Socialstyrelsen
THE NATIONAL BOARD OF HEALTH AND WELFARE

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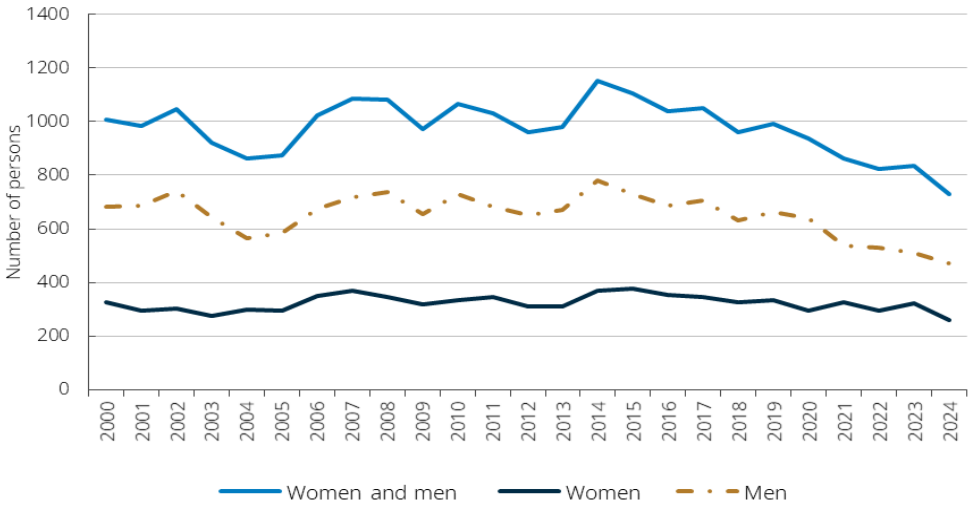
Statistics on Social Services for Adults with Drug use and Addiction in 2024

The number of people who have had non-voluntary care under the Act on the Care of Drug Abusers in Certain Cases, LVM, in 2024 decreased by twelve percent compared to the previous year. The development of social services' interventions is characterized by an increase in non-residential interventions while residential interventions decreased. Social services' interventions in the area of gambling problems increased in 2024 compared to the previous year, from 860 to just under 1,000 people, something that is also reflected in treatment for gambling addiction within the health care system.

Fewer people in non-voluntary care

The number of people who have been in non-voluntary care according to LVM decreased by almost twelve percent in 2024 compared to 2023, from 834 to 730 people (259 women and 471 men).

Figure 1. Discharges from non-voluntary institutional care 2000-2024, by gender



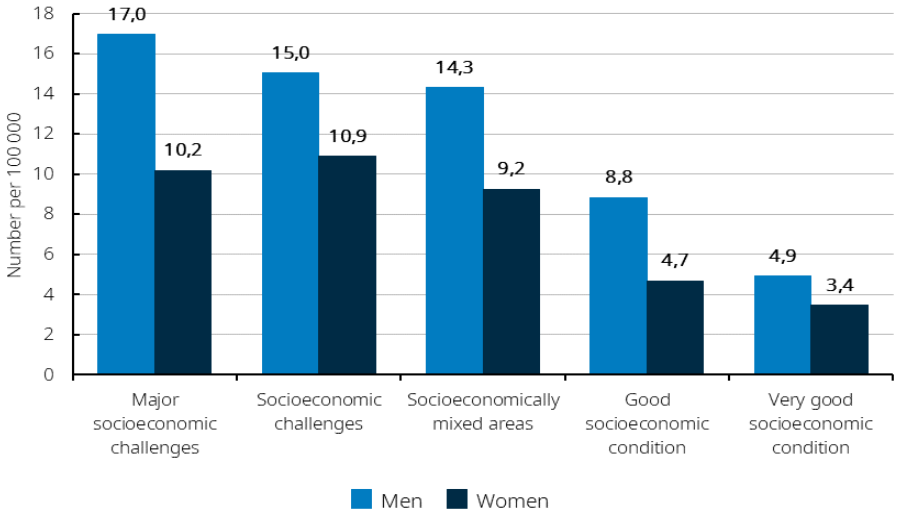
Source: National Register of Care of Addicts in Certain Cases, National Board of Health and Welfare

Since the turn of the millennium, the number of people discharged from an LVM placement has decreased. During the period 2000–2019 (with the exception of higher levels in 2014–2015), the number of people in non-voluntary care during 2019–2024 has decreased by 26 percent, from just under 1,000 people in 2019 to 730 people in 2024. Towards the end of the period, there was a somewhat sharper decrease among men, by 29 percent, than among women, where the number of people decreased by 22 percent (see also Table 14).

Non-voluntary care more common in areas with poorer socio-economic conditions

Non-voluntary care due to harmful use and dependence is not evenly distributed across residential areas with different socioeconomic conditions. In areas with the least favourable socioeconomic conditions, 17 people per 100,000 inhabitants were in non-voluntary care during the period 2022–2024 among men and 10.2 per 100,000 among women, compared with areas with the best socioeconomic conditions, where the respective levels were 4.9 and 3.4 people in non-voluntary care per 100,000. Overall, this meant that non-voluntary care was 3.7 times more common in areas with the worst socioeconomic conditions, compared with areas with the best socioeconomic conditions (see Figure 2 and fact box About the statistics).

Figure 2. Discharges from non-voluntary institutional care per 100 000 inhabitants 2022-2024, by gender and area type (RegSO)



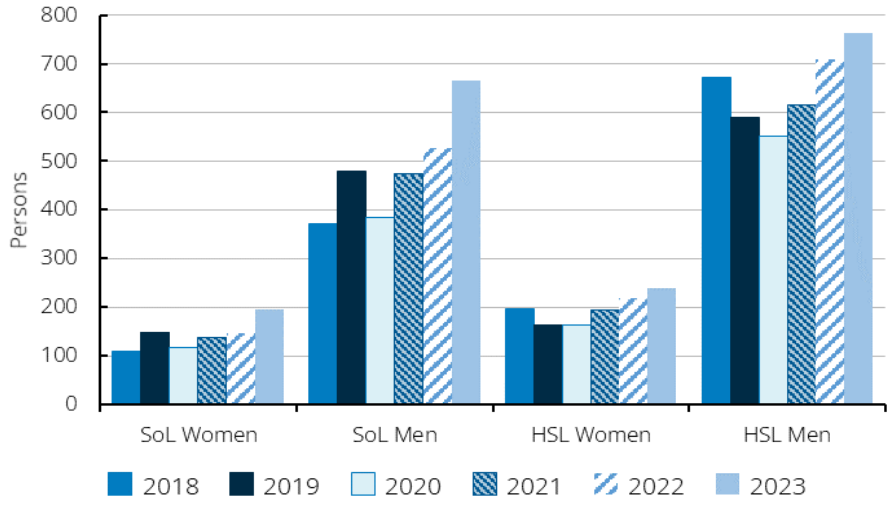
Source: The Register of Non-voluntary Care under the Act on the Care of Drug Abusers in Certain Cases and the Population Register, National Board of Health and Welfare

Voluntary care according to the Social Service Act

Compulsive gambling

In 2018, an amendment was introduced to the Social Services Act (SoL 2001:453), which meant that social services have a responsibility for interventions for people with problems related to gambling that involve money. In 2018, just under 500 people received interventions for a gambling problem. By 2024, the number of people receiving interventions for gambling problems within social services had doubled, to just under 1,000 people. A quarter were women. In 2024, as many individuals received interventions within social services as within healthcare in 2023.

Figure 3. Interventions for gambling in social services and health care 2018-2023, by sex and type



Source: Aggregated data and data from the national Patient register, National Board of Health and Welfare

A comparison with the number of people receiving care in healthcare with a diagnosis of gambling addiction, who are registered in the patient register, shows that during the years 2018–2023, there were slightly more people in healthcare with the diagnosis (F63.0) than the number who received interventions via social services. There is no data available from healthcare for 2024 yet. It is likely that individual people have received interventions from social services, as well as from health care. There is also currently an unknown undercount.

Non-residential interventions most common

Social services provide a number of different interventions adapted to needs and problems. Individual non-residential interventions and assistance

relating to housing for people with harmful use and addiction decreased slightly in 2024 compared to 2023. Non-residential interventions were the most common intervention on 1 November 2024. The number of people with the mentioned type of intervention amounteSd to just over 11,400, of whom two-thirds were men. In contrast, just over 1,500 people received round-the-clock care according to the Social Service Act, of whom three-quarters were men. This was a decrease compared to the previous year. In the longer term, there has been a gradual decline since the year 2000 (see table 7a in the table appendix). On 1 November 2024, housing interventions were provided to approximately 6,000 people with harmful use and addiction (see table 1), a decrease of five percent compared to the same date in 2023.

Table 1. All voluntary forms of care and support for people with addictions, November 1 2024

Number and proportion of women and men 21 years and older

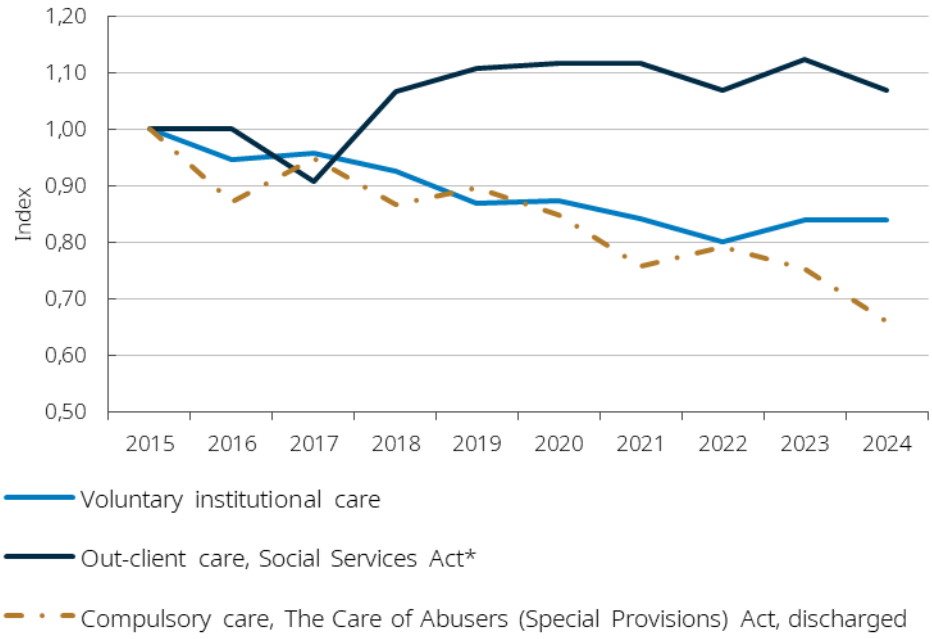
Type of care or support	Women	%	Men	%	Total	%
Housing assistance	1 555	26	4 455	74	6 010	100
Non-residential, individually means-tested interventions	3 859	34	7 547	66	11 406	100
Round-the-clock care, of which	**401**	**26**	**1 152**	**74**	**1 553**	**100**
Voluntary institutional care	371	25	1 085	75	1 466	100
Care in private homes	30	31	67	74	111	100

Source: National Board of Health and Welfare

Care provider development

A trend that can be seen in voluntary institutional care (according to the Social Services Act) and non-voluntary care (according to the LVM) is that both of these have decreased in volume from 2015 (with the exception of a certain increase in 2017). The decrease in voluntary interventions between the years 2015 and 2022 corresponds to approximately 1,400 people, i.e. approximately 20 percent (see Figure 3 below and Table 6c in the table appendix). After that, there has been a small increase in 2024 to the 2021 level.

Figure 4. Care of people with addiction and dependence in social services 2015–2024, indexed scale



Source: Aggregated data and data from the Register of Compulsory Care under the Act on the Care of Drug Abusers in Certain Cases National Board of Health and Welfare
*Refers to the number of people whit an outpatient intervention on November 1, 2024

The different forms of care differ based on content, volume and duration. Voluntary institutional care, which refers to round-the-clock care, covers significantly fewer people than non-residential care. However, the statistics do not contain information on the duration of non-institutional interventions.

700–800 people are currently cared for in non-voluntary care per year, and the average length of the intervention is, according to the Swedish Board of Institutions, just over five months.

About the statistics

The statistics cover interventions for people with harmful use of alcohol, drugs, medicines, solvents or gambling. The statistics are collected partly as a cross-section on 1 November and as data on interventions throughout the year.

The statistics on compulsory care according to the Act on the Care of Drug Abusers in Certain Cases (LVM 1988:870) refer to persons aged 18 and older.

Statistics on voluntary interventions according to the Social Services Act (SoL 2001:453) refer to persons aged 21 and older.

The non-response in terms of quantity statistics amounted to 25 municipalities in 2024. Non-response in the LVM statistics is generally at a low level, while some variables are of slightly poorer quality. See also: https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/statistik/2022-3-7796.pdf

Regional statistical areas (RegSO) (Figure 2) are based on the residential area of the person in non-voluntary care in the year in which the care took place. Residential area is defined based on regional statistical areas (RegSO) and its socioeconomic conditions based on area type. Area type is based on the socioeconomic index (SEI), which is calculated for each RegSO and consists of the average value of the proportion (in each area) with pre-secondary education (20–64 years), the proportion of people with low economic standards (regardless of age), and the proportion with financial assistance and/or long-term unemployment (20–64 years). A higher SEI value indicates higher socioeconomic vulnerability.

More information

You can find more tables, graphs and information here: www.socialstyrelsen.se/statistik-och-data/statistik/alla-statistikamnen/vuxna-personer-med-skadligt-bruk-och-beroende/ (in Swedish, but with English list of terms).

If you want to use our statistical database: https://sdb.socialstyrelsen.se/if_mis/val.aspx

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