

The Cost of Quiet: What Untreated Substance Use Costs California Employers

The short version

- About 27 million employed U.S. adults had a substance use disorder in 2025, 63.2% of all adults with one. Most of them are working, and most are not in treatment [1].
- The best-known estimate of the cost to an employer is **\$8,817 per year for each employee with an untreated substance use disorder**. That figure was reported in **December 2020**. We could not open the current calculator, so we cannot say what it shows today [2].
- California has about 18.5 million employed people [4]. If the national rates held here, the number of employed Californians with an untreated disorder would run into the millions. This is an illustration of arithmetic, not a measurement. Nobody has counted it for California.
- Employers can act without learning who is struggling. The U.S. Department of Labor lists practices that do not require anyone to disclose anything [5].
- Still Standing Recovery offers free, confidential coaching. It has no clients yet and promises no savings to any employer.

1. What the national data say

The National Survey on Drug Use and Health (NSDUH) is the federal government's yearly household survey of substance use. The 2025 results were released on 27 July 2026. It does not use the word "functional" and neither do we. What it measures is whether an adult met the clinical criteria for a substance use disorder in the past year, and whether that adult was employed. [1]

For adults 18 and older in 2025 [1]:

Measure	Figure
Adults with a past-year substance use disorder, all employment statuses	42.7 million
of whom employed full time	20.9 million
of whom employed part time	6.1 million
Employed adults with a substance use disorder (full time plus part time)	about 27.0 million, 63.2% of the total
Share of full-time workers who had a substance use disorder	17.7%

Measure	Figure
Share of part-time workers who had a substance use disorder	17.4%
Share of people aged 12 and older with a disorder whose disorder was mild	54.1%

The survey also shows how small the treatment share is. About 47.2 million people needed substance use treatment in 2025, and 16.0% received it [1].

Among adults with a disorder who felt they needed help but did not get it, the most common reasons were [1]:

- They should handle it on their own (82.5%).
- They did not have enough time (54.3%).
- They worried what people would think (41.4%).
- They feared losing a job, home or children (34.9%).

Only 3.5% of people with a disorder saw a peer support specialist or recovery coach, and 92.4% of those people were also in treatment [1]. For an employed person who is not in treatment, there is very little on offer.

What the survey does not tell an employer. A disorder counted by NSDUH can be mild. Many of these workers are doing their jobs. The survey cannot say how much a given disorder affects attendance or performance at a given workplace, and it does not report by industry in the tables we used.

2. What an employer's cost is made of

The only employer-cost figures we found with a source come from one calculator, built by the National Safety Council (NSC) and NORC at the University of Chicago with funding from Nationwide. It was first released in 2017 and updated later [3]. The figures below were reported by Business Insurance on **2 December 2020** [2]:

Item	Reported figure (2020)
Cost to an employer of each employee with an untreated substance use disorder	\$8,817 per year , up 30% in three years
Share of workers with an untreated disorder	about 1 in 12
Days missed per year by an employee in recovery	about 8 days, roughly 12.7 fewer than an employee with an untreated disorder
Average saving for each employee in recovery (turnover, replacement and health care)	about \$8,500

Item	Reported figure (2020)
combined)	

Three cautions apply.

1. **The figures are six years old.** The NSC calculator page returned an access error (HTTP 403) when we tried to open it on 17 October 2026, so we could not confirm whether it has been updated or how it is calculated. We have not adjusted the 2020 dollars for inflation.
2. **The pieces are not separately sourced.** The reporting names absence, turnover, replacement and health care as the components. We found no source that says how much of the \$8,817 each one accounts for. We have not guessed.
3. **Days absent is a derived figure.** Eight days plus 12.7 days gives about 20.7 days missed a year for an employee with an untreated disorder. That is our addition of two reported numbers, not a reported figure.

Injuries. We found no sourced per-employee injury cost. One related fact: in Massachusetts in 2015-17, construction workers had an overdose death rate seven times the state average [6]. That is a statement about one state and one trade. It does not tell a California employer what its own injury cost is.

3. An illustrative California calculation

Scale. The Bureau of Labor Statistics reports that California had **18,506.3 thousand employed persons** and **18,177.2 thousand nonfarm payroll jobs** in August 2026 (preliminary, seasonally adjusted) [4]. This paper uses the first number. It counts people aged 16 and older and includes the self-employed, while NSDUH counts adults 18 and older. Those differences are small next to the other uncertainties here.

Two assumptions about how common an untreated disorder is. We use a low and a high scenario. Neither is a measurement for California.

- **Low scenario: 8.3%.** This is the NSC “about 1 in 12” figure for untreated disorders (1 divided by 12 equals 8.33%, shown as 8.3%) [2]. It is from 2020 reporting.
- **High scenario: 14.9%.** This takes the NSDUH rate for full-time workers, 17.7% [1], and removes the 16.0% who received treatment [1]: 17.7% multiplied by (100% minus 16.0%), which equals 14.87%, shown as 14.9%. This is rough. The 16.0% is a share of people who *needed* treatment, not of people who *had* a disorder, so the two do not share a denominator. It also treats every worker with a disorder as untreated if they did not receive treatment, which is not the same as the NSC definition.

One cost assumption. \$8,817 per untreated employee per year, in 2020 dollars [2]. Nothing here is adjusted for inflation, industry, or the share of mild cases.

Employers. Headcount multiplied by the rate gives the number of employees. That number multiplied by \$8,817 gives the cost.

Employer size	Low scenario: people (headcount x 8.3%)	Low scenario: yearly cost (people x \$8,817)	High scenario: people (headcount x 14.9%)	High scenario: yearly cost (people x \$8,817)
100 employees	8.3	\$73,181	14.9	\$131,373
500 employees	41.5	\$365,906	74.5	\$656,867
2,000 employees	166.0	\$1,463,622	298.0	\$2,627,466

Read these as the size of the number an employer should ask about, not as a forecast. An employer's real figure depends on its industry, its workforce and its benefits. It could be lower or higher. A 100-person employer will see wide swings, since a handful of people more or fewer changes the result.

All of California, same method.

- Low: 18,506.3 thousand multiplied by 8.3% is about 1,536 thousand people. Multiplied by \$8,817, that is about \$13.5 billion a year.
- High: 18,506.3 thousand multiplied by 14.9% is about 2,757 thousand people. Multiplied by \$8,817, that is about \$24.3 billion a year.

These totals compound every assumption above. We do not recommend quoting them. They show only that the method produces numbers in the millions of people and the billions of dollars, and that the true California figure is unknown.

4. What employers can do that does not expose individuals

The U.S. Department of Labor's Recovery-Ready Workplace hub describes workplaces that adopt policies and practices that [5]:

- expand employment opportunities for people in or seeking recovery
- make it easier for employees with a substance use disorder to ask for help
- ensure access to treatment, recovery support and mutual aid
- tell employees in recovery that they may have rights to reasonable accommodations and other job protections
- reduce the risk of substance misuse through education and workplace injury prevention
- teach every level of the organization about substance use disorder and recovery, reduce stigma and encourage open discussion

- make sure current and prospective employees know the employer is recovery-ready and understand its policies and resources

The hub links to a toolkit, a getting-started guide and a business-case page. The page shows no publication date, and it lists no grants [5].

None of these steps requires a manager to know who is affected. The ones that matter most to a person who is hiding a problem are the quiet ones: a clear policy, a resource they can reach without telling anyone at work, and visible respect for privacy.

What other workplaces pay for. Employee assistance programs (EAPs) are the closest comparison for cost and scale. Reported prices are about \$2.51 and \$3.50 per employee per month from two vendors in a Massachusetts bankers' survey from December 2025 [7]. A Louisville utility contract for 2024-28 shows \$1.60 to \$3.56 by tier [8]. An Anthem small-group rate sheet shows \$0.44 to \$0.46 for a basic three-visit plan and about \$1.21 to \$1.68 for enhanced tiers [9]. Use of EAPs is often cited at 3% to 8%, but that figure comes from a secondary source and we did not verify it [10].

For scale only: at \$2.51 to \$3.50 per employee per month, an EAP for 100 employees would cost \$3,012 to \$4,200 a year ($100 \times \$2.51 \times 12$, and $100 \times \$3.50 \times 12$). This is not a comparison of results. An EAP and a peer coaching program do different things.

Confidentiality has a legal side. Federal rules on substance use treatment records, 42 CFR Part 2, can cover federally assisted employee assistance programs that hold themselves out as providing, and do provide, substance use referral [11]. Whether and how those rules apply to any particular arrangement is a question for a lawyer. This paper does not give legal advice.

Union programs exist elsewhere. In Massachusetts, building trades unions run a peer line for members and their families across 74 locals and district councils [6]. We did not find a comparable program run by a California building trades council or union health fund.

5. What this means for Still Standing's work

Still Standing Recovery is a California charity that offers free, confidential peer recovery coaching to working adults who are worried about their drinking or drug use. Our coaches are credentialed peer recovery coaches who have been through recovery.

- **Sponsors, not employers, pay.** Where an employer or union supports the service, it does so as a sponsor. A person does not need an employer's involvement to use Still Standing.
- **Sponsors do not learn who asks.** Reports to sponsors will be aggregate-only. We plan to suppress any count below 11, using the same cell-size rule the Centers for Medicare & Medicaid Services applies to its own data [12], and to leave out free-text notes, job site or department breakdowns for small groups, and any date finer than a month.
- **No sponsor money will depend on who is referred where.** Any partner support must be flat. No sum, bonus, discount or renewal will ever depend on how many people are sent to

us or by us to anyone.

- **No outcomes yet.** Still Standing has no clients. We are not claiming that coaching reduces absence, turnover, injuries or health costs, and we are not promising any employer a saving. Numbers on who we reach and how quickly we reply will be published after the first months of service.

How such sponsorships are structured legally is still being worked out. Nothing in this paper is an offer or a price.

What we could not verify

- **The current NSC/NORC figure.** The calculator page returned an access error. The \$8,817 is from 2020 and might be higher or lower now.
- **How the NSC calculator works.** We have no method note, so we cannot split the cost into absence, turnover, health care and injuries.
- **Industry breakdown.** We found no verified cost by industry. One secondary source cites a range from \$2,600 (agriculture) to more than \$13,000 (information) per employee. We could not verify it and did not use it.
- **California rates.** We did not find California-specific NSDUH estimates for employed adults. The scenarios apply national rates to California.
- **Employer size effects.** The calculator's treatment of company size is unknown.
- **Injury cost per employee.** Not found.
- **EAP utilization.** The 3% to 8% figure is unverified.
- **California union or trust programs.** None found. Specific locals were not checked.
- **Current DOL grants.** The hub lists none, and we found no 2026 grant status.

Sources

1. SAMHSA, *2025 National Survey on Drug Use and Health: Annual National Report* (released 27 July 2026), and detailed tables 5.7, 5.9, 5.10:
<https://www.samhsa.gov/data/sites/default/files/reports/rpt57150/2025-nsduh-annual-national-html/2025-nsduh-annual-national.htm> and
<https://www.samhsa.gov/data/sites/default/files/reports/rpt57152/2025-nsduh-detailed-tabs/2025-nsduh-detailed-tables-sect5pe.htm> (data year 2025).
2. Business Insurance, "Helping workers with substance use disorders cuts costs: National Safety Council," 2 December 2020: <https://www.businessinsurance.com/helping-workers-with-substance-use-disorders-cuts-costs-national-safety-council/> (data reported 2020).
3. Safety+Health magazine, on the NSC/NORC calculator:
<https://safetyandhealthmagazine.com/articles/15485-new-tool-allows-employers-to-calculate-real-cost-of-prescription-drug-misuse> (2017 launch).

4. U.S. Bureau of Labor Statistics, California economy at a glance, August 2026 (preliminary): <https://www.bls.gov/regions/west/california.htm> (2026).
5. U.S. Department of Labor, Recovery-Ready Workplace hub: <https://www.dol.gov/agencies/eta/RRW-hub> (no date shown; read 17 October 2026).
6. Treatment Magazine, "Building sobriety in the trades": <https://treatmentmagazine.com/building-sobriety-in-the-trades/> (overdose data 2015-17).
7. Massachusetts Bankers Association HR survey: https://www.massbankers.org/Portals/0/PDF/HRDG_Survey_12.2025.pdf (December 2025).
8. Louisville Water EAP contract award: <https://louisvillewater.com/wp-content/uploads/2024/01/23-115-awarded.pdf> (2024).
9. Anthem small-group EAP plan designs and rates: <https://daytonchamber.org/wp-content/uploads/2024/08/2024-EAP-Plan-Designs-and-Rates-ABCBS-Medical.pdf> (2024).
10. Hyring HR glossary, EAP (secondary, unverified): <https://hyring.com/free-hr-toolkit/hr-glossary/employee-assistance-program-eap>
11. 42 CFR 2.12, eCFR: <https://www.ecfr.gov/current/title-42/part-2/section-2.12>
12. ResDAC, CMS cell size suppression policy: <https://resdac.org/articles/cms-cell-size-suppression-policy>

About Still Standing

Still Standing Recovery is a California charity (it will apply for 501(c)(3) status) offering free, confidential peer recovery coaching to working adults.

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