Photography.

Special thanks to: Terese and Robert Black, Martha Sirjane, Elissa Bucceri and Jared Johnson, Eric Maguire, Tracie Hauck, Heather U Ward Hurley, Margaret Theys, Justin Hofmeister, Matthew Prouty, Geraldine Burke, Dawn and Greg Tatro, Whitney Ramage, Sue Ransom-Kelley, Colleen Flynn O'Connell, Val Giesey, Silas Hamilton and Maureen Sullivan.

For their involvement in the early stages of research, Adeline Praud would also like to thank: Shawn O'Dell, Timothy Boardman, Samantha Cochran, Brian Dalton and Tonya Wright.

Thanks are also due to all those who contributed to this work: Nikki, Robert, Anthony, Melissa, Shay, Kim, Krystal, Crista, Jean, Nick, Annette, Tim, Rick, Chris, Aaron, Matthew, Jason, Sheena, Bryan, Ceire, Travis, Koren, Tess, Devin, Paige, Justice, Antonio, David, Mary-Ellen, Shannon, Ashley, Dan, Amy, Kimber, Dana, Natasha and those I may have forgotten.

This project is supported by the Institut Français, in partnership with the City of Nantes and the Pays de la Loire Region. It is also supported by the French government - Direction régionale des affaires culturelles (DRAC) des Pays de la Loire. In addition, the project has benefited from the support of legal entities and individuals, as part of a participatory funding campaign. The Villa Albertine supports this project for circulation in the USA.

Concept, documentation and essay: Adeline Praud
Graphic design: Lucile Bihannic
Translation from French: Cynthia Gonzalez-Bréart
Copy Editing : Caroline Wallace, Colleen Flynn O'Connell
Printed in France in December 2024