

**A WAR**  
*ON US*

Adeline Praud

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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<sup>1</sup>. 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?

<sup>1</sup>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<sup>2</sup>, 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".

<sup>2</sup> L'OxyContin®,  
l'anti-douleur qui a rendu l'Amérique accro,  
Arnaud Sacleux, National Geographic, Dec. 2021

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



## **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

