

Statistics on adults with substance abuse and addiction 2020

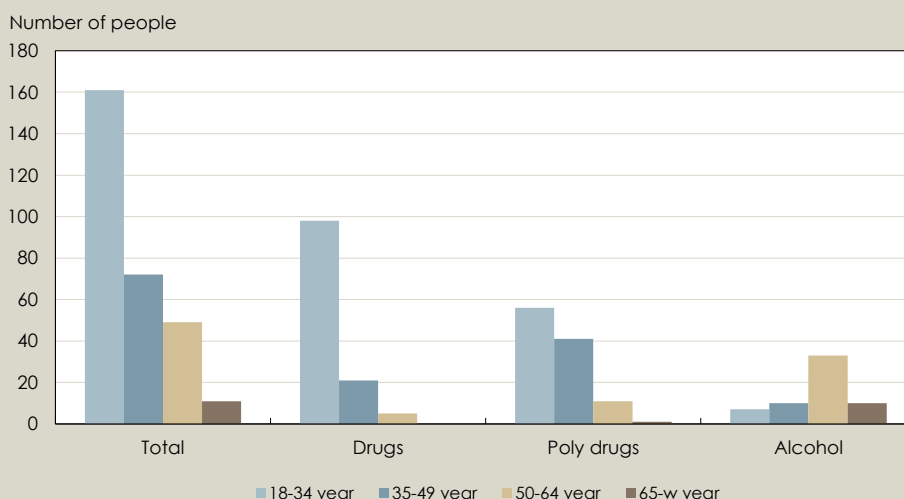
The number of people who were non-voluntarily cared for according to LVM decreased in 2020 compared with the previous year. The development of the social service interventions for people with substance abuse has been relatively unchanged over time. In health care, more people was treated but even here, a flattening can be seen in recent years. The social service interventions linked to gambling addiction decreased in 2020 compared with previous year, from 630 to 500 people.

Compulsory care

Drugs most common

On November 1st 2020, almost 300 people were cared for in an institution according to the law on the care of addicts in certain cases (LVM 1988: 870), of which 36 percent were women. This is a decrease of almost ten percent compared with the same date in 2019. The number of people discharged also decreased compared with 2019.

Figure 1. Numbers in compulsory treatment November 1, 2020, by age and type



Source: The Swedish National Board of Institutional Care

The majority of those treated according to LVM had problems with only drug abuse or poly drug abuse (alcohol, drugs and /or solvents). Drugs as an indication for care dominated in the age group 18–34 years. Alcohol abuse was the most common cause in the age group 50–64 years. Mixed abuse was most common in the youngest age group and then decreased with increasing age.

Voluntary care according to the Social Services Act

Compulsive gambling

In 2018, there was an amendment in the Social Services Act (SoL 2001: 453), which meant that the social services have an obligation to assist people with a gambling addiction (applies to gambling that involves money). In 2018, almost 500 people received some type of intervention for a gambling addiction. One year later, in 2019, the number of people reported by the municipalities who had received corresponding interventions had increased to just under 630, of whom 23 percent were women. By 2020, the number of interventions had returned to around 500 people.

When new statistics are collected, there is always an initial uncertainty. More than 100 municipalities have reported efforts all three years since the change in the law came into force, which indicates a certain stability. At the same time, 175 municipalities reported no efforts in gambling addiction in 2020. Whether the level reflects the needs of this client group cannot be determined at present.

Decline in voluntary institutional care

In the social services, a number of different interventions are available, adapted to the needs of the recipient. Individually means-tested interventions and assistance relating to housing for people with substance abuse remained relatively unchanged in 2020 compared with 2019. Individually means-tested outpatient interventions were also most common on November 1st 2020. Over 11,800 people received some form of outpatient intervention and two thirds of these were men.

Around 1,700 people received round-the-clock housing according to SoL, of which almost three quarters were men. This was a decrease compared with the previous year, but also in the longer term, where a decline since the year 2000 can be seen (see Table 7 in the appendix). On November 1st 2020, housing assistance was given to just over 6,200 people with substance abuse problems (see Table 1).

Table 1. All voluntary forms of care and support for people with addictions, November 1, 2020

Number and proportion of women and men 21 years and older

Type of care or support	Women	%	Men	%	Total	%
Housing assistance	1 546	25	4 679	75	6 225	100
Out-client, individually means-tested interventions	3 885	33	7 971	67	11 856	100
Round-the-clock care , of which	455	27	1 246	73	1 701	100
voluntary institutional care	416	27	1 150	73	1 566	100
Care in private homes	39	29	96	71	135	100

Source: National Board of Health and Welfare

Stable distribution between different providers

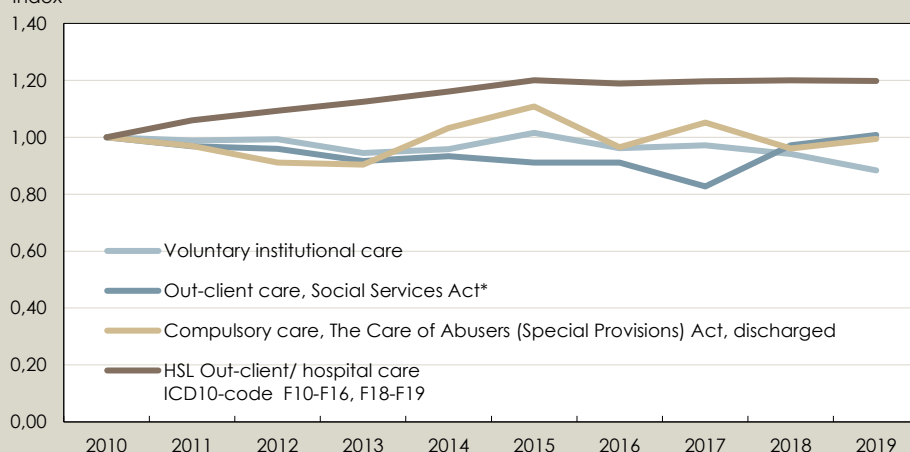
Treatment of people with substance abuse and addiction in inpatient care and specialized outpatient care increased during 2010–2015, after 2015 no major changes can be noted.

During the mentioned period, the number of people cared for in the voluntary institutional care of the social services was relatively stable. The fact that cross-sectional data (measurement day Nov 1) has decreased at the same time as the number of people cared for has been relatively constant is probably explained by shorter treatment episodes (see Figure 2 and Table 7 in the table appendix).

Figure 2. Care of people with addiction and dependence in social services and health care 2010–2019, indexed scale

Index 2010=1

Index



* Interventions November 1

Source: National Board of Health and Welfare

The most obvious change has taken place within the group of people cared for substance abuse diagnoses in the health care system. The increase in the number of diagnoses caused by several drugs in combination and by other psychoactive substances (ICD-code F19). The diagnosis includes various forms of substance abuse also includes addiction that cannot be directly attributed to a particular substance.

The relative increase in the number of diagnoses linked to cocaine was even greater but included fewer people. In 2019, almost 590 people were treated with such a diagnosis.

About the statistics

The statistics focus on interventions for people who abuse alcohol, drugs, solvents or games of money. The statistics are partly cross-sectional data on November 1 and annual data.

Compulsory care according to the Act on the Care of Abusers (Special Provisions) (1988: 870), is given to persons 18 years and older. Statistics on voluntary measures under the Social Services Act (SoL 2001: 453) refer to people who are 21 years of age and older.

In 2020, the non-response rate improved, with ten municipalities not providing information.

More information

You can find more tables, graphs and information here (select *Tillhörande dokument och bilagor*):

www.socialstyrelsen.se/statistik-och-data/statistik/statistikammen/vuxna-personer-med-missbruk-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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