Compassion Isn’t Just Good Policy—It’s Life-Saving Science

By lifting our voices, sharing our successes, and building broad coalitions, we can protect these lifesaving programs and ensure that compassion and evidence, not fear, guide our nation’s response.

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When the AIDS crisis was killing thousands and politicians were still debating whether gay lives mattered, when overdoses were ravaging communities and lawmakers called harm reduction “soft on drugs,” the people closest to death did something extraordinary: They refused to wait for permission to save each other.

For four decades, those dismissed as junkies, sex workers, and degenerates have taught us a revolutionary truth: The most marginalized communities don’t just deserve compassion—they hold the solutions that transform public health.

Ultimately, public health is about community. It’s about the ways people come together, learn from each other, and decide to draw strength from one another. The HIV response in the United States is a powerful example of this: communities facing unimaginable loss chose compassion and evidence over stigma and judgment. We embraced principles and strategies built in, a philosophy and practice rooted in dignity, care, and meeting people where they are. That approach has not only saved lives but also built stronger, healthier communities—and it offers lessons for addressing today’s mounting crises.

It starts with a simple but powerful idea: everyone deserves care and compassion without conditions. That means recognizing the realities of drug use, sex work, homelessness, poverty, and stigma—not as excuses to turn people away, but as the very reasons to help. Programs like syringe services, which provide clean needles, naloxone distribution, which can reverse overdoses, and access to medications that treat opioid addiction, have always been about one thing: saving lives and opening the door to better health.

This approach began in the 1980s during the height of the HIV epidemic. At the time, people who used drugs and HIV/AIDS activists refused to accept that others should die simply because society saw them as unworthy of care. They built programs with very little support and often faced pushback from the government, but they showed that compassion could change the course of an epidemic. HRC has been there from the start with Speak Out, a constituent mail program that

allowed our members to write to key members of Congress and lobby for HIV-related legislation through the years. Over time, these approaches to care focused on reducing harm were proven to be not just empathic but also incredibly effective as an approach to providing people who use substances with life-saving and life-affirming care. As the evidence base in support of these interventions grew, they were broadly adopted into national health policy. We learned that these programs work not only because they are compassionate but because they are practical—designed to give people the tools to survive, heal, and thrive.

We know that we cannot end the HIV and overdose epidemics in the United States without centering compassionate and evidence-based approaches to care for people who use substances, people experiencing homelessness, and people living with and at risk of contracting HIV. The data is clear. Syringe Service Programs (SSPs) cut HIV transmission by nearly 50% among people who inject drugs, and in cities like Washington, D.C. and New York City, scaling up SSPs alongside treatment and prevention tools like antiretroviral therapy (ART) nearly eliminated new HIV transmissions among this population. AIDS United knows this, which is why for over 20 years we have operated the Harm Reduction Futures Fund to strengthen SSPs ability to serve our communities through strategic grantmaking, technical assistance, and advocacy work.

We also know that SSPs foster environments that are conducive to recovery from substance use disorder. New SSP participants are 5 times more likely to enter treatment and 3 times more likely to stop using drugs. These programs increase access for medication-assisted treatment for those who would like it and are often hubs for a wide variety of referrals to healthcare services like Pre-exposure Prophylaxis (PrEP) and primary care services that help participants improve all aspects of their health. And SSPs are best situated to get life-saving overdose reversal drugs like naloxone into the hands of those who are most likely to use them.

HIV does not affect all communities equally, just as substance use disorder and housing insecurity doesn't affect all communities equally. Harm reduction understands this and addresses it head-on by meeting both people and communities where they are at. Black, Latine, and rural communities continue to experience disproportionate rates of HIV linked to injection drug use. Harm reduction programs respond by creating welcoming spaces that affirm dignity, reduce stigma, and recognize the intersecting harms of racism, poverty, trauma, and discrimination. They center the voices of people who use drugs and sex workers, ensuring that those most impacted are shaping the programs and policies that affect their lives.

This is not just about reducing infections—it's about justice and acceptance. It's about transforming systems that too often punish people for their circumstances into systems that empower them to take charge of their health and wellbeing, creating healthier people and safer communities for all

Harm reduction is more than just an HIV strategy—it's a model for tackling today's toughest public health challenges, from the overdose epidemic to homelessness to the growing mental health crisis. Each of these issues involves people facing overlapping harms, and harm reduction shows us that compassion and practicality are not opposites but partners. Meeting people where they

are, without judgment, is not only the humane choice—it is also the most effective.

It took time for widespread federal adoption of harm reduction interventions, but ultimately the science and the results spoke for themselves, showing sharp reductions in HIV infections, overdose deaths prevented, and stronger community trust. The lesson is clear: investing in harm reduction approaches now—whether for substance use, housing, or mental health—can prevent larger, costlier crises tomorrow. What was once controversial has become common sense, and that trajectory should guide how we respond to the challenges we face today.

Now is the moment for community partners to act. We must stand together to defend harm reduction, tell the stories of lives saved, and push back against stigma and fear. Policymakers and the public need to hear both the evidence and the human reality—these programs are not about politics, they are about parents, children, neighbors, and friends. By lifting our voices, sharing our successes, and building broad coalitions, we can protect these lifesaving programs and ensure that compassion and evidence, not fear, guide our nation’s response.

Carl Baloney Jr is President and CEO of AIDS United and Kelley Robinson is CEO of the Human Rights Campaign.
