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### Cigarette Smoking In Modern Buenos Aires: The Sudden Change In A Century-Old Continuity

Diego Armus

*Swarthmore College*, [darmus1@swarthmore.edu](mailto:darmus1@swarthmore.edu)

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## Cigarette smoking in modern Buenos Aires

### The sudden change in a century-old continuity

Diego Armus

On September 29, 2005 and December 13, 2010, the Buenos Aires city government approved laws 1799 and 3718 prohibiting the practice of smoking in closed spaces accessible to the public, thereby defining an aggressive anti-smoking public health education agenda, and establishing severe penalties for those who violated these new regulations. But it was not always this way. In fact, for most of the twentieth century, cigarette smoking was a well-accepted and celebrated habit, a sort of icon of daily life in Buenos Aires, a malleable tool people used to deal with the stressful and exciting scenarios offered by modernity, and a primary symbol of pleasure and power, sexuality, and individuality.

Only during the last decade have these very appealing associations begun to be replaced by those of suspicion, disease, and death. As a consequence of these changes, the figure of “the smoker” has been redefined: rather than the self-confident and independent man or the liberated woman of the past, what is emerging is the figure of the smoker as a weak, irrational, and addicted individual who rebels against the strictures of public health. Within the broader framework of a history of cigarette smoking that transmuted the practice from a well-accepted, apparently innocuous habit to a medicalized, noxious, and criminalized addiction, this chapter attempts to explore a persistent continuity – one that, starting at the end of nineteenth century, went on for most of the century until it changed in the last decade quite drastically and at a very fast pace.

City Laws 1799 and 3718 are aimed at regulating the consumption, marketing, and advertising of tobacco cigarettes. Both laws frame their purposes within a distinct effort to improve public health and the health of the city’s individual inhabitants. Their articles are exhaustive and are worth including below, as they consist of legal instruments that reveal a remarkable sophistication and attention to detail.

These laws prohibit every kind of sponsorship or financing of cultural, athletic, or educational activities that are open to businesses or individuals who create, distribute, or promote tobacco products. With no exceptions, the sale of tobacco products is prohibited to minors under the age of eighteen, whether the products are for their own consumption or for marketing purposes and resale. The sale of tobacco products is prohibited in primary and secondary schools and in hospitals and other public health centers. Products that are used or consumed by children and adolescents, and whose format or packaging clearly or subtly encourage smoking are prohibited from being marketed or sold.

Smoking is prohibited in all enclosed spaces open to the public, including restaurants, bars and cafés, cybercafés and other businesses that offer computer use and/or wi-fi, arcades and game halls, shopping malls, cinemas, theaters, cultural centers, party spaces, and other public venues that are open to minors under the age of eighteen, bus terminals, vehicles used for public transportation, subway stations, gyms, and other sports establishments. Fines will hereby be placed on businesses that sell tobacco to minors. The advertising and marketing of tobacco, in any one of its forms, is prohibited in public spaces. Advertisements for tobacco products, whether for sale, promotional purposes, or for free, are prohibited. Excepted from the previous rules are those businesses that sell cigarettes. But cigarettes and other tobacco products' packaging is required to include easily legible, prominent messages created by health authorities about the harmful health consequences of tobacco smoke.

These laws call for the need to launch campaigns in educational institutions about the risks created by tobacco consumption. They also register the convenience of using methods of mass communication to reach out to the broader public as well as to plan control procedures to ensure the compliance of norms in advertising, marketing, sale, and consumption of cigarettes and similar products.

The contents of these laws clearly epitomize the break in the celebration and practice of the smoking habit. For decades, the habit was consistently encouraged by the tobacco industry (through advertising campaigns in newspapers, magazines, radio, and television) in order to create a mass consumption market of a nonessential good while also defining the contours of socially differentiated consumers – by status, age, or gender. Along with the tobacco industry's discourse, there were also those narratives produced by urban literature, tango lyrics, and cinema, as well as, of course, the numerous explanations and rationalizations about desires and choices articulated by smokers themselves.

In a way, the twentieth century witnessed the consolidation of a smoking subculture. Some examples can illustrate its resilience over time: Around 1900, for example, readers of any major Buenos Aires newspaper would have come across advertisements for four or five cigarettes brands – some more expensive than others – all of which were produced in Buenos Aires. Such advertisements encouraged smokers to be selective in their choices, a modern proposition that few consumer goods at the time could offer. The year 1921 saw the first public presentation of the tango entitled “Fumando Espero” (“While Smoking”). Its lyrics were more than suggestive: “Smoking is a pleasure, a genial and sensual one.../ Please, give me the smoke from your mouth that drives me crazy...”<sup>1</sup> Equally suggestive, taking into account that this tango was written in the early 1920s, is the fact that the individual who was “driven crazy” is a woman. Since then, “Fumando Espero” has been a musical hit, broadcast on the radio, recorded time and again, and sung in movies. Critics name it one of the most celebrated songs in tango history. By 1949, echoing the populist climate of the first Peronist era, local cigarette advertisements stated that “everyone” is entitled to enjoy a brand capable of “providing the smoker the right Argentine flavor.” During those years, and competing with this nationalistic advertising discourse, foreign companies with factories in Buenos Aires also announced their brands in a language that underlined and celebrated how cosmopolitan Argentine cigarette smokers were. Many of the characters in Jorge Luis Borges and Julio Cortázar’s writings from the 1940s to the 1960s were smokers. The foreign and domestic cinema of the 1970s and 1980s shown in Buenos Aires movie theaters is saturated with scenes in which smoking appears as a habit charged with an almost endless list of meanings. And the 1994 *Lonely Planet* tourist guide described most Buenos Aires inhabitants as intense cigarette smokers even knowing that smoking is a very unhealthy habit. The guide illustrates its statement with a scene in which a jogger runs with all the appropriate clothing gear and also a lighted cigarette in his mouth.<sup>2</sup>

Few indicators can easily illustrate the relevance of the material basis of this smoking subculture. On the tobacco agriculture front, it is worth mentioning that Argentina has been a tobacco-growing country for quite some time. Six provinces, in the Northeast and Northwest, have long been tobacco producers – some of them since colonial times, others since the 1930s – giving a livelihood to thousands of people working in labor-intensive, small- or medium-sized rural family units. During the last third of the twentieth century, the Argentine state subsidized tobacco agriculture with a federal tax of 7 percent on the sale price for each pack of cigarettes. Eighty percent of this state subsidy was supposed to go to tobacco farmers and the remaining

20 percent to agricultural diversification, helping rural family-based economies and consolidating trade-offs between provincial and national politics. This fiscal policy facilitated a mechanism that, in the end, aimed at maintaining lower prices for cigarettes. By 2004, Argentina produced 2 percent of the world's tobacco, exporting nearly 70 percent of its production to neighboring countries.<sup>3</sup>

Looking over the century of tobacco consumption in this cosmopolitan city of the world periphery, it is apparent that Buenos Aires' encounter with the cigarette, one of the most consummate modern commodities, was not the result of a diffusion process or an induction articulated by the economic forces of the industrialized capitalist centers through the arrival of international tobacco corporations. As in other parts of the world periphery, the cigarette was not a forerunner of the consumer revolution brought in from abroad.<sup>4</sup> In the last third of the nineteenth century, Buenos Aires' tobacco cigarette industry was already a quite well established local economy, organized around several small and mid-sized factories that produced more than a hundred brands of black tobacco.<sup>5</sup> In the 1920s, foreign tobacco companies – mainly from the United States and the United Kingdom – began to penetrate the already active and dynamic Argentine cigarette market. The years between the 1930s and the late 1960s were marked by an increasing competition between imported and locally produced brands. Since the early 1970s, transnational companies such as Phillip Morris International, British American Tobacco, Liggett's, Reemtsma, Lorillard, and R.J. Reynolds have increasingly controlled the domestic market.<sup>6</sup> Some of these companies worked through local subsidiaries built by taking over local tobacco cigarette manufacturing plants created many decades earlier by Argentine industrialists. During the last third of the twentieth century, these local tobacco entrepreneurs did not want or could not resist the increasing internationalization of the cigarette business.

Comparatively high levels of cigarette consumption have been a feature of life in Buenos Aires since at least the end of the nineteenth century. Cigars, pipes, and chewing tobacco were not relevant consumer goods in Buenos Aires' commercial scene. However, smoking tobacco rolled in paper was common well before the arrival of machine-rolled cigarettes, a novelty that further expanded an already well-established habit rarely qualified as a vice. Along with this well-established habit among male smokers, there are enough signs to believe that female smokers were not uncommon in the early twentieth-century Buenos Aires – although it seems they tended to practice the habit in domestic spaces. Over the rest of the century, cigarettes per capita consumption among men and women grew at a steady

pace. By the 2000s, smoking was undoubtedly a conspicuous daily life practice: a study conducted in seven Latin American cities between 2003 and 2005 identified Buenos Aires as one of the cities with highest smoking prevalence, another revealed a resilient high proportion of smokers among the medical professionals when anti-smoking policies were already gaining prominence, and market reports indicated that Argentina topped the list of countries that smoke the most in Latin America, consuming 1,014 cigarettes annually for every inhabitant over age fifteen.<sup>7</sup>

In sum, the presence of well-developed local cigarette markets early on, the arrival and subsequently dominant position of multinational tobacco corporations, the perdurable high rates of cigarette consumption per capita, and multifaceted, enduring, and very intense cultural reflections of smoking provided the material basis of a habit that shaped millions of lives in almost every corner of the city. As one of the most versatile consumer goods of the twentieth century, it seems that until recently almost everybody smoked everywhere: passengers on the subway and buses, shoppers at the mall, teachers in the classroom, doctors in hospitals, pregnant women at home, seniors in the neighborhood coffee house, television news anchors on camera, athletes taking a rest, lovers in bed, the youth at the workplace, college, or home.

It was in these long-lasting scenarios and throughout the century that smokers' individual self-narratives and experiences constructed a polyphony of explanations that celebrated cigarette smoking as a habit associated with ideas of stress control, relaxation, pleasure, self-governance and individual responsibility, masculinity, female independence, and youthful self-reaffirmation.<sup>8</sup>

Contemporary to the celebratory discourses of smoking and the steady expansion of its material basis, recurrent anti-smoking discourses associated smoking with cancer. Since the end of the nineteenth century, there have been sporadic concerns about the health effects of smoking. This was the case in Argentina and most other places. Nazi Germany is probably one of the few periods with a proactive and articulated anti-smoking public policy.<sup>9</sup> In Buenos Aires anti-smoking efforts were present throughout the twentieth century but were marginal and very modest in scope. Their agenda, time and again, was educational and informative, centering on the fact that smoking was an unhealthy habit, vice, or addiction and that quitting was mainly an issue of individual will and persistence. Some examples of these civil society initiatives illustrate this history of continuity. In the 1930s, and in a quite exceptional case of basic research done in the periphery of the scientific centers, doctor and researcher Angel Roffo

pioneered studies in his Instituto de Medicina Experimental that concluded that smoke condensed from the destructive distillation of tobacco could cause tumors when smeared on the hairless skins of rabbits.<sup>10</sup> Along with his laboratory research, Roffo was also committed to developing a diverse set of public health initiatives – from the mass distribution of pamphlets to an active effort to use mainstream printed and aural media, from the publication of a magazine entitled *Aire Puro* (Pure Air) to helping to organize a civil association against tobacco smoking.

Later in the century, in 1963, the Adventist Church launched, for the very first time, a five-day course on how to quit smoking. By the early 1980s, the Argentine chapter of the Rotary Club International established a special committee against tobacco smoking. And in 1986, the Public Health Foundation and the Argentine League against Cancer, under the leadership of doctors affiliated with the Ministry of Public Health, the World Health Organization, and the School of Public Health of the University of Buenos Aires, created the Chau Pucho Club (Goodbye Cigarettes Club) with a quite refurbished and aggressive campaign in print media, radio, and television, inviting smokers to join their self-help quit-smoking groups.<sup>11</sup> All these campaigns were marginal and did not significantly affect the secular dominant trend that publicly and privately celebrated the habit of smoking. In a way, this local failure mirrored another one: that of the global scientific community, which was not able to transform the emerging consensus about the association of smoking with cancer into public health policies well until the 1980s.

For quite some time – roughly three-quarters of a century – the economic groups with interests in cigarette tobacco consumption had no need to react against anti-tobacco initiatives that made no impact on their business. By the mid-1960s, a number of legal initiatives aimed at regulating cigarette smoking announced the configuration of a new scenario in which large tobacco companies, tobacco-producing provinces, tobacco growers, and federal agencies interested in the cigarette sales tax as a fiscal resource would – each for their own goals and reasons – join forces.

Between 1966 and 2003, under civilian governments and military dictatorships, there were close to twenty legal initiatives aimed at regulating cigarette smoking, all of which were blocked by the emerging pro-tobacco front.<sup>12</sup> In 1966, the first bill on tobacco regulation was introduced in the Argentine Congress, seeking to adopt a mandatory warning label on cigarette packs, but it did not pass. In 1970, the military government promulgated Law 18604, ending cigarette advertising on radio, television and in movie theaters, as well as establishing fines for violators. The law was in

effect for only one year. In 1973 and 1974, two bills were introduced that would have placed a health warning label on tobacco products and within ads; however, these bills were not approved due to the intervention of the tobacco lobby; by then, the industry was more proactively responding to these new initiatives that aimed at producing public policy centered on cigarette smoking.

In 1977, as in the United States and other countries, the tobacco industry launched a voluntary self-regulating code as a strategy to preempt stronger and more assertive legal restrictions on cigarette advertising. In 1976 and 1979, the Social Welfare Ministry of the military dictatorship then in charge of the national government drafted two bills aimed at regulating the content of tobacco and alcohol advertisement and requiring warning labels on cigarette packs. Both bills did not pass – largely as a result of the pro-tobacco lobby that argued the preexisting voluntary code made them unnecessary.<sup>13</sup>

During the 1980s – this time under civilian governments – efforts to pass comprehensive tobacco-control legislation as well as industry answers to those efforts became more intense. In those years, the so-called “smoking controversy” framed the public discussion about whether or not there were causal links between smoking and lung-related diseases, including cancer. Consequently, the tobacco lobby employed an arsenal of initiatives – namely, information seminars aimed at doctors, professionals, technicians, scientists, advertising agencies, and state officials – in order to counteract the efforts of those convinced of such a causal link. With the support of some medical doctors, media outlets, elected officials representing tobacco-growing provinces, and the resilient individual and collective perceptions of cigarette smoking as a non-dangerous habit, the tobacco lobby was able to corner and silence the emerging public voices that emphasized the pathological dimensions of cigarette smoking and called for forceful tobacco control legislation. Once again, pro-tobacco’s more efficient lobbying strategies won, leaving the “smoking controversy” inconclusive. Thus, in 1986, the National Congress passed Law 23344 that essentially codified the tobacco industry’s ineffective voluntary advertising code of the late 1970s and placed the weak health label “Fumar es Perjudicial para la Salud” (“Smoking is harmful to health”) on cigarette packs.

In 1992, Buenos Aires hosted the Eighth World Conference on Tobacco or Health. The occasion was a very favorable opportunity for anti-smoking advocates to push Congress to consider the comprehensive tobacco control bill originally introduced in 1990. This time, Congress approved it. However, the tobacco lobby organized a powerful public relations campaign with the support of international agencies, scientific consultants hired by



industry lawyers based in the United States, and representatives from the tobacco-growing provinces. As a result of this lobby, and only ten days after the bill passed, the president vetoed the law, mainly stressing the argument of preserving the economies of tobacco-producing provinces.

Two major elements were decisive in the making of a new anti-smoking consensus: On one hand, the findings related to the harmful consequences of second-hand smoking in the early 1990s, and on the other hand, the increasing globalization of comprehensive tobacco control initiatives through a new supranational agreement against cigarette smoking.

The consensus on the harmful consequences of second-hand smoke provided a rationale for public policies aimed at enhancing state regulatory roles vis-à-vis protecting citizens' health. This consensus is both a consequence and a facilitator of the consolidation of an emerging public secular morality. Like never before, health and fitness, risk consciousness, and behavioral change – along with traditional ideas such as “do no harm to others” – became the key ideas, beliefs, and justifications for many parts of the new anti-smoking advocacy groups' agendas, additional legislation that restricted smoking in public spaces, tighter controls on advertising, and increasingly abundant more or less sophisticated epidemiological studies.<sup>14</sup> This process was particularly relevant in the Anglo-American world, but less so in the world periphery, including Buenos Aires and Argentina. Though it had been in the making for quite some time, it was apparent by the last third of the twentieth century that most of the scientific circles, as well as more and more sectors of the population, believed that smoking was not only unhealthy but also a vicious addiction, the increased stigmatization of smoking was a promising strategy, the segregation of the smoker in all public spaces was necessary, and that eventually, smoking as a socially acceptable custom had to be eliminated.

The approval in 2003 of the World Health Organization's Framework Convention on Tobacco Control was a watershed event for the globalization of anti-smoking efforts. The Framework Convention was meant to induce those countries that signed the supranational agreement to raise taxes on tobacco, protect people from second-hand smoke, ban advertising, promotion and sponsorship, require strong health warnings on tobacco packaging, provide cessation services, and encourage non-governmental organizations to tobacco control efforts nationally and internationally.<sup>15</sup> In a relatively short period of time, a new generation of anti-smoking advocates was in the making, well-equipped and updated on contents and strategies – to a great extent, as a result of the periodical production of national and international reports by the World Health Organization, Pan American

Health Organization and others as well as civil society shadows reports by countries aimed at reviewing the gap between the Framework Convention's requirements and their actual implementation.

The Framework Convention went into place in 2005. A year later, the creation of the Bloomberg Initiative to Reduce Tobacco Use, based in New York City, reinforced the global momentum of anti-smoking efforts by making available US\$375 million for the global anti-smoking agenda. Focused on reducing tobacco use in low- and middle-income countries, it facilitated the establishment of full-time anti-tobacco specialists who advocated for the production of smoke-free environment legislation and worked on the monitoring of both air quality and tobacco industry activities.

In this new scenario resulting from the actions displayed by local civil society actors with plenty of support from global anti-smoking forces, and unlike ever before, the Buenos Aires anti-smoking camp succeeded in putting tobacco control on the health policy agenda, addressing with unequal strength five key issues:

1. the extent of the control on advertising;
2. the extent of restrictions on smoking in public settings;
3. prohibition of selling cigarettes to children and youth as a way to prevent them from falling into nicotine addictive behavior;
4. tobacco tax policies;
5. policy initiatives to help individuals stop smoking.<sup>16</sup>

By the second half of the 2000s the local anti-smoking camp already became a dynamic lobby. Although with intermittent, marginal, and quite ineffective initiatives during the twentieth century, the anti-tobacco militancy began to take shape during the mid-1980s, mainly as individual efforts carried out in academia, government, and civil society. Some of the most militant professional voices included Carlos Alvarez Herrera, Jorge Pilheu, Herman Schargrotsky, and Diego Perazzo. The year 1987 saw the creation of the Argentine Anti-Smoking Union (UATA), a medical/professional group that epitomized the enhancement of the activist agenda, adding to traditional approaches focused on awareness-raising activities and individual smoking cessation plans the strategy of lobbying elected officials in order to advance anti-tobacco public policies. In fact, the UATA advised some of them in the preparation of the first comprehensive bill against smoking in the early 1990s.<sup>17</sup>

Some of these new organizations joined the Latin American Coordinating Coalition on Tobacco Control, a regional alliance initially promoted by the American Cancer Society and the Center for Disease Control that was

mainly financed by the World Health Organization, Pan American Health Organization and Health Canada. Founded in the early 1980s, this alliance was by and large focused on awareness activities and offered very timid and erratic efforts toward shaping public policy, social mobilization, and advocacy. During the 1990s, the Coalition stagnated, ultimately losing the confidence of its financial support sources.

By August 2000, the Inter-American Heart Foundation – one of the Coalition's new members – volunteered to serve as the group's institutional home and develop a network aimed at revitalizing advocacy and social mobilization anti-smoking efforts. With a new regional leadership comprised of local advocates working in close contact with the Inter-American Heart Foundation, fresh funds mainly coming from the Heart and Stroke Foundation of Canada and the Pan-American Health Organization, but with the additional support of the American Cancer Society, Campaign for Tobacco-Free Kids, American Heart Association, and American Lung Association, the Coalition facilitated the organization of advocacy workshops, press conferences, media campaigns, journalism contests, shadow reports, opinion polling, and regional tobacco conferences. As a result, a new generation of anti-smoking activists and national teams of local advocates were not only in the making but also getting plenty of support from a new network of transnational, regional, national, and local organizations with a clear agenda aimed at renovating the old and not very effective anti-smoking policies.<sup>18</sup>

Since 2003, the Inter-American Heart Foundation has undoubtedly become the most dynamic and assertive advocate for the implementation of the Framework Convention on Tobacco Control in Latin America. In Argentina, the foundation opened its Buenos Aires office in 2007; almost right away, this office began playing a decisive role in the creation of Alianza Libre de Humo Argentina, a smoke-free environment alliance of more than one hundred non-governmental organizations: health practitioners as well as other groups focused on human rights, the environment, labor conditions, grassroots anti-smoking activism, and communications.<sup>19</sup>

In December 2009, the launch of the Coalition for the Ratification of the World Health Organization Framework Convention on Tobacco Control marked another milestone in what was becoming a quite successful anti-smoking agenda. With the leadership of all major tobacco control non-governmental organizations, such as the Fundación Inter Americana del Corazón Argentina, the Alianza Libre de Humo Argentina, the Asociación Argentina de Tabacología, and the Unión Antitabáquica Argentina, more than 300 organizations joined this new coalition – which

also worked very closely with the National Ministry of Health to construct a strategic plan that included advocacy, media campaigns, and public events.

By the end of the 2000s, the promotion of individual smoking cessation programs stayed in the agenda of the anti-smoking camp, although its tone and priorities were now focused on smoke-free environments, the implementation of smoke-free policies, and the monitoring of the tobacco industry and how to counteract its arguments and tactics. Lawsuits brought against the tobacco industry in Argentina have been neither common nor successful.

As expected, when confronting the novelties produced in the anti-smoking camp in terms of its public policy advocacy agenda as well as the increasing presence of a new international consensus on tobacco control, the tobacco industry renewed its marketing strategies and tactics, defending with new arguments the old practice of smoking. In the early 1990s, it organized and orchestrated major lobbying and public relations campaigns to question the legitimacy of concerns about second-hand smoke. Likewise, in other countries, these campaigns used industry-friendly scientists, medical doctors, and journalists. Since the mid-1990s, it has promoted its “accommodation” program, “La Cortesía de Elegir” (“The Courtesy of Choice”), designed to avoid legislation to end second-hand smoke exposure in restaurants and bars. More broadly, the goal was to maintain the social acceptability of smoking, an issue that plenty of smokers – for whom smoking could be a habit, an addiction, a pleasure, even an accepted health hazard – defended in terms of their right to exercise an individual and legitimate choice.<sup>20</sup>

By the end of the decade, the tobacco industry began to promote youth smoking prevention programs to preempt anti-tobacco education. The goal was to put all the weight of the decision to smoke on the shoulders of young smokers themselves, shifting the focus away from the imaginative strategies the industry utilized when marketing cigarettes.

If during most of the twentieth century, the state was not an actor in defining tobacco control public policies, the last decade reveals a more complex picture – one with an undoubtedly profound and quite drastic change.

At least three events that took place in 2003 reveal a complexity mainly resulting from the way different state agencies and government branches were articulating different discourses and trying to enact different agendas at around the same time: In 2003, the Ministry of Health created its National Program for Tobacco Control. By then, the Ministry was already working with many provincial and municipal governments in 100 percent smoke-free environment initiatives at the local and regional levels. It also pushed for

a new and very comprehensive law following the minimum standards defined that year by the Framework Convention on Tobacco Control. It was an unsuccessful effort, among other reasons because the executive power of the national government did not include the issue among its priorities. Also in 2003, the Lower House of Congress' Public Health Committee drafted a version of a bill that consolidated eighteen previous tobacco control legal initiatives; however, at the end, it was buried in favor of other parliamentary issues. That year, Argentina signed the Framework Convention on Tobacco Control, but its ratification was blocked in the National Congress Senate by legislators of tobacco-producing provinces who – independently of their political affiliation – used their leverage within their own political parties and the national government to freeze any further action.

By 2006, there was only one national law that restricted tobacco advertisements in certain places. Many provinces had laws that theoretically protected persons from passive smoking and prohibited the sale of cigarettes to minors. In Buenos Aires, the aforementioned Law 1799 (passed in 2005) made the city part of a group that was certainly moving faster than the national government toward comprehensive tobacco control policies. However, in most cases – including Buenos Aires – these laws were generally ineffective because of a lack of enforcement and loopholes that allowed the creation of smoking spaces – sort of fish tanks – within a smoke-free closed environments. By 2012, and without ratifying the Framework Convention, National Congress finally approved a new, comprehensive law even more explicit and ambitious than the one approved in 2010 by the Buenos Aires city legislature. The results of these recent changes in public policies were remarkable. Although Argentina continues to rank among the countries with the highest smoking cigarette per capita consumption in Latin America, the decline of its prevalence was one of the sharpest worldwide: between 2006 and 2012 the Argentine rate has declined by 15.4 percent compared to 5.86 percent for developing countries and 6.4 percent for developed countries – where the most significant reduction happened earlier.<sup>21</sup>

What happened in Buenos Aires in the last decade is not exceptional. With national differences, and in some countries in a faster and more effective way than in others, the new anti-smoking consensus engineered in Washington, DC and Geneva was able to begin to achieve very significant changes in cigarette consumption. At the local level, new non-governmental organizations and health professionals – some working for state agencies – adjusted and instrumentalized the tobacco control agenda and gained increasing support from the political leadership.

During most of the twentieth century, the regulation of cigarette consumption was not a substantive topic in Argentine and Buenos Aires public policies. All civilian governments (conservative, liberal, reformist, and developmentalist) as well as military dictatorships (both moderate and brutal) did not confront tobacco as an issue because at that time it was an issue only for very marginal voices. As with other problems, the history of cigarette smoking reinforces the assertion that social and health policies cannot always be fully explained by the parameters and periodization of political history and that changes in political regimes or governments do not necessarily translate into changes in social or health policies.

Only since the 1990s, and particularly during the 2000s, when supranational organizations (such as the World Health Organization, Pan-American Health Organizations and Inter-American Heart Association, as well as the North-American Bloomberg Philanthropies and American Cancer Society) began to give financial support and training to local professional and academic groups, has the new global anti-smoking consensus made its impact on the political scene in Buenos Aires. In a matter of only few years, a new advocacy network of organizations and anti-smoking activists were able to recruit legislators from almost all political parties at the local, provincial, and national levels. Some provinces and cities – Buenos Aires among them – advanced and began to try to enforce legal anti-smoking policies earlier and at a faster speed than others. But in a very short time the new anti-smoking momentum went national. With the backdrop of an international consensus very invested in the medicalization and criminalization of smoking, and in recurrent political conjunctures where partisan approaches to policy-making tended to dominate, a very assertive and comprehensive national anti-smoking legislation was approved. By then, the voluntarism – which was mainly focused on individual programs for quitting that dominated almost all of the twentieth century – was, without disappearing, replaced by public policies focused on the creation of smoke-free places and the drastic control of second-hand smoking. In other words, the increasing sophistication displayed by the anti-tobacco camp on many fronts – from funding to social marketing of ideas and behavior, to lobbying local, provincial, and national governments – facilitated a profound shift of emphasis. Still in the making and with an unknown end, this shift is entailing a clear decline of discourses and policies focused on personal smoking cessation efforts and a commanding presence of a public health approach. While strongly limiting opportunities and spaces to smoke, the current dominant climate emphasizes collective and individual rights to environments free of smoke.

The sudden change in a century-old continuity in the history of smoking in modern Buenos Aires is apparent and very difficult to question or relativize. The role of the global tobacco control forces during the last decade seems to be equally undisputable. Its relevance, however, needs to take into account the local and national conditions where the guidelines generated by the Framework Convention on Tobacco Control were enacted. It is in the interlacing, adjustment, and negotiation of social, cultural, and political events at distance with specific contextualities where the practice of cigarette smoking in Buenos Aires reveals a history that is both local and international.

### Notes

- 1 For the complete lyrics of “While Smoking” see Juan Angel Russo, ed., *Letras de Tango* (Buenos Aires: Basilico, 2000), 34.
- 2 Wayne Bernhardson, *Buenos Aires* (Lonely Planet Guides, 1996).
- 3 José Domenech, *Historia del tabaco. Universalidad de sus industrias y comercio* (Córdoba and Buenos Aires: Aniceto Lopez, 1941); Julio Fidel, Jorge Lucangeli, and Phil Shepherd, *Perfil y comportamiento tecnológico de la industria del cigarrillo en la Argentina* (Buenos Aires: Bid-Cepal, 1976); Secretaría de Agricultura, Ganadería y Pesca, Ministerio de Economía y Obras y Servicios Públicos. *Tabaco en Argentina* [www.mecon.gov.ar], 2004.
- 4 See for example, Carol Benedict, *Golden-Silk Smoke: A History of Tobacco in China, 1550–2010* (Berkeley: University of California Press, 2011); Relli Shechter, *Smoking, Culture and Economy in the Middle East: The Egyptian Tobacco Market 1850–2000* (London and New York: I.B. Tauris, 2006).
- 5 *Caras y Caretas*, May 21, 1910.
- 6 www.pmi.com/marketpages/pages/market\_en\_ar.aspx#. Retrieved July 2, 2014; Martín González Rozada, Gustavo Sánchez, Marta Angueira, and Fernando Bartolomé Verra, *Análisis económico del consumo de tabaco en Argentina*, mimeo, 2002.
- 7 Raúl Pitarque, *Tabaquismo en Argentina: Enfermedad, discapacidad y muerte* (Buenos Aires, 2005); Beatriz Marcet Champagne, Ernesto M. Sebrí, Herman Schargrotsky, Palmira Pramparo, Carlos Pablo Boissonnet, and E. Wilson, “Tobacco Smoking in Seven Latin American Cities: The CARMELA Study,” *Tobacco Control* 19 (2010): 457; Horacio Zilbersztein, Alberto Cardone, Nora Vainstein, Andrés Mulassi, José G. Calderón, Patricia Blanco, Enrique Pautasso, Aníbal Picarel, Román Cragnolino, Susana Fernández, Adrian Andina, Sebastián Saravia Toledo, Italo Torchio, and César A. Belziti, “Tabaquismo en médicos de la República Argentina. Estudio TAMARA,” *Revista Argentina de Cardiología* 75, no. 2 (2007): 109–16; <http://research.scottrade.com/qnr/Public/Markets/Commentary>. Retrieved July 1, 2014.
- 8 In this chapter it is not my goal to discuss the meanings of smoking. In any case, I do want to underline that along with the pervasive influences of advertising and the addictive consequences of inhaling nicotine it is crucial to include the wishes, desires, and agency of smokers themselves in the reproduction of the habit.

- 9 Robert Proctor, *Golden Holocaust: Origins of the Cigarette Catastrophe and the Case for Abolition* (Berkeley: University of California Press, 2011), 159–70.
- 10 José Buschini, “Una carrera profesional para la ciencia en la Argentina de la primer mitad del siglo XX: Angel Roffo y la cancerología experimental,” *Revista Quipu* 14, no. 2 (2012): 267–93.
- 11 Diego León Perazzo, “Historia de pioneros: El control del tabaquismo en Argentina,” in *Tabaquismo en Argentina. Enfermedad, discapacidad y muerte*, ed. Raúl Pitarque (Buenos Aires: UATA/PAHO, 2005), 26–8.
- 12 Ernesto Sebríé, Joaquín Barnoya, Eliseo Perez-Stable, and Stanton A. Glantz, *Tobacco Industry Dominating National Tobacco Policy Making in Argentina, 1966–2005*. <http://repositories.cdlib.org/ctcre/tcpmi/Argentina> 2005. Retrieved July 4, 2014.
- 13 Joaquín Barnoya and Stanton Glantz, “Tobacco Industry Success in Preventing Regulation of Secondhand Smoke in Latin America: the Latin America Project,” *Tobacco Control* 11 (2002): 305–14; Sebríé *et al.*, *Tobacco Industry*.
- 14 Solomon Katz, “Secular Morality,” in *Morality and Health*, ed. Allan Brandt and Paul Rozin (New York and London: Routledge, 1997), 297–330; Barnoya and Glantz, “Tobacco Industry Success.”
- 15 Jeff Collin, Kelley Lee, and Karen Bissell, “The Framework Convention on Tobacco Control: The Politics of Global Health Governance,” *Third World Quarterly* 23 (2002): 265–82; Ruth Roemer, Allyn Taylor, and Jean Lariviere, “Origins of the WHO Framework Convention on Tobacco Control,” *American Journal of Public Health* 95 (2005): 936–8; Allan Brandt, *The Cigarette Century: The Rise, Fall and Deadly Persistence of the Product that Defined America* (New York: Basic Books, 2005), 472–91; Paul Cairney, Donald T. Studlar, and Hadii M. Mamudu, *Global Tobacco Control: Power, Policy, Governance and Transfer* (Basingstoke: Palgrave Macmillan, 2012); Derek Yach, “The Origins, Development, Effects and Future of the WHO Framework Convention on Tobacco Control: A Personal Perspective,” *The Lancet* 383, no. 9930 (2014): 1771–9; Hadii Mamudu and Stanton Glantz, “Civil Society and the Negotiation of the Framework Convention on Tobacco Control,” *Global Public Health* 4 (2009): 150–68; World Health Organization, *History of the WHO Framework Convention on Tobacco Control* (Geneva: World Health Organization, 2009).
- 16 Eric Feldman and Ronald Bayer, “Liberal States, Public Health, and the Tobacco Question,” in *Unfiltered: Conflicts over Tobacco Policy and Public Health*, Eric Feldman and Ronald Bayer (Cambridge, MA: Harvard University Press, 2004), 1–7.
- 17 Pitarque, *Tabaquismo en Argentina*.
- 18 Perazzo, “Historia de pioneros,” 29–31; Beatriz Marcet Champagne, Ernesto Sebríé, and Verónica Schoj, “The Role of Organized Civil Society in Tobacco Control in Latin America and the Caribbean,” *Salud Pública de México* 52, no. 2 (2010): 330–9.
- 19 [www.aliarargentina.org](http://www.aliarargentina.org). Retrieved July 4, 2014.
- 20 Sebríé *et al.*, *Tobacco Industry*.
- 21 Marie Ng, Michael K. Freeman, Thomas D. Fleming, Margaret Robinson, Laura Dwyer-Lindgren, Blake Thomson, Alexandra Wollum, Ella Sanman, Sarah Wulf, Christopher J.L. Murray, Emmanuela Gakidou, and Alan D. Lopez, “Smoking Prevalence and Cigarette Consumption in 187 Countries, 1980–2012,” *Journal of the American Medical Association* 311, no. 2 (2014): 183–92, Supplement. The prevalence refers to the proportion of individuals who smoke in a population and at a given time.



