

2022 Workplace Recovery Survey Report

**Actionable Data for
Recovery-Friendly Workplaces**

ForsMarsh

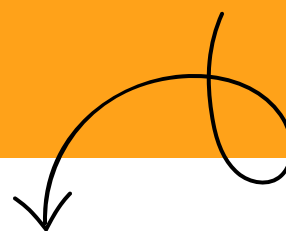
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Executive Summary

Key Findings and Recommendations

- **Explicit messaging matters.** People said they are more likely to feel comfortable disclosing substance use problems or asking for help with a substance use disorder (SUD) when their manager has directly stated that employees can share these concerns with them.
- **Direct managers play a vital role.** Employees reported that they are more willing to disclose problems with substance use and their recovery status to their direct manager than to anyone else in their organization.
- **People may be unfamiliar with** their employee benefits, in particular those related to SUD.
- **Employees want more paid leave,** including paid leave for SUD treatment.
- **People in recovery are more likely** to take action when they notice a coworker may be struggling with SUD.



Recommendations

In response to the 2021 National Drug Control Strategy's call for "recovery-ready workplaces," in September of 2022, the U.S. Department of Labor (DoL) issued resources to help guide organizations to become recovery-ready. Roughly 30 state-level initiatives also promote recovery-friendly workplaces within their borders. No official federal criteria currently exist for "recovery-friendly" or "recovery-ready" workplaces. Data from the Workplace Recovery Survey suggests the following recommendations as promising first steps for organizations seeking to become recovery-ready.

Ensure that employees hear direct, frequent invitations to share concerns about SUD.

Respondents consistently indicated that they were more likely to share concerns with people who specifically invited them to discuss SUD, including managers and shop stewards. Individuals reported that they felt comfortable approaching Employee Assistance Programs (EAP) with questions about SUD treatment when their EAP was specifically named as a resource for concerns about SUD. In a busy workplace, these invitations may be overlooked at any given time, so organizations should consider how to regularly reiterate these messages.

Provide employees with clear, consistent information about all benefits and leave offered, including those for physical health, mental health, and substance use treatment.

Organizations invest in benefits for their employees that attract and retain high-quality workers. Many organizations already provide workers with benefits that support treatment for SUD and recovery support.

These could include leave under the Family and Medical Leave Act (FMLA), benefits in line with the Mental Health Parity Act, EAPs, paid medical leave, short-term disability coverage for inpatient care, or flexible scheduling on request to accommodate outpatient care or recovery supports. When an organization shares its benefits with its employees, specifically discussing ways to use benefits that include their applicability to SUD can help improve use of these services and communicate support for people getting treatment for SUD and for those in recovery.

Provide training to managers about how to engage employees in conversations around substance use issues and recovery.

When employees disclose an SUD or their recovery status to their managers, managers must be prepared to respond with compassion and information. An employee who feels comfortable disclosing an SUD to a manager begins an important conversation, one that displays insight into the employee's situation and demonstrates willingness to do the work of recovery. These conversations may feel overwhelming or confusing to employee and manager alike. Managers can be prepared and empowered ahead of time with knowledge of SUD, possible next steps for the employee, and relevant company policies. Similarly, an employee who discloses their recovery status to a supervisor demonstrates insight and trust, qualities that a prepared supervisor can build on to support the employee and strengthen their connection the organization.

Review company hiring policies.

Employers are increasingly adopting fair chance hiring policies (Preston 2021), ensuring that past criminal convictions do not automatically disqualify a person from employment. There is a financial benefit to hiring and retaining employees in recovery, including the greater likelihood of an employee in recovery recognizing and acting on signs of a coworker's possible SUD. People in recovery may have past criminal convictions associated with their SUD; consequently, implementing fair chance hiring policies in an organization increases the likelihood it will benefit from the insights of people in recovery.

Review company leave policies.

Employers' policies regarding SUD must meet certain federal policies, including the Family and Medical Leave Act (FMLA) when appropriate. Organizations may also offer internal paid or unpaid leave, disability leave, or flexible leave policies. There are both financial and logistical considerations to leave, and offering all types of leave may not be possible for all employers. However, organizations can examine their current leave policies so that they can support people seeking treatment or in recovery from SUD.

If available, ensure that employees are using paid leave. If they are not consistently using paid leave, investigate barriers to leave-taking. Regular breaks from work can reduce stress, helping prevent development of an SUD or a return to use. Consider cross-training staff to ensure individuals are available to assist should an employee need to take time off for treatment or to support their recovery.

If an organization does not offer unpaid leave, investigate the costs of offering such leave. In the wake of the "Great Resignation," more employers have taken seriously the need to offer paid leave. Small organizations may face the greatest financial obstacles to offering a paid leave benefit, but industry groups may be able to offer useful strategies to address this challenge.

Learn about, talk about, and teach about SUD and recovery.

The majority of survey respondents said that if they learned a person was in recovery from SUD, their opinion of the person either would not change or would improve. However, respondents in recovery or who are

currently experiencing an SUD said they feared the negative consequences of disclosing their status. Organizations can address this gap by openly discussing SUD and recovery in their workplace. Sharing benefits that are available to workers, educating managers, and encouraging open discussion of SUD and recovery will reduce the stigma of experiencing and recovering from SUD.

Promote psychological safety among coworkers and managers.

High levels of psychological safety correlate with greater willingness among employees to disclose an SUD and to share their recovery status. When employees feel that they can ask for help at work, information is freely shared, and they feel supported and trusted, they also experience a high degree of comfort asking for assistance with SUD or disclosing their recovery status. When managers and coworkers are informed about SUD in general, they can respond productively to coworkers' disclosures.

Build and reinforce trust in the organization.

Respondents who reported high levels of trust in their organization to address employee concerns and to behave ethically were also more likely to report willingness to seek help for an SUD from workplace resources, and were more likely to feel comfortable disclosing their recovery status. By raising employee awareness of an organization's resources for substance use recovery, and demonstrating support for people seeing treatment, an organization shows that it is willing to invest in its employees' health and well-being.



Study Background and Design

Survey Background

In 2021, Fors Marsh committed to 5 years of research on SUD and recovery. This survey of the knowledge and attitudes of people in the workforce toward those in recovery represents the first step in this research. In beginning our research, we learned that much extant work focuses on the prevention and treatment of SUD, with relatively little attention being paid to recovery. At the same time, we observed the emergence of "recovery-friendly workplace" initiatives in several different states. These initiatives align with the Substance Abuse and Mental Health Agency's (SAMHSA)'s position that "sustained recovery from SUD is significantly tied to meaningful and purposeful work–life balance. Employment is an important factor for achieving sustained recovery and financial independence." (SAMHSA 2022, 4). This exploratory survey seeks to identify workplace attitudes toward people in recovery, and to begin to identify evidence-based practices to help people enter and maintain long-term recovery.

Current Understandings of Recovery and the Workforce

For decades, the United States has struggled to address SUD. Through years of educational programs, public policy, criminal justice initiatives, intelligence gathering, and other measures, the nation has attempted to prevent use and mitigate the personal and social harm caused by SUD. Recent waves of opioid overdose deaths intensified during the COVID-19 pandemic (Freidman & Akre, 2021), refocusing Americans' attention on SUD and its potentially lethal outcomes. Public narratives surrounding opioid use disorder understandably focus on its personal and social costs, including its devastating impacts on communities across the United States.

Missing from this picture is the very real promise of recovery. Some 22.3 million Americans are currently living in recovery from SUD, with thousands more joining them each day. Evidence suggests that 3 out of 4 people with an SUD will recover (Jones, et al. 2020). As researchers continue to advance our understandings of recovery, the federal government is positioning recovery among its first-year goals in the 2022 National Drug Control Strategy (United States 2022). The policy calls for the advancement of recovery-ready workplaces, expansion of the addiction workforce, and expanded access to recovery support services.

This call for recovery-ready workplaces comes alongside the dire news that employers receive about the cost of SUD among their workforce. Roughly 14 million employed adults in the United States live with SUD (SAMHSA 2019), which results in 500 million workdays lost and \$740 billion in total costs nationally each year. An employee with SUD costs their employer, on average, \$1,685 in absentee losses annually. A person's supervisor or coworker may focus on these costs of SUD, or may have moral judgments based on the perceived antisocial outcomes of SUD, such as workplace absenteeism and economic dependency (Greenbaum, 2019; White, 2014).

The financial cost of active SUD to organizations is well-documented. Research also illuminates the experience of people experiencing SUD, both in the workplace and outside of it. Far less is known about recovery, either one's own or one's coworkers', in the workplace. The National Drug Control Strategy's call for "recovery-ready workplaces" spotlights this gap (United States, n.d.).

This survey begins to address the call for recovery support in the workplace by examining the experience of American workers in recovery, those who supervise and work alongside them, and the organizations that employ them. It identifies workplace factors that contribute to employees' willingness to seek treatment for SUD, as well as their willingness to disclose and discuss their recovery. It looks for what works in organizations in terms of facilitating a recovery-ready climate. The results help organizations meet their employees' needs, promoting greater staff retention and improving productivity, and allow those organizations to amplify the message that help is available and recovery is possible.

Survey Focus

This survey explores individuals' experiences with SUD and recovery in their workplaces. It examines the following key areas:

- Individual experience with SUD and recovery, including personal experience and experience with other people with SUD and/or in recovery
- Knowledge of workplace policies regarding SUD and recovery
- Awareness of employer-provided resources for SUD treatment and recovery support
- Stigma surrounding disclosing SUD and/or recovery status to various people in the workplace
- Overall levels of psychological safety and comfort in the workplace

Taken together, these areas help us understand the lived experience of full-time workers in recovery and those working alongside them. They inform us about people's knowledge of and engagement with treatment and recovery supports in the workplace, and indicate factors that contribute to that engagement. Ultimately, results from this study will drive recommendations for creating supportive workplaces for those in SUD recovery.

Methodology

The survey examines the workplace climate for SUD and recovery in the United States. The survey seeks to identify organizational factors that contribute to people's willingness to seek help for SUD through their workplace and the factors that can help an individual remain in recovery. Because this survey is exploratory in nature, it is well-suited to nonprobability sampling and will inform future research efforts. From this initial research, we will uncover information that allows us to build actionable solutions to create recovery-ready workplaces. The data have been weighted to maximize representation of the target research population, and consequently we are eager to share the data with researchers as a departure point for larger probability surveys and additional future research.

The sample comprised 2,347 U.S. adults ages 18 and older who work at least 35 hours per week at a company with at least 10 employees. Individuals working 35 hours a week or more are considered "full-time" employees by the U.S. Bureau of Labor Statistics (BLS). The company size of 10 or more allows us to include small businesses (as designated by the U.S. Census Bureau) while also increasing the likelihood that individuals may find themselves in interpersonal workplace relationships, which are of key interest to the study.

In addition to work status and organizational size, screening questions also collected demographic data on age, sex, race, education, and household income. This information was used to develop quotas based on U.S. Census population data to help ensure that we were obtaining a representative sample of the American workforce.

Potential participants invited to take the survey first completed a set of screener questions to assess eligibility. To qualify for the study, each participant had to meet the following criteria:

- At least 18 years of age
- Lives in the United States
- Works at least 35 hours per week
- Works for a company with at least 10 employees

Fors Marsh conducted recruitment procedures in collaboration with ProdegeMR, which identified and invited study participants. ProdegeMR offers an actively managed, double opt-in panel of more than 17 million highly engaged members. Members of the panel were invited to take the survey and responded to screener questions. Potential participants who met inclusion criteria were provided informed consent documentation and proceeded to the survey questions if they agreed to participate. Participants were provided \$5 for completing the survey.

Sampling Description

Demographics

A majority of survey respondents identified as White (63%), 13% identified as Black/African American, and 7% identified as Asian American/Pacific Islander. About 15% of respondents identified as Hispanic/Latino. A slight majority of participants identified as male (57%) and 43% identified as female. About 48% of respondents said they were under the age of 39, 40% said they were between the ages of 40 and 59, and 12% said they were over 60.

When asked about the highest level of education they had received, 28% of participants had a bachelor's degree, 25% had a high school diploma or equivalent, 17% had an advanced degree (Master or Doctorate), 15% had attended some college, and 9% had an associate degree.

Sixty-eight percent (68%) of participants made \$49,999 or less in household income, 37% made between \$50,000 and \$99,999, 25% made between \$100,000 and \$199,999, and 5% made \$200,000 or more.

Workplace Characteristics

Eighty-eight percent (88%) of all respondents had one job, whereas 10% said they had two jobs and 1% had three or more jobs. Participants who held more than one job were asked to consider the job at which they work the most hours when answering workplace-based questions.

The majority of survey participants worked at a for-profit company or organization (67%), with local or state government (15%) and nonprofit organizations (10%) being the next-most frequent employers. Most survey participants said they are employees at their company (61%), while 12% are in entry-level management (team leads, shift managers), 18% are in middle management (general managers, regional managers), and 8% are top-level managers (CEO, CFO).

Sixty-six percent (66%) of respondents work in person, while 18% do some of their work in person and some remotely, and 12% do all of their work remotely.

Tables detailing full sample characteristics are located in Appendix A: Sample Characteristics.

Weighting

The data were weighted to provide estimates for the target population to maximize the representativeness of the sample for the target population. The specific subpopulation surveyed was not directly identifiable in Census data, so the weighting process proceeded in two steps. The first step weighted all screened adults to general population targets from the March 2021 CPS Annual Social and Economic (March) Supplement. The factors were employment status, employment status by race/ethnicity, employment status by Census Division, employment status by marital status by age by gender, employment status by education, employment status by current/prior military service, region by race/ethnicity, age by gender by education, income, current/prior military service by race/ethnicity, and race/ethnicity by education. After this step, all out-of-scope people (who were not employed full-time at a company with 10 or more employees) were dropped, and the remaining sample was used to generate weighting targets for the completed surveys. The complete surveys were weighted to these targets ranking on the following factors: race/ethnicity, Census Division, marital status by age by gender, education, Census Region by race/ethnicity, age by gender, age by education, gender by education, income, current/prior military service by race/ethnicity, and race by education.

Structure of this Report

This high-level summary report consists of descriptive results (e.g., frequencies, percentages) of the total survey sample with key highlights from subgroups. Future reports will highlight results by subgroups, such as company size and employee level, as well as additional analysis and comparisons.

Note that numbers are reporting to the nearest whole number and percentages may not total to 100% due to rounding.



SUD Recovery Knowledge and Experience

Experience with SUD

Definition of SUD

 **69%**

Before taking the survey, 69% of respondents had heard the term “substance use disorder” before. When asked to describe what an SUD is in their own words, 64% described it as an addiction, dependency, abuse of, or excessive use of drugs or alcohol. Most people used generic words to describe substances, such as drugs, alcohol, prescription drugs, illegal drugs. Many people also mentioned that the dependency may be “out of their control” and mentioned both physical and psychological dependency.

Direct quotes from participants:

“That is a term used for people who have an addiction to some kind of substance such as alcohol or drugs.”

“Someone has a dependency on a substance which makes them need and crave this substance and find it difficult to stop physically and/or psychologically.”

About 11% of respondents mentioned mental health or mental illness as a reason for SUD. Many people who mentioned mental health also mentioned substance abuse as “out of one’s control” or a condition that leads people to be more vulnerable to substance use.

“It is a mental disorder that affects a person’s brain and behavior, leading [to] a person’s inability to control their use of illegal drugs.”

Approximately 5% of respondents specifically mentioned that SUD included “impairment,” “harm” or “negative consequences.”

“Someone who overuses a substance to a point where it has a negative impact on one’s life.”

“Use of drugs or alcohol to such a degree that it impairs occupational, educational and/or social functioning.”

For American adults, the workplace is often a key area in which the negative consequences of SUD arise. At the same time, people may find it easier to conceal the effects of an SUD from their coworkers than from other people in their household.

Experience with SUD

Of those who took the survey, 25% indicated that they were experiencing or had experienced an SUD. A majority of respondents (78%) who said they were experiencing an SUD said they had experienced one for at least 1 year.

25%

Knowing Someone with SUD

31% Thirty-one percent (31%) of participants indicated that they knew someone who has or had an SUD. Of those who knew someone with an SUD, 29% said they knew a close family member and 25% knew a close friend in recovery.



Experience with Recovery

Definition of Recovery

Before taking the survey, 87% of participants had heard the term “recovery” in the context of SUD. When asked to describe recovery in their own words, 38% mentioned “overcoming” addiction or substance use. Many participants mentioned that recovery means you are “actively working” to stop using substances, trying to stay away from drugs or alcohol, or are currently “sober.”

87%

Respondent quotes:

“When someone has now become sober and they are recovering from their addiction.”

“It means that the person is actively working to reduce or eliminate their substance use. To be in recovery usually means that you are no longer using the substance and you are actively working to stay away from it.”


About 26% of respondents mentioned getting help for substance use and 19% mentioned getting treatment for their addiction. Many people used the term treatment or help, but some also mentioned “rehab” or specific programs, like Alcoholics Anonymous (AA).

“Treatment for the physical and mental health symptoms associated with addiction.”

“In an organization such as AA or outpatient treatment.”

The open-end responses suggest that some individuals conflate “treatment” with “recovery.” SUD experts generally regard these as two separate areas: treatment as a relatively short-term process administered by trained professionals and recovery as an ongoing, possibly infinite, process. Some respondents suggested recovery was a life-long state, while others indicated it had a definite end, after which one was healed from SUD. Many individuals responded that recovery took some level of effort (“seeking” “finding,” “going through,” “working”).

Experience with Recovery

 **24%** Of those who took the survey, 24% indicated that they were currently in SUD recovery. A majority of respondents (66%) in recovery said they had been in recovery for a year or more.

Knowing Someone in Recovery (Q22)

Fifty-nine percent (59%) of participants indicated that they knew someone who was in recovery from SUD. Of those who knew someone in recovery, 22% said they knew a close friend and 21% knew a close family member.

 **59%**

Workplace SUD and Recovery Policies

SUD-Related Benefits

Health Insurance Benefits



70%

Most respondents indicated that they currently get health insurance through their employer (70%). One-fourth (25%) indicated that they use a health care plan from somewhere other than their employer and 6% indicated that they do not currently have health insurance. Use of employer-provided health insurance varies by company size.

Respondents from small companies that employ less than 50 people were less likely to report using employer-provided health insurance plans (45%) compared to respondents from companies with 1,000 or more employees (82%). This suggests that company size may impact benefits available for SUD and SUD recovery. In other words, a 1,000+-employee company can implement different things than a 50-person one, and recommendations for providing health insurance should keep company size in mind.

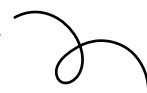
A difference was seen by generation. Gen Z (44%) reported being less likely to have health insurance compared to Millennials (69%), Gen X (78%), and Boomers (71%). This could be due to Gen Z being newer to the workforce and taking jobs for the first time—some of which might not offer the same types of benefits that come with jobs that require more experience.

Another difference was seen by organizational trust. Participants with low organizational trust reported having health insurance less often (64%) than those who had high organizational trust (74%). A lack of trust could be tied to many aspects of a company, but a lack of benefits could tie into perceptions of a company.

How are you currently getting health insurance?	Company Size				
	10-49	50-249	250-499	500-999	1,000+
I use a health insurance plan offered by my employer.	45%	60%	67%	70%	82%
I use a health care plan from somewhere other than my employer (like a partner).	42%	29%	28%	27%	16%
I do not currently have health insurance.	13%	11%	5%	4%	2%

Health Insurance Coverage of SUD Services

Of respondents who indicated receiving health insurance from their employer or from somewhere other than their employer, 41% had no idea whether substance (drugs or alcohol) use treatment services were covered by their insurance and did not know how to find out; 27% did not know, but were aware of how to find out whether SUD treatment was covered by their health insurance. Only 11% of respondents knew that SUD treatment was covered. Knowledge of SUD treatment coverage increased to 24% for people who have personal experience with SUD and 25% for people with



11%

personal experience with recovery. Top-level managers have much higher awareness of their health insurance's SUD treatment coverage (29%) than employees (7%). This suggests that managers may be more familiar with company benefits than employees are, and more communication may be beneficial to ensure employees are aware of support available for SUD treatment through their employer.

Satisfaction with SUD Treatment Coverage

Of respondents who indicated that they had at least some idea whether or knew how to find out whether their insurance covered SUD, 59% indicated that they were satisfied with their insurance benefits for SUD treatment. Few respondents (6%) were unsatisfied with the benefits covered. Those who have personal SUD experience or personal recovery experience had higher satisfaction with their SUD treatment benefits (74% and 76%, respectively). Top-level managers who were aware of their SUD benefits had a higher satisfaction level (79%) than employees who are aware of their SUD benefits (55%).

Respondents who had high levels of trust in their organization were more satisfied with the benefits covered (71%) than respondents who had low levels of trust (38%). A lack of trust could be tied to many aspects of a company, such as satisfaction with the benefits provided.

The majority of employees who are aware of their SUD treatment benefits are satisfied with them. However, certain groups, like employees, may be seeking better benefits, or communication about these benefits, to improve their satisfaction with employee-provided support for SUD treatment.

Position				
Opinion of Benefits	Employee	Entry-Level Manager	Middle Manager	Top-Level Manager
Satisfied with benefits	55%	54%	64%	79%
Unsatisfied with benefits	6%	7%	5%	4%

Paid Leave Benefits

Respondents were asked whether their workplace offered specific benefits, such as paid leave for various health conditions. The benefits offered most often include paid vacation days (70%), paid maternity leave (47%), and the ability to take unpaid leave (46%).

Only **21%** of respondents said they had paid leave for SUD treatment, compared to 42% who said they had paid leave for physical health problems and 29% who said they had leave for mental health problems. This discrepancy may lead employees to avoid treatment because they think taking leave for treatment will lead to lost wages.

Participants who reported having leave for substance use treatment varied by company size. Eight percent (8%) of respondents working for companies with less than 50 employees said they receive time off for SUD treatment, compared to 29% at companies with 1,000 or more employees. This suggests that company size may impact leave for SUD treatment and that solutions for companies of all sizes should be considered when building recovery-ready workplaces.

Availability of leave for SUD treatment also varied by level of employment. Twenty-nine percent (29%) of top-level managers reported receiving paid leave for SUD treatment, compared to 17% of employees. This suggests

that there may be a discrepancy in benefits between employment levels, or that a knowledge gap exists that could be corrected with improved communication about SUD treatment benefits for employees.

Gen Z reported being less likely to receive paid leave for SUD treatment (12%) compared to Gen X (25%) and Boomers (24%). Given that Gen Z'ers are newer to the workforce, they may be in jobs or roles with less paid leave time than their older coworkers.

Those who reported low psychological safety levels in their workplaces reported being less likely to receive paid leave for physical health problems (30%), mental health problems (19%), and treatment for SUD (12%) compared to those with high psychological safety levels in their workplaces (49%, 36%, 27%, respectively). The lack of benefits across health conditions may lead to lower levels of psychological safety within an organization.

Similar findings were seen when it came to organizational trust. Those with lower organizational trust reported being less likely to receive paid leave for physical health problems (31%), mental health problems (19%), and treatment for SUD (15%) compared to those with high organizational trust (48%, 33%, 26%, respectively). This suggests that a lack of benefits for physical, mental, and SUD health may contribute to lower trust in organizations.

Increasing access to health benefits may help increase psychological safety and trust in organizations, creating an environment that better allows employees to thrive by allowing them to miss less work and improving overall performance.

Does your workplace offer you any of the following benefits?	All	High Psychological Safety	Low Psychological Safety	High Organizational Trust	Low Organizational Trust
Paid leave for physical health problems	42%	49%	30%	48%	31%
Paid leave for mental health problems	29%	36%	19%	33%	19%
Paid leave for treatment for substance use disorder	21%	28%	12%	26%	15%

SUD Workplace Policies

Respondents indicated mixed awareness of their workplace's policies regarding substance use: 51% indicated that they were familiar with their workplace's policies regarding substance use, 28% indicated that they were unfamiliar, and 21% were unsure. Top-level managers reported higher familiarity with substance use policies (71%) than employees (45%) did. This suggests that employment level may impact familiarity with policies, and increased communication and education about SUD policies in the workplace could close this knowledge gap across employees.

Sixty-three percent (63%) of individuals with personal SUD or recovery experience were familiar with their workplace's policies. This finding aligns with the idea that someone with an SUD may more actively seek related policies or benefits for their employer than someone who does not have personal experience with SUD.

Over one-third (36%) of those who know a coworker with SUD are unfamiliar with their workplace’s substance use policies, indicating a crucial information gap that could be addressed with improved communications about workplace policies regarding SUD.

Familiarity with policies...	Position			
	Employee	Entry-level Manager	Middle Manager	Top-level Manager
Familiarity with policy	45%	57%	58%	71%
Unfamiliar	34%	19%	20%	15%

Recovery-Related Benefits

Recovery Services Provided

Respondents were asked to share what services their employers offer to people seeking recovery. Overall, a little more than one-third (35%) indicated that their employer provides EAP services for individuals seeking recovery, and 24% indicated having a flexible work schedule if needed for outpatient treatment. Few respondents indicated that their company provided peer coaching (10%) or relapse prevention planning (8%), both of which are strategies recommended by SAMSHA (2021) and NIOSH (CDC 2020).

About one-third (31%) indicated that their employer did not offer any of the presented options. Options presented included EAP, flexible time off, peer coaching, mutual aid groups (e.g., AA), return to work planning, and relapse prevention planning.

Nearly one-third (32%) of those who have a personal experience with recovery said they were offered a flexible work schedule if needed for outpatient treatment and 38% said they had access to an EAP for treatment. About one-fourth (26%) of respondents in recovery said they had access to return-to-work planning, and only 14% said they had access to relapse prevention planning through their employer.

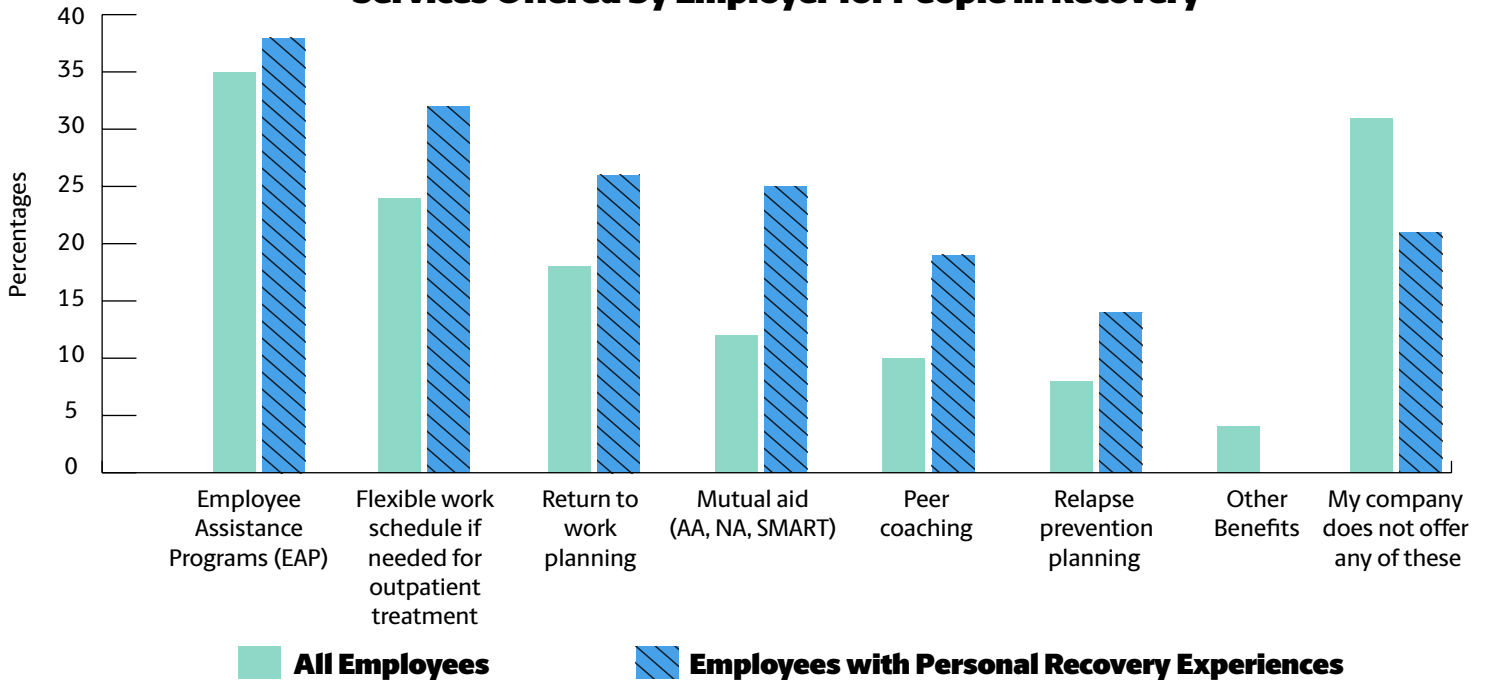
Only 14% said they had access to relapse prevention planning through their employer.

In addition, 21% of those who have a personal experience with recovery were not offered any of the services listed. Relapse prevention planning was the least received benefit among this group (14%).

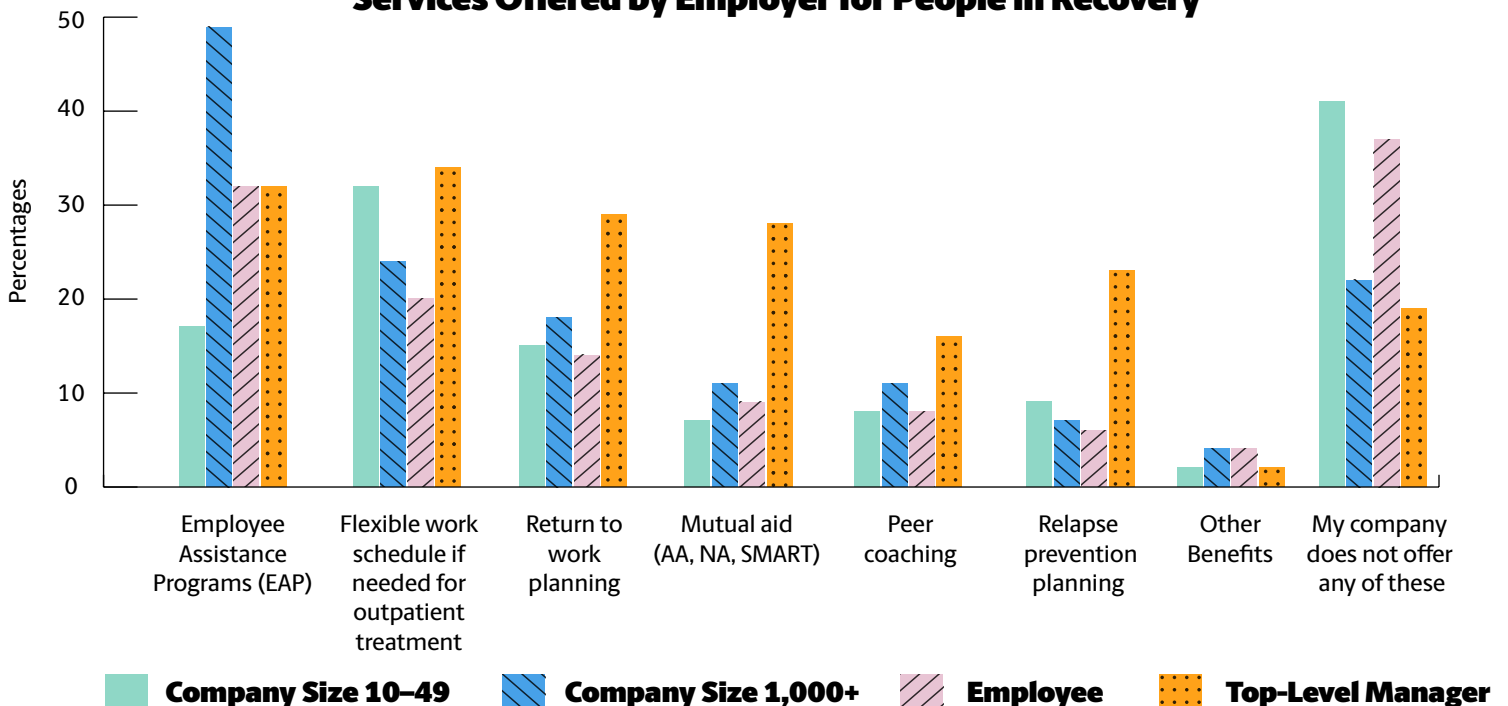
Those who work for smaller companies (0–49 people) were more likely to say their employer did not offer any of the benefits listed (41%) compared to those who work for larger companies with more than 1,000 employees (22%). However, respondents who work for smaller companies were still likely to be offered flexible work schedules (32%) if needed. On the other hand, less than one-fourth (24%) of those who work for large companies (1,000+ people) said they could work a flexible work schedule if needed for SUD treatment. Half (50%) of respondents who work for larger companies (1,000+ people) said they have access to an EAP for substance use treatment, while only 17% of respondents from small companies (0–49 people) have access to an EAP. Although smaller companies may provide more flexibility in terms of work hours, they may have difficulty providing other benefits, such as EAPs, to employees in recovery. Resource restrictions for smaller companies should be considered when recommending any strategies for recovery-ready workplaces.

Employees (37%) are more likely than top-level (19%) or middle managers (22%) to report that their employer does not offer any of the listed benefits. This suggests that there may be a knowledge gap between employees and management regarding available resources to support those in recovery. Increased communication across organizations may help close this knowledge gap.

Services Offered by Employer for People in Recovery



Services Offered by Employer for People in Recovery



Recovery Services Needed

Respondents were asked to share the resources they would like their employer to provide for individuals pursuing recovery. **Thirty-six percent** of responses identified a need for employer-provided resources, including insurance coverage for treatment, EAPs, referral services for SUD treatment and mental health support, on-site therapy, and on-site mutual aid group meetings, such as AA and NA. 10% indicated a need for paid time off and/or flexible work schedules to accommodate treatment, as well as guarantees that a person could seek treatment without losing their job.

10% of respondents specifically indicated that they were unaware of the resources their employer currently offered. Of those who were aware of the resources provided, a few claimed that their employer's provided recovery resources were sufficient. Respondents highlighted EAPs as being comprehensive in including access to treatment facilities, support groups (e.g., AA, Narcotics Anonymous [NA]), and rehabilitation center hotlines. Some attributed their lack of



“I would like to see the person get help and not lose their job” or “time off to address their problems without fear of losing their job.”

resource awareness to the fact that they themselves had not used the resources, or that they were unsure of what services a person with SUD might require.

Notably, some respondents indicated that employers should not be responsible for providing resources; some felt that due to the highly sensitive and personal nature of recovery, employees may not seek employer-provided resources for fear of stigmatization. Respondents also expressed the need for privacy, or concerns that a person seeking treatment in their organization might have that information shared without their consent.

A small portion of respondents indicated that their particular occupation, workplace, or credential necessitated a “zero tolerance” policy for drug use, thus recovery support would be unnecessary in their workplace. Conversely, a few stated that making recovery options available would be beneficial to the organization:

“ As a healthcare facility, we cannot work under the influence. Substance abuse [among employees] could be dangerous for patients and I think it would be beneficial to offer up an opportunity for anyone struggling to come forward for leave for treatment. ”

SUD Consequences in the Workplace

Consequences of Substance Use

Respondents indicated several types of sanctions that would happen to **a person in their position** under the influence of drugs or alcohol at work or who tests positive for drug use. Specifically, 28% of respondents reported that the individual would be fired for their first positive test, while 14% said one would be fired after more than one positive test. Other than firing, 21% said the individual

would face disciplinary action (e.g., suspension, demotion), and **18%** said they would be referred to a treatment program prior to returning to work. Notably, 31% of respondents were unsure of the type of sanction they would receive. However, 34% of top-level managers said a person under the influence of drugs or alcohol at work would be referred to a treatment program. This difference may represent a knowledge gap or an inconsistency of policies related to different positions in the workplace. Future research should explore the extent to which higher-level managers may experience substance use and recovery differently in the workplace than employees.

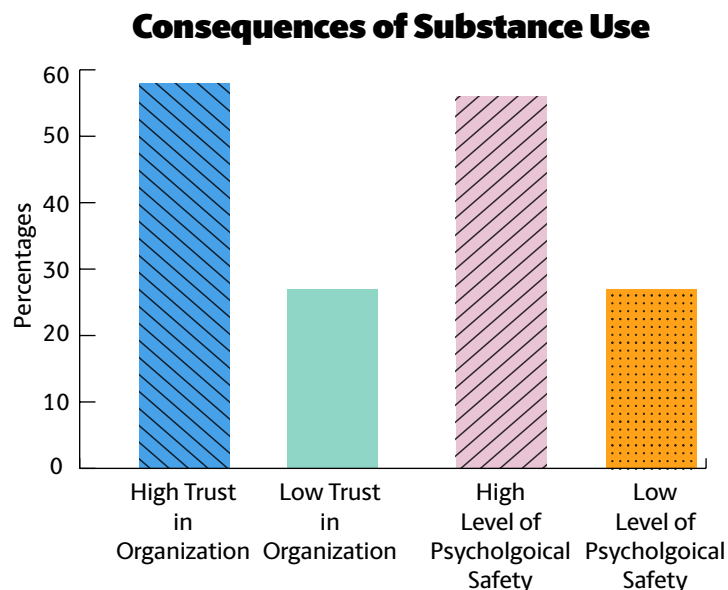
Over one-third of those with SUD experience (37%) or recovery experience (38%) believe they would be fired after their first positive test. A workplace policy like this could engender fear to seek help for SUD or recovery in the workplace.

Consequences of Substance Use: Positions Above

Respondents who indicated that they were an employee, entry-level manager, or a middle manager were asked whether a person in a **position above theirs** who tests positive for drugs would face the same consequences as a person in their position. Nearly half (45%) said yes and 9% said they would receive a more severe consequence, but 8% reported they would receive a less severe consequence. Another 38% said they were unsure of the consequences that a person above their position would receive.

Gen Z is more likely to believe that a position above theirs would receive more severe consequences (17%) than older generations are (Gen X & Boomers, 4%).

Those who have high trust in their organization are more likely to say the consequences would be the same (58%) than are those who have low trust in their organization (27%). Similarly, people with a high level of psychological safety are more likely to say the consequences would be the same (56%) than are those who have low psychological safety (27%).



This suggests that consistent consequences may increase levels of trust and feelings of psychological safety among employees.

Consequences of Substance Use: Positions Below

Respondents who indicated they were an entry-level manager, a middle manager, or a top-level manager were asked whether a person in a **position below theirs** who tests positive for drugs would face the same consequences as a person in their position—55% said yes. In comparison, 8% of respondents reported that those in a position below them would receive more severe sanctions and 9% believe they would receive less severe sanctions. In addition, 28% of respondents were unsure of whether those below them would receive similar sanctions as themselves.

Workplace Culture and Experiences

SUD in the Workplace

Concern About Coworkers' Substance Use

A little more than one-quarter (28%) of respondents indicated that they had at some point been concerned about a coworker's substance use. In contrast, 43% had been concerned about a coworker's physical health and 42% about a coworker's mental health. People with personal experience with SUD and recovery were more likely to report that they had been concerned about a coworker's substance use (**47%** and **46%**, respectively). This suggests that people with direct experience with SUD and recovery may be better at spotting the signs in other people.

Actions Taken in Response to Coworkers' Substance Use

Of respondents who indicated they had been concerned or unsure about a coworker's substance use, 29% said they **took an action**, and 22% indicated that they did not take any actions listed. Specifically, about one-fifth of respondents who were concerned or unsure about a coworker's substance use and took an action expressed their feelings to the person (23%), told the person about workplace resources (21%), or shared their observations with a peer or coworker (23%).

 **29%**

 **50%**

Notably, 50% of respondents who had personal SUD experience and 59% who knew a coworker with SUD said they would take an action if they were concerned about a coworker's substance use. The most common actions taken by people with recovery experience were to talk to their coworker (29%) and to share their personal story about SUD and recovery (30%). This suggests that peer support could drive workplace interventions for SUD and recovery.

Gen Z was more likely to take an action (39%) than older generations (Gen X: 24%, Boomers: 27%). The most common action that Gen Z respondents took was sharing their observation with someone outside the company (27%). On the other hand, the most common action taken by Boomers was informing the person of workplace resources (32%).

Middle and top-level managers were more likely to take an action (Middle: 39%, Top: 40%) compared to employees (25%) and entry-level managers (28%). One of the most common actions taken by middle and top-level managers was telling the person about workplace resources.

Those with high SUD stigma were more likely to say they did the person's job duties for them (20%) compared to those with low SUD stigma (6%). Past negative experiences with coworkers with an SUD or in recovery may continue to higher levels of stigma. Additional training and education may help reduce stigma levels and encourage better interventions for people dealing with an SUD.

Does your workplace offer you any of the following benefits?	All	Personal SUD Experience	Know a Coworker with SUD	Recovery Experience	Know Coworker in SUD Recovery
Took an action.	29%	50%	59%	50%	52%
I expressed my feelings to the person, such as being concerned, angry, or surprised.	23%	30%	32%	29%	38%
I told the person about workplace resources, such as an insurance benefit or employee assistance program.	21%	25%	27%	27%	37%
I shared other, non-workplace resources, such as recovery hotlines with the person.	13%	18%	10%	20%	9%
I reported my concerns to my organization's human resources department.	16%	22%	19%	20%	25%
I told the person about my own experience with substance use disorder.	14%	29%	14%	30%	12%
I shared my observations with a peer or coworker.	23%	25%	34%	24%	26%
I did not take any of these actions.	22%	10%	18%	8%	24%

Respondents who indicated that they have **not been concerned** about a coworker having an SUD were asked what they would do if they were concerned about a coworker. About one-fifth (21%) indicated that they would not take an action. Twenty-seven percent (27%) said they would express their feelings to the person they were concerned about, 24% said they would share their observations with a supervisor, and 23% said they would tell that person about workplace resources. These results are similar to the top actions taken by people who have been concerned about a coworker in the past.

SUD Disclosure in the Workplace

Knowledge and Perceptions about Coworkers and Recovery

About one-quarter of respondents (**26%**) indicated they have worked or are working with a person in substance use recovery. More respondents (29%), however, indicated that they were unsure/did not know (29%) whether they were working or had worked with someone in recovery.

Respondents with a personal experience with SUD (48%), who have personal recovery experience (50%), or have a current coworker in SUD recovery (59%) are more likely to report that they have worked with someone in recovery or are currently working with someone in recovery compared to all other respondents (26%). Because these individuals have a connection to SUD and/or SUD recovery, it is not surprising that they reported being more likely to work or have worked with someone in recovery.

Respondents who identified as a top-level manager (40%) were more likely than employees (24%), entry-level managers (23%), and middle managers (29%) to have worked with or are currently working with someone in recovery. This is likely because a top-level manager has been working for a longer amount of time and has likely overseen more employees than those in employee levels below them.

Millennials (32%) and Gen Z (31%) were more likely to report that they currently are working or have worked with someone in recovery compared to Gen X (21%) and Boomers (18%). This could be due to the SUD becoming talked about more often and becoming less stigmatized and more likely to be discussed in the last several years.

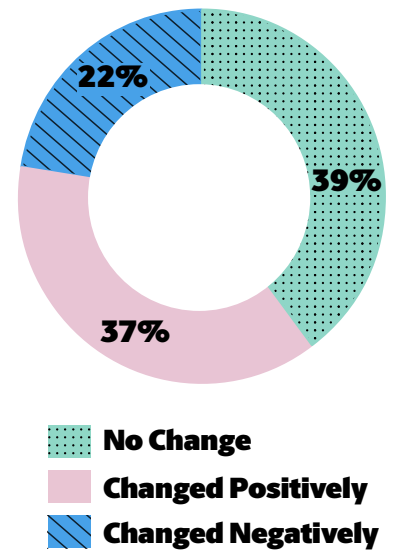
Changing Attitudes and Recovery

Reported Attitude Changes Related to SUD Recovery – Personal SUD and Recovery Experience

Twenty-six percent (26%) of respondents said they currently work with a person in recovery from SUD or had worked with someone in the past who was in recovery. Their knowledge that the person was in recovery for SUD caused 37% of this group to think of their coworker more positively. Only 22% thought of their coworker more negatively, and 39% said their opinion of their coworker did not change upon learning of the person’s recovery status.

Compared to the overall pool of respondents with a coworker in recovery from SUD, respondents who had their own personal SUD and recovery experience were more likely to positively change their opinion of a coworker when they learned their coworker was in recovery. Fifty-one percent (51%) of respondents reporting personal SUD experience reported they thought more positively of a coworker upon learning they were in recovery, as did 52% of respondents with personal recovery experience.

Attitude Change Related to SUD Recovery



Reported Attitude Changes Related to SUD Recovery – Company Size

The lowest rate of negative opinion change was reported by respondents in organizations with 10-49 employees (9%) and 50-249 employees (19%). This could be because employees get to know each other more when the company size is smaller, and those familiar or established relationships might play a role in how someone responds to learning their coworker is in recovery for SUD.

For respondents currently working with a person in recovery from SUD, learning of that recovery seemed most polarizing in companies with between 500 and 999 employees. Only 29% of respondents in these mid-sized organizations reported that their opinion did not change when they learned of a person’s recovery status, compared to the overall average unchanged opinion of 39%. Forty-five percent (45%) of people in mid-sized companies reported that their opinion of a coworker improved when they learned that person was in recovery, and 29% reported that their opinion of the coworker became more negative.

Across organizational sizes, respondents working in organizations with 1,000 or more employees were least likely to report a positive change in opinion in response to a coworker’s disclosure that they were in recovery. 34% of these respondents said their opinion changed positively. At the same time, 42% said their opinion did not change, compared to 37% overall in the group of respondents who knowingly worked with someone in recovery. Twenty-three percent reported their opinion changed negatively, a response rate only slightly higher than the 22% overall report of negative opinion change.

Reported Attitude Changes Related to SUD Recovery – Management Level and Generation

The likelihood of a person’s attitude changing when they learned a coworker was in recovery varied with management level. Top-level managers (74%) were more likely to respond that they think of their coworker more positively after finding out they are in recovery from SUD compared to employees (32%), entry-level managers (36%), and middle managers (29%). Generationally, Millennials (45%) were more likely to report thinking of their coworker positively after finding out they were in recovery from SUD than were Gen Z (33%), Gen X (27%), and Boomers (27%). Gen X (58%) and Boomers (46%) were more likely to report that their opinion of their coworker would not change compared to Gen Z (32%) and Millennials (29%). Some of these differences may be explained by relative length of time in the workforce. Gen X and Boomers might be less likely to change their opinion of a coworker after disclosure due to more contact with different coworkers and mixed experiences with coworkers after disclosure. Gen Z’s lower levels of positive change could be related to a relative lack of experience with people in recovery, which in turn may cause them to rely more on stigmatized stereotypes about recovery. At the same time, these opinions could be reflective of generational differences in thinking about people in recovery, their opinion of the appropriateness of disclosing recovery status at work, or other factors.

Among survey respondents, top-level managers are a unique group in their extremely high rate (74%) of positive opinion change following an employee’s disclosure. Generational differences alone do not explain this high rate, and consequently length of time in the workforce most likely does not explain it either. It is possible that successful managers are more likely to look for and celebrate strengths among their employees, including those in recovery. These leaders may also have received management or leadership training that promotes positive regard for people in recovery.

How did opinion of coworker change after learning they were in recovery from substance use disorder?	All	Company Size					Employment			
		10-49	50-249	250-499	500-999	1,000+	Employee	Entry-level Manager	Middle Manager	Top-level Manager
Any change in opinion.	21%	17%	11%	17%	24%	13%	13%	12%	15%	34%
I thought of them more positively.	37%	37%	36%	36%	45%	34%	32%	36%	29%	74%
I thought of them more negatively.	22%	9%	19%	27%	29%	23%	24%	19%	24%	11%
It did not change my opinion of them.	39%	52%	44%	31%	23%	42%	41%	42%	47%	15%
I don’t know how my opinion changed.	2%	2%	1%	6%	4%	2%	4%	3%	1%	0%

Attitude Changes Related to Physical and Mental Health Issues Compared to SUD and Recovery

Respondents who did not (to their knowledge) have a current or past coworker in recovery were asked to hypothesize how their opinion would change of a coworker who disclosed their recovery status. They were also asked how their opinion would change if the coworker disclosed they were in recovery from a physical or mental health problem.

When asked how learning that a coworker was in recovery from an **SUD** would change their opinion of that coworker, 19% of respondents said they would think of that person more positively, 11% said they would think of them more negatively, and 51% of respondents said their opinion would not change. 18% said they did not know how their opinion would change.

When asked if learning about a coworker was recovering from a mental health problem would change how they thought about them, 28% said they would think of them more positively, 7% more negatively, and 53% indicated their opinion of the person would not change.

When asked if learning that a coworker was recovering from a **physical health problem** would change how they thought about them, 26% indicated that they would think of them more **positively**, 7% more **negatively**, and 57% said their opinion of the person wouldn't change. Ten percent (10%) did not know how their opinion would change.

Respondents who identified as being in recovery from SUD themselves were more likely than respondents overall to report that their opinion of a coworker would change positively if the coworker disclosed any of these three types of recovery. 30% reported their opinion would change positively if a person disclosed recovery from SUD. 44% reported their opinion would change positively if a person disclosed recovery from a physical health problem, and 49% would change positively if a coworker disclosed recovery from a mental health problem.

Overall, these results suggest that there is room to develop staff training regarding equivalencies between physical, mental, and SUD challenges. Further, the positive regard that individuals in recovery have for others in recovery suggests that there may be opportunities for peer coaching in the workplace.

Explanation for Attitude Changes Related to SUD and Recovery

Respondents who indicated that their opinion of a coworker would **change negatively** if they found out that their coworker was in recovery for SUD were asked to specify how their opinions would change. The large majority indicated that **nothing specific would change**. For the few who offered a specific type of change, some included that they would be worried about the coworker's health, long-term damage, and potential for relapse. Others were concerned about the coworker coming to work after using a substance or being unreliable. Some, though fewer indicated that they would trust the coworker less.

Respondent Quotes:

“I am glad that they have recovered, but they could always go back to their problem [w]hich they can't control.”

“I would definitely question their judgement and I would be less likely to trust them.”

Respondents who indicated that their opinion of a coworker would **change positively** if they found out that they were in recovery for SUD were asked to specify what opinions would change about the person. Most respondents indicated that nothing specific would change. Among those who provided a specific opinion change, some said they would attribute positive personal qualities to an individual who disclosed that they were in recovery. These included inner strength, dedication, honesty, trustworthiness, and insight into their own behavior. Respondents expressed their admiration for the hard

work it takes to recover or seek help for SUD. Others were willing to give their coworker a second chance because it would increase their respect for a person who was seeking recovery. Some noted that because of the hard work recovery requires, they would want to be as supportive as possible of the person. Fewer indicated that this knowledge would help them better understand or change their perception of the person. A few respondents also indicated that recovery from SUD was rare, expressing a common misperception that the recovery community is currently working to change.

Respondent Quotes: Strength, Desire to Improve, Willingness to Work

““ I am encouraged when I find out a person has the strength and willingness to put forth the effort to work on their recovery. To me, it shows strength and strong will which are positive traits when I find them in a person. ””

““ I would see them as wanting to improve, which demands respect. ””

““ It would give me slight insight into their character, even if I've never spoken to them previously. It would demonstrate to me that this person truly strives for change, and really wants to better themselves. It's extremely admirable. ””

Respondent Quotes: Honesty/Trustworthiness

““ I would think that this person is trying to better their life against the odds, which is highly commendable. I would see this person as strong willed, self aware, and honest. ””

““ I know first hand how hard recovery is so I give them credit for the effort. People I know working an active program of recovery are more honest and thoughtful. ””

““ I would be more apt to trust the person that is committed to being in recovery. ””

““ They would become more trustworthy and reliable. ””

Respondent Quotes: Offering Support

““ I would know that they are trying to stay sober and I would want to be supportive. ””

““ It takes an extreme amount of personal strength to navigate through substance use disorder. They need all the support they can get and being in recovery is a HUGE accomplishment!! ””

““ I would think more positive of them because they are at least making an attempt to change their life for the better and you have to be there and support them. ””

Respondent Quotes: Insight

““ They are brave enough to talk about their problem. When they are struggling and realized they need help, I would think positive about them for noticing the issue. ””

““ Glad to know that they were getting help that they needed. Glad to know that they knew they needed help and wanted to try to stop doing what they were doing. ””

““ [...] if you work with them, it's the personality you get to know, [n]ot of history passed or personal demons they're dealing with now. ””

““ Curr[e]nt behavior is what matters. ””

““ I struggle with all of the above and I would never want someone to think any less of me for things that are completely out of my control. ””

Respondents who indicated that their opinion of a coworker **would change** either positively or negatively if they found out that they were in recovery for SUD were asked to specify what opinions changed about the person. Of those who provided a specific opinion, many noted that they would focus on the person's current behavior and path to recovery rather than judge their previous actions. Others added that they were still a person and should be treated with the same level of respect for seeking recovery. Some indicated that their opinion is based on their previous interactions with a person, particularly in their ability to fulfill their employment responsibilities. A few respondents' opinions were driven by their personal connection or experience with SUD.

SUD and Recovery Disclosure in the Workplace

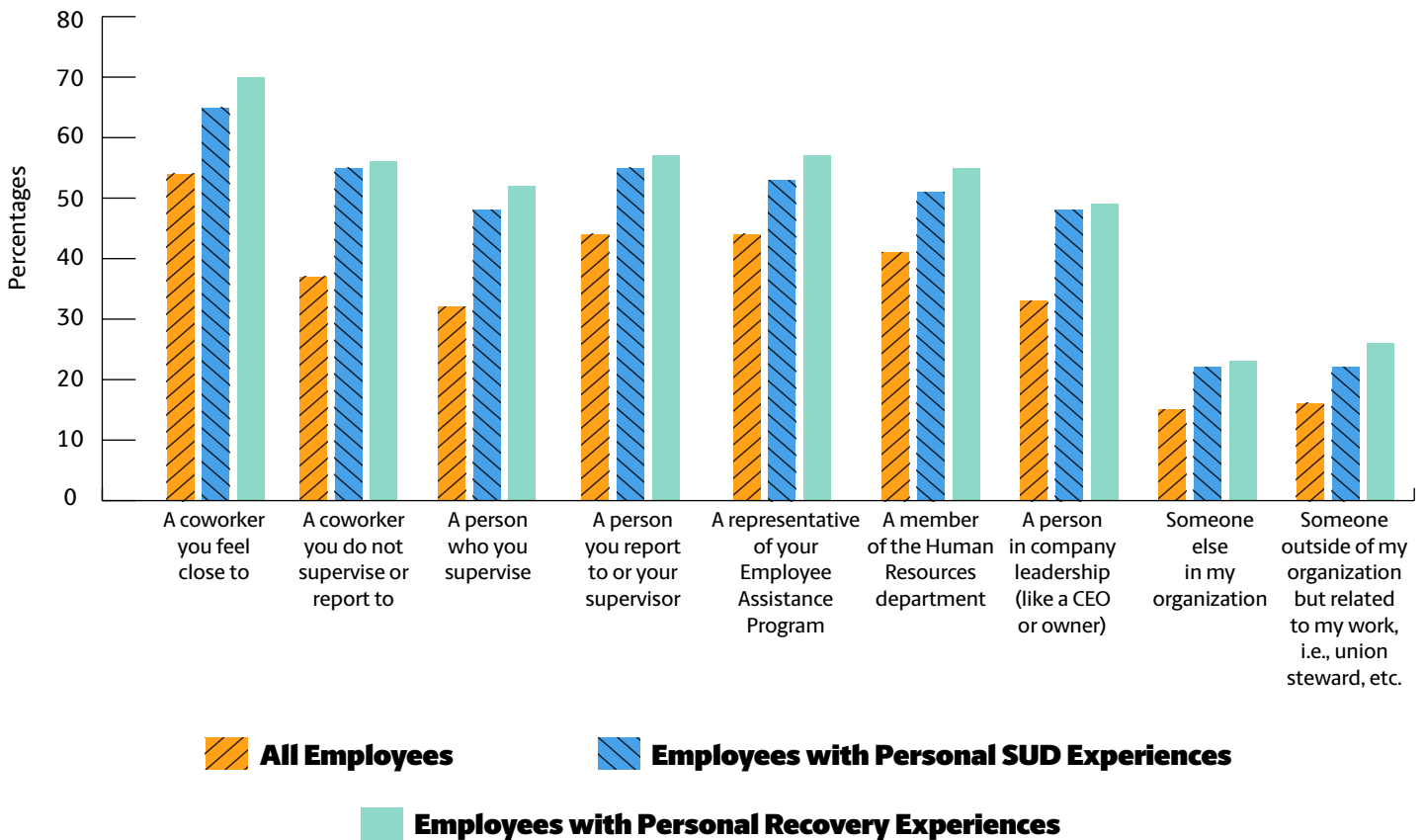
Willingness to Disclose Substance Use

Respondents were asked to indicate how willing they would be to share if they felt that they needed help with an SUD with various individuals including coworkers, and supervisors. Over half (54%) said they would feel comfortable sharing that they needed help with a substance use problem with a **coworker they feel close to**. Reported willingness to ask a coworker they felt close to for help increased if the respondent had personal SUD experience (65%) or personal experience with recovery (70%). The other individuals they would feel comfortable asking for help included a **person they report to or their supervisor** (44%), a **representative of their EAP** (44%), or a **member of the HR department** (41%).

54%

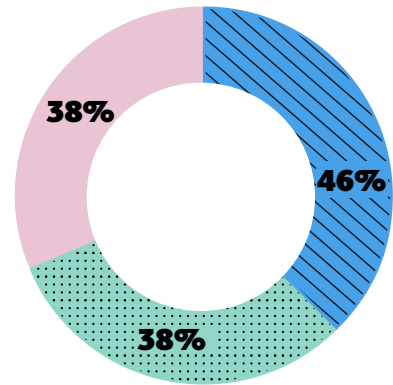
Respondents indicated that they would be most unwilling to ask a **person in company leadership** (38%) or a **person that they supervise** (36%) for help.




Percent Willing to Share that they Needed Help with a Substance Use Problem with the Following



Of the respondents who indicated that they would be unwilling to share that they had an SUD with someone in their organization, the top three reasons for not feeling comfortable are: **feeling worried that their disclosure would not stay confidential** (46%), **being afraid they would be fired as a result** (38%) and **worrying that people would think less of them** (38%).

Top Three Reasons for Not Feeling Comfortable



-  **Worried it is not confidential**
-  **Afraid of being fired**
-  **People would think less of them**

Respondents who indicated that they would be willing to share that they had an SUD with a coworker were asked to indicate the reasons that made them believe they would feel comfortable. Overall, respondents who would feel comfortable asking a **coworker** for help most often endorsed that their coworker is kind and understanding (**59%**) and that the company’s culture and values would support their disclosure (**35%**).

Respondents who would feel comfortable asking a **supervisor** in their organization for help most often reported that their supervisor is kind and understanding (49%), that their company culture and values support it (38%), and that their supervisors had explicitly said employees should come to them if they are experiencing an SUD (34%). Respondents who had personal SUD experience and personal recovery experience were more likely to endorse that they would feel comfortable telling a supervisor because their supervisor had explicitly said employees should come to them if they are experiencing an SUD (**46%** and **49%**, respectively).

Top reasons why someone would disclose SUD status to a supervisor:

- Supervisor is kind and understanding
- The company culture and values are supportive
- A supervisor has explicitly stated to reach out if they are experiencing a substance use problem

Of those who indicated they would feel comfortable going to their **EAP/HR representative**, the most endorsed reason for feeling comfortable was that their organization has explicitly told employees to use the EAP benefits if they have an SUD (39%). This was also true for respondents who had personal SUD experience and personal recovery experience (both 45%).

For those who indicated that they would feel comfortable confiding in someone outside of their organization, nearly half indicated that they do not believe there would be negative consequences to

sharing substance use experience with their union representative or shop steward (48%) or that their shop steward or union representative has explicitly said employees should come to them if they are experiencing an SUD (47%). Of note, those who had personal SUD experience and personal recovery experience endorsed that they felt more comfortable because their shop steward or union representative explicitly said employees should come to them (65% and 60%, respectively).

Across these responses, a common theme is that people reported feeling more comfortable sharing information with others when they had been specifically invited to do so. Although many factors can influence people’s comfort levels in discussing SUD, this is of pronounced help in encouraging people to come forward.

Twenty-four percent (24%) of respondents indicated that they would be **equally willing** to share that they had an alcohol use problem and a drug use problem with someone in their workplace, whereas 40% said they were equally unwilling to share these issues. Twenty-eight percent (28%) indicated that they would be **more willing** to share an alcohol use problem than a drug use problem, whereas only 8% would be more willing to

share a drug use problem than an alcohol use problem. The roughly one-quarter of respondents who said they would be more willing to share an alcohol use problem may be responding to the legality of alcohol versus the illegality of many other substances, to perceived social stigma, or to other factors. Of greater concern to organizations may be the 40% of respondents who would be unwilling to disclose an alcohol or drug use problem. Laws regarding health information privacy mean that treatment for alcohol or drug use should be able to be obtained confidentially without disclosure, but this unwillingness may dampen people's interest in pursuing recovery resources. As other responses show, people fear lack of confidentiality in their workplaces, regardless of legal protections that may be in place.

Position	Total Sample
I would be equally unwilling to share an alcohol or drug use problem.	40%
I would be more willing to share an alcohol use problem than a drug use problem.	28%
I would be more willing to share a drug use problem than an alcohol use problem.	8%
I would be equally willing to share an alcohol use or a drug use problem.	24%



Workplace Culture

Workplace Support for SUD Treatment

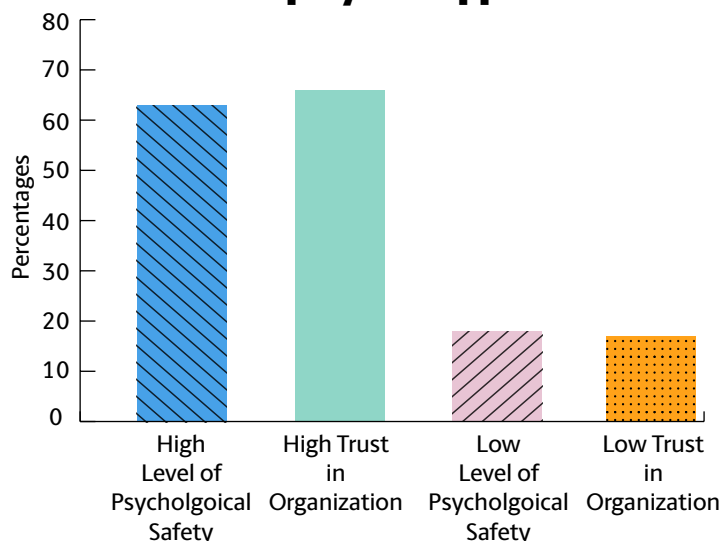
45% Forty-five percent (45%) of respondents agreed that their employer provides a supportive environment for employees who wish to **seek treatment for SUD**, and 46% agreed that their employer provides a supportive environment for employees who are in **recovery from SUD**. However, respondents indicated that they neither agreed nor disagreed at similar rates that their employer provides a supportive environment for seeking **treatment for SUD** (41%) or **recovery from SUD** (40%).

Larger percentages of respondents with personal SUD experience and personal recovery experience agreed that their employer provides a supportive environment for seeking treatment (58% and 61%, respectively), and for those who are in recovery (56% and 64%, respectively). This difference might be attributed to increased awareness of treatment and recovery resources based on past experience, but that may not be the sole explanation.

Top-level managers are far more likely to say their employer provides support for treatment (75%) and recovery (70%) compared to middle managers (49% and 52%, respectively), entry-level managers (43% and 45%, respectively), and employees (40% and 42%, respectively).

Employer support varied based on the employee's psychological safety and trust in the organization: those who reported higher safety (63%) and trust (66%) were much more likely to say their employer was supportive of recovery than those who reported lower safety (18%) and trust (17%).

Employer Support



Employer provides a supportive environment for employees who are in recovery for substance use disorder	All	High Psychological Safety	Low Psychological Safety	High Organizational Trust	Low Organizational Trust
Agree	46%	63%	18%	52%	51%
Neither agree nor disagree	40%	29%	46%	24%	40%
Disagree	13%	7%	36%	24%	9%

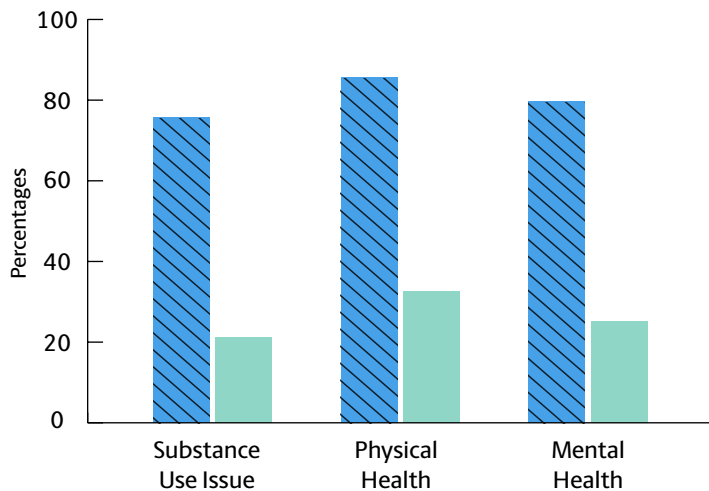
Time off to Manage SUD

Respondents were asked about their agreement to statements about taking time off to manage illness. When comparing time off for physical health, mental health, and SUD, respondents agreed that their organization would support them in taking time off to seek help for a physical health problem most often (68%), followed by mental health (59%), and lastly SUD (55%).

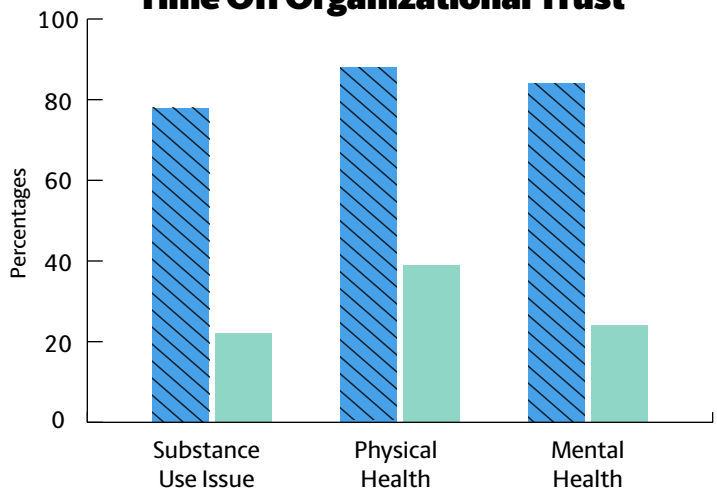
Respondents in higher positions were more likely to report that their organization supported people taking time off to get help with an SUD. Seventy-five percent of top-level managers (75%) said their organization supports taking time off to seek help for SUD, while only 49% of regular employees agreed with this statement. Top-level manager also reported feeling more supported in taking time off for physical health, mental health, or SUD recovery compared to other employment levels. These discrepancies may be related to varying levels of familiarity with company policy, varying perceptions of job security, past experiences with an organization's leave benefits, or other factors.

Respondents with high organizational psychological safety (77%) were more likely to report that their organization would support them in taking time off for SUD treatment than those with low psychological safety (20%). This pattern is similar for time off for physical health (high safety: 85%, low safety: 32%) and mental health (high safety: 79%, low safety: 25%). These findings suggest that organizations providing time off for employees to take care of physical and mental health may contribute to their overall feelings of psychological safety at work.

Time Off Psychological Safety



Time Off Organizational Trust



High Organizational Psychological Safety **Low Organizational Psychological Safety**

Those with high organizational trust were more likely to report that their organization would support them in taking time off for an SUD (78%) compared to those with low organizational trust (22%). This pattern is similar for time off for physical health (high trust: 88%, low trust: 39%) and mental health (high trust: 84%, low trust: 24%).

High Organizational Trust **Low Organizational Trust**

Employees feel psychologically safe when they can share their thoughts, feelings, and opinions without fear of reprisal (Center for Creative Leadership 2022). They trust their organization when they have confidence in their coworkers and managers,

and when they believe their company overall makes transparent, fair, and ethical decisions (Galford & Drapeau 2003). When an employee thinks about seeking help for a SUD, believing that they can share their thoughts and feelings without fear may increase the likelihood that an employee shares their need with someone in their workplace. If they believe that the organization will be fair to them and behave in an ethical fashion (such as keeping their health information confidential), this again may increase their willingness to ask for help. At the same time, by providing and communicating the resources available to employees, organizations demonstrate they are interested in their employees' well-being and in treating their employees with compassion and fairness. An environment that fosters openness about seeking help for SUD and for being in recovery is one that can promote and protect feelings of safety and trust at work.

General Workplace Culture

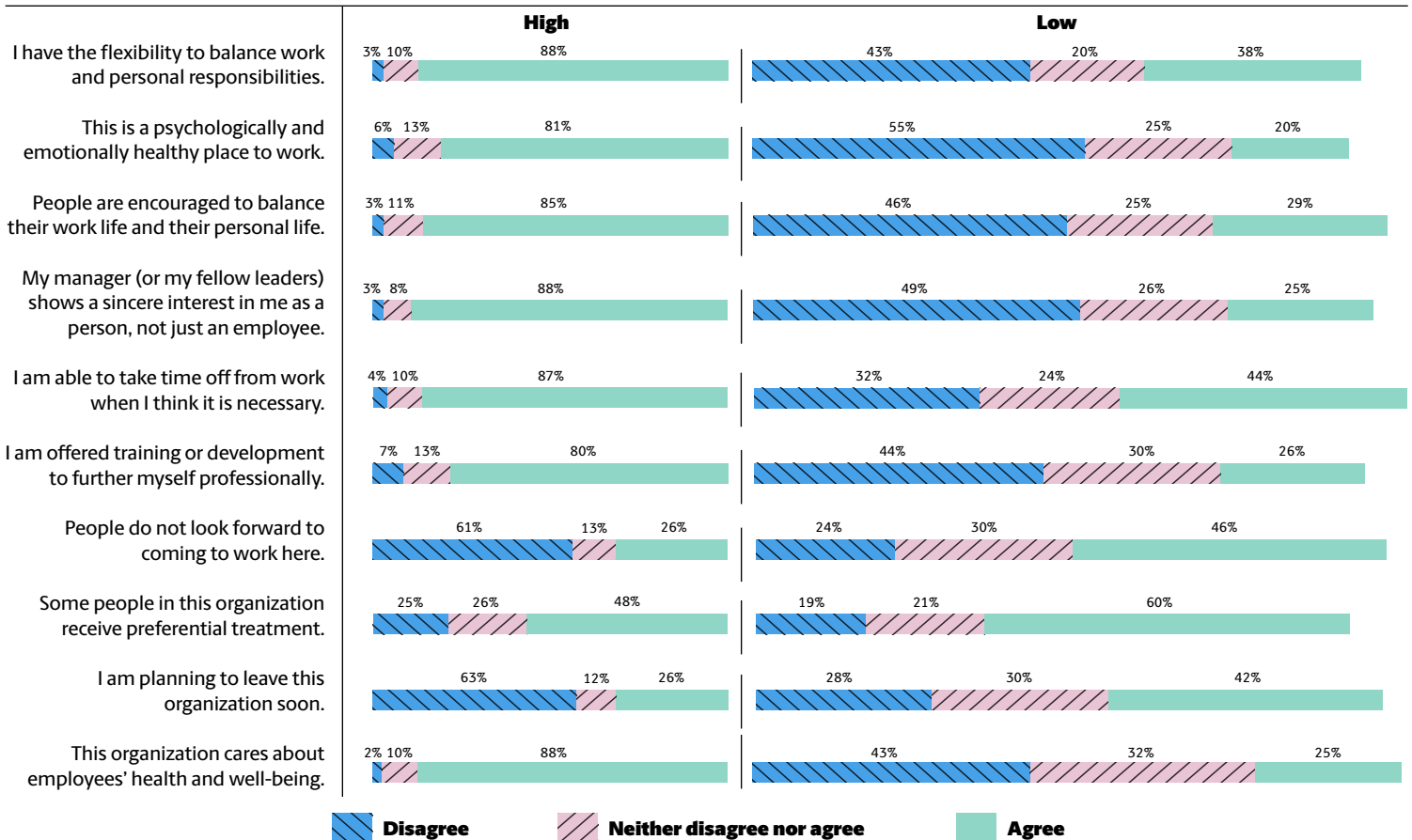
Work–Life Balance

Respondents responded to questions about their work–life balance. A majority (72%) agreed that they are able to take time off from work when they think it is necessary, and 69% agreed that they have the flexibility to balance work and personal responsibilities. Fifty-nine percent (59%) said they have a psychologically and healthy workplace.

Respondents with high organizational psychological safety were more likely than those with low psychological safety to report that they have the flexibility to balance work and personal responsibilities (88%); work in a psychologically and emotionally healthy workplace (81%); people in their workplace are encouraged to balance their work life and personal life (85%); their manager shows a sincere interest in them as a person (88%); they are able to take time off from work when they think it is necessary (87%); they are offered training or development to further themselves professionally (79%); and their organization cares about employees' health and wellbeing (88%). Respondents with low organizational psychological safety reported more often than those with high psychological safety that people do not look forward to coming to work (46%); some people in their organization receive preferential treatment (60%); and that they are planning to leave their organization soon (42%). These findings show that those with higher organizational psychological safety feel more supported in balancing work and personal life, have a healthy work environment, and feel supported in growing and developing as an employee. Companies should strive to create an environment that supports each employee and allows them to grow in their role(s).

Organizational Psychological Safety

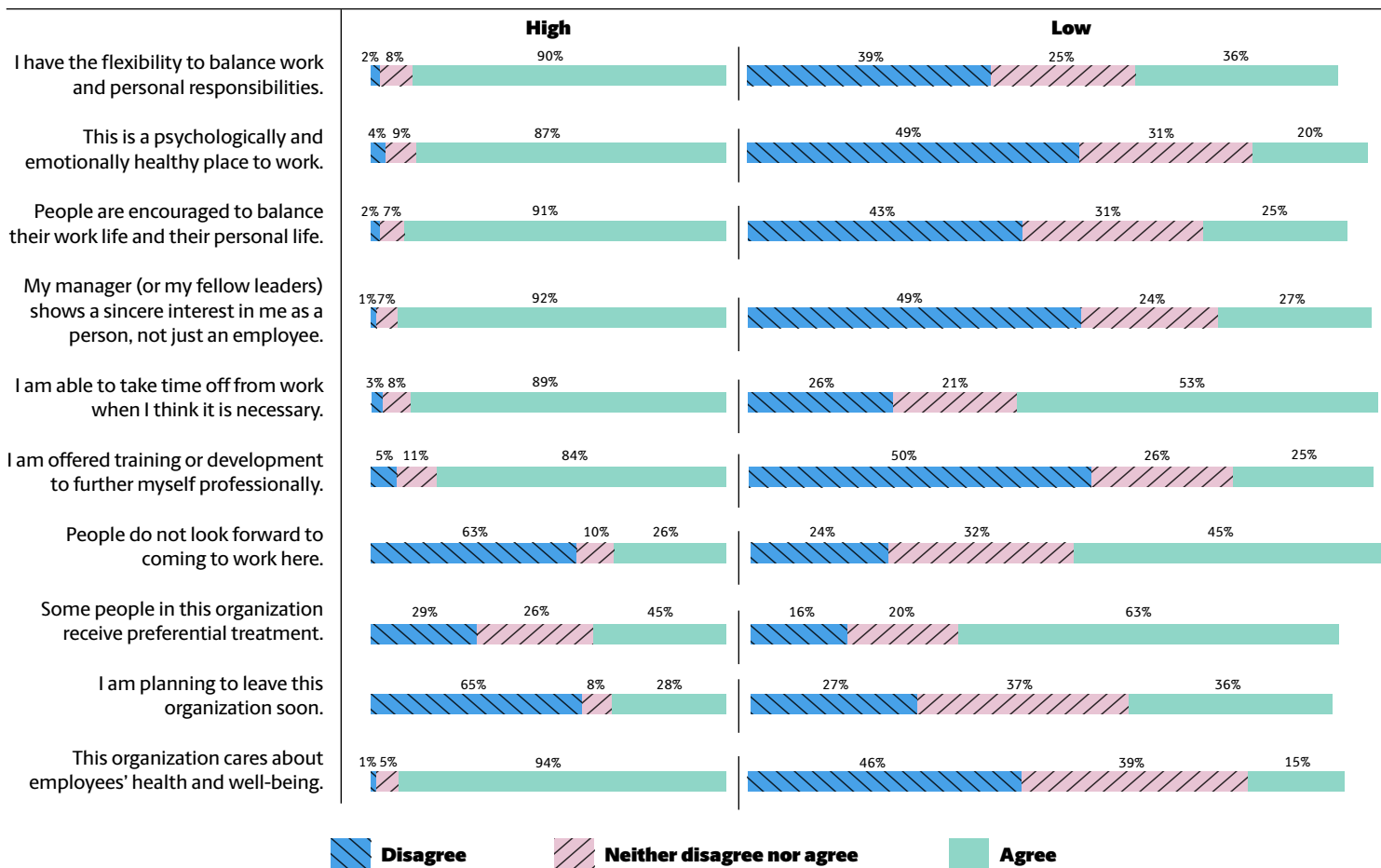
Thinking about your personal work–life balance and your professional development in your organization, how much do you agree or disagree with the following statements? (% agree)



Employees with high organizational trust were more likely than those with low organizational trust to report that they have the flexibility to balance work and personal responsibilities (90%); work in a psychologically and emotionally healthy workplace (87%); people in their workplace are encouraged to balance their work life and personal life (91%); their manager shows a sincere interest in them as a person (92%); they are able to take time off from work when they think it is necessary (89%); they are offered training or development to further themselves professionally (84%); and their organization cares about employees' health and wellbeing (94%). Respondents with low organizational trust reported more often than those with high organizational trust that people do not look forward to coming to work (45%) and that some people in their organization receive preferential treatment (63%) compared to those with medium (22%, 44%) or high (26%, 45%) organizational trust. These findings echo the sentiments above that show the more trustworthy employees find a company, the more likely they are to stay at a company, enjoy working there, feel supported, and feel balanced in their work.

Organizational Trust

Thinking about your personal work–life balance and your professional development in your organization, how much do you agree or disagree with the following statements? (% agree)



Discussion of Alcohol Use in the Workplace

Top-level managers (42%) were more likely to report that other people discuss alcohol use in front of them compared to employees (23%), entry-level managers (28%), and middle managers (22%).

Gen Z (32%) and Millennials (32%) were more likely to report that other people discuss alcohol use in front of them compared to Gen X (21%) and Boomers (12%).

Respondents with high organizational trust (30%) were more likely to report that other people discuss alcohol use in front of them compared to those with low organizational trust (20%).

There were no differences by recovery experience, company size, industry type, or organizational psychological safety level.

Discussion of Drug Use in the Workplace

Respondents who are in recovery (74%) were more likely to report that other people discuss their drug use in front of them compared to those with a current coworker in recovery (64%).

Top-level managers (41%) were more likely to report that other people discuss their drug use in front of them compared to employees (16%), entry-level managers (17%), and middle managers (17%).

Gen Z (29%) and Millennials (27%) were more likely to report that other people discuss their drug use in front of them compared to Gen X (9%) and Boomers (8%).

Respondents who had high organizational psychological safety (23%) were more likely to report that other people discuss their drug use in front of them compared to those with medium organizational psychological safety (13%).

Respondents with high organizational trust (24%) were more likely to report that other

people discussing their drug use in front of them more frequently compared to those with medium organizational trust (12%).

There were no differences by company size or industry type.

Events with Alcohol Use in the Workplace

Respondents who are currently in recovery (41%) were more likely to report that their organization holds sponsored events that serve alcohol compared to those who have coworkers who are currently in recovery (29%).

Respondents who work for companies with 250–499 (32%) or 500–999 employees (26%) were more likely to report that their organization holds sponsored events that serve alcohol compared to those that work for companies with 10–49 (18%), 50–249 (15%), or 1,000+ (19%) employees.

Top-level managers (39%) were more likely to report that their organization holds sponsored events that serve alcohol compared to employees (16%), entry-level managers (24%), and middle managers (24%).

Gen Z (38%) and Millennials (27%) were more likely to report that their organization holds sponsored events that serve alcohol compared to Gen X (13%) and Boomers (9%).

Respondents with high organizational psychological safety (26%) were more likely to report that their organization holds sponsored events that serve alcohol compared to those with medium organizational psychological safety (14%).

Respondents with high organizational trust (26%) were more likely to report that their organization holds sponsored events that serve alcohol compared to those with medium organizational trust (15%).

There were no differences by industry type.

Pressure to Consume Alcohol at Work Events

Respondents who are in recovery (30%) were more likely to report feeling pressure to drink at organization-sponsored events compared to those who currently have a coworker who is in recovery (19%).

Top-level managers (33%) were more likely to report feeling pressure to drink at organization-sponsored events compared to employees (10%), entry-level managers (12%), and middle managers (13%).

Gen Z (19%) and Millennials (19%) were more likely to report feeling pressure to drink at organization-sponsored events compared to Gen X (7%) and Boomers (7%).

There were no differences by company size, industry type, organizational psychological safety, or company trust level.

Pressure to Use Drugs at Work Events

Top-level managers (32%) were more likely to report feeling pressure to use drugs at company-sponsored events compared to employees (11%), entry-level managers (12%), and middle managers (13%).

Gen Z (16%) and Millennials (21%) were more likely to report feeling pressure to use drugs at company-sponsored events compared to Gen X (7%) and Boomers (4%).

There were no differences by company size, organizational psychological safety, or company trust level.

Support for People in Recovery in the Workplace

Respondents who work for companies with 250 or more employees were more likely to talk about their organization communicating about available support for people in recovery from SUD compared to respondents who work for companies smaller than 250, who were less likely to talk about it.

Entry-level managers (68%), middle managers (72%), and top-level managers (79%) were more likely to talk about their organization communicating about available support for people in recovery from SUD compared to employees (56%), who were less likely to talk about it.

Gen Z (71%) and Millennials (68%) were more likely to talk about their organization communicating about available support for people in recovery from SUD compared to Gen X (55%) and Boomers (59%), who were less likely to talk about it.

Respondents with high organizational psychological safety (70%) were more likely to talk about their organization communicating about available support for people in recovery from SUD compared to those with medium organizational psychological safety (57%) and low organizational psychological safety (51%) who were more less likely to talk about it.

Respondents with high organizational trust (72%) were more likely to talk about their organization communicating about available support for people in recovery from SUD compared to those with medium (60%) and low (41%) organizational trust.

There were no differences by recovery experience or industry type.

Recovery Education in the Workplace

Employees who work for companies with more than 250 employees were more likely to talk about their organization providing education for its employees about SUD and recovery compared to those who work for companies with less than 250 employees, who were less likely to talk about it.

Entry-level managers (67%), middle managers (73%), and top-level managers (80%) were more likely to talk about their organization providing education for its employees about SUD and recovery compared to employees (56%), who were less likely to talk about it.

Gen Z (71%) and Millennials (69%) were more likely to talk about their organization providing education for its employees about SUD and recovery compared to Gen X (54%) and Boomers (58%), who were less likely to talk about it.

Respondents with high organizational psychological safety (70%) were more likely to talk about their organization providing education for its employees about SUD and recovery compared to those with medium (58%) and low (51%) organizational psychological safety, who were less likely to talk about it.

Respondents with high organizational trust (73%) were more likely to talk about their organization providing education for its employees about SUD and recovery compared to those with medium (59%) or low (44%) organizational trust.

Programs dedicated to employee well-being tend to increase employees' feelings that their organization is a trusting and safe place to work, a finding in studies of workforce management that is borne out by this data.



Sharing Recovery Experiences in the Workplace

Respondents who are currently in recovery (74%) were more likely to talk about their organization encouraging people to share their recovery experiences with others in the organization compared to those who have a current coworker who is in recovery (64%) who were less likely to not talk about it.

Participants who work for a company with 250–499 (60%) employees or 500–999 (58%) employees were more likely to talk about their organization encouraging people to share their recovery experiences with others in the organization compared to those with 50–249 (49%) employees and those with 1,000+ (46%) employees.

Middle managers (58%) and top-level managers (78%) were more likely to talk about their organization encouraging people to share their recovery experiences with others in the organization compared to employees (43%), who were less likely to not talk about it.

Gen Z (69%) and Millennials (60%) were more likely to talk about their organization encouraging people to share their recovery experiences with others in the organization compared to Gen X (39%) and Boomers (36%), who were less likely to talk about it.

Respondents with high organizational psychological safety (56%) were more likely to talk about their organization encouraging people to share their recovery experiences with others in the organization compared to those with medium (46%) and low (39%) organizational psychological safety.

Respondents with high organizational trust (58%) were more likely to talk about their organization encouraging people to share their recovery experiences with others in the organization compared to those with low organizational trust (29%).

Disclosing Recovery in the Workplace

Entry-level managers (61%), middle managers (62%), and top-level managers (75%) were more likely to talk about other people in their organization disclosing their recovery status compared to employees (46%), who were less likely to about it.

Gen Z (66%) and Millennials (62%) were more likely to talk about other people in their organization disclosing their recovery status compared to Gen X (43%) and Boomers (44%), who were less likely to about it.

Respondents with high organizational trust (57%) were more likely to talk about other people in their organization disclosing their recovery status compared to those with low organizational trust (39%).

There were no differences by recovery experience, company size, industry type, or organizational psychological safety.

Overall, those with high organizational trust, who are top-level managers, and are Gen Z and Millennials tended to report that people were more likely to discuss alcohol and drug use around them, and that they felt pressured to use alcohol or drugs at organization-sponsored events. They were also more likely to feel supported in SUD recovery and know what support is available. Trust in one's organization can mean more support, but it can also mean more pressure from coworkers to engage in behavior that carries a risk of substance (alcohol or drug) use disorder. Top-level managers could be more comfortable in their position and know more about what the organization offers, but may also be pressuring people below them to engage in particular behaviors. This pressure may be inadvertent or unintended. Gen Z and Millennials may be more experimental in their social behaviors and bonding activities in their (relatively new) workplaces, or may be more influenced to drink by more senior staff.

Conclusion

Overall, those with high organizational trust, who are top-level managers, and are Gen Z and Millennials tended to report that people were more likely to discuss alcohol and drug use around them and that they felt pressured to use alcohol or drugs at organization-sponsored events. They were also more likely to feel supported by their organization in SUD recovery and to know what support is available to them. Trust in one's organization can indicate that more support exists in that organization, but it can also mean more pressure from coworkers to engage in behavior that carries a risk of substance (alcohol or drug) use disorder. Top-level managers could be more comfortable in their position and know more about what the organization offers, but may also be pressuring people below them to engage in particular behaviors that carry a risk of SUD. This pressure may be inadvertent or unintended. Gen Z and Millennials may be more experimental in their social behaviors and bonding activities in their (relatively new) workplaces, or may be more influenced to drink by more senior staff.



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Appendix A: Sample Characteristics

Table A1.

Demographic characteristics of survey sample (N = 2,374)^a

Demographics	Frequency	Percentage
Sex		
Female	1,012	43%
Male	1,335	57%
Prefer to self-describe	6	<1%
Prefer not to answer	3	<1%
Hispanic/Latino		
Yes	356	15%
No	1,991	85%
Race^b		
American Indian or Alaska Native	17	1%
Asian American or Pacific Islander	172	7%
Black or African American	296	13%
White	1,475	63%
Prefer to self-describe	31	1%
Age Groups		
18 to 29	480	20%
30 to 39	649	28%
40 to 49	517	22%
50 to 59	425	18%
60 and over	279	12%
Education		
Less than high school	63	3%
High school graduate/high school diploma or equivalent	592	25%
Some college but no degree	359	15%
Associate degree	216	9%
Bachelor's degree	662	28%
Advanced or postgraduate degree	397	17%
Professional degree	58	2%
Income Level		
Less than \$49,999	740	68%
\$50,000 to \$100,000	870	37%
\$100,000 to \$199,999	591	25%
\$200,000 and over	117	5%
Unsure of income level	29	1%

Percentages may not total to 100% due to rounding.

^a Percentages and counts reflect unweighted data for population demographics. Percentages are rounded to the nearest whole number.

^b Percentages across categories of race do not sum to 100% since categories are not mutually exclusive.

Table A2.*Workplace characteristics of survey sample (N = 2,374)^a*

Demographics	Frequency	Percentage
Organization Size		
10 – 50	365	16%
50 – 249	513	22%
250 – 499	272	12%
500 – 999	333	14%
1,000 or more	864	37%
Workplace Sector		
For-profit	1,563	67%
Non-profit	227	10%
Local or State government	347	15%
Active-duty Military	10	<1%
Federal government	62	3%
Other	138	6%
Management Level		
Employee	1,423	61%
Entry-level manager	292	12%
Middle-level manager	422	18%
Top-level manager	183	8%
Other	27	1%
Work Location		
In person	1,635	70%
Remote	290	12%
Combination of in-person and remote	422	18%

^a Percentages and counts reflect unweighted data for population demographics. Percentages are rounded to the nearest whole number. Percentages may not total to 100% due to rounding.

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