



Pelago

Your Guide to Substance Use Management

5 ways to spot a SUM solution that delivers

Why Substance Use Management Demands a New Standard

Substance use is one of the most costly, under-addressed, and hidden health issues in today's workforce. According to the CDC, it drives \$35 billion¹ in medical spend each year. And that number doesn't account for the broader toll on absenteeism, productivity, and safety.

Many organizations assume their mental health or EAP benefits are “good enough”. But generalist programs rarely meet the clinical and access needs of those with substance use disorders (SUDs) or those looking to manage their substance use. As a result, care gaps persist, with fewer than 10% of those with an SUD receiving treatment². This drives up medical claims, fuels chronic conditions, and contributes to rising pharmacy spend.

This guide is built to help you confidently evaluate substance use management (SUM) solutions – whether you're advising clients or leading a benefits strategy.

We've outlined five essentials to help you identify programs that go beyond surface-level support and deliver real, measurable impact.



Sources: 1. JAMA Network Open, Medical Costs of Substance Use Disorders in the US Employer-Sponsored Insurance Population, 2023. 2. SAMHSA, National Survey on Drug Use and Health, 2023.

01. Substance Scope

Are all substances covered, and not just at the surface-level?

Substance use isn't one-size-fits-all. Organizations need support across a wide spectrum of behaviors and substances, from risky drinking and nicotine use to severe opioid use disorder. But most vendor programs only address a limited slice of this spectrum.

A truly comprehensive SUM solution covers:

THE MOST PREVALENT AND COST-DRIVING SUBSTANCES:

Alcohol, tobacco (smoking, vaping, and chewing), cannabis, and opioids.

POLYSUBSTANCE USE:

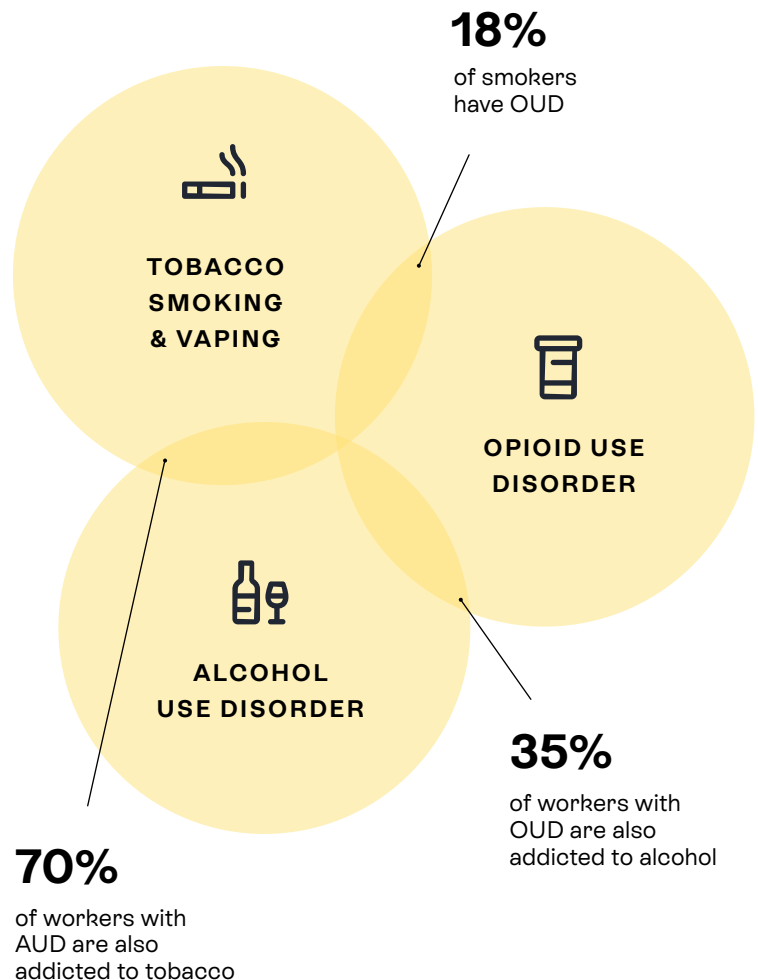
Treating individuals who use more than one substance – a common and overlooked challenge.

AT-RISK BEHAVIORS:

Including early-stage misuse and risky drinking patterns that fall below the clinical threshold of “SUD” but still drive costs and harm.

ADOLESCENT AND FAMILY-SUPPORT OPTIONS:

To support early intervention and family health as part of a broader care strategy.



Sources: National Institute on Drug Abuse, “Common Comorbidities with Substance Use Disorders Research Report: What Are Some Approaches to Diagnosis?” 2020

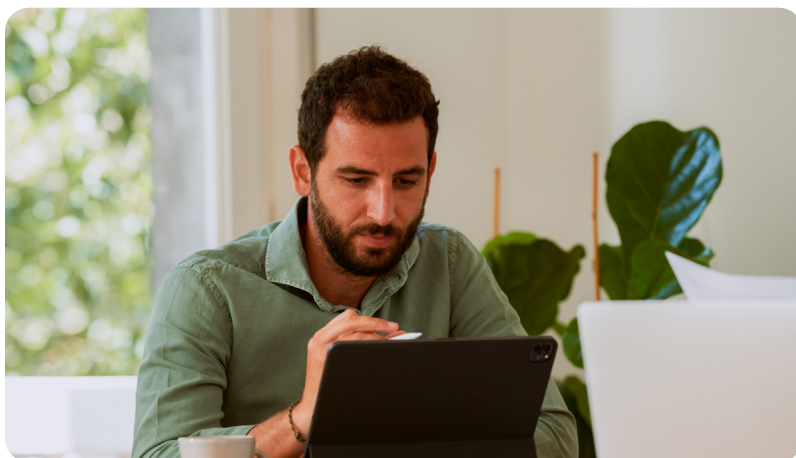
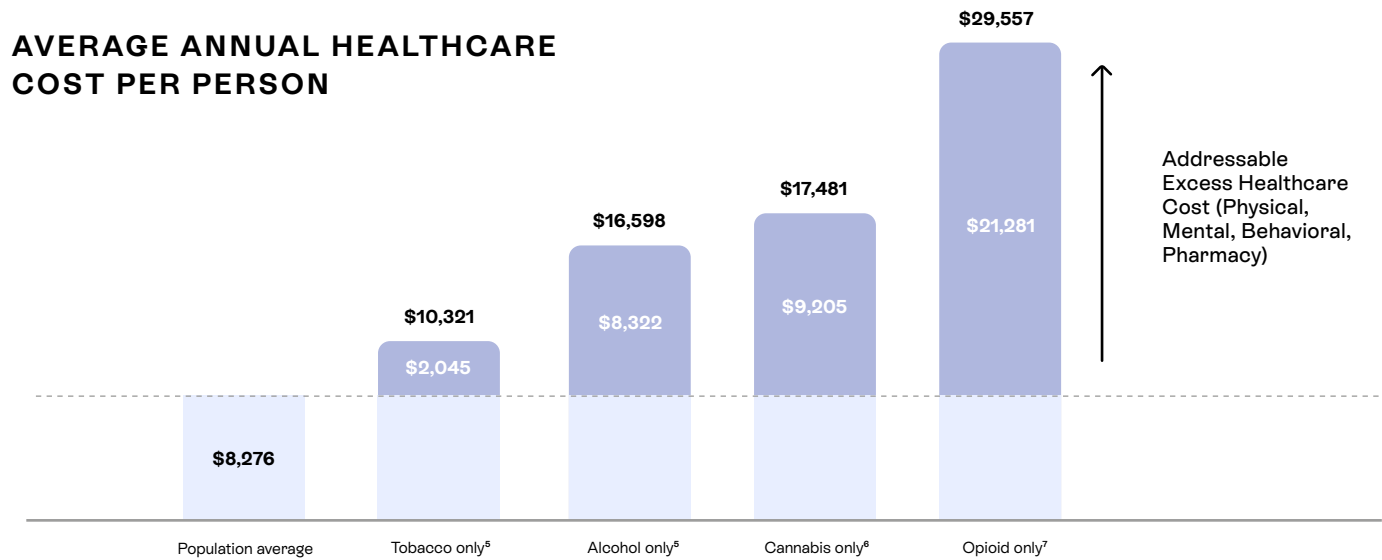
Drobes, D., “Concurrent Alcohol and Tobacco Dependence,” American Journal of Drug and Alcohol Abuse, 2002



Why substance scope matters

Substance use doesn't just create direct treatment costs, it quietly drives up spending across cancer, heart disease, mental health, and other chronic conditions. Individuals with both an SUD and a chronic illness have twice the healthcare costs of those with a chronic condition alone.³

Substances like tobacco, alcohol, and cannabis are often treated as secondary concerns but they're among the most preventable and costly drivers of long-term health claims. According to a 2025 U.S. Surgeon General advisory, alcohol and tobacco are two of the top three leading preventable causes of cancer, with alcohol alone linked to seven different types.⁴



Quick Check



- Covers the most prevalent and cost-driving substances
- Supports early intervention
- Includes family and adolescent care

Sources: 3. Drug and Alcohol Dependence, Multicomorbidity of chronic diseases and substance use disorders and their association with hospitalization, 2018. 4. U.S. Surgeon General, Alcohol and Cancer Risk, 2025. 5. Pelago, "Cost Effectiveness Study" (Internal analysis), 2024. 6. JAMA Network Open, "Medical Costs of Substance Use Disorders in the US Employer-Sponsored Insurance Population," 2023. 7. Society of Actuaries, "Economic Impact of Non-Medical Opioid Use in the United States," 2019

02. Clinical Depth

Does the program offer the right level of care for every level of need?

Addressing substance use means more than offering support, it requires delivering evidence-based treatment that matches the severity of the problem.

Some individuals may need support cutting back on risky drinking. Others may require medication, clinical oversight, or higher-level treatment for severe SUDs. Without the right level of care, engagement drops, outcomes suffer, and medical costs climb.

Why clinical depth matters

Without access to the right type of care, substance use problems get worse and more expensive.

Employees who need MAT but can't access it are more likely to cycle through ER visits, inpatient rehab, or long-term disability. Early-risk employees often go unnoticed in generic mental health programs, until their substance use escalates into a high-cost condition. When substance use is addressed with the appropriate level of care, tailored to individual needs rather than relying on one-size-fits-all treatment, it improves engagement, prevents avoidable claims, and leads to better outcomes.

An evidenced-based SUM solution includes:

- Treatment for mild, moderate, and severe acuities, not just those in crisis
- Medication-Assisted Treatment (MAT) for alcohol and opioid use disorder
- Cognitive Behavioral Therapy (CBT) and other proven therapeutic models
- In-house clinical teams with access to vetted partners for higher-acuity needs

Quick Check



- Supports mild, moderate, and severe acuities
- Includes MAT and CBT
- Care delivered by in-house licensed providers
- Access to higher levels of care when needed

03. Nationwide Access

Can employees access care quickly, and from anywhere?

Even the most comprehensive treatment model won't drive impact if employees can't access it easily, quickly, and privately.

Traditional models of substance use care are notoriously hard to access, especially for those outside major metro areas or those worried about the stigma associated with substance use. In many cases, individuals face delays of 6-7 weeks⁸ just to get a first appointment or begin treatment. For someone ready to seek help, that delay can mean the difference between getting support, suffering in silence, or spiraling into crisis.

A reliable SUM solution removes barriers to care – delivering fast, flexible access that meets people where they are.



Look for solutions that offer:

VIRTUAL-FIRST DELIVERY –
accessible from home, confidential, and flexible

50-STATE COVERAGE –
with no geographic care gaps

24 HOUR APPOINTMENT AVAILABILITY –
not within 21 days, but same-day or next-day care

IN-HOUSE MAT PRESCRIBING –
with prescriptions fulfilled to the member's home or local pharmacy

Sources: 8. HRSA, "State of the Behavioral Health Workforce Report," 2024HRSA, "State of the Behavioral Health Workforce Report," 2024



Why nationwide access matters

When care isn't easy to reach, employees delay or disengage, often until their condition becomes more severe and costly to treat. Long wait times, limited geographic coverage, or disconnected third-party providers create friction and can increase the risk of disengagement at a critical moment.

Programs that deliver care within 24 hours are more likely to engage people when they're ready, improve treatment outcomes, and reduce the downstream costs of delayed care.

Quick Check



- 50-state coverage
- 24-hour access
- Virtual-first delivery
- Nationwide in-house MAT and fulfillment



04. Outcomes & ROI

Can the solution prove its impact, and stand behind it?

Substance use drives measurable costs, and solving it should generate measurable savings. But many vendors offer vague ROI claims, limited transparency, or case studies that don't reflect your population or real-world conditions.

When evaluating SUM solutions, it's not enough to hear that a program might reduce costs. Employers need clear evidence that it does – and a partner who's willing to be held accountable for outcomes.

Why outcomes & ROI matter

SUDs quietly drive up medical costs across chronic and behavioral conditions, and most solutions can't show how they reduce that spend. Without a validated methodology and full claims visibility, ROI becomes a guessing game – especially when vendors charge flat per-employee-per-month (PEPM) fees, regardless of who actually engages in care. The most effective solutions deliver both impact and accountability, and provide the data to prove it.

CLAIMS-BASED ROI ANALYSIS:

Based on actual medical and behavioral health spend, not modeled projections

PEER-REVIEWED CLINICAL OUTCOMES:

Grounded in rigorous study design, real-world data, and full population transparency

100% FEES-AT-RISK MODEL:

Tying vendor compensation to clinical outcomes and cost savings

ONGOING, TRANSPARENT REPORTING:

That includes program usage, engagement rates, and impact over time

Quick Check



- Claims-based ROI
- Peer-reviewed outcomes
- Guarantees on both ROI and clinical results
- No flat PEPM pricing
- Transparent, ongoing reporting

05. Personalization & Engagement

Does the program adapt to individual needs and keep people engaged in care?

A solution can check all the boxes on paper (broad substance coverage, strong clinical model, nationwide access) and still fall short if it doesn't meet people where they are.

Substance use is deeply personal. And the path to change looks different for someone cutting back on alcohol than for someone with severe opioid use disorder. Engagement depends on recognizing those differences and delivering care that's relevant, supportive, and consistent.

Why personalization & engagement matter

Substance use is often hidden, and many may not recognize they need support until they're in crisis. If the care doesn't feel relevant, personalized, or judgement-free, they either won't engage or disengage before it makes a difference.

Programs that take a generic approach often miss the employees who need support the most. When care is tailored and accessible, employees are more likely to engage, stay in treatment, and reach their goals.



Personalized care plans: tailored to each individual's substance use, acuity, readiness to change, and goals (like cutting back vs. quitting)



Support for co-occurring conditions: including anxiety, depression, which commonly overlap with SUDs



Digital engagement tools: such as motivational content, in-app reminders, and progress tracking to reinforce behavior change



Real-time support from care teams: to build accountability and human connection

Quick Check



- Personalized care plans
- Co-occurring condition support
- Digital tools for engagement
- Real-time care access

What a high-value SUM solution looks like in action

This guide outlines the five essentials of a substance use management solution – from broad coverage and clinical depth to proven outcomes and meaningful engagement. But what does it look like when all of those pieces come together in practice?

If you're exploring SUM solutions for your clients or organization, here's how Pelago brings these essentials together:

SUBSTANCE SCOPE

Covers alcohol, tobacco, opioids, and cannabis, with support for all acuities, polysubstance use, risky behaviors, and families.

CLINICAL DEPTH

Treats all acuities using evidence-based models including in-house MAT, CBT, and care navigation to higher levels of treatment.

NATIONWIDE ACCESS

Available in all 50 states with same-day appointments, virtual-first care, and home or local pharmacy fulfillment for medication.

OUTCOMES & ROI

Delivers a 3:1 ROI and \$9,367 in annual savings per participant – validated by Milliman. Program outcomes are supported by 14 peer-reviewed studies.

PERSONALIZATION & ENGAGEMENT

Treats all acuities using evidence-based models including in-house MAT, CBT, and care navigation to higher levels of treatment.

About Pelago

Pelago is a 24/7 digital clinic that empowers people to make healthier lifestyle choices around alcohol, tobacco, opioids, and cannabis. We provide evidence-based care for all major substances and acuity levels – combining clinical expertise with fast, nationwide access and a personalized member experience. Our outcomes are validated through medical claims, and our 100% fees-at-risk model ensures shared accountability.

