

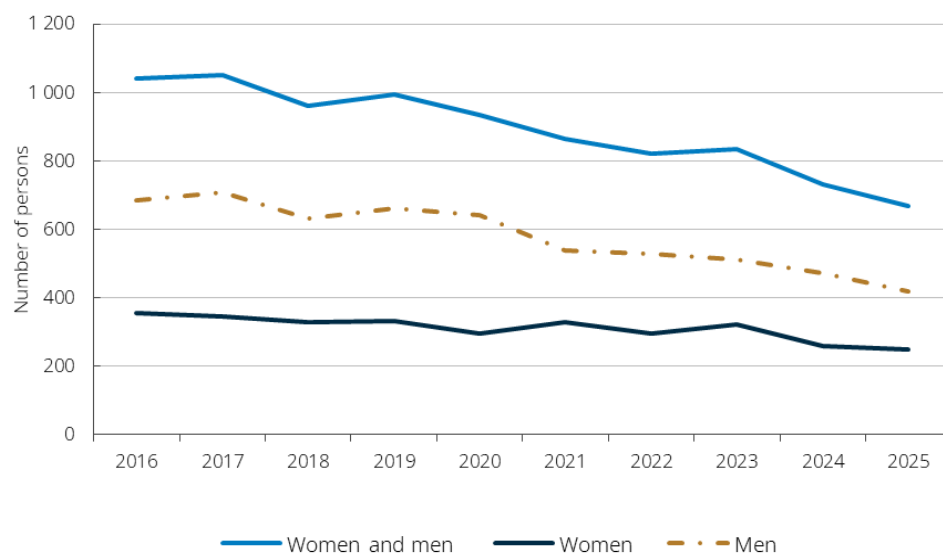
Statistics on interventions for adults with harmful use and addiction 2025

The number of people who received compulsory care under the Act on the Care of Addicts in Certain Cases, LVM, decreased in 2025 by just over eight percent compared to the previous year. Fewer people were also offered other 24-hour care. During the year, the number of people who received interventions due to gambling s decreased by just under 18 percent, from around 1,000 people to just under 850 people.

Fewer people receive compulsory care

The number of people who received compulsory care under the Act on the Care of Addicts in Certain Cases (LVM) decreased by just over eight percent in 2025 compared to 2024, from 730 to 669 people. Of these, 250 were women and 419 were men.

Figure 1. Discharged people from compulsory institutional care during 2016–2025, by gender



Source: National Register of Care for Substance Abuse, National Board of Health and Welfare

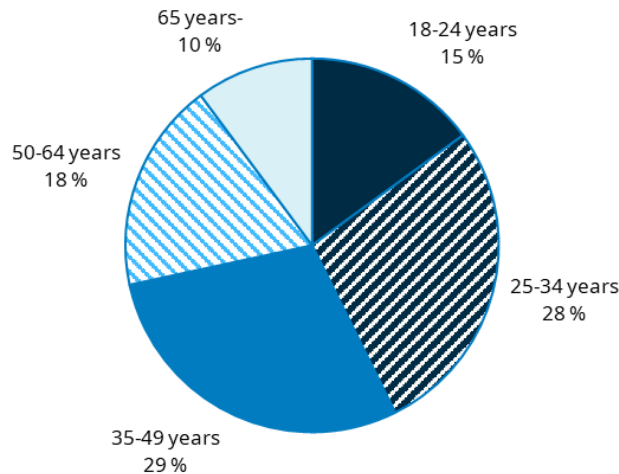
The number of discharges from LVM placement has decreased over the past five years. From around 1,000 annually in the period 2010–2019 the number of discharges decreased to around 700 in 2025 (see also Table 13a-13b).

The decrease in LVM care has resulted, among other things, in fewer LVM homes, which according to the National Board of Institutional Care have decreased from eleven to nine institutions within a short period of time.

Most LVM care recipients among middle-aged

The median age among those in compulsory care in 2025 was 37 years (35 years for women and 38 years for men). More than half of those cared for during the year were in the age range of 25–49 years, while only ten percent were 65 years or older (see Figure 2, Table 13a and 13b).

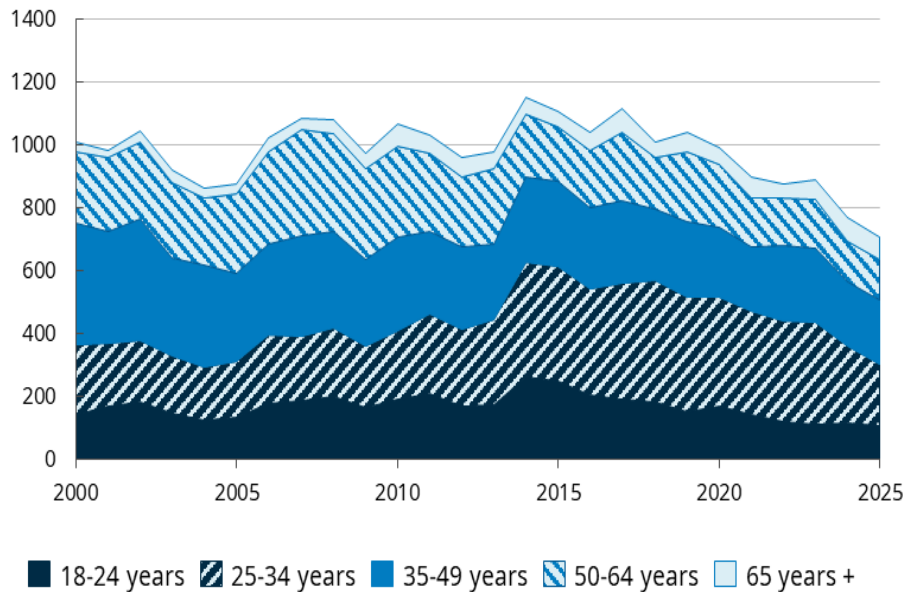
Figure 2. Age among individuals discharged from compulsory institutional care under the Care of Substance Abusers Act (LVM)



Source: National Register of Care for Substance Abuse, National Board of Health and Welfare

When the age distribution is studied over time, it appears that the number of people discharged aged 25–64 has steadily decreased over the past decade. However, in the youngest age group of 18–24 years, the development has been relatively unchanged. Also, higher levels were noted in the years 2014–2016, which coincided with an increased occurrence of the substance fentanyl and its analogues (something that was also shown for the age group of 25–34 years). Among the oldest 65 years or older, the levels in 2024–2025 were among the highest reported since 1994, even though the group is limited in terms of volume (see Figure 3 below and Table 13b in the table appendix).

Figure 3. Number of discharges from compulsory institutional care 2000-2025, reported in age groups



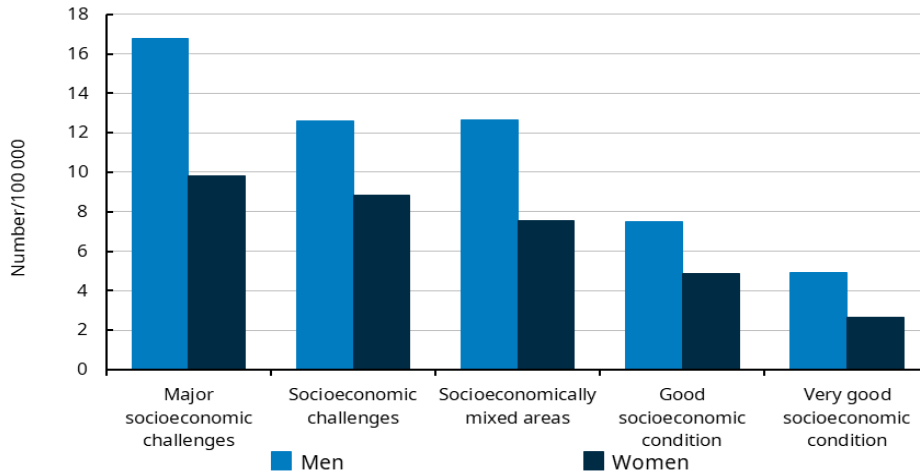
Source: National Register of Care for Substance Abuse, National Board of Health and Welfare

Compulsory care more common in areas with poorer socio-economic conditions

Compulsory care due to harmful use and addiction is not evenly distributed when taking into account the socio-economic conditions of the residential area. During the period 2023–2025, it was more than three times as common for people living in areas with the least favorable socio-economic conditions to be in compulsory care, compared to people living in areas with the best socio-economic conditions (see Figure 4).

Figure 5. Discharged people from compulsory institutional care 2023-2025, 18-85 year, by gender and area types (RegSO)

Number per 100 000 individuals



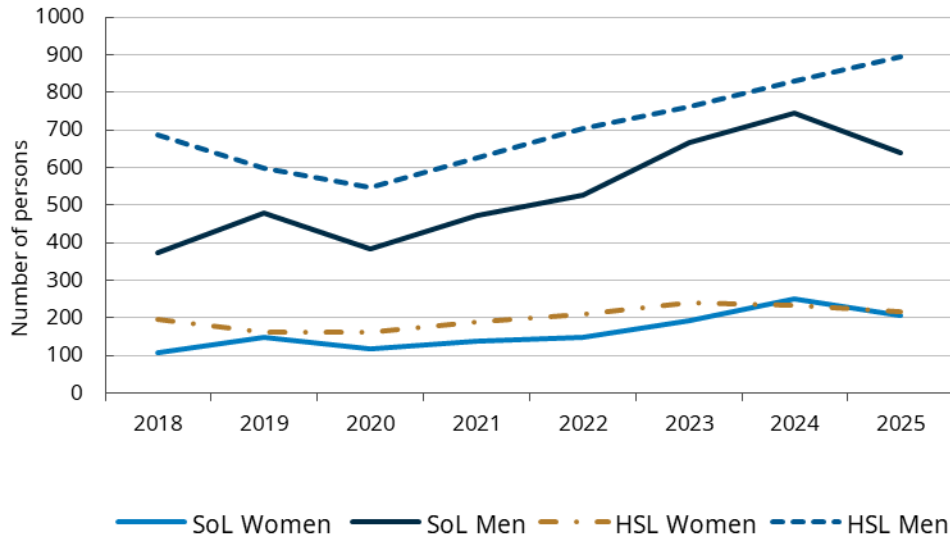
Source: National Register of Care for Substance Abuse and the Population Register, National Board of Health and Welfare

Voluntary care according to SoL

Fewer interventions in 2025 related to 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 involving money. In 2018, just under 500 people received interventions following problematic gambling. By 2024, the number of people who received these interventions within social services had increased to 1,000 people. A quarter of these people were women. After that, there was a decline in 2025 and it cannot be ruled out that this can to some extent be explained by the design of the new Social Services Act, which means that interventions can be given to a greater extent without an individual assessment (see Figure 5).

Figure 5. Interventions for gambling in social services and health care 2018-2025, 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 2018–2025, there were slightly more people receiving care in healthcare with that diagnosis than the number who received interventions through social services. Some people have probably received interventions from both authorities. Currently, there is also an unknown number of people who are not receiving treatment.

More men than women receive interventions

The social services provide a number of different interventions adapted to the individual's needs and problem situation. Individually needs-tested open interventions were the most common measure in 2025 (based on a measurement on 1 November 2025). The number of people who had an open intervention (which includes, among other things, structured outpatient care, medication or motivational treatment and a contact person) amounted to just over 10,600, of whom two-thirds were men. Just under 1,300 people received round-the-clock care according to the Social Welfare Act, and here too just over two-thirds were men. On 1 November 2025, residential interventions were provided to approximately 6,100 people with harmful use and addiction (see table 1).

Table 1. All voluntary forms of care and support for people with addictions, November 1, 2025

Number and proportion of women and men 21 years and older

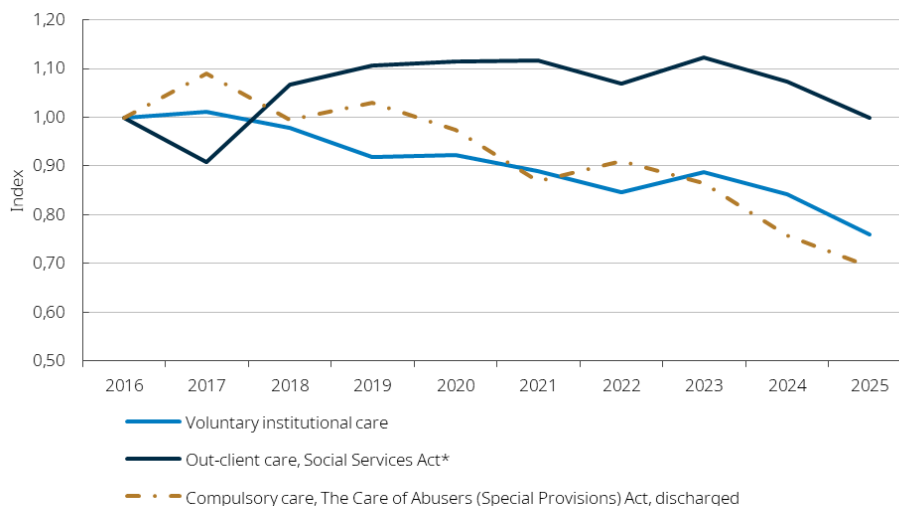
Type of care or support	Women	%	Men	%	Total	%
Housing assistance	1 583	26 %	4 498	74 %	6 081	100 %
Out-client, individually means-tested interventions	3 545	33 %	7 090	67 %	10 635	100 %
Round-the-clock care, of which	369	29 %	901	71 %	1 270	100 %
Voluntary institutional care	341	29 %	852	71 %	1 193	100 %
Care in private homes	28	36 %	49	64 %	77	100 %

Source: Aggregated data, National Board of Health and Welfare

Developments in different forms of care

A trend that can be seen in voluntary institutional care (according to the Social Services Act) and compulsory care (according to the LVM) is that both have decreased in volume since 2015 (with the exception of a temporary increase in 2017). An increase can be noted in open interventions over a ten-year period, but in 2025 these were at the same level as 10 years ago (see Figure 6).

Figure 6. Care of people with addiction and dependence in social services 2016–2025, indexed scale



Source: Aggregated data and data from the National Register of Care for Substance Abuse, National Board of Health and Welfare

*Refers to the number of people with an outpatient intervention on November 1

The different forms of care differ in terms of both content and volume and duration. Voluntary institutional care, which refers to round-the-clock care, covers significantly fewer people than outpatient care. Institutional care

covered just over 5,000 people last year, while open interventions covered just over 10,000 people measured as a cross-section on 1 November 2025. The statistics show that the average length of care in institutional care has decreased during the period. However, there is no information on how long the open interventions are provided for.

Around 600–700 people are now cared for in compulsory care per year, after an almost continuous decline since 2016, and the average length of care is just over four months, according to the Swedish Board of Institutional Care.

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 30 municipalities in 2025. 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 5) 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: <https://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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