



# Unhinged: Reflections on Prevention From a Former Government Bureaucrat

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Just because you're in Boston!!



# Healthcare Spending in the US

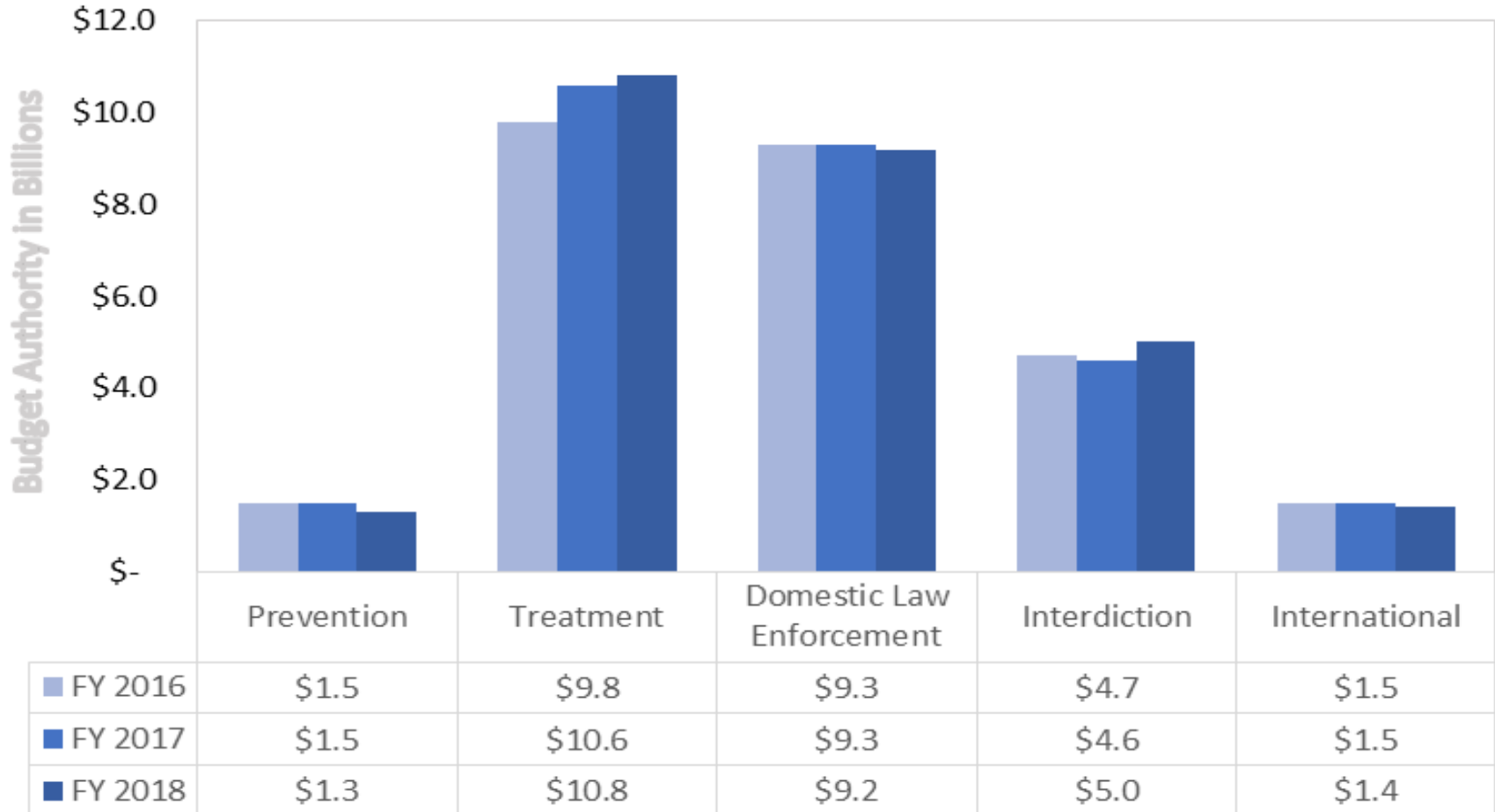
U.S. health care spending increased 4.3 percent to reach \$3.3 trillion, or \$10,348 per person in 2016.

- Hospital Care (32 percent share)
- Physician and Clinical Services (20 percent share)
- Prescription Drugs (10 percent share)

Estimated that only 2-3% of spending is on preventive services

# Federal Drug Control Spending

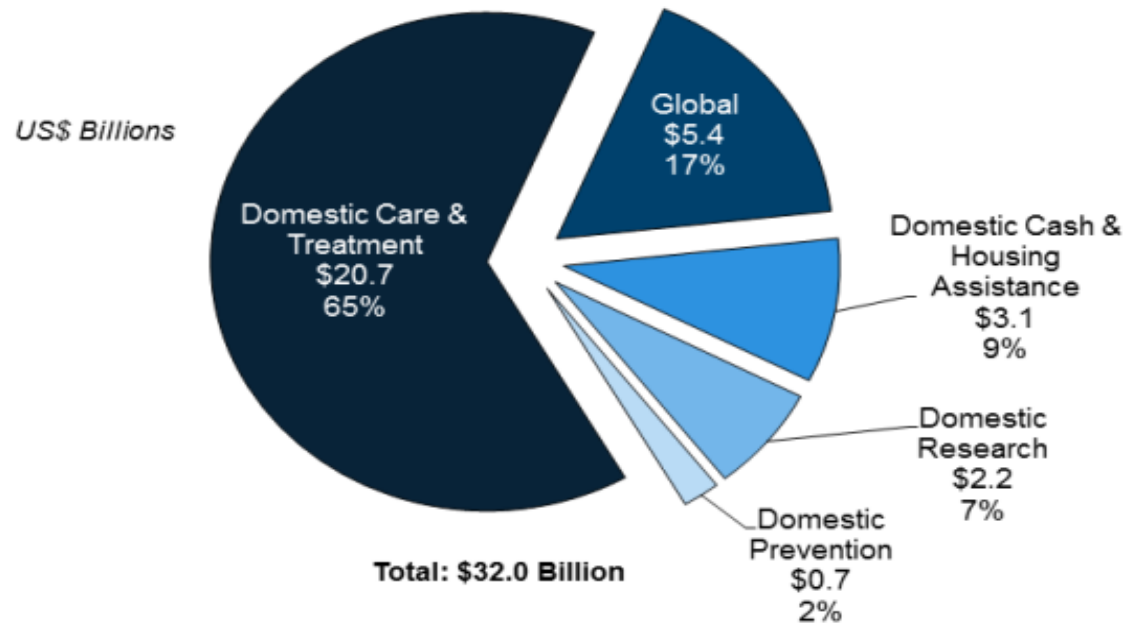
Federal Drug Resources by Function



# HIV Prevention Funding

Figure 1

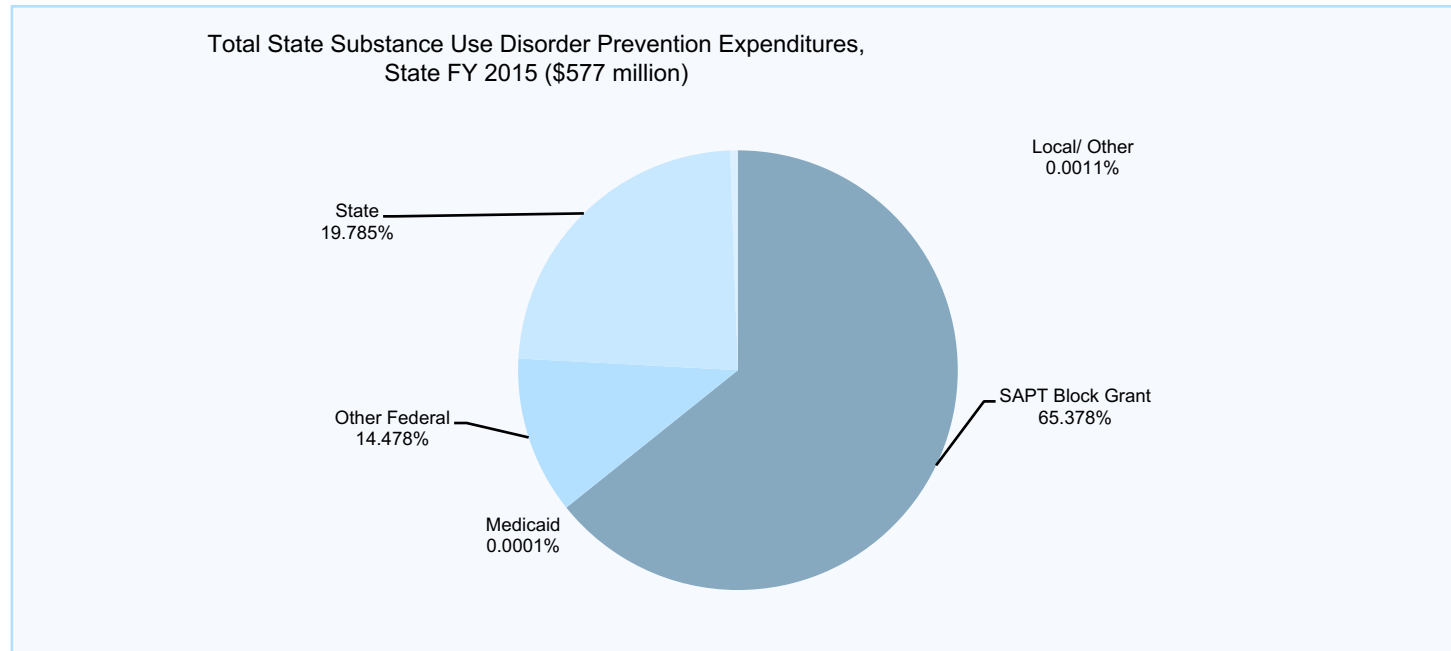
## U.S. Federal Funding for HIV/AIDS, by Category, FY 2018 Request



NOTE: Categories may include funding across multiple agencies/programs; global category includes international HIV research at NIH.  
SOURCE: KFF analysis of data from FY2018 President's Budget, Congressional Budget Justifications, White House Office of Management and Budget personal communication, and agency personal communications.



# SAPT BG Prevention Funding (NASADAD, May 2017)



- 4 States, the set-aside makes up 100 percent;
- 14 States, the set-aside makes up 75-99 percent;
- 19 States, the set-aside makes up 50-74 percent;
- 11 States, the set-aside makes up 25-49 percent; and
- 3 States, the set-aside makes up 24 percent or less.

# Cost Effectiveness of SUD Prevention

- Evidence-based prevention strategies have returns on investment of up to \$18:1 (that is, saving \$18 for every \$1 invested in prevention).
- Cost savings come from reduced medical costs, increased productivity in work and school, reduced crime, and generally better quality of life.<sup>7,8</sup>

# Observations and Reflections

“Disease of the Day” Approach – often driven by media coverage – when crisis is over, attention wanes

All SUD services have been underfunded for decades and prevention often not seen as equally urgent when compared to other needs like treatment

Outcomes are longer term – don’t fit into election cycles

We haven’t done a good enough job of convincing people there is a science behind prevention

Sometimes, you speak a foreign language that make is hard for common folks to understand what you do. (primary, secondary tertiary, SPF, universal, selected, indicated, etc.)

We have very powerful industries battling us

Too rigid a focus on primary prevention (overdose prevention, harm reduction)

If done well, nothing happens – hard to find compelling prevention stories

Unlike treatment, there is no “Prevention Gap” analysis

Little Prevention constituency