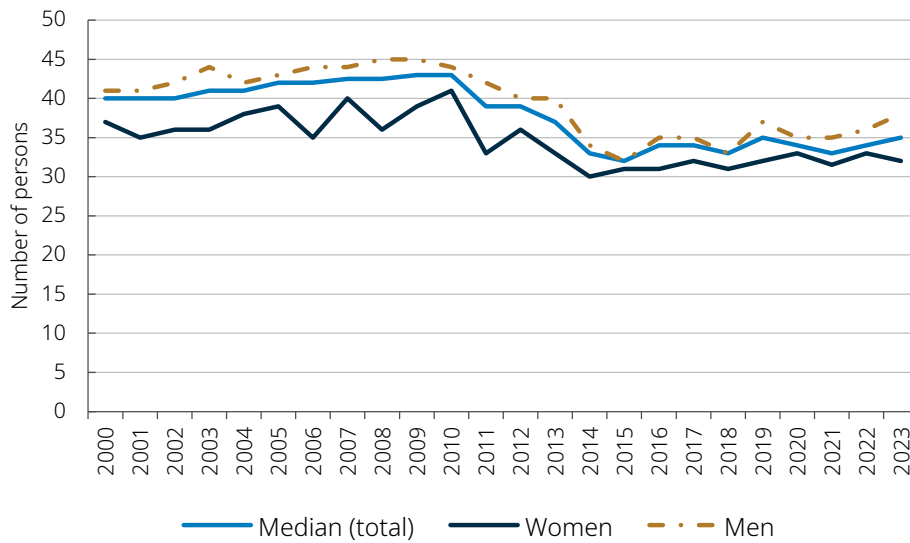

Statistics on Social Services for Adults with Drug use and Addiction in 2023

The number of people who have been in non-voluntary care in 2023 increased slightly compared to the previous year. The development of social services' interventions is characterized by an increase in out-client interventions while institutional placements decrease. The social service's interventions for gambling increased in 2023 compared to the year before, from 699 to 860 clients, which is also reflected in treatment for gambling addiction in the health care system. Within health care, an increase is seen above all in terms of the number of patients who received care due to cocaine-related diagnoses. However, the increase is from a low level.

Lower median age among non-voluntary (LVM) placements

The number of people who have been in non-voluntary care according to LVM increased by almost two percent in 2023 compared to 2022, from 822 to 834 people (323 women and 511 men). Since the turn of the millennium, the age among those discharged from an LVM placement has fallen. From being above 40 years in the period 2000–2010, the median age has become lower and between the years 2014 and 2023, it has fluctuated in the range of 32–35 years. In 2023, the median age was slightly lower among discharged women, while it increased slightly among men, compared to 2022.

Figure 1. Median age of persons discharged from non-voluntary institutional care 2000-2023, by gender



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

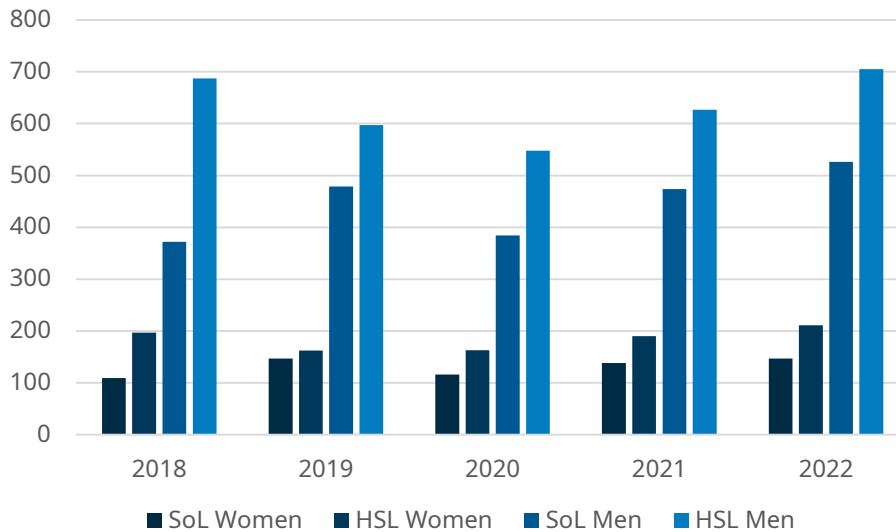
The age difference between the sexes has varied between one and nine years, but the typical age difference during the period is four years. During the last ten-year period, the difference has been smaller, but increased in the last year to six years. The median age among men was 38 years in 2023, and 32 years among women (see table 14a in the table appendix).

Voluntary care according to the Social Services Act

Compulsive gambling

In the year 2018, an amendment was introduced in the Social Services Act (SoL 2001:453), which meant that social services have a responsibility for interventions in gambling addiction involving money. In 2018, just under 500 people received social service interventions for gambling addiction. In 2023, 860 people received interventions for money-gambling. 194 of the interventions concerned women, which corresponds to a share of 23 percent.

Figure 2. Persons with interventions related to gambling in social services (SoL) and healthcare (HSL) 2018–2022



Source: National Board of Health and Welfare

The increase in the number of people who received interventions for problem gambling compared to the previous year amounts to 28 percent. The diagnosis of gambling addiction (F63.0) covers slightly more people than those who received interventions via the social services. In the years 2018–2022, the volumes were between approximately 700–900 people with 916 diagnosed patients in 2022 (see Figure 2).

It is likely that some persons have received involvement from both social services and health care. There is also currently an unknown hidden population.

Noninstitutional interventions most common

In social services, a number of different interventions are provided, adapted to the needs and problems. Individually means-tested open interventions and assistance relating to housing for people with addiction decreased slightly in 2023 compared to 2022. Individually means-tested open interventions were the most common intervention on November 1, 2023. The number of people who had a non-institutional intervention on November 1, 2023 amounted to 11,500, two-thirds of whom were men. Just over 1,500 people received round-the-clock care according to SoL, of which three quarters were men. This was a decrease compared to the previous year. In the longer perspective, a gradual decline since the year 2000 can be noted (see table 7a in the table appendix). On November 1 2023, housing interventions concerned approximately 6,300 people with substance use issues (see table 1).

Table 1. All voluntary forms of care and support for people with addictions, November 1, 2023

Number and proportion of women and men 21 years and older

Type of care or support	Women	%	Men	%	Total	%
Housing assistance	1 623	26	4 692	74	6 315	100
Out-client, individually means-tested interventions	3 780	33	7 721	77	11 501	100
Round-the-clock care, of which	403	26	1 167	74	1 570	100
Voluntary institutional care	373	26	1 086	74	1 459	100
Care in private homes	30	27	81	74	111	100

Source: National Board of Health and Welfare

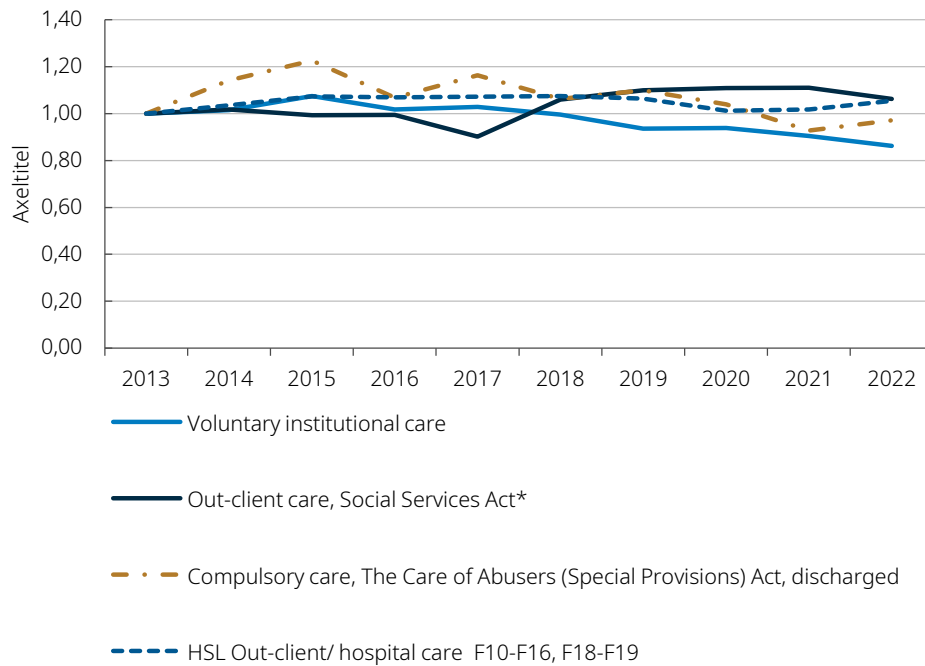
Care provider development

Care of people with substance use and addiction within the health care inpatient and specialized outpatient care increased during 2013–2015. 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 2022 corresponds to approximately 1,400 people, or 20 percent (see figure 3 below and table 6c in the table appendix).

With regard to those cared for substance use diagnoses in health care, the development can be described in more detail for various substance groups under the diagnosis of mental disorders and behavioural disorders (ICD codes F10-F16, and F18-F19). Alcohol related diagnoses decreased from around 31,000 to just over 28,000 people annually. All other diagnoses have increased. Common diagnoses are e.g. poly drug use that refers approx. 13,000 patients annually, while the number of patients treated for opiates/opioids in 2022 was close to 8,500. The largest relative increase, but from a low level, referred to cocaine (diagnosis F14) which increased from 216 people in 2013, to 694 people in 2022, i.e. the number of people was more than three times as many as ten years earlier.

Figure 3. Care of people with addiction and dependence in social services and health care 2013–2022, indexed scale



Source: National Board of Health and Welfare

The different forms of care vary based on content, volume and duration. Many more were cared for in health care compared to the other forms of care. However, the duration is on average short and also include outpatient visits. Voluntary institutional care covers fewer people but the care times are longer, 88 days on average in 2023 (see table 2). About 800 people a year are taken into non-voluntary care, and the average duration is, according to the National Board of Institutional care, just over four months.

About the statistics

The statistics deal with interventions for people with addiction to alcohol, drugs, medicines, solvents or gambling for money. The statistics are collected partly as a cross-section on 1 November and as information on efforts throughout the year.

The statistical information on compulsory care according to the Act on the care of drug addicts in certain cases (LVM 1988:870) refers to people aged 18 and older.

Statistics on voluntary contributions according to the Social Services Act (SoL 2001:453) refer to people aged 21 and over.

The dropout in terms of quantity statistics amounted to municipalities in 2023. In terms of the LVM statistics, dropout is generally at a low level, while some variables have somewhat poorer quality. See further:

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/alla-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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