Mothers as Pot Legalizers: From Illegality to Morality in Medical Use of Cannabis in Latin America

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CHAPTER 5

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Introduction

Since 2014, mothers of sick children have become key actors in the debates around the reform of drug policy in Latin America. In Mexico, Chile, Argentina, Colombia, Peru, Brazil, Ecuador, and Paraguay, mothers were the driving force behind the shift toward regulation for the medical use of cannabis, which marked the beginning of a new chapter in the history of drugs in the region: for the first time in some Latin American countries, the production of narcotic drugs started being considered as having a beneficial potential for these nations marked by illicit traffic and an important war on drugs.

However, the mobilization of mothers seemed contradictory at first sight, because of the double judgment that was—and still is—weighed on cannabis. First, there is a legal condemnation that prohibits cannabis in the name of social safety (delinquency) and public health (addiction). Second, cannabis also suffers from a moral disapproval related to the loss

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of control that can induce its psychoactive effects. But after the discovery of the potential benefits that cannabis can have on their children, mothers strongly mobilized to claim a safe access to the substance, creating alternative health networks, non-legal and thus non-moral.

Thus, the mobilization of mothers advocated for the changing of the double judgment of the substance. First, mothers stood as legitimate health actors that could engage with treatment experimentation as their status of caregivers gave them the legitimacy to know their children and know what benefited them. Second, they contested the legality of prohibition because their only purpose was to cure their children and yet, giving a narcotic to a minor is considered an aggravating factor for a felony in all legislations on drug trafficking in the region, so mother's use of cannabis in their children could cause them to lose their custody.

By positioning themselves as defenders of cannabis, mothers questioned the illegality imposed by the states on the substance. Mothers did not see themselves as criminals, even if their practices were labeled as illegal. Thus, they became the most successful advocates of regulation because by mobilizing themselves, mothers questioned the moral condemnation of cannabis and, in doing so, allowed for change on its legal status.

The purpose of this chapter is to understand how mothers mobilized against the non-legality of cannabis defined by the state. Based on an investigation with policymakers, mothers, and other stakeholders in Argentina, Chile, Colombia, and Mexico, it became evident that it is precisely by engaging in illegal activities and developing informal networks that mothers acquired a "lay" expertise on cannabis, and could thus challenge the state. In short, it is illegality that gave mothers the tools to challenge the moral judgment that weighed on cannabis, and that led them to participate in the construction of public policies in favor of cannabis regulation.

What is paradoxical is that women, especially those representing the figures of wives and mothers, have largely participated in the production of the negative morality about drugs. A look at their compromise in the temperance movement (Gusfield 1955, 1963), or the program "Just Say No" to drugs launched by the US First Lady Nancy Reagan in the 1980s shows that women were concerned about preventing any kind of loss of self-control. And this protective view of mothers was wildly shared around the world. In 1985, for example, a huge convention against drug use was organized by the US organization Parent Resource Institute for Drug Education gathering more than 200 delegates from 30 countries, in which

17 first ladies of all around the world, including those of Argentina, Bolivia, Colombia, Ecuador, Mexico, and Panama met with Nancy Reagan to talk about drug use prevention (*El Tiempo* 1985). So the change that occurred after 2013 was important, because instead of condemning drugs, mothers started mobilizing for their legalization, considering cannabis prohibition more dangerous than its regulation.

After recalling the historical mechanisms that have made cannabis a legally and morally condemned substance, the chapter will attempt to show how mothers enter the illegality by creating illicit secret networks for the access to cannabis, at the same time that they publicized themselves to question this illegality. The chapter will conclude on a reflection on the effects of this mobilization of mothers in medical governance in Latin America.

Immorality and Illegality of Cannabis in Latin America

The policy of drug regulation has a global philosophy. Designed at the beginning of the twentieth century, international drug control legislation was conceived to ensure the production of substances used in the pharmaceutical market, especially opium (McAllister 2000; Dudouet 2009). Economic interest as having control of the market, and social obligations like ensuring access to medicines, were therefore crucial to understand that double dynamic of the laws that put "the strictest controls […] on organic substances - the coca bush, the poppy and the cannabis plant, [whereas] the synthetic substances produced by the North's pharmaceutical industry were subject to regulation rather than prohibition" (Senate Special Committee on Illegal Drugs 2002).

However, drug control was also, and above all, a moral issue. Beyond its legal aspect, the consumption of psychoactive substances was very soon called "normal" if used for medicine and industry, and "abnormal" if used recreationally. The national stories on drug prohibition in some Latin American countries (Garat 2012; Campos 2012; Pérez Montfort 2015; Enciso 2015; Sáenz Rovner 2007; Mauro and Ramirez 2015) show that the first anti-drug laws in the region responded to the fear of social decay linked to addiction and delinquency (and hence violence) caused by drug use. Since the first years of the twentieth century, governments legislated in favor of punishment and compulsory treatment for all drug users outside of the medical system. The challenge was therefore to control the import and trade of alkaloids, opiates, and barbiturates by imposing strict

rules for physicians and pharmacies in the prescription and sale of these substances (Mauro and Ramires 2015; Garat 2012). This prohibitive view of drugs was not always shared and did not reach consensus,[1] but the immoral conception of drug use outside of medical world was a rule.

The question with cannabis is that, despite its widespread presence of the substance in Western pharmacopoeias, it did not benefit from a medicinal popularity for a long time. Unlike opiates, cannabis products were present in pharmacies but were not as often used (Becker 1966, p. 135). In addition, at the international level, a "moral crusade" was undertook by the US in order to link cannabis smokers to "deviance", associated with Mexican immigration and perceived as a source of immediate pleasure that produced a loss of self-control and condemned consumers to madness, delinquency, addiction, and hence, social exclusion (Becker 1966).

This crusade, started inside the US, rapidly moved to the international arena and was embodied in the international conventions that control drug production, use, and sale globally. Under the framework of the United Nations (UN), it is during the process of conception of the 1961 *Convention on Narcotic Drugs* that cannabis was judged negatively. As explained by D. Bewley-Taylor, T. Blickman, and M. Jelsma, "due to its inclusion in Schedule I, the Convention hereby suggest that parties should consider prohibiting cannabis for medical purposes and only allow limited quantities for medical research" (2014, p. 25). Therefore, even though medicinal cannabis was legally accepted, its uses disappeared little by little and the substance gained all its moral condemnation.

In Latin America, drug and narcotics legislations were adapted to fulfill the philosophy of the UN treaties, even if two other factors accentuated the legal and moral condemnation of drugs. In the 1960s, the explosion of drug use in the US, linked to the development of some subcultures and the hippie movement, resulted in the emergence of drug production and trafficking from and through Latin American countries. Thus, this evolution led to the gradual conception of the drug issue as a problem of national security linked to the apparition of the drug cartels. At the same time, the counter-cultural movement was also exported to Latin America, provoking an increase of drug use and a moral condemnation of the youth by the older generations. In this context, the labeling of cannabis as a poison for both individuals and society became evident in the region and was condemned by both the right and the (revolutionary) left.

[1] See, for example, the case of Mexico during the 1940s when drug use was legalized as a strategy of doctors to better treat their patients suffering of addiction (Enciso 2015).

In general, drug laws have tended toward convergence in Latin America (Corda and Fusero 2016). Criminal punishment has become the response to any drug-related action, from production to consumption, and especially for trafficking (Uprimny et al. 2012). Conversely, in regards to consumption, there has always been a debate about the need to penalize drug users, considering that a person cannot be punished by an action that does not affect another person, and that medical treatments for addicts are more useful than penal ones. Some countries have now decriminalized drug use, either by law (Mexico) or by jurisprudence (Colombia, Chile, Argentina) even if the criteria for its definition remain very heterogeneous across countries, in particular concerning the quantities of possession and the forms of supply of substances for personal consumption (Table 5.1). Only in Colombia and Chile the production for personal use is legally accepted. It is in this legal context that the rediscovery of the medicinal potential of cannabis has led mothers to enter illegality.

Illegal Mothers

It is very difficult to synthesize the conditions under which the families of these mothers who decided to give cannabis to their children lived. In general, and according to the numerous testimonies relayed by the press and the social networks, the children of these mothers are diagnosed as suffering from a rare disease (i.e. uncommon), linked to a refractory epilepsy, which also provokes extreme situations of handicap, very low quality of life, and virtually no life expectancy without medical support. Moreover, in Latin America, this physical condition is often combined with situations of socio-economic precariousness in countries with failing health systems and a very high rate of single-parent families. It is then in this context that cannabis presented itself as a "miraculous" help to the mothers.

In August 2013, CNN channel medical chief, Dr. Sanjay Gupta, in the US, decided to change his negative opinion on medicinal cannabis (Gupta 2009) after following the case of a little girl, Charlotte Figi, who stopped having 300 epileptic seizures per week thanks to cannabis. This case was not the first case to be mediatized, since the father recognized that the idea appeared to him in a similar case he saw on television,[2] but it had much more impact. First, the case was aired by CNN in the primetime

[2] This is the case of Jayden, a boy also affected by Dravet's Syndrome, who was given cannabis by his father in front of the cameras of the reality documentary television series *Weed Wars*, aired on the Discovery Channel on December 8, 2011.

Table 5.1 Legal status of cannabis in Latin America before 2014

Country	*Personal use*	*Production for personal use*	*Commerce*	*Providing cannabis to a minor*	*Medical use*
Colombia *Ley 30 de 1986*	Decriminalized (20gr) by the Supreme Court (1994)	Decriminalized (20 plants)	Criminalized	Criminalized with longer sentences (Art 37 and 38)	Allowed under special regulation (Art 3)
Chile *Ley 20.000 de 2005*	Decriminalized (except in public places)	Criminalized (tolerated by the Supreme court from in 2015)	Criminalized	Criminalized with longer sentences (Art 19)	Allowed under special regulation (Art 6)
Argentina *Ley 23.737 de 1989*	Decriminalized by the Supreme Court (2009)	Criminalized	Criminalized	Criminalized with longer sentences (Art 11)	Possible, but law is ambiguous (Art 9)
Mexico *"Ley de Narcomenudeo" 2009*	Decriminalized (5gr)	Criminalized (tolerated for one case by the Supreme Court in 2015)	Criminalized	Criminalized with longer sentences (Art 475)	Decriminalized (Art 477)

Source: National laws and case laws

niche of Sunday (August 11, 2013, at 8pm). In addition, the narrative of the documentary highlighted the almost scientific evidence of Charlotte's experience by recalling the parent's despair ("there was nothing more the hospital could do") and the special variety of the cannabis used ("not psychoactive"), as it was low in THC and rich in CBD.[3] In sum, these distinctions recalled that the use of cannabis was exclusively medical, a last resort—so not opposed to conventional medicine—and, above all, that the variety used did not cause a loss of self-control (Gupta 2013).

The press relayed this case very widely and, thanks to the social networks, it reached Latin America very quickly. However, in the region, the situation was different. Medical marijuana had been legal in some parts of the US since its first legalization in California in 1996. As a result, Charlotte's parents resorted to legal producers who could legally manufacture cannabis products. In Latin America, national realities were much more complicated. As we have seen, the production and especially the cannabis trade in the region were prohibited, and the importation of cannabis-based products was not regulated, even if it was not formally banned. Besides, for an average Latin American family, following a treatment in the US involves a high cost when compared to its income, without counting the difficulties of legally migrating to the northern country.

So mothers turned themselves to the local growers. Their main objective was to access a reliable substance, even if illegal, in order to experiment with cannabis on their children. This was difficult because the cannabis available on the black market, even if very easy to get, does not meet the two minimal requirements for medical use: a production certified free of chemicals, and the specifications about the strain of the plant and its levels of CBD and THC. In all the countries, mothers therefore connected with the cannabis movement, although the strategies of getting the substance were different according the gray areas existing in every country.

In Chile, the first Latin American country where the issue of medicinal cannabis became important, it was the Daya Foundation that organized the strategy. On the one hand, the foundation launched a partnership with

[3] "Tetrahydrocannabinol (THC) is one of the key psychoactive components of cannabis [while] the other key component in cannabis, cannabidiol (CBD), has powerful antipsychotic and anti-anxiety properties" (Bewley-Taylor et al. 2014, p. 19). These are the most known cannabinoids, or chemical compounds in cannabis. R. Mechoulam and Yechiel Gaoni isolate them in 1964. For more information about the chemical compounds of the cannabis sativa plant see Mechoulam (2005).

the small municipality of La Florida to start a cannabis plantation for experimental medical research and thus began giving cannabis legally to patients enrolled in this research, mostly adults needing palliative care. On the other hand, and taking advantage of this legal screen, the organization engaged with the mothers in a strategy in favor of domestic cultivation through the sharing of information and experiences. Indeed, the practitioner responsible for the legal plantation is very close to the Chilean cannabis movement and helped the Chilean mothers to empower themselves through the production of cannabis-derived products at home.

Chilean mothers formed thus a new foundation, *Mama Cultiva* (Mother Grows), which started claiming the right of mothers to produce their own medicine. This solution was viable in Chile because, since 2015, the Chilean Supreme Court recognized that the mere possession of cannabis plants was not susceptible of incrimination, creating a legal vacuum with regard to home production, even if the supply of cannabis to a minor were still condemned by law. *Mama Cultiva* positioned itself as an advocate of the right to use cannabis as medicine, becoming thus one of the major actors for a drug policy reform in Chile and in the region, inspiring and forming similar groups in neighboring countries. Today the association counts branches in six Latin American countries that claim for the right to the legalizing the production for personal use of cannabis, as a way to minimize the importance of traditional pharmaceuticals in the development of this new market.

In Colombia, the situation was different. While cultivation for personal consumption up to 20 plants was legally allowed, Colombian mothers did not use this comfort zone. Conversely, the first doctor that first accepted to treat children with cannabis opposed herself to letting each mother produce her own medicine. Actually, she declared to have created an illegal network for the access to safe cannabis, where mothers could meet local growers credited by her. Thus, the physician stated that she searched for some illegal cannabis producers who were already producing cannabis-based products and, thanks to some of her adult patients, got into contact to them with the purpose "of identifying what their production techniques were, from the seed to the mouth of the patient" (personal interview, 11/11/2016). Even if joggling between legality and illegality, the doctor declared that the most important factor to her was to put "ethics as a paramount principle", so cannabis-based products were as reliable as possible in the context of illegality. This is how a network of access to cannabis was formed: the doctor gave the prescription that justified the use of the

substance, the producers made available the products according to the strains and the ratios of CBD and THC recommended by the doctor, and the mothers undertook to follow the recommendations in order to create a register of the evolution of the patients, creating thus a data collection base of evidence around cannabis use for medical purposes in Colombia.

In Mexico, access to cannabis was much more heterogeneous. As in Chile or Colombia, some mothers decided to cultivate their own plants while others approached growers within the cannabis movement in order to obtain a substance of quality, and often at a very low price. But due to the illegality of cultivation even for personal use, many families preferred to use the cannabis-based products legally available in the US. For example, some of the mothers decided to cross the border to buy the products, violating the legislation on drug trafficking when bringing the substances back to Mexico. Others, on the contrary, turned to the courts to find a temporary permit to import these products, thanks to the help of doctors who argued about the exhaustion of alternative treatments available in the country, and lawyers advocating for a drug policy reform which saw in these cases an opportunity to mediate their claims. The most famous case was the one of seven-year-old "Grace", the first Mexican patient to have obtained such permits (Benavidez and Elizalde 2016).

In short, mothers became illegal producers and users of cannabis. But in so doing, they become cannabis specialists: they learned to know the different strains, their chemical components, and their effects. This empowerment was achieved through parallel networks of support, kept secret very often, even for people very close to the family, and functioning thanks to the anonymity that digital communications allow. As one Mexican mother put it, "at first, everyone was afraid to use cannabis in children, but we did it because we had nothing left to lose" (personal interview, June 13, 2017). Thanks to the help of some brokers (doctors and lawyers), mothers could link themselves to the cannabis movement. A movement often forgotten in drug historiography but which has existed at least since the end of the twentieth century (Hernández Tinarejo et al. 2013; Quesada et al. 2008) and has built transnational networks to preserve the plant of cannabis—thanks to the creation of seeds banks—and to claim its "freedom"—through public demonstrations all around the world in what is called the Global Marijuana March.

Witnesses of the positive effects of the plant on their children, mothers in all countries declared themselves to feel being trapped in a double exile. A medicinal exile linked to the lack of "official" information given to them

in the traditional health systems; and a legal exile linked to the use of the illicit substance in which they were forced. It is this situation that drove mothers to mobilization in favor of a change on perception and legality of cannabis. As they took the stand to challenge the immorality of the plant in public arenas, mothers became "moral entrepreneurs" (Becker 1966). As they permeated the political debates, taking the floor as lay experts, mothers became "policy entrepreneurs" (Cobb and Elder 1972; Kingdon 1984). And at the end, they become responsible of the recent evolutions on drug policy in Latin America.

From Illegality to Morality of Medical Cannabis

Mothers became very good advocates because their voice had a direct impact on public opinion and consequently on policymakers. The figure of the mother or the family is not a common figure of collective mobilization, but it has a particular force. Whether in the *Madres de Plaza de Mayo* movement (Bosco 2001) or the movement against pedophilia (Boussaguet 2008), mothers have been lay advocates, that is to say non-expert actors in either the field of their claims or the political arena. However, mothers have been able to take the floor, and have succeeded to be listened at because they defended their families and their communities with demands growing "from perceptions about concrete reality rather than from abstract rights" (Kaplan 1990, p. 259). This turns mothers into privileged claim-makers because their expertise is based on firsthand evidence and their emotional narratives are usually real and credible.

According to the Felstiner, Abel and Sarat's model (1980), mothers were able to construct a public problem *naming* cannabis prohibition as a restraint for the access to health, *blaming* the state for the inefficacy of its policy and *claiming* for a change of the law. By doing so, mothers became, as a drug policy reform activist in Chile declared, the "armed wing" of the drug policy reform movement. They renewed the face of cannabis legalization promoters by fulfilling a number of characteristics that traditional advocates failed to attain. On the one hand, cannabis legalizers who spoke at the public mobilizations were usually young people, often of masculine identity, users of the plant for psychoactive purposes and adopting an "alternative" look that could easily be spotted on the street (Hernández Tinarejo et al. 2013; Quesada et al. 2008). On the other hand, the emergence of the advocacy movement in favor of the drug policy reform since the last years of the 2000s brought into the scene young professionals in

law and humanities who helped to renew the narratives, arguing the failure of the war on drugs and the human rights abuses, but failing to invoke feelings and emotions in their audience. Their media impact was therefore much less important.

The narratives used by mothers, on the contrary, have been based on experience. At first, the mothers appear desperate and having nothing to lose. Moreover, they presented themselves as converts, having discovered the potential positive effects of the substance by surprise. This allowed them to argue that even if cannabis could be considered a psychoactive *drug*, this does not invalidate its positive effects as *medicine*, in some circumstances. Using a narrative of the last resort, precaution, and discovery, parents touched the sensitivity of those listening to their cause by referring to the possibility that such a condition may happen to everyone. However, it should not be forgotten that the interest of the media also provided a protective role to mothers, because the unscrupulously publicity of their cases was lived by the mothers as a way to minimize their risk of incrimination, covering behind the incredible support that their cause rose. Even when the media treated their cases reluctantly, mothers benefited from a particular interest, which contributed to make their claim visible.

In parallel, following Boussaguet's study (2008) on the mobilization of families and women against pedophilia, we can argue that it is the lay identity of mothers that helped them win a special space among experts. With the help of more traditional advocates, mothers took advantage of their status to claim their demands loudly and trustingly, founding their arguments on their experience and highlighting the urgency of a state action. They participated in seminars, conferences, media platforms, and went to concerts and stadiums to give lectures to large audiences. For example, the first cannabis fair in Colombia (*ExpoMedeWeed*) and in Mexico (*ExpoWeed*) were held in 2016 around the medical use of cannabis, and in Chile an autonomous international conference on the issue was launched since 2015 (the *International Medicinal Cannabis Seminar of Santiago*). Equally, in Chile and Argentina, mothers came to lead the Global Marijuana March since 2016, and became important spokespersons for cannabis policy reform claims.

Thanks to their mobilization, the issue of cannabis became a national debate in Argentina, Chile, Colombia, and Mexico. These national debates were very important because they helped to inform a broader population about the cons and pros of the discussions, and thanks to the empathy their stories provoked, the number of supporters of a policy reform grew.

As Mendiburo-Seguel et al. (2017) show, the majority of people in these countries now think that therapeutic use of cannabis should be legal (Fig. 5.1). Additionally, more than half of the population now believes that cannabis use should be an individual right, even if the majorities usually think that recreational use of cannabis should not be legal. Furthermore, what is surprising is that in these countries, the "average score [of the perception of cannabis as a risk] is lower than for both alcohol and tobacco" (*idem*: 11). It is difficult to establish a cause-and-effect relationship between the mobilization of mothers, the opening of national debates, and the change of public opinion, but some hypothesis can at least be made in this sense, since this perception is not shared throughout the region. In Peru, El Salvador, and Bolivia, where similar debates did not gained the same importance during the same period, perceptions of cannabis continued to be predominantly negative (*idem*).

With this change in the moral perception of cannabis, mothers succeed in putting the issue of cannabis regulation into the political agenda. By changing the narrative of their claims, the mothers started "talking like the state" (Gootenberg 2005). They have contacted the public authorities by calling for safe and economical access to the substance and for further scientific research on the subject. And in reality, their demands were very quickly taken into account. In all countries, both the public administration

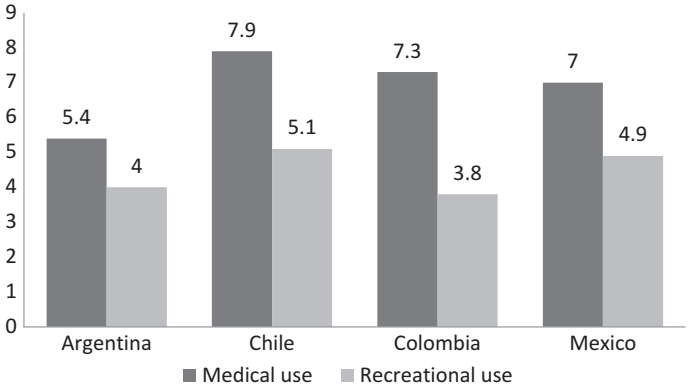

Fig. 5.1 Average support (in 10-point scale) for the legality of therapeutic and recreational use of cannabis. (Note: N = 8696 in Argentina, Bolivia, Chile, Colombia, Costa Rica, El Salvador, Mexico, Peru, and Uruguay; Source: Adapted from Mendiburo-Seguel et al. 2017)

and the judiciary took the side of mothers, allowing the importation of CBD-only products, legally available in North American and European markets. In addition, judges in Argentina, Mexico, and Chile immunized mothers against law enforcement, allowing the use of the substance in their children, and in the case of Chile, declaring the non-criminality of home production. In Colombia, it is the government that decided to issue an executive order regulating medicinal cannabis, making use of the competence given to it by the 1986 law.

Despite this reactivity, the solutions given to the mothers were not satisfactory in the first place. Indeed, the price of products authorized to import remained very high for Latin American families, especially when compared to the prices proposed by local growers. Moreover, the variety of products was very limited, thus restraining the access to the different ratios of the active ingredients and to the diverse ways of administration that the plant allows, being an essential factor for a good result of the substance. Also, and most importantly, real legal access continued to be rare, as permits for import and use were subject to a rather heavy bureaucracy and paperwork. Only in Chile local production was allowed, but this legal access was reserved for adults enrolled in clinical trials.

This is why mothers soon turned themselves to the political arena. Realizing that real transformation was only possible through the change of existing legislation, mothers decided to mobilize themselves in parliaments. In all countries, access to this institution was easy because congressman and congresswoman, in favor of a drug policy reform, were already in power. Besides, the broader legalization movement already had allies to translate demands into political inputs—such as policy briefs, explanatory notes, hearings, and even legislative bill drafts. But despite this access, majorities to pass laws were not assured because of a reluctance of conservative political groups.

The strategy of mothers to bypass this opposition can be characterized as having a common—transnational—strategy of advocacy but being constraint by the domestic realities. The main argument used in all the counties, of course, was the one calling for an easy and safe access to medicines as a human right. But mothers' advocacy has also been about raising the economic benefits that a more effective treatment for their children could have in the healthcare system, because of the savings in intensive care hospitalizations that were very common for their children. In this sense, mothers called for the development of medical research on cannabis, and a national production that could integrate all the actors already

present in the production chain, especially local growers and producers. The reality of the debate was, nevertheless, framed by the national legal situation and the political context of each country.

In Mexico and Argentina, national production was seen with great reluctance and the debate centered on the issue of access to medicines. Despite the declarations of unconstitutionality of the prohibition of the consumption of cannabis for recreational purposes by the Supreme Courts in Argentina in 2009 and in Mexico in 2015, the laws finally approved (in Argentina in November 2016 and in Mexico in March 2017) accepted only imports and scientific research that if fruitful could lead to a possible domestic production. In order to convince the most fierce opponents, the mothers of the two countries needed to use the support given to medicinal cannabis by priests very close to Pope Francis I in the Argentinian Episcopal Conference, who claimed for an "access to [cannabis-based] medicine, provided free of charge by the State" (*Conferencia Episcopal Argentina* 2016).

In Colombia, both the government and the parliament agreed on the necessity of regulating the production and use of medical cannabis as a possibility to develop an industry capable of becoming a sector for economic growth (Rivera Vélez 2017). Thus, special protection was put into the law of May 2016 to the small and medium-sized Colombian producers, defended by the mothers as being those truly supplying the medicine to their children. Similarly, in Chile the law has not yet been approved, but because of the very strong pressure exercised by mothers, it seems difficult that a law without permitting a home production of cannabis could ultimately be accepted.

Despite the differences in policy outcomes, political support for these regulations has been unprecedented. On the one hand, the presidents of all these countries gave their support to the regulation and within the parliaments the approval had (almost) been unanimous.[4] This is how mothers gradually become "policy entrepreneurs": while in Latin America the issue of drugs has been traditionally framed as a security problem, because of the relationship between drugs and violence (Hopenhayn 2002), mothers managed to change the narratives around the debate on

[4] As an example, in the Mexican Senate the vote of December 2016 had 98 yeas versus 7 nays (1 abstention). In Argentina, the last vote of the law at the Chamber counted 220 yeas versus 0 nays (1 abstention) in November 2016. In Colombia, the last vote of the law at the Chamber had 84 yeas versus 4 nays in May 2016.

drug policy and impose the debate in terms of personal and public health, invoking a defense of human rights and socio-economic alternatives. Besides, the change of narrative was a strategy that moved them away from the traditional claims of the cannabis legalization movement, which tried to impose the idea of drug use as a personal freedom and criticized the effects of the war on drugs in society (Uprimny et al. 2012; Global Commission on Drug Policy 2011). While these debates did not succeed in imposing a consensual alternative vision for the complete drug policy reform, the narrative of mothers proposed a pragmatic solution away from prohibition: the regulation of the therapeutic use of cannabis.

By changing the perception of cannabis, the immorality attached to the substance dispersed in favor of an increasingly acceptance. In short, it became politically incorrect to oppose the healing of a child, even through cannabis, and therefore the opposition to the therapeutic use of the substance lost its adepts and their arguments. In this sense, the change in the moral perception of the substance permitted a change in public policy: there is a passage from prohibition to regulation, which includes import of cannabis-based products (Mexico or Argentina), and local production, in the hands of pharmaceutical laboratories (Colombia) or—possibly—in terms of production for personal use (Chile). However, the relationship between the cannabis movement and the demands of mothers deteriorated with policy change. While mothers became protected by some legal rules, policy change did not address all the claims of the cannabis policy reformers and, on the contrary, it turned against the cannabis cultural movement, because negative perception against non-medicinal consumers and growers remained real. So despite changes in perception and numerous debates, the regulation of the recreational and/or industrial uses of cannabis remained outside the political agenda.

Conclusion: The Impact of Mother's Mobilization in Medicinal Governance

Through their mobilization, mothers conceived a new approach to medical governance. Their apprenticeship in the illegality and their political construction of the problem of the prohibition of cannabis has inevitably led to an identity and institutional reconstruction, which is not legitimate in the traditional medical milieu because it calls into question the structure

of production and validation of medical knowledge. In some, illegality allowed for the discovery of a new medicinal treatment.

Traditional medical governance is centered today on the capacity to medical and pharmaceutical research to address the needs of the society, with a simple validation of public administrations (Tournay 2007). In other words, it is the health professionals who, through clinical trials within a peer-reviewed medical research community, are able to produce and validate the utility of a new molecule and/or therapy. And in this process, the state plays a controlling rather than a decision-making role, as it only carries out the certification that gives individuals and institutions the right to engage in standard practices and legitimate methods for the production of new knowledge. Public action in this sector is only responsible for the regulation of those who produce knowledge.

However, the mobilization of mothers in favor of the medical use of cannabis has challenged this role of the state, and more broadly of the governance system currently in place. By highlighting the possible beneficial effects of an illegal substance (cannabis), by pointing out the problems of internal legitimacy in the medical world (not legal, so not to be studied), by criticizing the access to health (prices of medicines too high), mothers put on the agenda an innovative medical governance that came from illegality. Yet, what recognition is of mothers as legitimate—but lay—partners in the production of knowledge, in a sector monopolized by "experts"? What authority is shared between those who take risks—even in illegality—and those who have the power today?

As Dominique Vinck and George Weisz (2007) point out, the idea of legal governance presupposes that the stakes of the parties involved are identifiable and commensurable. As a Mexican mother recalls, "the medicinal cannabis boom in Latin America is the result of a collapse of medical institutions and health services" (personal interview, 20/06/2017). So, to include the participation of the so-called lay actors, such as patients or mothers, does not only accept to give them a place in the knowledge-production process that could better adjust to their claims on solving a problem. On the contrary, it is a matter of redefining even why the problem existed in the first place. Thus the new governance should not only improve the participation of these lay actors, but reconsider the importance and legitimacy of the devices that enabled to reconstruct the problem, to evolve, and to develop new forms of action. Basically, the mobilization of mothers calls for questioning the illegality in which they are forced if willing to take care for their children, not only by accepting

the use of a new substance (cannabis) but also by demystifying some practices morally condemned to illegally.

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