Community-led harm reduction response to the transition from smoking to injecting methamphetamine in urban Indonesia

Authors:
Muhammad Yusuf Jimmy[1]

[1]Indonesian Drug Users Network (PKNI), Depok, Indonesia
Presenter's email: *muhammadyusufjimmyzen@gmail.com*

Background: Methamphetamine use in Indonesia is evolving, with community outreach identifying a growing transition from smoking to injecting. This shift has increased the risk of blood-borne virus transmission and other injecting-related harms while exposing gaps in existing stimulant harm reduction services. Stigma, criminalisation and limited access to community-based care continue to reduce engagement with health services. In response, the Indonesian Drug Users Network (PKNI) strengthened a peer-led outreach model to identify emerging trends and improve access to health care.

Description of Model of Care/Intervention: From January to June 2026, trained peer outreach workers implemented community-based harm reduction activities across Bogor, Depok and South Tangerang. The intervention included outreach, safer injecting education, harm reduction information, psychosocial support, referrals to HIV and viral hepatitis testing, health service navigation, and documentation of changing drug use patterns. The model was designed and delivered by people with lived and living experience of drug use in partnership with local health services.

Effectiveness/Acceptability/Implementation: The program engaged more than 100 people who use methamphetamine. Participants reported greater trust in peer-led services and increased willingness to access health services through community outreach. Peer workers identified injecting as an increasingly preferred route of administration because it was perceived to be more economical and produced stronger effects. These findings informed modifications to outreach messages and service delivery.

Conclusion and Next Steps: Peer-led community outreach is an acceptable and effective model for responding to rapidly changing stimulant use patterns. Future work will strengthen surveillance, expand harm reduction interventions for people who inject stimulants, and improve collaboration between community organisations and government health services.

Implications on communities, practice, policy and/or First Nations communities: Community-led responses generate timely evidence while improving access to care for underserved populations. Integrating lived and living experience into policy and service delivery can strengthen Indonesia's response to stimulant-related harms and support more responsive, evidence-informed health systems.

Disclosure of Interest Statement: None to declare.