Explaining barriers to evidence-informed drug policymaking in Southeast Asia: a qualitative, case-based study

Alex Stevens

alex.stevens@sheffield.ac.uk

University of Sheffield

Luis Emmanuel A. Abesamis

Dr. Rosita G. Leong School of Social Sciences, Ateneo de Manila University

Adeeba Kamarulzaman

Monash University Malaysia

Thaatchaayini Kananatu

Monash University Malaysia

Gideon Lasco

Dr. Rosita G. Leong School of Social Sciences, Ateneo de Manila University

Laura Nevendorff

Monash University, Indonesia

Claudia Stoicescu

Monash University, Indonesia

Article

Keywords:

Posted Date: July 29th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-10459594/v1

Additional Declarations: No competing interests reported.

Abstract

This article advances understanding of the barriers to evidence-informed policymaking on illicit drugs in Southeast Asia. By doing so, it aims both to broaden the range of cases that are used to inform theory on evidence use in policymaking and to assist in the collective process of creating more effective and humane drug policies in Southeast Asia. The study is informed by the policy constellations approach and uses case studies from Indonesia, Malaysia, The Philippines and at the intergovernmental level of drug policymaking in Southeast Asia, with a particular focus on involuntary treatment, decriminalisation of drug use/possession, and the use of the death penalty for drug offences. These case studies use three scoping reviews of 83 documents containing the available research evidence on these policy issues, combined with analysis of 200 policy documents and 54 in-depth interviews with evidence producers, users and intermediaries. Critical realist abductive and retroductive analysis reveals that barriers to evidence use include the security focus of drug policymaking, dissensus on the nature of useful evidence, institutionally structured blockages to evidence use, and political pressures and backlash against evidence use. These barriers are supported by material and vested interests, and by the ethico-political base of patriarchal paternalism that underlies drug policymaking in Southeast Asia. These are not absolute blockages to evidence use to inform policy, but they do shape the use of evidence to by the most powerful policy actors to promote continued support for the 'drug-free' ideal.

Introduction

It is often assumed that the use of robust evidence can improve policymaking, including for policies on public health and criminal justice (Head, 2010; Masood et al., 2020; Petrosino & Boruch, 2014). This assumption is reflected in drug policy statements in the Southeast Asia region. For example, the 2025 declaration on *Our Shared Future* of the Association of Southeast Asian Nations (ASEAN) makes the following commitment:[1]

Develop holistic, integrated and balanced strategies, evidence-based best practices and standards on policy formulation and interventions to address both supply and demand reduction, to achieve a balance between treatment and rehabilitation approaches as well as the law enforcement approach in combatting drug crimes.

If ASEAN and its member states are to achieve this ambition for evidence-based drug policy, then they will need a clear understanding of the barriers and facilitators for evidence use in drug policymaking. We believe that studying the use of evidence in drug policymaking in this region can also help to develop and test theoretical approaches to the wider understanding of how evidence is used in making policy. This may help to reduce the widely noted gap between the stated aims of drug policies and the achieved results (Buxton & Burger, 2020).

With some notable exceptions (e.g. Jackson et al., 2020; Jayasinghe et al., 2026; Mateo Pinones et al., 2022; Shaxson et al., 2016; Ungsuchaval et al., 2022), the literature on the use of evidence in policy is dominated by perspectives from wealthy, western, anglophone countries (Head, 2010; Masood et al.,

2020; Petrosino & Boruch, 2014). This article examines the use of evidence in countries that are outside this privileged group and so may contribute to the decolonising of drug policy analysis (Daniels et al., 2021; Lasco, 2022).

As a region of nearly 700 million people and 11 countries with varying political contexts, Southeast Asia provides compelling—and globally significant— cases of evidence use in policy. The region has been one of the major global economic drivers over the past decade, and many countries in the region have reached middle-income status. However, its deliberative and regulatory institutions have remained uneven. In the case of Indonesia, for instance, individual leadership remains the most decisive factor, and the 'policy and regulatory environment does not support the production of high-quality evidence and its use in policymaking' (Jackson et al., 2020, p. 503).

Oliver et al.'s (2014) systematic review of 'barriers to and facilitators of the use of evidence by policymakers' found that the importance of policy characteristics and local context were recurring themes in the literature. These general observations resonate in the specific field of drug policymaking in Southeast Asia, where the limited literature suggests that drug policies have been driven more by ideology, morality, and populism than by evidence. Lasco (2020), for instance, points out how drugs and drug wars have served as populist tropes, tilting policymaking towards simplistic solutions, spectacularised responses (e.g. violent killings and other punitive measures), and divisive tactics that often target already-marginalized populations (see also Kenny, 2019).

Scholars have also called attention to the region's insistence on creating a drug-free society and how this has been sustained by ideologies like supposed 'Asian values' that justify (and call for) draconian measures (Lai & Stoicescu, 2020; Miao, 2017), norms around collective security (Prayuda et al., 2019), and interpretation of religious beliefs (Gacayan, 2025), all of which inform the political constructions of drugs and the people who use them (Abdullah, 2005; Lasco, 2024; Lasco & Abesamis, 2024).

The perception of women who use drugs as particularly threatening to the established moral order has specific, negative effects for women in Southeast Asia (Chuenurah & Sornprohm, 2020). This highlights the need for a gendered analysis of drug policy (Macaulay, 2020; Stoicescu et al., 2020), especially given that the patriarchal aspects of gendered power relations in the region hinder women's participation as active citizens (Intentilia, 2020).

Historical analysis shows how 'drug narratives' can have decades-long continuity, creating challenging environments for the use of evidence in policymaking (Lasco, 2025). Going even further back in time, we see that opium prohibitions began in Thailand in 1360 and in Vietnam in 1665. All intoxicants were banned in what is now Myanmar under the reign of King Bodawpaya (1781–1819) (Windle, 2013). The idea of eradicating drugs has deep cultural roots in the Southeast Asian region.

This region also presents important examples of contestation, adaptation, and policy change, making it a productive site for examining how evidence is mobilised, resisted, or selectively interpreted in policymaking, as well as who the different actors are in these processes (see Ungsuchaval et al., 2022

for a case study of evidence use in Thailand). In countries such as Thailand and Malaysia, drug policy reforms have invoked evidence in support of harm reduction, and the same can be said of proposed reforms elsewhere in the region from civil society groups, opposition lawmakers, and academics. Notably, countries in the region invariably claim that their policies - even the most prohibitionist and punitive ones - are 'evidence based', and ASEAN itself has listed 'research' among the pillars of its five-year plans, while maintaining its vision of a drug-free region (APCOM et al., 2025).

To create insights on the cultural and structural influences on such patterns in the use of evidence in drug policymaking in Southeast Asia, we draw on the theoretical and methodological resources of the policy constellations approach (PCA, Stevens, 2024). This adopts the critical realist assumption that social stability and change emerge from the interplay of human action with underlying social and cultural structures (Archer, 2000; Elder-Vass, 2012). The PCA examines the 'epistemic power' of evidence use, alongside other forms of social and political power (e.g. economic power, media power), as well as the ethico-political commitments and material interests of the various policy actors who are involved in policymaking.

This approach was developed for use in explaining drug policy in the UK, and has also been used in studies of drug policymaking in Chile, Poland, Mexico, Sweden, and the Philippines (Lasco & Abesamis, 2024; Lerkkanen, 2026; Los, 2023a, 2023b; von Hoffmann, 2024). This article is the first specific application of the PCA specifically to other Southeast Asian nations, although it has been used to explain the fracturing of international drug policy consensus at the 2024 meeting of United National Commission on Narcotic Drugs (CND) (Stevens et al., 2025), which includes some ASEAN member states. This study provided empirical evidence that countries whose populations have generally 'obedient' - as opposed to 'emancipative' - values, as measured by the World Values Survey (WVSA, 2015, 2020), also supported conformity with punitive drug prohibitions and the 'drug-free' goal.[2] These were the values of the populations and the drug policy positions expressed by all the Southeast Asian nations who were represented at the CND (Stevens et al., 2025).

The PCA is compatible with other useful conceptions of the use of evidence in policy, including Smith's (2013) argument that it is ideas - rather than evidence - which are influential in policymaking, and that 'institutionalised' ideas are more likely to have influence than 'critical' ideas. More fundamentally, the PCA shares an interest with the advocacy coalition framework (ACF) of Sabatier and Jenkins-Smith (Sabatier, 1988; Sabatier & Jenkins-Smith, 1993) in the role of policy actors' 'core beliefs'. However, due to its critical realist roots, the PCA rejects the methodological individualism of the ACF. Following Archer (2000), it sees these underlying beliefs as enduring cultural structures that are emergent from collective interactions, not properties of individual constitution or choice. To highlight this difference, and the inherently political nature of such beliefs, the PCA refers to the underlying normative values that shape policy making as 'ethico-political bases'.

For more specific ideas on the routes by which evidence can get into policy, we also used the conceptual framework developed by Sempé et al. (2025). This framework is itself influenced by previous research on

barriers and facilitators for evidence use in policy making (Cairney, 2019, 2023; Nutley et al., 2007; Oliver et al., 2014; Tseng, 2012). It drew our attention to the different roles of evidence producers (e.g. academics and research institutes), evidence uses (e.g. officials involved in writing and negotiating policy documents), and intermediaries (e.g. civil society organisations [CSOs] and advocates). It also sensitised us to potential pathways by which evidence can enter policymaking. In Sempé et al.'s (2025) conceptual framework, these include: capacities; relationships and networks; structures and processes; and evidence culture.

We applied these theoretical tools and previous knowledge drawn from research and practice in answering the research questions of a broader research project on evidence-informed drug policymaking in Southeast Asia. This article addresses one particular research question: how can we explain barriers to evidence use in drug policymaking in Southeast Asia?

Methods

We report our methods of answering this question in accordance with the Standards for Reporting Qualitative Research (O'Brien et al., 2014). We adopted methods that the first author previously used in developing the PCA (Stevens, 2024). These follow the analytical steps suggested by Danermark et al. (2019) and are rooted in critical realist ontology and epistemology. The PCA can use a range of methods to gather relevant data on cases that are selected for geographical, theoretical, and policy relevance.

For this study, we followed the advice of Byrne and Ragin (2009) to choose cases that enable researchers to link theory to evidence, and that provide variation (e.g. between countries' different religious and colonised backgrounds, and between their varying stances on relevant policies) as well as some common characteristics. So we selected three country cases (Indonesia, Malaysia, and The Philippines) and three policy cases. These were chosen in order to focus the country case studies, and make them more comparable.

These three policy cases were selected because they are particularly relevant for the Southeast Asia region. They were decriminalisation of use/possession of drugs, the use of the death penalty for drug-related offences, and involuntary treatment of people who use drugs. For our purposes, involuntary treatment is defined as the mandatory enrolment of individuals, who may or may not be drug dependent, into a drug treatment programme (Werb et al., 2016). This includes compulsory drug detention and rehabilitation centres where 'people who are suspected of using drugs or being dependent on drugs are detained', often 'without due process in the name of "treatment" or rehabilitation' (UNODC, 2022).

We also included analysis of policymaking at the level of intergovernmental organisations because such IGOs are 'uniquely positioned at the interface of scientific research and policy-making to address global issues' (Asatani et al., 2026). We expected that studying the intergovernmental policymaking would help throw light on the contexts and mechanisms of drug policymaking in the region, and so it proved.

We used three methods to collect data across these cases. These were scoping reviews of the available research evidence, analysis of relevant policy documents, and interviews with key stakeholders in drug policymaking.

We carried out one scoping review for each of the three policy cases in order to collect information on the research evidence that was available for use in our policy cases. For each review, we developed and tested relevant search criteria and then applied them in appropriate bibliographic databases. We included primary studies on each policy topic if they used primary analysis from countries in Southeast Asia. We also included peer-reviewed reviews of the evidence whether they included studies from Southeast Asia or not. Table 1 shows the number of primary studies, reviews and other documents that were among the 83 documents selected for inclusion across the three scoping reviews.

Table 1
Number of primary studies, international reviews and other documents included in the scoping reviews carried out for policy cases

Involuntary treatment of people who use drugs	**Primary studies from Southeast Asian countries**	**International reviews**	**Other documents**
	24	**5**	**3**
Death penalty drug offences	29	2	22
Decriminalisation of drug use/possession	19	4	0

We then used abductive coding, based on a theoretically informed provisional coding framework, to highlight relevant items of evidence that were available for use in policymaking.

Within each of the three case countries, we purposely selected policy documents to analyse and stakeholders to interviews. Policy documents were selected on the basis of their relevance to our questions on the use of evidence in policymaking. They included: national government drug strategies; other official statements; policy papers by political parties, CSOs and advocacy groups; and transcripts of relevant parliamentary debates. For the analysis of intergovernmental drug policy, we also included statements made by Southeast Asian countries at the UN Commission on Narcotic Drugs, where these were available from the website of the United Nations, between 2014 and 2025. Table 2 summarises the types of the 200 policy documents we collated for each geographic case study.

Table 2
Numbers of policy documents of each type included in the analysis from each geographic case

National drug strategy documents	Indonesia	Malaysia	The Philippines	ASEAN/UN
	4	**2**	**2**	**0**
Official statements	4	2	5	8
Governmental policy papers	8	0	28	3
CSO/Campaign documents	2	9	7	7
Parliamentary statements and debate	7	13	0	0
Country and other statements to CND	9	8	9	58[3]
Other	1	3	0	1

[3] Includes statements to CND by other ASEAN member states and their representative bodies.

In order to include a range of perspectives in our interviews with stakeholders, we used the conceptual division between evidence producers, users and intermediaries that is adopted by Sempé et al (2025).[4]

Through knowledge held by the research team, supplemented by the policy documents and snowball sampling from early interviewees, we attempted to interview enough people to achieve data saturation in each of these groups in each of the countries. Table 3 provides a breakdown of the number of interviewees of each type from each country. We also carried out three additional interviews with evidence intermediaries to gain wider perspectives on drug policymaking at ASEAN, making a total of 54 interviews. In the findings reported below, direct quotes from our interviewees are given in double inverted commas, while quotes from documents are placed within single inverted commas.

Table 3
Numbers of interviewees of each type included in the analysis for each country case

Evidence producers	Indonesia	Malaysia	The Philippines
	7	**5**	**7**
Evidence users	7	1	5
Intermediaries	8	6	5

The texts of policy documents and transcripts of stakeholder interviews were entered into software tools for abductive coding and analysis. In two countries and for the intergovernmental documents, this tool was Nvivo software for computer-assisted qualitative data analysis. However, Nvivo software is not accessible for people with some visual impairments. In the other country, we used an Excel spreadsheet to enter items of data into spreadsheet cells for the relevant document/transcript and code. In both types of software, we used abductive coding, starting from a theoretically informed coding framework to which we added relevant codes as we found them in the texts. In order to develop and agree on the

relevant themes in the coding, we iteratively discussed our impressions of the data at monthly and more frequent ad hoc meetings, as well as an intensive two-day meeting in the spring of 2026. This is the process by which we identified the themes we discuss in the findings section.

Reflexively, we report that we are a multi-disciplinary and multi-national team of researchers who do not identify as people who use drugs. We have varying degrees of involvement in the process of making drug policy in the region. The first author of this article has never lived or worked in Southeast Asia, but all the other authors do. This mixture of insider and outsider status – and the national and disciplinary diversity of our research group – gives us an interesting range of perspectives through which to view drug policy processes. Inevitably, we view the phenomena we observed through the lenses of our own cultural heritages and academic backgrounds. We acknowledge, in line with the epistemological relativism of critical realism, that a different team of researchers may have focused on different aspects of the actual reality that we observed empirically. However, we insist - in line with the ontological realism of critical realism - that our observations and interpretations provide useful perspectives on the real contexts and mechanisms of drug policymaking in Southeast Asia (Stevens, 2020).

We also acknowledge that our data is incomplete, in that we did not carry out interviews or analyse policy documents from other countries in the region. We were limited by the constraints of available funding and time. We did include some perspectives from other countries in our analysis of documents from intergovernmental discussions. However, it is possible that a larger study with wider country coverage will be able to challenge and develop the insights we have based on our more limited study.

Our comparison and triangulation between the three forms of data that we collected, from three policy cases across three countries, supplemented by data from intergovernmental deliberations, enhances our confidence that our themes and analyses are authentic reflections on the processes of drug policymaking in at least some policy areas in some Southeast Asian countries.

Findings

The following sub-sections provide the results of our thematic analysis of the barriers to evidence use that operate in the making of drug policy in Southeast Asia, and the contexts and mechanisms which produce these barriers. For reasons of space, we have not included examples from every country or policy case in each of these sections. However, discussion across the research team has confirmed that each of these barriers, and their identified contexts and mechanisms, were present in each of the countries we studied.

The security focus of drug policymaking in Southeast Asia, and the unbalanced ‘balanced’ approach

When we asked our interviewees who had power in drug policymaking, they tended to mention agencies and individuals who were associated with security and law enforcement, which is compatible with the goal of a ‘drug-free’ region. Issues related to drugs tend to be framed primarily as threats to security, which require a repressive response. Indeed, Sundram (2023) suggested that the common aim to

eradicate drugs from Southeast Asia was a key influence on the development of security cooperation between ASEAN member states.

In our reading of drug policy documents from Indonesia, we observed that national drug policy coordinating bodies, particularly the National Narcotics Agency and the National Police, maintain a fundamentally security-oriented institutional mandate, operationalised through punitive key performance indicators spanning drug prevention and education, law enforcement, raids and interdiction operations, rehabilitation throughput, and the apprehension of drug syndicate members and networks.

In the Philippines, the Department of Health is legally empowered to be one of the lead agencies in the Dangerous Drugs Board and to "oversee and monitor the integration, coordination and supervision of all drug rehabilitation, intervention, after-care and follow-up programs, projects and activities". However, Simbulan et al., (2019, p. 1) noted that drugs in the Philippines have 'primarily been viewed as an issue of law enforcement and criminality, and the government has focused on implementing a policy of criminalization and punishment'. Our review of policy documents and interview transcripts showed us that this is still the case. Efforts have been made to move on from the darkest days of Rodrigo Duterte's presidency, when thousands of people suspected of drug use were killed (Lasco & Abesamis, 2024). But our interviewees told us that the focus on a punitive response to drug use remains in place.

In Malaysia, the National Anti-Drugs Agency (NADA) or Agensi Anti-Dadah Kebangsaan (AADK) was established under the Ministry of Home Affairs (AADK, 2026). NADA derives its authority from legislation that strictly follows a security-centric approach to drug policy. However, since the National Anti-Drug Policy (2017–2022) and the enactment of the Drug Dependants (Treatment and Rehabilitation) (Amendment) Act 2024 (Act A1726), the Malaysian approach has moved towards a more rehabilitative approach. Malaysia has placed a moratorium on the use of the death penalty. Its policy now states, "Ultimately, the plan seeks to create a drug-free society by balancing aggressive law enforcement with supportive public health interventions and community awareness."

The focus on security, law enforcement and the eradication of drug use was also evident in the way that drug policy was discussed in intergovernmental fora. In ASEAN documents, and in the statements made by ASEAN and its members to the CND, we also saw repeated calls for a 'balanced approach'. In the documents we analysed, the balance was – as in the Malaysian policy - usually presented as being between punitive supply reduction and supportive demand reduction. This dual approach misses out another possible pillar of drug policymaking, which is globally recognised (Ritter, 2022) and is increasingly present in international drug policymaking documents (Stevens et al., 2025), which is harm reduction. Harm reduction commonly refers to policies and practices which seek to reduce the harms associated with illicit drugs, even as such use continues.

Some countries in the region have adopted harm reduction practices, including the opioid agonist therapy and needle and syringe distribution programmes that have been set up in Cambodia, Indonesia, Malaysia, Myanmar, Thailand, and Vietnam (HRI, 2022). Some others, and Singapore in particular, have set themselves directly against harm reduction. Singapore's statements to the CND repeatedly oppose

harm reduction. In 2024, it was joined by Brunei, Laos, and Vietnam in signing up to a Russian-led statement that called for ‘harm prevention’ instead of ‘harm reduction’(Fordham, 2024; Stevens et al., 2025).

In terms of the PCA, all this suggests that the institutional and ethico-political bases of drug policymaking in Southeast Asia are rooted in concerns for national security and punitive law enforcement more than they are in moral commitments to promoting the health and human rights of people who use drugs. This may be shifting in some countries, as we observe with recent developments in Malaysian drug policy. As the PCA and other policy process theories suggest, the way that a policy problem is framed will influence the policies that are considered suitable to solve it (Dunn, 2017; Kingdon, 1984; Stevens, 2024). An insight of the PCA is that this will also affect what evidence is selected for production and use. From the data we collected, we inferred that drug policy in Southeast Asia is usually framed in a way that will influence policymakers to seek evidence that relates to particular ways of thinking about drug policy, as expressed in the selectively ‘balanced’ approach promoted by so many official documents. This also reflects the relative absence of use of the available evidence on the negative effects of punitive drug policies—including the death penalty and involuntary treatment—on the health and rights of people who use drugs.

Drug policies and their institutional structures are not completely uniform across the countries of Southeast Asia. However, our country cases and the intergovernmental documents did suggest a common framing of drugs as threats to security which require a punitive response. In Smith’s (2013) terms, security-focused drug policies reflect ideas that are ‘institutionalised’ in Southeast Asian drug policymaking, while attempts to put priority on health and human rights reflect ‘critical’ ideas that are less likely to influence policy. As we show in the next section, such framings affect what evidence is used by whom in drug policymaking.

Dissensus on the nature of relevant evidence

We know that the long-standing ambition of creating a ‘drug-free ASEAN’ has not been fulfilled. Indeed, the available indicators suggest that drug use is now higher than in both 1976 (when ASEAN first committed itself to ‘the prevention and eradication of the abuse of narcotics and the illegal trafficking of drugs’ in the Declaration of ASEAN Concord) and 1998 (when the members states issued the Joint Declaration for a Drug-Free ASEAN) (UNODC, 2025). To the contrary, the UNODC Regional Office has noted that methamphetamine supply had actually increased faster in Southeast Asia than in other regions (UNODC, 2020).

The ongoing incongruence between political aspiration and the available evidence is mirrored at the level of individual policymakers. An evidence intermediary working at the regional level told us about their encounter with a representative of an ASEAN nation at an intergovernmental meeting:

He actually admitted that from the 40 years he’s been working on drugs, things have not gotten any better. And I asked him, “So, do you still think that the death penalty works in this context? Because

obviously when you've been working for decades and you see nothing change, it gets worse even." And he said, "Yes.

This failure to use the available evidence on the death penalty at the regional level was observed in each of the three policy cases; death penalty, involuntary treatment, and decriminalisation. In none of the policy or country cases did the people we classed as evidence users (i.e. official policy makers) make use of the evidence we found in the scoping reviews on the effectiveness of these policies in either the policy documents they authored or in their interviews with us. However, drug policymaking in Southeast Asia is by no means an evidence-free zone. As has been observed in other policy fields in other settings, policymakers drew on a wider range of evidence than is available in the academic literature (Oliver & de Vocht, 2017). Our analysis of drug policy documents and key informant interviews in our country cases showed us how drug policy actors interpret, negotiate, and (re)construct available evidence in various ways.

Evidence users largely drew on existing national legislations and policies as their primary sources of evidence. In effect, this renders punitive drug policies and programs as constitutional, legal, or compliant, regardless of other forms of evidence that may cast doubt on policy efficacy. When evidence on effects is needed, state actors deploy varying and inconsistent measures of success, such as the weight of seized drugs or the number of individuals enrolled in the state's rehabilitation and treatment program. These are not indicators of outcomes in terms of reductions in the amount of drugs used, or the related harms.

In more extreme cases, evidence may be deliberately manufactured. For instance, one of the interviewees from the Philippines—an evidence intermediary—told us that state actors have been documented to plant drugs, guns, and other paraphernalia beside victims of drug-war-related extra-judicial killings to justify their murder. Similarly, death certificates have reportedly been falsified to show other causes of death (e.g., heart disease), despite independent autopsies showing signs of violence and gunshot wounds.

The evidence producers whom we interviewed and whose works we analysed made more use of research that we found in the scoping reviews. Analyses of international and local drug policies and programs, ethnographic data, as well as case studies on alternative approaches to drugs all figured in evidence producers' critiques about the unidimensional (i.e., criminalising) framing of drugs in their countries. However, not all forms of academic evidence were deemed sufficient to form a basis for drug policy, even by the more academically minded interviewees.

There remains a preference for quantitative analyses of population-level data to accurately assess and characterise the nature and magnitude of a country's drug problem. An academic from the Philippines, for instance, notes that, "the gold standard for evidence is the randomized control trial." Some interviewees also told us that the preference for statistical evidence was informed largely by evidence users' valuing of "optics" and "numbers."

Evidence intermediaries, in comparison, drew attention to the marginal space afforded to community narratives and lived experiences in drug policymaking. In the documents and interviews we analysed, evidence intermediaries used narratives from various groups (e.g., people who use drugs; service providers; civil society groups; human rights organisations) to illustrate the harms of punitive approaches to drug policies and document how these are felt and experienced in everyday life. Alongside this, evidence intermediaries draw attention to international human rights laws and conventions to frame these harms as human rights violations and articulate potential mechanisms of redress.

From the viewpoint of some other evidence producers and users, community narratives were considered anecdotal and not rigorous or wholly reliable. When anecdotes are considered valid and valuable, it is usually within the context of supporting institutional narratives about the efficacy and responsiveness of a country's anti-drug campaigns. Indeed, the language and performance of drug policies across the three country cases were greatly influenced by the way policy actors made sense of, negotiated, and subsequently deployed available evidence.

While under the guise of being 'evidence-based' much of the practice of drug policymaking in this region hints at 'policy-based evidence', which Hughes (2007, p. 363) defines as the use of evidence in policymaking 'when and if, it suits [politicians'] policy platforms'. Aside from having implications for the kinds of evidence that are deemed valid for use in policymaking, the observed patterns and hierarchies of evidence use in drug policymaking in Southeast Asia also raise questions about who gets to produce evidence. These concerns have profound implications for who gets to achieve what the PCA refers to as 'epistemic power' (Stevens, 2024), or the power to affect what is accepted as known in a particular policy field.

Institutionally structured blockages to evidence use

Sempé et al (2025) identified various 'structures and processes' that may either hinder or facilitate the use of evidence in policymaking. Our analysis identified particular institutionally structured blockages that prevent the effective use of evidence. For reasons of space, we draw mainly on Malaysian examples.

Administrative fragmentation and conflicting mandates create barriers to evidence use. Government ministries and agencies often work at cross-purposes. In Malaysia, for example, the Ministry of Health administers drug legislation, but the enforcement of these laws falls under the security-focused police force (Salleh & Vicknasingam, 2025). Recent legislative amendments shifted decision-making authority for treatment away from medical officers to rehabilitation officers at AADK, a move criticised as counterproductive. Two critical issues are the ownership of the laws and a silo mentality driven by what an interviewee described as "fear of power sharing" and losing control. One expert points out, "the Minister of Home Affairs is much more powerful than the Ministry of Health... [they want] control of this issue."

Another structural blockage comes from top-down governance combined with a lack of formal consultative mechanisms. In none of our country cases is there a mandated standard operating procedure (SOP) or legal requirement for policymakers to consult with experts or use scientific data when making drug policy. One Malaysian interviewee stated, "I don't think there is a system in place for policy makers to follow, like SOP. You need to do this."

This is compounded by gatekeeping by powerful agencies acting as secretariats for high-level committees, allowing them to control the agenda and exclude dissenting evidence. One Malaysian interviewee told us, "[AADK] acts like a gatekeeper... The secretariat becomes very powerful because they control the agenda of the meeting."

This dynamic has led to a culture of secrecy and a lack of transparency. The process of moving from discussion to a final law was described by interviewees as non-transparent. One activist remarked, "We don't know who are the actual decision makers... Malaysia's policy making is still very mysterious." One of our interviewees explained that policymakers fear that public transparency will "derail the process" of policymaking through unwanted debate, thus preventing research evidence from being proactively communicated. When the state does engage stakeholders, our interviewees (who were not in government) saw it as a performative exercise. One advocate explained, "A lot of times... they have already decided before the stakeholder engagement what they want to do... it is generally used to manufacture consent."

The resulting dynamic of reforms perpetuating existing ways of using evidence is also illustrated by the drug law reform process in Indonesia, which has focused on questions of administrative control rather than whether involuntary treatment should exist. An institutional evidence user in Indonesia noted that following formal consultative processes related to drug policy reform, "the final outcome document is different, and we don't really know why."

At the level of ASEAN, we also observed the structural exclusion of CSOs from acting as evidence intermediaries. One interviewee noted that organisations must be officially accredited by ASEAN before they can take part, and the number of accredited organisations is very small. This echoes Gerard's (2015, p.365) research suggesting that ASEAN's participatory mechanisms are 'structured to include amenable interests and marginalize non-compatible groups'.

In combination with each other, these institutional blockages make it much harder for evidence to be used to inform drug policymaking in Southeast Asia. These difficulties are compounded by political pressure and backlash against people who challenge dominant policy actors and ideas.

Political pressures and backlash against evidence use

The PCA recognises that it is impossible to separate the use of evidence in policymaking from the broader political process (Stevens, 2024). In some places, and on some issues, locally specific contexts and mechanisms produce particular pressures on the use of evidence. In our study, the Philippines

provided a particularly striking example of the exercise of political power to enforce use of a particular type of (misleading) evidence.

In 2017, Philippine president Rodrigo Duterte claimed that there were “four million addicts” in the country, following similar other unfounded numerical claims (Lasco, 2016). When the head of the Dangerous Drugs Board suggested that there was no evidence to support the president’s claim, Duterte summarily fired him, saying: ‘You do not contradict your own government’ (De Santos, 2017). This incident was referenced by two of our interviewees from the Philippines. It illustrated how political actors shape the way evidence is used—or not used—in the region.

Backlash to the use of challenging forms of evidence can also come from other sources, including the media and civil society. One of our CSO interviewees told us, “in Indonesia there are some anti-drugs groups that actually spend time churning over the internet trying to find out who the activists are, where they work, and how to harass them”. And some people are more likely to face such backlash than others. This interviewee also said, “the risks are greater particularly for women with children thinking about whether their kids are going to get bullied at school.”

Therefore, disincentives for using evidence do not just come from the institutional and media power of politicians and journalists to silence or discredit dissenters. It also comes from the stigma and other negative social reactions that are faced by people whose identities and views challenge dominant social norms.

Material interests, economic power, and financial influences on the use of evidence

The PCA sensitised us to the role that material interests and ‘economic power’ can also have in influencing the use of evidence. Material interests often coincide with ethico-political beliefs in motivating policy actors (Stevens, 2024). Economic power is a form of social power that enables policy actors to influence policymaking by paying for people to participate in the policy process. We observed instances of the mundane, everyday exercise of economic power in drug policymaking processes.

For example, one interviewee told us that two international CSOs were able to participate in an ASEAN-related event to which other CSOs were not invited because they partly funded the event. Another interviewee told us that the success of an internationally funded project that transferred evidence-informed drug policies between countries was facilitated by having a “huge budget” that allowed for the participants to stay in “lovely hotels” and go on shopping trips. This interviewee also told us that international aid—on drug policy as with other policy areas—always came with “strings attached … invariably tied to trade arrangements”.

We also observed other ways in which material interests and economic power influenced the use of evidence in rather more insidious ways. For example, material interests and economic incentives constitute a powerful driver of compulsory drug treatment policy in Indonesia. Across the principal state agencies involved in drug policy, institutional budgets, staffing allocations, and key performance

indicators are structurally tied to treatment throughput rather than treatment outcomes. The National Narcotics Agency derives its mandate, resources, and institutional identity from the delivery of drug treatment and rehabilitation, which is codified in Drug Law No. 35/2009 (JDIH, 2009). As a consequence, evidence challenging the use of involuntary treatment threatens not merely a policy position but the agency's organisational rationale and budget.

An interviewee with experience across the region told us about a more obvious form of corruption that she observed as commonplace:

“There's systemised extortion associated with every step of the legal process… if you're arrested, the first two weeks is where you're asked to hit up the ATM or any wealthy relatives before, to get a reduced fine, that's par for the course. And then if you're put in a rehab or a prison, then more extortion follows just to get food and basic rights. So yeah, there's a lot of beneficiaries and [it’s] very hard to change that. You're looking at countries where police aren't really paid enough and everybody knows that [they seek] other sources of income. That's standard."

Involuntary treatment creates additional opportunities for financial exploitation.

Another of our interviewees told us:

"Once there, the family is brought into discussions with the rehabilitation authorities, and ultimately what emerges is a monetary figure… A payment so that the person can be released.”

These quotes corroborate the report of such corruption that we found in our scoping review of evidence on involuntary treatment (Amon et al., 2013). Yet this evidence is entirely absent from official policy discourse, and was not mentioned by any of the evidence users whom we interviewed.

We have focused here on the data we gathered on the vested interests that limit the use of evidence on involuntary treatment. This policy case provides a compelling and relatively under-researched example of the PCA’s prediction that material interests—as well as ethico-political bases—will influence the policy positions of dominant policy actors, and so constrain the use of evidence in policymaking. The next section focuses on the characteristics and ethico-political bases of who these dominant policy actors are.

Patriarchal paternalism as an ethico-political base of drug policymaking in Southeast Asia.

Former President Duterte in the Philippines and former President Joko Widodo in Indonesia provide examples of the high profile of male leaders with a preference for tough talk in Southeast Asia. This, and previous research on the exclusion of women’s voices from politics in the region (Intentilia, 2020), raise the question of the role of patriarchy in influencing the use of evidence in drug policy in the region.

For critical realists, patriarchy is a complex set of social mechanisms that cause gendered dominance to be an enduring structural feature of many societies (Gunnarsson et al., 2016). In international

comparison, countries in Southeast Asia have low to middling scores on the Global Gender Gap Index, with lower levels of gender equality than observed in Europe, the Americas, Eurasia and Central Asia (GGGI, 2026). A recent study that combined data from the World and the European Values Surveys found a strong correlation between a country's populations' support for collectivist values and its support for patriarchal assumptions, including that 'men make better political leaders than women' (Davis & Kramer, 2025). This means that the largely 'obedient' values expressed in the WVS by the populations of Southeast Asia accompany widespread endorsement of patriarchal assumptions.

Given that previous research has suggested that 'left-leaning, younger and/ or female policymakers were more likely to use research evidence' (Oliver et al., 2014, p. 6), polities that are dominated by older men may provide more challenging environments for evidence-informed policymaking.

So we examined the demographic profile of the officials responsible for making drug policies, and analysed the way that they speak about them. Internationally, drug policy is negotiated between high-level officials. From the documents we analysed, and from what our interviewees told us, we learnt that, for Southeast Asian countries, these officials tend to be relatively old, male representatives of national security agencies, including the senior military and law enforcement officials who run the governmental units responsible for drug policy.

As an illustration of this phenomenon on intergovernmental drug policy, we ascertained the gender of the person who delivered 74 official statements to the CND by ASEAN member states and their representative organisations (including ASEAN, the Asia-Pacific Group and the Group of 77 and China) between 2014 and 2025. Only 10 were delivered by women. Four of these were delivered by one woman; Mrs Josephine Teo, who served as Singapore's Second Minister for Home Affairs from 2017 to 2025.

Mrs Teo's prominent role in drug policy was in strong contrast to the minimal space allowed to women who use drugs. One of our CSO interviewees, who specialises in women's issues, told us, "just by being a woman who uses drugs, you're a bit of a thorn in the side of patriarchy. You're not playing the game".

In the drug policy documents we analysed, women were much more commonly present as targets of policy who need protection from drugs, rather than as active agents who have a role in making policy. This does not apply only to official, governmental fora. One interviewee told us that civil society in Indonesia is also a "male-dominated space", with women being "told to pull their necks in".[5] Similarly, an evidence producer from the Philippines alluded to there being a "gentlemen's club" in drug policymaking in the country.

Alongside the influence of patriarchy, we also observed two different forms of paternalism in discussions of drug policy in Southeast Asia. One form of paternalism can be described as technocratic. This is expressed in claims that experts know best, and that the scientific evidence must be followed. It is the type of paternalism that Stevens (2024) observed in discussions of drug policy in the UK. In our data, we observed technocratic paternalism in calls by ASEAN, national policy statements, and drug policy intermediaries for "evidence-based" drug policies. One of our interviewees from a CSO told us, "the

ideal situation is that evidence is used as the basis of the policy adopted in the regional and also in the national context". The collective *Civil Society Perspective* document on ASEAN drug policy stated that an 'evidence-based' approach should replace 'drug-free goals' so as to 'improve the health and welfare of all people' (APCOM et al., 2025, p. 2).

This is different to the form of paternalism we observed from several evidence users in interviews and in several official policy documents. People in powerful positions—who were mostly older men—more often used justifications for policies that were protective of the groups who are traditionally protected by older men in patriarchal societies. For example, the policy statements made by ASEAN countries at CND were replete with references to the need to protect women and children from drugs, echoing a consistent theme in previous analysis of drug policy documents in the Philippines and their prioritisation of 'saving the youth' (Lasco & Abesamis, 2024). The ASEAN (2025) document on *Our Shared Future* contains 14 references to women and children; always in the role of vulnerable people who need protection, and never as active agents in leading policy.

These statements express a more patriarchal form of paternalism. This is less about the epistemic power of experts who know what is best for us, as expressed in the technocratic form of paternalism. The patriarchal paternalism that we observed is based more in underlying patriarchal assumptions that older men have a duty to use their wisdom to protect others. One of our interviewees referred to this as the "protective infantilism of women", again highlighting the gendered combination of paternalism with patriarchy.

Discussion

The final, retroductive step of our critical realist analysis, as recommended by Danermark et al. (2019), was to infer the conditions of possibility of the phenomena we observed by combining analysis of the data we collected with insights from previous conceptual contributions, including those taken from Smith (2013), Oliver et al. (2014), Stevens et al. (2024; 2025), and Sempé et al (2025).

In our policy and country cases, and at the intergovernmental level at ASEAN and the CND, we observed a systematic exclusion of evidence that supported what Smith (2013) would call 'critical' ideas. We observed barriers to the use of evidence in general, and critical evidence in particular, of various kinds. Such barriers included: the security focus of drug policy and its institutional power-holders; the dissensus we observed about what counts as legitimate and useful evidence; the institutional blockages created by bureaucratic mandates; the political pressures and backlash against some forms of evidence use (and some potential evidence users); and the vested material and economic interests of powerful policy actors, who often embody patriarchal paternalism.

Some of these barriers will be familiar to readers of previous research on the use of evidence in policymaking in general (Oliver et al., 2014), and on some specific cases in particular, such as drug policymaking in Chile (Mateo Pinones et al., 2022; 2026). Our analysis also develops an explanation of how and why these barriers exist in Southeast Asia. In Sempé et al.'s (2025) terms, we observed

evidence cultures that are not conducive to the use of some forms of evidence. These cultures are characterised by networks of influence that tend to exclude critical ideas and dissenting voices. Institutional processes prevent open access to and transparency of the policymaking process and limit the capacity of other actors - who are outside of these relatively closed networks - to insert evidence into national and regional drug policymaking processes.

The PCA sensitised us to the role of unequally held power, material interests and normative commitments (in the form of the ethico-political bases of policymaking). Previous research on the link between drug policy positions and normative values showed us the alignment of generally 'obedient' values with both prohibitive drug policies and patriarchal assumptions about political power (Davis & Kramer, 2025; Stevens et al., 2025). Combined with our data analysis, this suggests something interesting and important about the conditions of possibility for the divergence we observed between the stated goal of using evidence and the actual practices of not using some forms of evidence (when they conflict with dominant value positions and the material interests of powerful social groups).

The most distinctive feature of our analysis is its identification of patriarchal paternalism as an influential ethico-political base of drug policymaking in Southeast Asia. We doubt that the influence of patriarchal paternalism is unique to this region, but this article is the first that has named it as part of the explanation for why it is particularly difficult to use some forms and findings from evidence to influence drug policymaking in some places.

As a result of the features we observed, the evidence cultures in our Southeast Asian cases tended to be more favourable to the use of governmentally produced evidence that supports the punitive approaches to drugs. However, astute use of evidence still holds the potential to inform ongoing and future change. Despite the examples we were given of the subordination of evidence to political imperatives, many of our interviewees expressed optimism that such pressures can be overcome. One suggested that evidence serves an "incremental" purpose: even by gesturing towards an alternative paradigm, evidence (and the people who use it) can help to create different possibilities that may eventually be taken up, as has been observed with moves to end the death penalty and reduce the punishment of people who use drugs in several countries in the region. The barriers we have identified are not absolute blockages. The stated wishes of ASEAN and its member states to make more use of evidence in drug policymaking make it worthwhile to identify and explain barriers to such evidence use, in order to facilitate the common aim of using evidence to reduce the harms associated with drugs and drug policies.

Conclusion

By analysing data from evidence reviews, policy documents, and key informant interviews on drug policy making in three Southeast Asian countries, and at the intergovernmental level for the region, this article advances understanding of the gaps between the stated wishes of Southeast Asian nations to use evidence in drug policy and the actually observed practices of drug policymaking. These gaps are not unique to the region (Oliver et al., 2014), but they do take particular forms, and influence each other in

particular ways in the cases we observed. Dissensus on the nature of legitimate, useful evidence is influenced by the governing security focus of officially institutionalised drug policy in the region, which also affects the structural blockages to evidence use which we observed. Political pressures and vested interests also reinforce each other in making it difficult to use critical forms of evidence to support policies which are not seen as compatible with the 'drug-free' ideal. We identify patriarchal paternalism as an ethico-political base which underlies each of these other barriers, alongside the 'obedient' values that were previously identified as supporting prohibitive intergovernmental drug policies (Stevens et al., 2025).

We therefore provide a provisional explanation of the gaps between stated aspiration and actual reality of evidence use in drug policymaking that uses the critical realist understanding of the importance of both social and cultural structures. Social structures - including patriarchal gender inequality as well as inequalities in who benefits materially from existing policies - support and are supported by current forms of drug policy in Southeast Asia. This aligns with culturally structured preferences for a 'drug-free' society to make it more difficult to use some forms of evidence to enhance policymaking. The knowledge provided by this study can be used to adapt and develop efforts to make more and better use of evidence in drug policymaking.

Declarations

Acknowledgements

This research was funded by the British Academy programme on evidence-informed policymaking (grant number: Epg\100305). The funder played no role in devising or carrying out the study, analysing data, or writing this article, but they did provide a platform for learning about Sempé et al.'s (2025) conceptual framework in webinars for funded projects. We would like to thank all those who contributed to or advised on the research, including Ajeng Larasati, Pamela Bong, Patri Handoyo, Samantha Noelle M. Aquino, Ainsley Kenzo T. Co, Harold Ivan S. Hui, Julyan Ira B. Kabigting, our anonymous interviewees, and members of the project advisory board. The views expressed in the article are ours, not theirs.

Competing interest

The authors declare no competing interest.

Data availability

For the scoping reviews and policy document analysis, a list of included documents is available on request from the authors. The data from interviews were provided on the basis of full confidentiality and therefore cannot be shared.

Ethics statement

Our two main ethical concerns were to ensure that participation in interviews was on the basis of informed consent, and that we protected the confidentiality of the interviewees. We did not see any particular ethical concerns in using the data collected for the scoping review and the policy documents, as these were all in the public domain. We secured ethical approval for the whole study from the research ethics committee of the University of Sheffield (reference number 068543), and then also gained ethical approval from the relevant bodies in each country for the country case studies, where required. In Indonesia, these bodies were the National Research and Innovation Agency (reference 906/KE.01/SK/10/2025) and Monash University Human Research Ethics Committee (reference 48562), and in Malaysia it was Monash University Human Research Ethics Committee (reference 49389).

Author contributions

Alex Stevens initiated the study, was its principal investigator, and led the process of writing this article. All other authors contributed equally to this work and were jointly involved in designing the study, analysing data, and writing this article.

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Footnotes

[1] This statement comes in the section of the declaration on section on ‘Continue to prevent and combat the flow of illicit drugs in the pursuit of a Drug-Free ASEAN’.

[2] Populations with ‘obedient’ values tend to believe in the importance of childhood obedience, deference to authority, and institutional conformity (Welzel, 2013).

[4] Some interviewees worked in more than one of these roles. In the Table, we included them in the role in which they spent most of their working time.

[5] This interviewee also told us that suspicion and resistance to women's involvement in policymaking in Indonesia is still tinged with the legacy of the events of 1965/6, when the Gerwani women's movement was falsely blamed for murders during an attempted coup and then subjected to mass killings.