

**Documentation of statistics for
Drug Abuse Treatment 2025**

1 Introduction

The purpose of the statistics is to shed light on drug abuse treatment in Denmark provided by municipalities to citizens under Section 101 of the Social Services Act, Section 142 of the Health Act, and Section 33 of the Child Act. The statistics are used, among other things, to account for the number of citizens in drug abuse treatment, the number and types of drug abuse treatments, and to monitor adherence to the 14-day treatment guarantee from request to initiation of treatment.

These statistics have been compiled since 2015, and data quality has been continuously improved. With the release of the 2025 figures, national totals for the period 2018–2025 will be published for the first time.

2 Statistical presentation

These statistics are a annual measurement of the municipalities' drug abuse treatments activities initiated by the municipalities calculated in terms of number of activities (request, initiation, ended treatment courses), courses and persons. These statistics are grouped by regions, municipalities, sex and age groups.

2.1 Data description

The statistics contain information on drug abuse treatment, including information on the contact process (from request to ended treatment course) and treatment process (from initiation to ended treatment course).

Persons in treatment for alcohol abuse and persons in privately paid drug abuse treatment are not included in the statistics, as are persons in anonymous drug abuse treatment pursuant to the (Section 101a of [the Service Act](#). Persons without a CPR number are also not included. The municipalities are only included in the statistics for the years in which they have approved their data, but since data has been imputed for two municipalities that lack approvals in 2018, 2019 and 2020, national totals are available for 2018-2025. For the years 2021-2025, data for all municipalities are presented.

See [an overview of all reportable information by July 1, 2025](#), which is also available on the statistics [information page](#) under "Vejledningner".

See [a visual overview of what must be reported by the municipality](#). Please note that the schema KVALHEP was omitted by July 1, 2025.

Reporting of admissions, services, and discharges became voluntary as of January 1, 2024, and ceased to be possible as of January 1, 2025.

2.2 Classification system

The statistics are divided into [municipalities, regions](#), gender, age groups, completion status, and compliance with the treatment guarantee.

2.3 Sector coverage

Not relevant for these statistics.

2.4 Statistical concepts and definitions

Request for treatment: When a citizen contacts (for example, in person, in writing, or by phone) the municipality or a treatment provider with the aim of receiving substance abuse treatment, this is referred to in this report as a request. A request does not necessarily lead to the initiation of substance abuse treatment if, for example, the citizen withdraws their request or fails to attend a scheduled screening interview.

Initiation: When, following a screening, the municipality assesses that a citizen belongs to the target group for substance abuse treatment, the treatment programme is initiated. The initiation date is the point in time when the assessment process has been completed and the citizen begins receiving treatment. Therefore, the start date of the first treatment service corresponds to the initiation date.

Service assignment: The municipality assigns the treatment service to which it has referred the citizen. There may be multiple service assignments during the same treatment course. Citizens may be assigned to multiple services at the same time, meaning that service assignments may overlap in time. If a citizen starts a new service during the same course of treatment, this is recorded as a new service link. The service link records whether the citizen is in social substance abuse treatment or medical substance abuse treatment (treatment type) and whether it is outpatient, day, or inpatient treatment (treatment intensity).

Closure: A closure indicates that the municipality has concluded the citizen's contact/treatment course.

Treatment course: A treatment course is the period from the start of treatment to its conclusion.

Contact process: A contact process is the period from the request for treatment to the conclusion of treatment. A contact process does not always result in a treatment course if treatment is not initiated. In these cases, there will only be a request and a conclusion.

Treatment guarantee: All citizens have a legal right to receive an offer of social drug addiction treatment within 14 days after they have requested treatment, and this is referred to as a treatment guarantee cf. Section 101 of [the Service Act](#), Section 142 of [the Health Act](#) and section 33 of the [Children's Act](#).

Section 101 of the Social Service Act: [Section 101 of the Social Services Act](#) describes the local council's obligation to offer social treatment to individuals with a substance use disorder and the treatment guarantee within 14 days. Social substance use treatment, also referred to as substance-free treatment in these statistics, may include, for example, individual counseling sessions or group therapy.

Section 33 of the Children's Act: [Section 33 of the Children's Act](#) outlines the local council's obligation to provide social treatment to children and young people under the age of 18 with a substance use disorder, as well as the 14-day treatment guarantee. Social substance use treatment, also known as non-pharmacological treatment, may include, for example, individual counseling sessions or group therapy.

Section 142 of the Health Act: [Section 142 of the Health Act](#) describes the local council's obligation to offer medical treatment with addictive medications and the 14-day treatment guarantee. Medical substance abuse treatment is also known as medical substance abuse treatment or substitution treatment and is a form of treatment in which substance-dependent individuals receive a substitute medication for the purpose of treating or reducing harm related to their addiction.

2.5 Statistical unit

- Incidents (request, initiation, end of treatment) in treatment course
- Contact course and treatment course
- Persons in treatment during the year

2.6 Statistical population

Drug abuse treatment delivered by municipalities and treatment centers for citizens in Denmark, according to Section 101 of [the Service Act](#), Section 142 of [the Health Act](#) and Section 33 of the [Children's Act](#).

2.7 Reference area

Denmark excluding Greenland and the Faroe Islands.

2.8 Time coverage

These statistics cover the time period from 2015 and onwards. [Micro-data for researchers and ministries](#) include contact courses with start dates going back to the 1980s.

2.9 Base period

Not relevant for these statistics.

2.10 Unit of measure

Number of incidents, number of treatments and number of persons in treatment, including percent and compliance with treatment guarantee.

2.11 Reference period

Calendar year.

2.12 Frequency of dissemination

Yearly.

2.13 Legal acts and other agreements

Reporting of people in social drug use treatment by Section 101 of [the Service Act](#) and Section 33 of the [Children's Act](#) is compulsory due to:

- Chapter 6 in [Bekendtgørelse om dataindberetninger på socialområdet](#)
- § 82 in [Lov om retssikkerhed og administration på det sociale område](#)

[The Children's Act](#) (Barnets Lov) is came into force by Jan 1, 2024, which means that the municipalities must report social substance abuse treatment for children and young people under the age of 18 according to a new paragraph (§ 33). Before all social substance abuse treatments must be reported according to § 101.

Reporting of people in medicinal drug use treatment according to § 142 i [the Health Act](#) er lovpligtig jf.:

- § 195 i [Sundhedsloven](#)
- Bekendtgørelse nr. 895 af 25. juni 2025 om kommuners og regioners indberetning af oplysninger om lægesamtaler i forbindelse med stofmisbrugsbehandling, lægelig stofmisbrugsbehandling, frit valg i forbindelse med lægelig stofmisbrugsbehandling og om patienter i integreret behandling af en psykisk lidelse og en samtidig rusmiddelproblematik til Sundhedsdatastyrelsen.
- Bekendtgørelse nr. 894 af 25. juni 2025 om kommuners og regioners indberetning af oplysninger om lægelig stofmisbrugsbehandling og om patienter i integreret behandling af en psykisk lidelse og en samtidig rusmiddelproblematik til Sundhedsdatastyrelsen
- [Bekendtgørelse nr. 1678 af 16. december 2016 om lægers indberetning om ordination af afhængighedsskabende lægemidler som led i stofmisbrugsbehandling](#)

2.14 Cost and burden

The municipalities and the drug addiction treatment centers are obliged to report to Statistics Denmark in accordance to the laws in "Legal acts and other agreements"

From 2024, it is only the municipal authorities that have the obligation to report cf. the section "Legal acts and other agreements", which is why the reporting burden is expected to be significantly reduced from this date.

A new revision took effect on July 1, 2025, with the aim of further reducing the reporting burden. The KvalHep form was discontinued, and some background questions (name, gender, citizenship, ethnic origin, education, housing situation) were removed or simplified. Read more in the [requirement specification](#).

From September 1, 2024 the regions have reported drug abuse treatment data on a limited scale from their [new treatment option]<https://www.regioner.dk/sundhed/psykiatri-og-social/integreret-behandling-for-mennesker-med-psykisk-lidelse-og-samtidig-rusmiddelproblematik/>) via LPR. The data will be a part of next years publication in 2026.

2.15 Comment

Further information can be found at the [Subject page](#) for these statistics, or by contacting Statistics Denmark directly at smdb@dst.dk.

3 Statistical processing

Data for these statistics are continuously collected municipalities directly to SMDB or automatically through system-to-system solutions via the municipality's administrative IT-system.

Data are validated extensively by asking the responsible municipality to check their reported data online for validation and approval. Hereafter, we initiate validation processes that e.g. remove persons with invalid social security numbers or who have ended their treatment because they died.

3.1 Source data

Reports from the municipalities and drug abuse treatment centers. From January 1, 2024, it is only mandatory to report for drug abuse offers that have authorization to report on behalf of a municipality.

3.2 Frequency of data collection

Municipalities are obliged to report data on social drug addiction treatment to Statistics Denmark on an ongoing basis, however no later than 15 days after the end of the month, cf. [Bekendtgørelse om dataindberetninger på socialområdet](#).

Municipalities are obliged to report data on medicinal drug addiction treatment to Statistics Denmark on an ongoing basis, however no later than 1 month after initiation of treatment, cf. Bekendtgørelse nr. 895 af 25. juni 2025.

3.3 Data collection

Direct reporting or system-to-system reporting via administrative IT-system to SMDB.

3.4 Data validation

As part of the data validation process, Statistics Denmark continuously monitors whether we receive data on time and whether the data appears accurate. If Statistics Denmark finds that fewer cases have been reported than expected, it contacts the municipality to clarify whether the municipality needs advice and guidance regarding reporting. If the issue is due to IT problems, Statistics Denmark will attempt to resolve them, often in collaboration with the municipality's specialized system. Statistics Denmark has begun monitoring data from the middle of the census year, rather than first reviewing data after the census year has ended.

Statistics Denmark's deadline for when municipalities must have reported, validated, and approved their data is communicated through an annual calendar via Statistics Denmark's [information page](#) as well as via email to relevant contacts.

For 2025 reports, the approval deadline was February 24, 2026, which gave municipalities nearly two months to review reports for the 2025 census year and correct errors and omissions prior to approval. Following the end of the census year, Statistics Denmark is in dialogue with the reporting entities to validate and approve the data. In connection with the validation of the 2025 data, Statistics Denmark asked the municipalities, as a new measure, to log in to the SMDB web portal and validate their reports based on [6 questions](<https://www.dst.dk/Site/Dst/SingleFiles/GetArchiveFile.aspx?fi=velfaerd&fo=smdb-godkend-sporagsmal-2025--pdf&>

3.5 Data compilation

After data is reported to the Substance Abuse Database, the citizen's age at the time of the incident is calculated. However, the age listed in the StatBank is the citizen's age at the end of the census year, not when the citizen began treatment.

Gender is retrieved from the CPR registry.

Only approved municipalities are included in the published figures.

It is only possible to report individuals with a valid CPR number. For this reason, anonymous individuals in substance abuse treatment are not reported, and likewise, foreign nationals who have not yet received a Danish CPR number cannot be reported to the Substance Abuse Database.

Previous analyses of data from the Substance Abuse Database have shown that a large proportion of the active contact cases in the database should have been closed. In connection with a municipality's system change (i.e., switching from one specialized system to another or to manual reporting), a review of active cases is conducted so that erroneously open cases are closed before the transition to the new system.

Frederikssund Municipality (2018) and Kalundborg Municipality (2019–2020) were unable to validate their data. To calculate national totals, selected key figures have therefore been estimated through imputation based on trends in the surrounding years. The imputed values are used solely for calculating national totals and are not shown at the municipal level. The method has been tested on other municipalities and is deemed to yield satisfactory results. Further information on the imputation is provided in the methodology document [Imputering 2018-2020.pdf](#).

3.6 Adjustment

When there are fewer than 10 days between two contact or treatment episodes for the same citizen in the same municipality, the two episodes are combined in the episode registry (SMDB_VBGF), but not in the event registry (SMDB_VBGH). This is done because we assume that contacts/courses of care with less than 10 days between them belong to the same course of care.

Previously, some municipalities implemented system changes (change in system vendor/specialized system) or transitioned to or from direct reporting by closing all open cases on a date agreed upon with Statistics Denmark and registering new courses with a request date the following day. This was corrected by marking one of the cases with a 'system change correction variable,' which indicates that it should not be included in the event register (SMDB_VBGH).

Statistics Denmark encourages municipalities to switch systems using a new model where system change correction is not necessary. Under the new model, all active cases in the old system are deleted and re-reported in the new system. Most system changes after 2022 have been carried out using the new model. The new model provides more accurate data, as there are no cases that need to be merged during post-processing.

4 Relevance

The statistics are relevant to anyone with an interest in the field of drug abuse, including researchers, municipalities, drug abuse treatment providers, regions, ministries, as well as interest organizations. The statistics provide concrete knowledge about publicly referred and paid drug abuse treatment in Denmark and contribute more generally to an understanding of the drug abuse field. The data foundation is used for research purposes and internationally within the EU framework, but also in policy contexts by, for example, the Ministry of Social Affairs and the Ministry of Health and Interior to formulate new policies in the field of drug abuse.

4.1 User Needs

The statistics largely meet the need for describing activity within drug abuse treatment services. However, there has been interest in obtaining information on privately funded drug abuse treatment, the number of individuals in drug abuse treatment who wish to remain anonymous, and drug abuse treatment provided to persons under the age of 18 pursuant to Section 32 of the Danish Children's Act.

4.2 User Satisfaction

User satisfaction surveys have not yet been conducted.

4.3 Data completeness rate

Not relevant for these statistics.

5 Accuracy and reliability

The overall accuracy and reliability of the statistics are being continuously improved. Unlike previous years, full coverage has been achieved for the reference years 2021–2025, meaning that all 98 municipalities have approved their data. In connection with the release of the 2025 data, values for two municipalities for the years 2018, 2019, and 2020 have been imputed. As a result, national totals are published for the first time for all years from 2018 to 2025.

In general, some uncertainty remains due to variations in municipal reporting practices and incomplete registrations.

5.1 Overall accuracy

There is likely to be a minor degree of under-reporting, but there are no sources of systematic uncertainty.

5.2 Sampling error

Not relevant for these statistics.

5.3 Non-sampling error

The statistics on drug abuse include municipality-level data for municipalities that have approved their submissions, as well as national totals that incorporate imputed values for two municipalities for the years 2018, 2019, and 2020. Consequently, the statistics provide complete national coverage for 2018–2025, whereas no national totals are published for earlier years.

Previously, it was not possible to register opioid substitution treatment provided by a general practitioner in the SMDB. This is now possible by creating a service affiliation under “Substitution treatment delegated to another physician.” In the past, many treatment providers registered their own physician as the treating doctor (authorisation code) when treatment was provided under Section 142 of the Danish Health Act, even though the citizen was in fact being treated by a different physician.

5.4 Quality management

Statistics Denmark follows the recommendations on organisation and management of quality given in the Code of Practice for European Statistics (CoP) and the implementation guidelines given in the Quality Assurance Framework of the European Statistical System (QAF). A Working Group on Quality and a central quality assurance function have been established to continuously carry through control of products and processes.

5.5 Quality assurance

Statistics Denmark follows the principles in the Code of Practice for European Statistics (CoP) and uses the Quality Assurance Framework of the European Statistical System (QAF) for the implementation of the principles. This involves continuous decentralized and central control of products and processes based on documentation following international standards. The central quality assurance function reports to the Working Group on Quality. Reports include suggestions for improvement that are assessed, decided and subsequently implemented.

5.6 Quality assessment

The quality of the statistics is increasing every year, as work is continuously being done to find new ways to ensure the quality of data and to communicate better and more effectively with municipalities.

5.7 Data revision - policy

Statistics Denmark revises published figures in accordance with the [Revision Policy for Statistics Denmark](#). The common procedures and principles of the Revision Policy are for some statistics supplemented by a specific revision practice.

5.8 Data revision practice

When a new statistical year is established, previous years are revised back to 2015 in the StatBank, while Micro-data are updated as far back as available data exist. Respondents can make corrections to already reported data or additions of new information daily. These changes will be included in the next publication. Each publication will make an estimate of the size of the revisions on the main figures distributed by municipalities. Relatively few revisions are expected for years that are more than a couple years back in time.

6 Timeliness and punctuality

The statistics are published without any delays relative to the scheduled release dates.

6.1 Timeliness and time lag - final results

The average production time will be six months. No preliminary figures are published. When these statistics are published with a new year, the previous years will be revised to the extent that the reporting municipalities has revised their data.

The publication of 2019 and 2020 have both been published 9 months after the reference period. The publication of 2020 was delayed because of problems with system delivery. Publication of 2019 were based on data reorganization and the transition to NemLog.-in published 9 months after the reference period. This was according to the planned release calendar for 2019 The first publication in 2017 was made 11 months after the end of the reference period. Publications are released on time, as stated in the release calendar.

6.2 Punctuality

These statistics are published without delay, with reference to the announced time of publication in the release calendar.

7 Comparability

The statistics cover the period 2015–2025 and are comparable throughout the entire period for municipalities that have approved their reports for the census year.

Comparability over time is affected by differences in municipal registration practices, interpretation of questions, and changes in reporting requirements. At the same time, data quality has improved over time through enhanced validation and dialogue with the municipalities.

International comparisons are handled by the Danish Health Data Authority and the Danish Health Authority.

When comparing over time, it should be noted that there are differences in registration practices among municipalities, and certain questions may be interpreted differently depending on the case worker completing the forms. Furthermore, changes in reporting requirements over time and the transfer of substance abuse treatment to different authorities may affect comparability. As of January 1, 2024, the Enrollment, Services, and Discharge forms became voluntary to report, and as of January 1, 2025, they will no longer be possible to report. Therefore, the register SMDB_IBIB has been closed.

In addition, when comparing data over time, it should be taken into account that data quality is generally considered to have improved over time as a result of a more intensive, continuous, and targeted validation process, as well as the introduction of the SMDB web reporting system.

7.1 Comparability - geographical

For European comparable statistics in the field of substance abuse, please refer to the [EUDA](#) (European Union Drugs Agency), where the Danish Health and Medicines Authority participates and contributes data for Denmark.

7.2 Comparability over time

This statistic covers the period from 2015 onwards. Since the 2015 data did not undergo the same detailed quality control as the data from 2016 onwards, caution is advised when interpreting developments from 2015. Analyses of trends over time should only be conducted for municipalities that have approved their reporting and are included in the statistics for all years covered by the time series. For the years 2021–2025, all 98 municipalities are included, making comparisons across these five years possible. In 2015, 90 municipalities are included; in 2016, 91 municipalities; in 2017, 96 municipalities; and in 2018, 2019, and 2020, 97 municipalities are included. In connection with the release of the 2025 data, values for two municipalities for the years 2018, 2019, and 2020 have been imputed. Consequently, national totals for all years from 2018 to 2025 are published for the first time.

As a general rule, this statistic is comparable to the previous statistics from the Danish Social Authority's (Socialstyrelsen) Drug Abuse Database, which was discontinued in 2017 when responsibility was transferred to Statistics Denmark. However, due to intensified follow-up with municipalities from 2017 onwards, coverage in the present statistics is likely higher than in the previous statistics. Therefore, comparisons over time should be made with caution. The underlying data for this statistic goes back to 1996, but comparisons over time should be made with caution due to extensive structural changes during the period. Following the Local Government Reform in 2007, responsibility for publicly funded drug abuse treatment was transferred from the counties to the municipalities.

On 1 September 2024, a new regionally based treatment service was introduced for citizens who

have both a substance abuse problem and a psychiatric diagnosis. Regional data will be published separately from 2026 onwards, with the first release expected in August–September 2026. This may affect the comparability of municipal data over time, as the number of municipal drug treatment cases is expected to decline while the number of regional treatment cases increases. According to [the plan](#), only individuals receiving psychiatric treatment and registered with a substance abuse diagnosis are included in the target group during the period from September 2024 to 30 June 2025. From 1 July 2025, the target group for regional dual-diagnosis treatment will be expanded to include individuals receiving treatment for both substance abuse and a mental disorder.

Three major data cleansing exercises have been carried out while Statistics Denmark has been responsible for the database:

- 1 July 2019: The entire ASI questionnaire was removed, and several questions in the Admission, Service, and KvalHep questionnaires were discontinued.
- 1 January 2024: From 1 January 2024, reporting of the Admission, Service, and Discharge questionnaires became voluntary, and from 1 January 2025 it is no longer possible to report them. As a result, reporting of these questionnaires after 1 January 2024 is incomplete and underestimated. Consequently, SMDB_IBIB is no longer published as Micro-data.
- 1 July 2025: The entire KvalHep questionnaire is discontinued, and several background variables (name, sex, citizenship, ethnic origin, education, housing situation) are removed or simplified.

Prior to the release of the 2023 data, an error occurred that resulted in overrepresentation in the variable “Other” for all years (2015–2023). This error has now been corrected.

Following the release of the 2023 data, Statistics Denmark became aware of an error in a municipal IT system that caused the incorrect registration of zero cases exceeding the treatment guarantee in some or all years during the period 2020–2023 for the municipalities of Greve, Lolland, Kerteminde, Langeland, Nordfyn, Nyborg, Odense, and Svendborg. This error has now been corrected.

Prior to the release of the 2024 data, the Municipality of Copenhagen informed Statistics Denmark that it had incorrectly registered 2,419 treatment service affiliations under the substance type “Other (medical) treatment provided under Section 142 of the Danish Health Act” instead of “Drug-free treatment provided under Section 101 of the Danish Social Services Act (or Section 33 of the Danish Children’s Act).” This error has now been corrected.

Reservations regarding comparisons between municipalities

Statistics Denmark is continuously engaged in dialogue with municipalities regarding correct reporting practices. During the validation of the 2025 data, we adopted a more systematic approach, including sending six specific [validation questions](#) to all persons responsible for approval and upgrading our reporting website so that it now highlights the topics covered by these six questions. Guidance for reporting via the website has also been improved.

With the introduction of [the Danish Children’s Act](#), which entered into force on 1 January 2024, children and young people in social drug abuse treatment received their own legal provision (Section 33). As a result, several municipalities became more aware of the reporting requirements for drug abuse treatment provided to persons under the age of 18. Persons under 18 who require drug abuse treatment may, in addition to Section 33, receive supportive interventions under Section 32. However, only persons referred under Section 33 are reported to the Drug Abuse Database. Whether a person is referred under Section 32 or Section 33 is determined through municipal case processing, and because municipal practices vary, inconsistencies may occur between municipalities regarding which individuals are reported to the Drug Abuse Database. Responsibility for reporting citizens above and below the age of 18 may be divided between two different municipal departments (the substance abuse department and the family/children and youth department). In some

municipalities, prior to 2024, the family/children and youth department was unaware that it was responsible for reporting when referring persons under 18 to drug abuse treatment, until Statistics Denmark made them aware of this obligation. Trends in the data should be interpreted in light of this circumstance.

Statistics Denmark has also become aware that some municipalities are unaware that multiple treatment service affiliations can be registered within the same treatment episode. When changing treatment provider, some municipalities have closed the entire treatment episode and registered a new one. This results in an overestimation of requests, treatment initiations, and treatment completions. However, it is Statistics Denmark's assessment that the vast majority of municipalities are aware of the correct reporting practice regarding changes in treatment provider.

Statistics Denmark has become aware that some municipalities only report treatment under Section 142 of the Health Act when a citizen receives treatment under both Section 142 of the Health Act and Section 101 of the Social Services Act. This reporting practice results in an underestimation of the number of citizens receiving treatment under Section 101.

Some municipalities fail to report treatment episodes that take place outside their own municipal substance abuse treatment centre.

In addition, some municipalities have not been aware that the treatment initiation date must be the actual date on which treatment begins. This affects the interpretation of compliance with the treatment guarantee. There have also been isolated cases where municipalities have recorded the request date and treatment initiation date as identical for all active treatment episodes. This gives a misleading picture of the municipality's compliance with the treatment guarantee. Statistics Denmark is in dialogue with the relevant municipalities to correct these dates.

7.3 Coherence - cross domain

There is no direct connection with other statistics from Statistics Denmark.

Statistics users who are generally interested in drug abuse treatment for both drug abuse and alcohol can be referred to the National Alcohol Treatment Register (NAB) at the The Danish Health Data Authority.

Municipalities' services under Serviceloven are calculated across social statistics, i.a. adults (disability), vulnerable children and young people and drug abuse by Statistics Denmark. The sources for these statistics are often based on the municipalities' administrative IT-systems.

7.4 Coherence - internal

Data is consistent through a number of rules that ensure this. Consistency in the dataset is also ensured (see section "Forretningsregler" in [the requirement specification](#)).

In some tables, different definitions makes the number of persons differ marginally. E.g. a person who have moved from one municipality to another can be counted more than once in [SMDBV002](#) but not in [\[SMDBV003\]\(https://www.Statbank.dk/SMDBV003\)](#).

8 Accessibility and clarity

These statistics are published yearly in a Danish press release, at the same time as the tables are updated in the StatBank. In the StatBank, these statistics can be found under the subject [Drug abuse treatment](#). For further information, go to the [subject page](#).

8.1 Release calendar

The publication date appears in the release calendar. The date is confirmed in the weeks before.

8.3 User access

Statistics are always published at 8:00 a.m. at the day announced in the release calendar. No one outside of Statistics Denmark can access the statistics before they are published.

8.2 Release calendar access

The Release Calendar can be accessed on our English website: [Release Calendar](#).

8.4 News release

These statistics are published yearly in a Danish press release.

8.5 Publications

Not relevant for these statistics.

8.6 On-line database

The statistics are published in the StatBank under the subject [Drug abuse treatment](#) in the following tables:

- [SMDBV001](#): Drug abuse treatment by region, activity and time
- [SMDBV002](#): Drug abuse treatment by region, key figures and time
- [SMDBV003](#): Drug abuse treatment by key figures, sex, age and time
- [SMDBV004](#): Drug abuse treatment by region, guaranteed waiting time and time
- [SMDBV005](#): Drug abuse treatment by region, status and time

In 2026, table SMDBV003 was discontinued and SMDBV006 was created. SMDBV006 continues the data previously presented in SMDBV003; the only change is that the years 2015–2020 are no longer included.

8.7 Micro-data access

Researchers and other analysts from authorized research institutions, can be granted access to the underlying micro-data by contacting [Denmark's Data Portal](#).

8.8 Other

SMDB supplies data to three registers:

- VBGS: "Waiting times regarding treatment guarantee for drug addicts", which is owned by the The Ministry of Social Affairs and Housing. The VBGS register includes an municipality part (Waiting times regarding treatment guarantee for drug addicts) and before January 1, 2025 an treatment treatment center part (admissions). Before 1 July 2019, the treatment center part was an independent register called the Danish Registration and Information System (DanRis) at the Center for Alcohol and Drug Research. The municipality part of the VBGS register builds the data foundation for these statistics.
- SIB: "Substance addicts in treatment", which is owned by the The Danish Health Data Authority.
- KVALHEP: "Quality in medical treatment and Hepatitis C", which is owned by the Danish Health Authority. Please note that the schema KVALHEP will be omitted by July 1, 2025.

8.9 Confidentiality - policy

[Data Confidentiality Policy](#) at Statistics Denmark.

8.10 Confidentiality - data treatment

The statistics have been subject to disclosure control using Tau-Argus, with a disclosure threshold of 3 observations. Tau-Argus does not only suppress cells containing fewer than 3 observations, but also cells from which these values can be indirectly derived. This is referred to as secondary suppression. For the years 2015–2020, during which some municipalities did not approve the numbers, secondary suppression was implemented by suppressing the regional and national totals.

8.11 Documentation on methodology

The current statistics are prepared based on the Code of Practice, which together constitutes a code of conduct for statistical production. The statistics are based on the associated Quality Assurance Framework (QAF), particularly focusing on principles of quality assurance, well-founded methods, data confidentiality, and impartiality. The content of the Code of Practice and QAF can be found on [Quality in Official Statistics](#). Additionally, information about the creation of the statistics can be found on the [information page](#), and the SMDB team can always be contacted for further clarification on methodology via smdb@dst.dk.

8.12 Quality documentation

Results from the quality evaluation of products and selected processes are available in detail for each statistics and in summary reports for the Working Group on Quality.

9 Contact

The administrative placement of these statistics is in the division of Personal Finances and Welfare, Social Statistics. The contact person is Benedikte Beckman Nygaard, tel.: + 45 2119 1053 and e-mail: BBN@dst.dk.