

Statistics on adults with substance abuse and addiction 2022

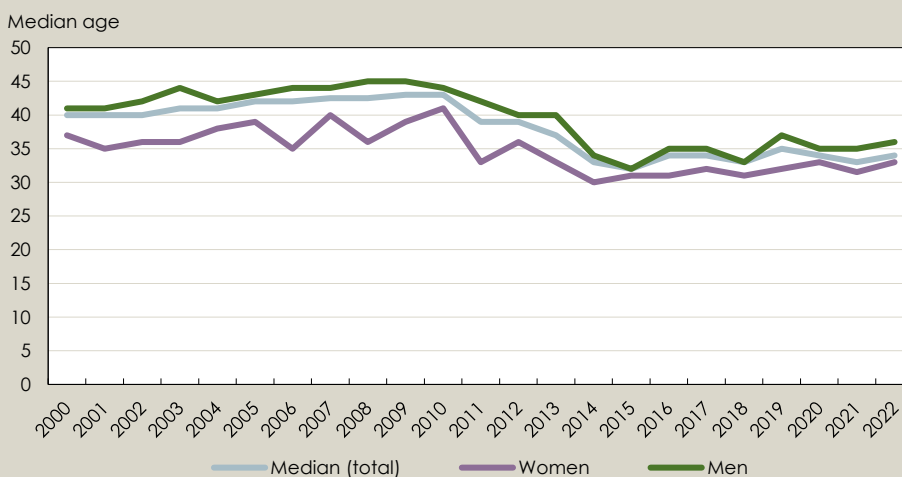
The number of discharges in 2022 from non-voluntary treatment decreased marginally compared to the previous year. In the longer perspective, the median age among the non-voluntary placements has fallen. The development of the social service's interventions is characterized by an increase in open interventions while institutional placements decrease. Social services interventions for gambling addiction increased in 2022 compared to the year before, from 620 to 699 people. Within health care, an increase is seen in terms of the number of patients who received diagnoses following use of multiple drugs or opiates/opioids.

Lower median age among non-voluntary (LVM) placements

The number of discharges from non-voluntary treatment decreased slightly in 2022, compared to 2021, from 897 to 877. The discharges referred to 822 unique people (294 women and 528 men), which means that some individuals were discharged more than once.

Since the turn of the millennium, the age among those discharged has fallen. From being above 40 years in all years during the period 2000–2010, the median age decreased in the following years and between 2014 and 2022 has fluctuated in the range between 32–35 years. Throughout the described period, the median age has been lower among women than among men.

Figure 1. Median age of discharged people from compulsory institutional care 2000-2022. By gender.



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

The age difference between the genders has varied between one and nine years, but the type value during the period is four years. There is also a tendency for the age difference between the genders to decrease in recent years. In 2022, the median age among LVM-placed men was 36 years, and 33 years among women (see further table 14a).

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 social services have to assist people who have a gambling addiction. Gambling here refers to gambling for money. In 2018, just under 500 people received interventions for gambling addiction. A year later, in 2019, the number of people reported by the municipalities who had received the corresponding interventions had increased to just under 630. In 2022, 699 people received interventions that dealt with gambling for money. 152 of these efforts concerned women, which corresponds to a share of 22 percent.

When new statistical data is collected, there is always an initial uncertainty. Just over 100 municipalities reported some effort in 2018, but by 2022 the level had increased to close to 130 municipalities. At the same time, roughly 140 municipalities reported no interventions linked to gambling addiction in 2022. Whether the statistics reflect the needs of this client group is difficult to determine at present (see table 5 in the table appendix).

Noninstitutional care most common

In social services, a number of different interventions are provided, adapted to the needs and problem picture. Individually means-tested out-client interventions and assistance related to housing for people with addiction decreased slightly in 2022 compared to 2021. Individually means-tested out-client interventions were also the most common type on November 1, 2022. Over 11,300 people received some form of open intervention and two-thirds of these were men. Just over 1,700 people received round-the-clock care, of which three quarters were men. This was a decrease compared to the previous year. In the longer perspective, a decline is also seen since the year 2000 (see table 7a in the table appendix). On November 1, 2022, housing interventions were given to approximately 6,400 people with substance abuse problems (see table 3).

Table1. Voluntary care for people with addictions, November 1, 2022

Type of intervention	Women	%	Men	%	Total	%
Housing assistance	1 692	26	4 711	74	6 403	100
Out-client means tested interventions	3 747	33	7 613	67	11 360	100
Round the clock care, of which	403	24	1311	76	1 714	100
Institutional care	375	23	1 233	77	1 608	100
Care in private homes	28	26	78	74	106	100

Source: National Board of Health and Welfare

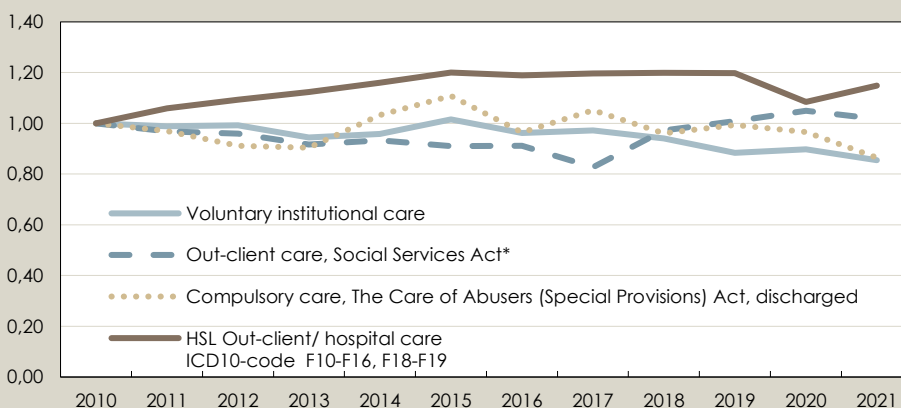
Different care provider development

Care of people with substance abuse and addiction within health care inpatient care and specialized outpatient care increased during 2010–2015. After 2015, a plateau is seen, broadly speaking.

Another trend is seen in voluntary institutional care (according to the Social Services Act), which has decreased in volume from 2015 (with the exception of a certain increase in 2017). The reduction between the years 2015 and 2021 corresponds to approximately 1,200 people. (see figure 2 below and table 6c in the table appendix).

Figure 2. Care of people with addiction and dependence in social services and health care. Number of people during 2010–2021, indexed scale.

Index 2010=1



* Interventions on first of November.

Source: The National Patient Register, Aggregated Data of Abuse and The Register of Compulsory Care, National Board of Health and Welfare.

With regard to those treated for substance abuse diagnoses in health care, the development can be described in more detail for different substance categories under different diagnosis of mental disorders and behavioral disorders (ICD codes F10-F16, and F18-F19): During the period 2010–2021, it was largely diagnoses as a result of alcohol use that decreased, from around 30,000 to around 27,000 people annually. All other diagnosis types have increased, which is most clearly seen in the case of diagnosis F19 (multiple drugs in combination and other psychoactive substances) and disorders caused by opiates or opioids (diagnosis F11). In terms of volume, the diagnosis related to multiple drugs refers to about 13,000 patients annually, while the number of patients treated for opiates/opioids in 2021 was close to 8,400.

The different forms of care differ based on content, volume and duration. Many more were cared for in health care compared to the other forms of care. However, the episodes are on average short and include outpatient visits. Voluntary institutional care covers fewer people, but the durations are longer, 100 days on average in 2022 (see table 2). LVM applies to around 1,000 people per year,

and the average length of care is, according to The National Board of Institutional Care, 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 analyses of this as individual data may not be collected with regard to interventions in the municipalities.

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 21 municipalities in 2022. 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/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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