

Statistics on adults with substance abuse and addiction 2021

The number of people who were treated non-voluntarily according to LVM decreased in 2021 compared with the previous year. The development of the social services interventions for people with substance abuse has been relatively unchanged over a longer period of time. The social services interventions in gambling addiction increased in 2021 compared with the previous year, from 500 to 620 people, which means a return to the previous level. In the health care sector, there is a reduction in the number of people cared for in the past year.

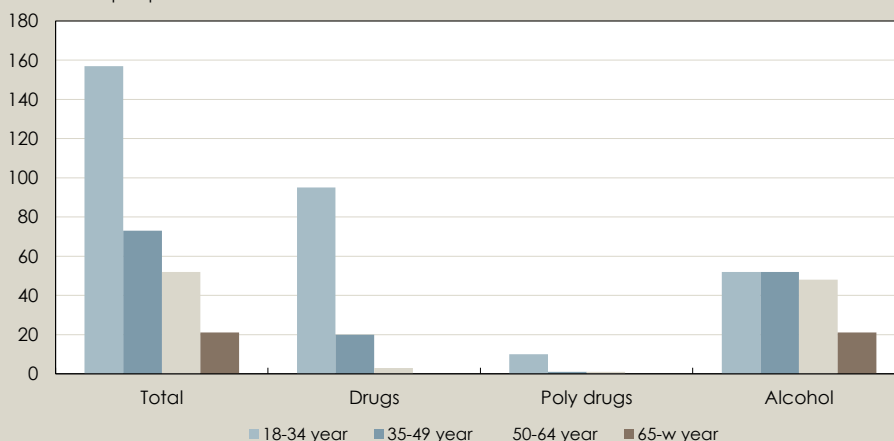
Compulsory care

Drugs most common

On 1 November 2021, just over 300 people were cared for in institutions in accordance with the Act on the Care of Addicts in Certain Cases (LVM 1988: 870), of which 35 percent were women. This is a slight increase compared with the same date in 2020. However, the annual number of people discharged decreased by almost ten percent in 2021 compared with 2020.

Figure 1. Numbers in compulsory treatment November 1, 2021, by age and type

Number of people



Source: The Swedish National Board of Institutional Care

The majority of those cared for according to LVM had drugs as their main indication. The age group 18–34 years was the largest group on 1 November 2021. The age groups were approximately equal in terms of alcohol indication, with the exception of the group 65 years and older, which were fewer in number. Poly drug abuse occurred in the youngest age group and showed very low levels in

other age groups (see Table 13). Polydrug abuse as an indication has decreased significantly compared with the previous year.

Voluntary care according to the Social Services Act

Compulsive gambling

In 2018, an amendment was introduced to the Social Services Act (SoL 2001:453), which meant that the social services have an obligation to provide services to people with a gambling addiction (gambling for money). In 2018, close to 500 people received intervention for gambling addiction. One year later, in 2019, the number reported receiving similar interventions from the municipalities had increased to 630. After a decline in 2020, cases involving gambling for money in 2021 increased again to 620 people, of which 22 percent were women.

When new statistics are collected, there is always an initial uncertainty. More than 100 municipalities have reported interventions for all four years since the law changed which indicates a certain stability. At the same time, close to 170 municipalities reported no interventions linked to gambling addiction in 2021. Whether the level reflects the needs of this client group is difficult to determine at present (see Table 5 in the table appendix).

Noninstitutional care most common

In the social services, a number of different interventions are provided, adapted to the individual's needs. Individually means-tested open interventions and assistance relating to housing for people with substance abuse remained relatively unchanged in 2021 compared with 2020. Individually means-tested open interventions were also the most common measure on 1 November 2021. Over 11,800 people received some form of open intervention and two thirds were men. 1,800 people received round-the-clock care according to SoL, of which almost three quarters were men. This was an increase compared to the previous year. In the longer term, however, there has been a decline since 2000 (see Table 7 in the table appendix). On 1 November 2021, housing assistance were provided to almost 6,400 people with substance abuse problems (see Table 1).

Table 1. All voluntary forms of care and support for people with addictions, November 1, 2021

Number and proportion of women and men 21 years and older

Type of care or support	Women	%	Men	%	Total	%
Housing assistance	1 561	24	4 823	76	6 384	100
Out-client, individually means-tested interventions	3 958	33	7 896	67	11 854	100
Round-the-clock care , of which	460	26	1 336	74	1 796	100
voluntary institutional care	425	26	1 207	74	1 632	100
Care in private homes	35	21	129	79	164	100

Source: National Board of Health and Welfare

The development between different care providers are evened out

The number of people with substance abuse and addiction in health care inpatient and specialized outpatient care increased during 2010–2015. After 2015, a plateau is seen with a clear decline between the years 2019 and 2020. The decrease corresponds to approximately 500 patients.

During the same period, the number of people cared for in the social services voluntary institutional care was relatively stable. In addition, there is an increase in outpatient care interventions that took place between the years 2017–2020. (see Figure 2 below and Table 7 in the table appendix).

Figure 2. Care of people with addiction and dependence in social services and health care 2010–2020, indexed scale

Index 2010=1

Index

1,40

1,20

1,00

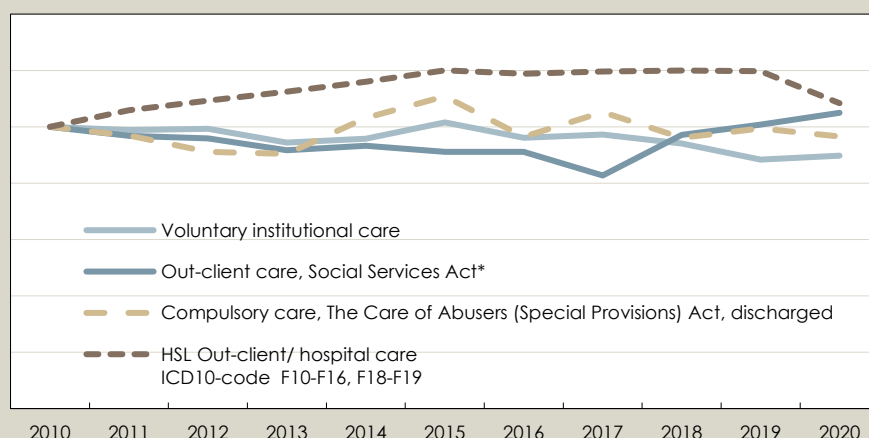
0,80

0,60

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0,20

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* Interventions November 1

Source: National Board of Health and Welfare

With regard to substance abuse diagnoses in health care, the development can be described in more detail for different substance groups under the diagnosis of mental disorders and behavioral disorders (ICD codes F10-F16, and F18-F19): During the period 2010–2020, it was largely only discharging as a result of alcohol use that decreased, from around 30,000 to around 27,000 people annually. All other diagnostic types have increased, from illegal drugs to medical drugs. The diagnosis concerning the misuse of volatile solvents (F18) is an exception and has been relatively unchanged in terms of volume during the period. However, the diagnosis affects few people (around 70 patients per year).

The different types of care differ based on content, volume and treatment duration. Many more were cared for in health care compared with the other forms of care. However, the care interventions are on average short and include outpatient visits. Voluntary institutional care includes fewer people, but the treatment periods are longer, 95 days in 2021 (see Table 2). LVM refers to about 1,000 people per year, and according to the Swedish National Board of Institutional Care, the average length of treatment is just over four months.

It is not uncommon for treatment processes to include interventions from several actors, however, the statistics do not allow any in-depth analyzes of this as individual data may not be collected with regard to interventions under Social Services Act (SoL 2001: 453).

About the statistics

The statistics deal with interventions for people with alcohol, drug, drug, solvent or gambling addiction. The statistics are collected partly as a cross-section on 1 November and as data on efforts throughout the year. The statistical data on compulsory care according to the Act on Care of Addicts in Certain Cases (LVM 1988: 870) refer to persons 18 years and older.

Statistics on voluntary contributions according to the Social Services Act (SoL 2001: 453) refer to people who are 21 years and older.

The dropout rate in terms of quantity statistics amounted to 20 municipalities in 2021. In the case of LVM statistics, the dropout rate is generally at a low level, while some variables have a slightly lower quality. See also: <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/statistik/2022-3-7796.pdf>

More information

You can find more tables, graphs and information here (select *Tillhörande dokument och bilagor*): www.socialstyrelsen.se/statistik-och-data/statistik/statistikamnen/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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