

Holding It Together: The 27 Million Working Americans With a Substance Use Disorder

The short version

- About **27 million employed adults** in the United States had a substance use disorder in 2025. That is 63.2% of all adults with one. (National Survey on Drug Use and Health, 2025) [1][2]
- Only **16.0%** of people who needed substance use treatment in 2025 received it. [1]
- Among adults with a substance use disorder who did not get treatment and felt they needed help, 82.5% said they thought they should be able to handle it on their own. 54.3% said they did not have enough time. 41.4% worried what people would think. 34.9% feared losing a job, home or children. [1]
- Peer support is barely visible in the survey. 3.5% of people with a substance use disorder saw a peer support specialist or recovery coach, and 92.4% of those people also received treatment. [1]
- The survey does not say how many of these workers are hiding a problem, and it does not break the reasons down by employment. This paper says where the data stops.

Still Standing Recovery offers free, confidential coaching from credentialed peer recovery coaches who have been through recovery. Still Standing has no clients yet and makes no outcome claims in this paper.

1. Who the 27 million are

The National Survey on Drug Use and Health (NSDUH) is the federal government's main yearly survey of substance use. It is run by the Substance Abuse and Mental Health Services Administration (SAMHSA). It covers the civilian, noninstitutionalized population aged 12 or older. [1] That leaves out, among others, people in jails, hospitals and other institutions.

The 2025 survey was released in July 2026. It estimates that 44.6 million people aged 12 or older (15.3%) had a substance use disorder in the past year. [1] Of those, 42.7 million were adults aged 18 or older. [2]

The employment breakdown comes from SAMHSA's detailed tables. For adults 18 or older with a past-year substance use disorder in 2025 (numbers in thousands): [2]

Employment status	Adults with a substance use disorder	Share of those adults (our arithmetic)
Full-time	20,911	49.0%
Part-time	6,056	14.2%

Employment status	Adults with a substance use disorder	Share of those adults (our arithmetic)
Unemployed	3,677	8.6%
Other (students, people keeping house or caring for children full time, retirees, people with disabilities, others not in the labor force)	12,055	28.2%
All adults	42,699	100%

Full-time plus part-time is 26,967 thousand, or about 27.0 million. That is 63.2% of 42,699 thousand. The 63.2% and the 49.0% are our arithmetic from the published table. SAMHSA's own text does not state them.

The tables also give prevalence. In 2025, 17.7% of full-time workers and 17.4% of part-time workers had a substance use disorder, against 26.8% of unemployed adults. [2] Most adults have a job, so it is no surprise that most adults with a substance use disorder do too. A job is not protection from a substance use disorder.

The same tables show the pattern differs by substance. For alcohol use disorder, 25,036 thousand adults were affected and 65.8% were employed (13,219 full-time and 3,254 part-time). For opioid use disorder, 3,764 thousand adults were affected and 39.6% were employed (1,140 full-time and 352 part-time). Both percentages are our arithmetic. [2] Alcohol use disorder accounts for much of the working group.

Dated comparison: the 2024 table gave 22,752 thousand full-time workers with a substance use disorder, against 20,911 thousand in 2025. SAMHSA marks that difference as statistically significant. [2] The 2025 figure is lower than last year's. It is not a fixed number.

What NSDUH does and does not measure

- **A disorder, not a label.** The survey uses the criteria in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). A person meets criteria for a "past year" disorder if they met them in the 12 months before the interview. [1][2]
- **Most are mild.** 54.1% of people aged 12 or older with a substance use disorder had a mild disorder, defined as two or three criteria. About 1 in 5 (22.5%) had a severe disorder. [1] "Mild" is a measurement category. It does not mean the person is not struggling.
- **Self-report.** The data come from interviews, with all the limits that carries.
- **No category for "functional."** NSDUH has no "high-functioning" or "hidden" category. This paper uses "employed adults with a substance use disorder," which is what the table measures. It does not count people who are secretly struggling, because the survey cannot see secrecy.

- **Employment is a snapshot.** It describes a person’s status at the time of the interview, not their job, industry, employer size or whether anyone at work knows.

2. How few get help

In 2025, 47.2 million people aged 12 or older were classified as needing substance use treatment in the past year. That figure includes 44.6 million with a disorder and 2.7 million who did not have one in the past year but received treatment. Of the 47.2 million, 16.0% (7.6 million) received treatment. Among adults 26 or older who needed it, 17.1% (6.2 million) did. [1]

Two things shape how to read those numbers.

First, **treatment has a specific meaning in NSDUH.** It covers inpatient and outpatient treatment or counseling, medications for alcohol or opioid use disorder, telehealth treatment, and treatment in a prison, jail or juvenile detention center. Support groups, peer support specialists and recovery coaches, emergency room visits and withdrawal management are counted separately as “other services.” [1]

Second, **other services add little.** Among people aged 12 or older with a disorder, 86.4% (38.5 million) received neither treatment nor other services in the past year. [1]

The survey does not report the treatment rate for employed adults separately in the pages we read. We do not know whether working adults get help at a higher or lower rate than the 16.0%. This is the largest gap in the data for this paper’s subject.

3. Why: the reasons in the survey’s own words

Here the survey needs careful reading, because the headline reasons are about a small group.

Among the 38.1 million adults with a past-year disorder who did not receive treatment, **94.5% (36.0 million) did not perceive that they needed it.** They did not seek treatment and did not think they should get it. The other 5.5% (2.1 million) did perceive a need. Of them, 0.5% sought treatment and 5.0% did not seek it but thought they should. [1]

The percentages below are for that second group, the adults with a disorder who perceived an unmet need. They are not percentages of all adults with a disorder. [1]

Reason for not receiving treatment (SAMHSA’s wording)	Share
Thinking they should have been able to handle their alcohol or drug use on their own	82.5%
Not being ready to stop or cut back	68.4%
Not being ready to start treatment	67.7%

Reason for not receiving treatment (SAMHSA's wording)	Share
Not having enough time for treatment	54.3%
Being worried about what people would think or say if they got treatment	41.4%
Not knowing how or where to get treatment	40.5%
Thinking that treatment would cost too much	39.2%
Thinking bad things would happen if people knew they were in treatment, such as losing their job, home, or children	34.9%
Not being able to find a treatment program or healthcare professional they wanted to go to	32.7%
Thinking treatment would not help them	31.5%
Not having enough health insurance coverage	30.4%

Source: NSDUH 2025, Table A.61B, as reported in the annual national report. [1] Respondents could give more than one reason, so the shares do not add to 100%.

Two honest readings follow.

- **For most people, the barrier comes before any of these reasons.** Nearly 19 in 20 untreated adults with a disorder did not think they needed treatment. Calling them “hidden” would claim more than the survey shows. Some may be right that they do not need treatment. Some may not see the problem yet.
- **For the 2.0 million who did feel a need, the reasons are practical and social.** Self-reliance, time, reputation and job security rank high. Cost and insurance matter, but they are not the top reasons.

4. What the gap looks like for working people

The survey gives the national shape of the gap. It does not give a separate version for employed adults. What we can say from the published figures:

- About 27 million employed adults had a disorder. [2]
- Most adults with a disorder, working or not, got neither treatment nor other services, and most did not feel they needed treatment. [1]
- The reasons that ranked high include time (54.3%) and the fear of what people would think (41.4%) and of losing a job, home or children (34.9%). [1] These reasons are not broken out

by employment status in the report we read. They are plausible for a person with a job to protect. The survey does not prove they apply more to workers than to anyone else.

What the data cannot tell us:

- How many employed adults with a disorder have told anyone at work.
- How many would use a service if it were free, private and available outside work hours.
- How the reasons differ for a nurse, an electrician or a manager.
- Anything about California. We did not obtain California estimates for this paper, so none are given.

For a program officer or HR director, the useful claim is narrow: a very large number of people with jobs have a substance use disorder, nearly all of them are outside treatment, and the survey's own respondents point to time, reputation and job fear when they explain why.

5. What helps: peer support reaching people outside treatment

NSDUH counts peer support separately from treatment, and it asks about it. In 2025, 3.5% of people aged 12 or older with a disorder (1.6 million) received services from a peer support specialist or recovery coach in the past year. Of those people, 92.4% also received substance use treatment. [1] The estimate for people who received peer services without treatment is 7.6% with a standard error of 2.09 points, which is imprecise. [1] The pattern is clear even so: peer support is mostly delivered alongside treatment, so it rarely reaches people who are outside treatment.

What does the research say about whether peer support works? We summarize recent reviews from the abstracts. We have not re-read the full studies for this paper.

- A 2025 review of 28 multi-group studies (12,601 participants) found evidence that peer recovery support services improve treatment engagement and retention. It called the evidence on substance use outcomes preliminary but inconclusive. [3]
- A 2026 review of 53 studies found the most favorable results for treatment linkage and engagement. Results for substance use, emergency department use, hospitalization, overdose and mortality were inconsistent. Programs with sustained navigation, practical help and repeated peer contact more often reported favorable results. Economic data were limited. [4]
- A 2025 review of seven studies of recovery community centers found that participation was linked to better substance use, recovery capital and functioning. None of the studies was comparative, so this is correlation. [5]

The plain reading: peer support is well supported for getting people connected to care and keeping them there. Evidence that it changes substance use itself is not settled. We did not find

a study of peer coaching for employed adults who are outside treatment. Most of the evidence comes from emergency departments, treatment programs and justice settings.

6. What this means for Still Standing's work

Still Standing Recovery was set up for the group this paper describes: working adults who are worried about drinking or drugs and are not in treatment. We read the data as follows.

- **There is a large unserved group, and the survey names its barriers.** Time, reputation and job fear are what people say. Still Standing is designed to ask little of a person: free, confidential, and with a text-first way to reach out.
- **We offer coaching, not treatment.** Coaches are credentialed peer recovery coaches who have been through recovery. They are not clinicians. Where someone wants or needs treatment, a coach can help them find it and get connected.
- **We do not claim results yet.** Still Standing has no clients. The evidence above supports peer support as a way to connect and engage people. It does not show that coaching changes substance use for employed adults outside treatment. We will publish our own numbers, with their limits, after the first months of service.
- **We will measure what the survey cannot.** That includes how long it takes us to reply and how many people we connect to care or services.

What we could not verify

- **California.** The research notes held no California NSDUH estimates, and we did not pull them. This paper is national only.
- **Employed-specific treatment and reasons data.** We found no published breakdown of treatment receipt or reasons for not seeking help by employment status. Do not read the national figures as describing workers alone.
- **The 27 million, 63.2%, 49.0%, 65.8% and 39.6% figures.** These are our sums from SAMHSA's published numbers in tables 5.7, 5.9 and 5.10. SAMHSA does not state them as percentages.
- **The "recovery is common" figure.** Our notes recorded 73.0% (22.3 million) of adults who ever had a drug or alcohol problem considering themselves in recovery. We did not confirm the 73.0%, so it is left out.
- **The peer-support studies [3][4][5].** The findings above come from abstracts recorded in our research notes. We did not re-read the studies.

Sources

1. SAMHSA. *Results from the 2025 National Survey on Drug Use and Health: Annual National Report* (2025 data, released July 2026). Includes Tables A.25AB, A.54AB, A.58A/B, A.60AB,

- A.61B. <https://www.samhsa.gov/data/sites/default/files/reports/rpt57150/2025-nsduh-annual-national-html/2025-nsduh-annual-national.htm>
2. SAMHSA. *2025 NSDUH Detailed Tables, Section 5*, Tables 5.7A/B (opioid use disorder), 5.9A/B (alcohol use disorder) and 5.10A/B (substance use disorder), by employment status (2025 data, with 2024 comparison).
<https://www.samhsa.gov/data/sites/default/files/reports/rpt57152/2025-nsduh-detailed-tabs/2025-nsduh-detailed-tables-sect5pe.htm>
3. Eddie et al. Peer recovery support services review. *Current Addiction Reports*, 2025. PMID 41551498. <https://pubmed.ncbi.nlm.nih.gov/41551498/>
4. Duan et al. Peer recovery support services systematic review. *Drug and Alcohol Dependence*, 2026. PMID 42570534. <https://pubmed.ncbi.nlm.nih.gov/42570534/>
5. Kelly et al. Recovery community centers review. *Journal of Substance Use and Addiction Treatment*, 2025. PMID 40447107. <https://pubmed.ncbi.nlm.nih.gov/40447107/>

About Still Standing

Still Standing Recovery is a California charity that offers free, confidential coaching from credentialed peer recovery coaches who have been through recovery, for working adults worried about drinking or drugs. It has no clients yet. It will apply for 501(c)(3) status.

Version and date

v1.0, 17 October 2026. We update papers when new data are released. General information, not legal, medical or insurance advice.