



## First debates regarding the legalization of drug use in Argentina at the start of the 20th century: the proposal of Dr. Leopoldo Bard and its sociohistorical context

Primeros debates sobre legislación del uso de drogas en Argentina a comienzos del siglo XX: la propuesta del Dr. Leopoldo Bard y su contexto sociohistórico

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**ABSTRACT** This paper analyzes the discourses of Argentine doctor and public health professional Leopoldo Bard using three texts on drug abuse published between 1923 and 1933. These texts embody the debates of the time regarding the role of the State, public policies at the national and regional level and, particularly, the US influence in Argentina exerted through the figure of Dr. Bard. The legislative measures and policies of that time, undoubtedly of a repressive character, were key in the State's advances into the private sphere and in the increasing importance of professional organizations in the definition of the material and symbolic borders of the socially acceptable, including those related to drug use. The multiple purposes these policies seem to satisfy are also highlighted: at the local level they enable other forms of repressing conflicts arising from immigration, while at the international level they appease US requirements.

**KEY WORDS** Drug and Narcotic Control; Legislation, Medical; Drug Prescriptions; Sociology, Medical.

**RESUMEN** Este trabajo analiza los discursos del médico higienista argentino Leopoldo Bard a partir de tres publicaciones que realizó entre 1923 y 1933 sobre toxicomanías. Las mismas condensan los debates en torno al papel del Estado, de las políticas públicas nacionales, regionales y, particularmente, la influencia norteamericana en Argentina a través de su figura. Las medidas legislativas y políticas de la época, de indudable corte represivo, fueron significativas para los avances del Estado en la esfera privada, la creciente importancia de los cuerpos profesionales en la definición de fronteras materiales y simbólicas sobre lo socialmente aceptable, incluyendo lo relativo al consumo de drogas. También se destacan los múltiples propósitos que parecen satisfacer estas políticas: en el plano local habilitan otras formas de represión de los conflictos derivados de la inmigración mientras que, en el internacional, complacen a los requerimientos norteamericanos.

**PALABRAS CLAVES** Control de Medicamentos y Narcóticos; Legislación Médica; Prescripciones de Medicamentos; Sociología Médica.

## INTRODUCTION

In 1923, Dr. Leopold Bard published *Los peligros de la Toxicomanía. Proyecto de Ley para la represión del Abuso de los alcaloides* [*The dangers of Toxicomania. Draft bill for the control of alkaloid Abuse*] (1), a document that forms part of the beginnings of drug policy implementation in Argentina.

While Bard was not the only spokesperson for this debate, this preliminary study, its arguments and the literature review it includes are of incalculable historical value and offer contributions to the current debate about drug policies in Argentina and Latin America. Moreover, although analyses of public policies regarding drugs abound, they are mainly focused on the period from 1960 to the present, with scarce references to debates from the turn of the 20th century (2-7).

The purpose of this paper is to contextualize Bard's discursive production regarding toxicomania in the broader debate regarding the role of the State, public policies at the national, regional and international levels, and, particularly, the ways in which the US policy guidelines of the time permeated the different discourses of the region, aspects that are seldom mentioned by other authors.

Furthermore, the legislative measures and policies of the time, of an undoubtedly repressive character, were significant in the more general debate on the role of the State in health, the advances of the State into the private sphere (8-10) and the growing importance of professional organizations – of all disciplines – in the definition of the material and symbolic boundaries of the socially acceptable and unacceptable (8,11), including that which concerns drug use.

As a part of the historiographical debate about health and disease developed in Argentina (8,12,13), this article is framed within the approaches that recognize in diseases not only a biomedical substrate but also an opportunity to develop and legitimize public policies, to facilitate and justify the creation and use of certain technical, technological and institutional mechanisms, to channel social anxieties, to discover and typify aspects of individual and collective identities, to sanction cultural values and to structure the interaction between patients and healthcare providers (8).

## METHODOLOGICAL ASPECTS

Using a qualitative approach (14), a content analysis (a) of Bard's discursive productions (15 p.167-171) on public policies related to toxicomania was carried out.

The dimensions that guided this analysis seek to answer questions about the author's characterization of the *drug problem* and its correlation with the historical moment, the guidelines behind the proposed policy and its justification, the interlocutors in the debate that Bard sets forward, and the social groups that become the recipients of public healthcare.

In order to delimit the corpus in the first stage of source selection, the concepts *toxicomania*, *drug* and *alkaloids* were employed as descriptors, as well as the terms used to denote addiction to different substances: alcoholism, cocaineism and opiumism. The second stage of selection centered on those concepts that referred to *legislation*, excluding purely biomedical works.

This article focuses on three sources: the main document in the analysis is the book *Los peligros de la Toxicomanía* cited previously; the second is a work published in 1933 in the journal *Revista de la Asociación Médica Argentina*; and the third comes from the minutes of the First National Public Health Conference [*Conferencia Sanitaria Nacional*] in 1923, in which Bard's participation and the local debate in the medical field are recorded. These sources were accessed in the archives of the Faculty of Medicine of the Universidad de Buenos Aires between July 6 and December 20, 2011. The legislative debates are analyzed using Guillermo Aureano's text (2), in which they are extensively quoted, as it was impossible to access the originals (b).

It is important to clarify that although in this article, which is restricted to Bard's arguments, international policies emerge as a central aspect, the *drug phenomenon* is not assumed to relate solely to international policy. On the contrary, considering the multidimensional character of the topic, it was necessary to limit the object of study given the complex structure of actors, processes and institutions that constitute the *drug problem*.

## THE DEBATE IN ARGENTINA AT THE TURN OF THE 20TH CENTURY AND THE FIGURE OF LEOPOLDO BARD

In the late 20th century, Guillermo Aureano extensively analyzed the reach of Argentine legislation regarding citizenship and the social construction of the figures of addiction and the *addict*. He reconstructed the process of objectivation whereby a person is defined as a possible subject to be sanctioned. In his journey through Argentine legislation, the author focuses on how, despite the liberal tradition of our Magna Carta, the penalization of substance consumption is achieved, an aspect that is still at the center of the current political and legal debate.

In the 19th century a certain distinction between law and morals was maintained, relegating judgments about excesses arising from substance consumption to the territory of *honestum* and, therefore, outside of the realm of the legally punishable. However, in the 20th century, law and morals began to become more clearly intertwined (16 p.90-91). It is in this period of transition that *Los peligros de la Toxicomanía* originated.

In the mid-1920s, two key laws promoted by Bard were passed: in 1924, Law 11309, which will be analyzed later in the text, began regulating imports, commerce and professional practices related to substances; and in 1926, Law 11331 became the first to typify drug possession (2,3). These proposals fall within the precepts of the *moral-interventionist* paradigm (16,17) (c), based on the US policies (16-20) that established the guiding framework of international conventions, of which Bard was a local promoter (2). The essence of this paradigm is to institutionalize the relationship between law and morals, enabling the State to intervene in the private sphere.

I begin my analysis with these precedents, focusing on the figure of Leopoldo Bard in his context, in his speeches, and in his dialogues with international scholars and politicians.

It should be stressed that Bard was a multifaceted man: he was a hygienist doctor; president of the River Plate sports club; and a political activist for the presidency of Hipólito Yrigoyen, the reason for which he occupied a congressional seat as National Deputy for the

radical party and subsequently became a political prisoner of the 1930 coup d'état. In 1947, during the first Peronist government, he became a public official under Ramón Carrillo (21). As Bard's academic and political production is vast and varied, in this paper I will focus only on his writings about *toxicomanía*.

### The dangers of toxicomania: draft bill for the control of alkaloid abuse

As I mentioned previously, *Los peligros de la Toxicomanía* is an informative preliminary document aimed at supporting the arguments of the hygienist legislator in the presentation of his bill in 1923, within the framework of the debate regarding the modification of the legislation on the use of alkaloids.

Two lines of argument can be made out within the document. As part of the first line of argument, which is rather confusing and fragmented, Bard makes dramatic pronouncements regarding clinical profiles presented in medical conferences, based upon which he hypothesizes possible causes of the *appetite for alkaloids*. He provides arguments regarding the need to define the legal figure of the drug addict. He also enumerates the factors that produce such inclinations, highlighting aspects as varied as purely individual factors as well as those involving the social dimension and global cultural processes. In order to support his statements, he uses several resources: police reports; national and international newspaper articles, mainly from the US and Europe; and international academic sources, through which he presents the different clinical profiles of toxicomania, such as morphine addiction and cocaine addiction. In addition, he describes the origin of the substances, the conditions for their medical use and the consequences of their *abuse*. Finally, to conclude, he presents the implications of these practices in Legal Medicine, gives a summary of the local and international legislation, and includes opinions from experts of different countries.

It is in the second line of argument that his legislative proposal can be identified. Although this part is shorter than the first, it contains specific proposals that justify the presentation of his bill.

The lack of proportionality between one section and the other is not visible at first sight if the reader focuses only on local events. However, as I see it, if the dialogues he established with local and international agents of that time are analyzed, we can obtain some keys with which to understand Bard's efforts to emphasize the social alarm represented by toxicomania.

### The problems with the legislation in effect at the time

Bard's proposal suggests modifying Sections 204 and 205 (d) of the Penal Code adopted in 1921. According to the author, in Section 200 and subsidiary Section 201 therein, the trafficking and commerce of adulterated products, water and/or foodstuffs are public health crimes already sanctioned. Nevertheless, he considers that substances as *harmful* as alkaloids cannot be included within the same category as food, water and medicine.

I agree with Aureano's (2) affirmation that the official history wrongly situates the emergence of the topic of *drugs* in Argentine public policies in the 1921 Penal Code. As the history of the local pharmacopoeia indicates, the first attempts to regulate and control drugs and medicines date back to 1822. In the mid-19th century, the first professional pharmaceutical associations were launched, which were predecessors of the future national pharmacopoeia. The second attempt was National Law 4687 regarding "Pharmaceutical Practice and its Regulation" passed in 1905 (22 p.4). On several occasions, Bard's work mentions the difficulties arising from the law not being regulated, an argument that allows him to show how his proposal – focused on modifying the Penal Code – complements this normative framework, which he considers too lax to prevent the expansion of toxicomania. In this way, he highlights that the code of the time does not prevent

...the sellers of alkaloids for illegal use from once again harming society. (1 p.11) [Own translation]

It should be recalled that other precedents related to drugs already existed, such as the 1919

National Hygiene Department Order regarding the sale of alkaloids (1 p.30), or the international commitments Argentina assumed early on, for example, adherence to the Hague Convention of 1911-1912, whose guidelines came into effect locally through a decree signed by president Marcelo T. de Alvear in 1922 (1 p.33). Such precedents, which I will focus upon in more detail later, were also present in the debates and reflections of the time, as well as in Bard's ideas.

In concrete terms, the 1923 proposal aims first of all to penalize those who sell or deliver stupeficient substances without a medical prescription or in quantities larger than the doses prescribed by the pharmaceutical specialty. Secondly, the bill specifies that the penalization should also include those who illegally introduce such substances into the country through smuggling, false declarations, etc. (1). This situates Bard's proposal within broader debates – exceeding the local sphere (23) – on the State's role in public health, specifically regarding the regulation of the medical practice and related activities (24 p.154), on the one hand; and, on the other, in the field of international trade relations and their regulatory mechanisms.

### The debate within medical circles

During the First National Public Health Conference in 1923, in the session on toxicomania, it was commented that a bill of national scope had been sent to the National Chamber of Deputies with the purpose of regulating alkaloid trafficking, trade and supply. This bill systematized different provincial proposals and laws in effect at the time. According to the session minutes, Bard's exposition was focused on describing in detail the amendments to the Penal Code necessary in order to sanction those selling these products illegally (25 p.46).

The proposal of Dr. Gabriel Meoli, representative of the National Pharmaceutical Society, is noteworthy on this occasion. His recommendation is "to substitute fines which are inefficient for physical punishments energetically applied [and in this way] dissuade colleagues involved in such a harmful vice" (25 p.47). Nevertheless, he disagreed with proposals that lay all responsibility

upon pharmaceutical professionals, and therefore suggested including a clause within the legislative text that would indirectly allow drug consumption to be penalized. This idea would be taken up again by Bard in 1926 in passing a law that included such a clause:

The possession of alkaloids by unauthorized persons is considered illegal commerce, notwithstanding any evidence to the contrary. Therefore, all infringements of the law and regulations shall be punished by imprisonment [...] and, in the case of professionals, prohibition from exercising the profession. (25 p.87) [Own translation]

Nevertheless, in 1923, concern seemed to concentrate upon the regulation of the professional practice of doctors and pharmacists. The entire debate consisted of enumerating provincial experiences in regulating commerce, distribution and sale, which demonstrates the lack of greater national coordination; this lack of coordination further implied greater difficulty in establishing smuggling controls or homogenizing sanction and regulation criteria. Regarding the stores and professionals authorized to handle alkaloids, the proposal of the National Pharmaceutical Association upheld that it be “limited to those duly authorized establishments controlled by public health authorities” (25 p.47).

Pharmacists were not the only ones interested in delimiting the professional field. The provincial representatives also aimed at amplifying professional regulations: the proposal of a senator from Córdoba, for example, gave the power to regulate distribution to the provincial public health authorities, and also required a detailed account of the uses and trafficking of these substances, indicating the agents involved, the substance quantity and uses (1 p.714-716). As we shall see later, all of these were measures suggested by international conventions.

The final vote of the First National Public Health Conference not only supported Bard’s proposal, but also sponsored these reforms in the Chamber of Deputies through the public health corporation (25).

## BARD’S INTERNATIONAL DIALOGUES

While individual trajectories are not in themselves sufficient to explain history, they are nodes through which different discourses promoting the processes we seek to reflect upon circulate (12). In this case, Bard allows us to add complexity to the discursive exchanges of the time. From this point of view, the dialogues he established and their influence on his proposals acquire greater importance.

In 1933, in a sequence of articles published in the journal *Revista de la Asociación Médica Argentina*, Bard makes public a survey carried out with different international figures in the academic and political fields: the professor Flaminio Favero, from the São Paulo Faculty of Medicine; the professor Dr. Enrique Roza, from the Rio de Janeiro Faculty of Medicine; Dr. Eduardo Blanco Acevedo, an Uruguayan professor; and Mr. Harry Anslinger, Director of the Federal Bureau of Narcotics of the United States (26).

The questions refer to the legislation in effect at the time in each interviewee’s country, inquiring into the profile of addicts and traffickers as well as the environments and factors that promote toxicomania. The author asks for comments about the performance of the League of Nations which, in 1931, promoted a set of measures with international coordination. These exchanges may give us clues about the dialogues between the local and the global which were already present in Bard’s project of 1923.

### Regarding subjects, contexts and the problem of “unethical doctors”

When Bard asks his South American colleagues to characterize the addicts and traffickers in their respective countries, it is interesting to note that they make reference to the same stereotype: addicts are individuals from the highest social classes, “people with plenty of free time,” declares one Brazilian colleague, the youth from the most educated groups: the *rich kids* (26 p.1185); whereas the latter, according to these experts, are usually employees at cabarets, *chic boarding houses* in Brazil or at the *German bars* in Uruguay.



The necessary facilitators of this trafficking are prostitutes or *cocottes*, coffee house waiters, and pharmacy employees. These are the focal points that “irradiate vice”, states the Uruguayan (26 p.1186-1188), in agreement with the characterizations made by the deputy of the radical party on the opposite shore of the Rio de la Plata:

The people in Buenos Aires involved in this despicable trade are numerous: pharmacies that give a “password” to clients, gambling agencies, fashion stores, hair salons, theater tickets sellers, etc. (1 p.15) [Own translation]

Among the people that foster drug abuse, in addition to the “harmful environments related to the vice,” the South American professionals agree that “the unethical doctors that take advantage of their professions to foster vice” are extremely dangerous (26 p.1185).

In the opinion of the representative from São Paulo, the legislation of his country, which seemed to be excessively severe to some, was in fact “excellent as it does not disturb honest people and efficiently controls the dishonest ones.” His concern was also focused on the need to punish the professionals, many of whom “fall into the vice and spread it.” He affirms that “in Brazil, there are many addicted doctors, as occurs abroad: It is the perpetual enslavement to foreign fashion” (26 p.1185). And he concludes:

It is known that the excessive production of toxic substances is greater than the need for them. This excess has consequences, makes trafficking easier, and therefore gives rise to smuggling. This generates an obligation to create consumption fashions, which are excessive. (26 p. 1185) [Own translation]

Complementarily, the professor from Rio de Janeiro informs that in Brazil a law was passed in 1931 – made effective in 1932 through Decree 20930 (19 p.65) – allowing for the regulation of sales and the “surveillance of addicts,” thus giving the Public Health Service of his country control of medical prescriptions for morphine, ether, cocaine, etc. Nevertheless, according to the professor, such control excessively complicates access to these substances for those individuals who honestly require them (26).

The Uruguayan professor highlights that in his country, the 1914 legislation is based on the ratification of the Hague Convention, which implies, in terms of content, following the same course of action as Brazil.

In his response, the Director of the Federal Bureau of Narcotics in Washington, Harry Anslinger, recommends to Bard the following:

A penal code should naturally impose severe penalties to narcotic drug dealers, whether they be simple street vendors or doctors that have betrayed their profession to earn dirty profits. (26 p.1327) [Own translation]

In 1914, the Harrison Law was passed in the US, a strict regulation that demanded the registry of those – mainly doctors and pharmacists – importing, manufacturing, trafficking inter or intra-state, or selling opium and coca leaves, as well as any of their derivatives. Consequently, certain substances were restricted to the professional field, duly registered within an agency controlled by the Federal Government after having paid the relevant taxes (25 p.200). Anslinger stresses the effectiveness achieved by the laws in his country:

As a result of the enactment of these federal laws on narcotics, I believe that the Bureau can fairly say that the escape of medical conduits for non-medical uses has been greatly reduced during the last 15 years; there has been a significant reduction in the total number of non-medical intentions for narcotic drugs; and *interstate smuggling and illegal trafficking of narcotics has been strongly reduced. This has been noteworthy over the last years, when this Government had the benefit of wider international cooperation.* (26 p.1324) (Italics in original) [Own translation]

As the US official states, the greater internal effectiveness of the policies of his country is also due to the *cooperation* of other countries in the implementation of local measures. The South American perspectives, in agreement with US guidelines, seem to be focused on protecting professional morality, but also on highlighting one aspect of toxicomania: it is a fashion that is contagious.

### Regarding contagiousness

It is clear that doctors are not the only ones to be blamed. If we recall Armus's affirmation (8) that diseases channel social anxieties, many of the assertions of these doctors are not coincidental. In response to the question regarding factors that have contributed to the spread of addiction, the professor Blanco Acevedo diagnoses the following:

Toxicomania has increased in the country as a consequence of the social post-war phenomenon which has had a profound impact on Western societies. The moral capitulation of certain social groups and the lack of a strict immigration law, up until about a year and a half ago, were crucial factors in the spread of addiction. (26 p.1186) [Own translation]

The changes that took place during the immigration process at the turn of the 20th century fueled an endless number of social, urban and political transformations (12 p.21). Thus, immigration becomes the focus of attention and the scapegoat for all tensions that disrupt the social harmony dreamed of by the ruling classes of the receiving countries. Not only people but also ideas and moral *infections* disembark from the ships. Therefore "the profound shocks suffered by European countries" are explained by the close relationship they have to "the psychical imbalances experienced by their social masses." As Bard states:

Once the brakes of traditional moral discipline cease to function, once the capacity for resignation, which is the only defense mechanism known for human miseries, becomes dulled, we exacerbate ambitious yearnings without the corresponding means that tend to ensure their realization; the imbalance is produced with irresistible strength both in the moral and political fields. [...] While impetuous and passionate temperaments pursue confusing dreams through the path of revolutionary agitations, skeptical and dull personalities try to drown their deceptions in the lethargy of drunken stupor. (1 p.13) [Own translation]

Why relate toxicomania with immigration processes? It is no coincidence, as drug policies do not refer to internal processes, but rather combine the international discourse with local needs. In this way, the association between people of *dubious morality*, marginalized social groups and drug consumption is not exclusive to the US (28 p.96, 29). Thiago Rodrigues summarizes the Brazilian experience at the turn of the 20th century in the following way:

...that threatening mass was made up of blacks, immigrants and rural migrants, socialists, anarchists, thieves, prostitutes, workers, women, men, and children with "exotic and uncivilized habits"; they were the antithesis of progress and of the wonders of the modern world. (28 p.96) [Own translation from Portuguese]

It is worth remembering that, in the history of international legislation on drugs, the Hague Convention of 1911-1912 installs itself as the greatest force for modulating local legislations aimed at criminalizing drug users. Although this is not explicit in the agreements reached, the US campaign generated a forceful change in the ways that drug consumers were perceived until that moment. It is in this international debate that the shift in the social stigma of the drug user is produced, from idle, weak, or victim to criminal figure (27 p.197-199, 28 p.93). In different regions, this discourse would be gradually incorporated and would be the start of, at least discursively, not only the criminalization of addicts (rather than of addiction), but also of viewing addicts

...as a contagious disease. [...] as an infectious focus whose contact with susceptible individuals contributes to the dissemination of the habit. (27 p.198) [Own translation]

It is worth mentioning that, in quantitative terms, according to the experts consulted by Bard, the number of cases in both Brazil and Uruguay was small and did not represent a significant concern until international trends indicated the contrary. The conclusion they reached was very simple: it is better to take precautionary measures to avoid contagion (26 p.1186).

### International action with local impact

The International Opium Convention, which preceded the Hague Convention of 1911-1912, was conducted in Shanghai in 1909 under Roosevelt's sponsorship within the framework of the expansion of US prohibitionist policy. Both meetings were highly influenced by US domestic policy. As an example, before attending the Shanghai meeting, the US government passed the Smoking Opium Exclusion Act of 1909 which prohibited the import and the internal consumption of this substance for non-medicinal purposes (26 p.1322, 28 p.93) with the aim of introducing these demands into other countries and so "lead by example" (27 p.196, 28 p.93).

The US representative, in Shanghai as well as in The Hague, was a missionary of the Methodist Church in the Philippines, an ultra-conservative bishop deeply committed to the expansion of US policies pursuing the "weak spirits of unhealthy circles in search of pleasures" (27 p.192-193, 28 p.93).

Anslinger, the chosen interlocutor praised by Bard in his article, represents this philosophy regarding drug policies, but as translated into institutional actions aimed at controlling the international trafficking of substances, first of alcohol – during his leadership of a division of the Prohibition Agency – and afterwards of narcotics. His figure, and the power granted to him by the federal government of his country, embodied what US international policy would be from that moment on and outlined what would be the newest and most profitable capitalist enterprise: the *fight* against drug trafficking. Anslinger is who founded in 1930 the US intelligence network for controlling the trade and trafficking of narcotics worldwide (27 p.237-250).

When Bard asks the US official about the international regulation resulting from the Geneva Convention that took place in 1931, of which the US government was a promoter and committed "cooperator" (26 p.1329), he states the following:

...the primary illegal trafficking was therefore the foreign overproduction of this salt [morphine hydrochloride] and its subsequent introduction into the United States [...] By virtue of better coercive measures in the country and with the help of more thorough

international cooperation, the smuggling of all drugs into the United States has been severely restricted during the last years. (26 p.1326) [Own translation]

*Internal preventive policy* focused its efforts on reducing drug trafficking to medical channels under the scrutiny of the federal government (26 p.1323). *External preventive policy* was additionally based on "vigorously inciting" other countries to adopt similar measures as well as establishing a *committee of experts* at an international level to evaluate quotas for the local production of the substances and crops from which narcotics are derived, and was in charge of regulating the authorizations for this production. In order to fight against the craving for these products, the US official suggests the following:

This Office has the impression that the general adoption [on the part of approximately 40 countries] and the faithful observance of the terms of this Convention [of Geneva in 1931], represent not only effective means for fighting against this craving, but also the most important step taken in the last years towards concentrated international action against the worldwide trafficking of illegal drugs. Its effect is already being felt in the smuggling from Europe into the United States. The countries that are so-called victims of the overproduction of foreign manufacture will especially feel the beneficial effects of the Convention's validity. (26 p.128-1329) [Own translation]

Along these lines, in one of the commissions of the League of Nations gathered in Geneva in 1923, the US representatives carried out a strong campaign to coordinate and homogenize internationally actions that until that moment had been conducted by each country separately. Finally, in the International Geneva Convention of 1931, the US managed to impose the terms of the *agreements* reached. It would be the League of Nations, through a committee of experts supported by and made up of US delegates, which would advise countries and supervise their compliance (27).

The Southern cone was not immune to these processes. In the discourses of Bard's interlocutors it is clear that in Brazil and Uruguay



the measures promoted by The Hague (1912) as well as by the League of Nations (1931) were adopted, although they did not respond to internal epidemiological needs (26 p.1185-1187). As Sergio Vidal indicates, the drug issue was already a concern for the Brazilian authorities in 1921 when they sought to align Brazil's internal policy with the US stances in the League of Nations. According to the author, this situation was in fact due to the close business relationship between both countries rather than to internal concerns or demands (19 p.65).

The statements of the English historian Richard Davenport-Hines can be understood in this way. He maintains that the sources of transformation of global legislation during that time can be traced to the processes of US internal policy, the intervening actors, and the way in which these actors articulated with and projected themselves into the world (23,27).

While international actions were what fueled local projects, they were also the starting point for the development of legislation that satisfied other internal needs, such as addressing the conflicts generated by large immigrant populations. For Bard, the adoption of international regulations was already imperative in 1923:

In all civilized countries the need of this extremely special legislation has been felt and there are few countries that have neglected to fill it out [the legislation sheet]. The inclination for toxic stimulants is a universal phenomenon, increasingly widespread. We cannot say that our country has remained free from contagion, even when it is not among those in which addictions have greater virulence. (1 p.12-13) [Own translation]

If policies are not promoted to address the progress of this ill-fated disease, "we will be exposed, for sheer neglect, to the dreadful effects that it brings" (1 p.13).

## BY WAY OF CONCLUSION

In his work, Aureano (2) states that although Argentina adopted international agreements, it did

not actively participate in them. This is evidenced, according to the author, in Argentina's "lack of urgency" in ratifying these commitments: It was only in 1947, through Act 12912 of December 26, that Argentina ratified The Hague Convention along with the Geneva Conventions of 1925 and 1931. Among the explanations that Aureano provides are, on one hand, the difficulty that the international organizations faced in convincing the countries that expressed greater opposition to these regulations, including Argentina (20); and, on the other hand, the marginal position of Argentina in both the trafficking and production of substances. Therefore, he concludes, these two circumstances, which were very apparent at the turn of the 20th century, show that the drug legislation revolved mostly around domestic policy reasons rather than around international pressure (2).

This conclusion may be applicable in part if we consider concrete legislative changes. Nevertheless, our review of Bard's concerns starting in 1923 and the dialogues that he began in 1933 with regional and US figures as well as the contents of his proposals seem to reinforce the idea of US influence on the Southern continent (11,19,28).

Even though this is not a determining explanatory factor, I agree with Eduardo Vargas's (23) reflection on the Brazilian experience: the ways of addressing local regulation in the different countries have, with few exceptions, certain coincidences in timing as well as in the main ideas emphasized by the legislation, coincidences that cannot be understood if only the internal processes are under scrutiny.

In this regard, the numerous ideological tendencies operating during his time become visible in Bard's works, exposing slippery layers (12) that lead us to think about the multiple social agents in charge of executing and conceptualizing the *moral policy* of a historical moment.

First of all, the *improper exercise* of the medical or pharmaceutical profession must be severely sanctioned given that these practices put into question the social legitimacy of these professions. Thus, the use of substances such as morphine, cocaine and ether in professional practice places these specialties along a fine line between legality and illegality, between curing and inducing addiction. In 1923, it is this limit that seems to be at the center of the debate.

Secondly, although focus was placed on the regulation of international trade policies and on the regulation and control of the medical sciences, in 1923 the legal forms that opened the door for what in 1926 would be the criminalization of consumers were already being discussed. This aperture, opened in the interest of local pharmacists to redistribute responsibilities, parallels the positions marked at an international level by the US's moral campaign in which the consumption of certain substances was associated with delinquency. This was the perfect link with which to establish the necessary relationship between law and morals, which in turn enabled State intervention typical of this burgeoning paradigm regarding drugs.

Simultaneously, this relationship is what that turns the drug policy of the time into a *multipurpose* policy. On the one hand, it satisfies internally the need to address the conflict being imported from Europe and embodied by immigration or marginal groups; on the other, as foreign policy, it satisfactorily conforms to US suggestions in a tense diplomatic context.

Therefore, we must ask ourselves, thinking in terms of the current policies in effect and the difficulties that arise when trying to introduce reforms: Do they have to do with implicit barriers coming from international interests, from the position of the Southern Cone countries in international power games, or simply from the interests of medical corporations and pharmaceutical companies and their needs regarding regulations, benefits and limitations to other agents' actions? The debates within the human sciences disciplines should also be mentioned: Are only psychological factors at stake, or also social and community factors?

While a historical perspective has allowed us to analyze part of discourses present in the legislative transformations at the turn of the century, I also consider it necessary to analyze the arguments, the actors and the nodes of the current debate on legislative changes in the region through this lens.

## ENDNOTES

a. As Maria Cecília de Souza Minayo indicates (15), in its origins, the content analysis of qualitative sources – documents, units of text, etc. – has been associated with a numerical coding for a future quantitative analysis. Nevertheless, since the 1960s, the qualitative perspective has gained momentum and the analyses that articulate texts with contextual factors and conditions for message production have become more relevant (15 p.170). Among the techniques mentioned by the author, this study uses the analysis of expression, in which, without undertaking a strict linguistic analysis, “the need to know personal traits of the speaker, his or her social condition and the cultural information that shapes him or her is emphasized” (15 p.171). In this respect, this technique has allowed me to address Bard's line of argumentation through the sources, which have been put into conversation with others and have been complemented with the historiographical interpretations of other authors. In this way, I sought to make an interpretation of his arguments without falling into a subjective perception.

b. It was impossible to consult the debates of the time in the Chamber of Deputies, as the archives of the National Library of Congress will not be available until the end of 2012.

c. The notion of the moral-interventionist paradigm encapsulates the set of actions that would guide the political and social treatment of the drug phenomenon over part of the 20th century, in which judicial intervention would take priority over healthcare for consumers. On the other hand, the model of public healthcare would have a paternalistic nature through which the violation of individuality on behalf of the health of third parties would be justified (16,17).

d. They constitute crimes against public health and are referred to as: (Section 204) “the dishonest supply of medicines and their variants”; (Section 205) the repression of the infringements of the regulations enforced by the authorities to avoid the introduction or spread of an epidemic, in this case, toxicomania.

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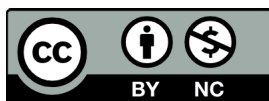
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