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# Prescription Pain Medication

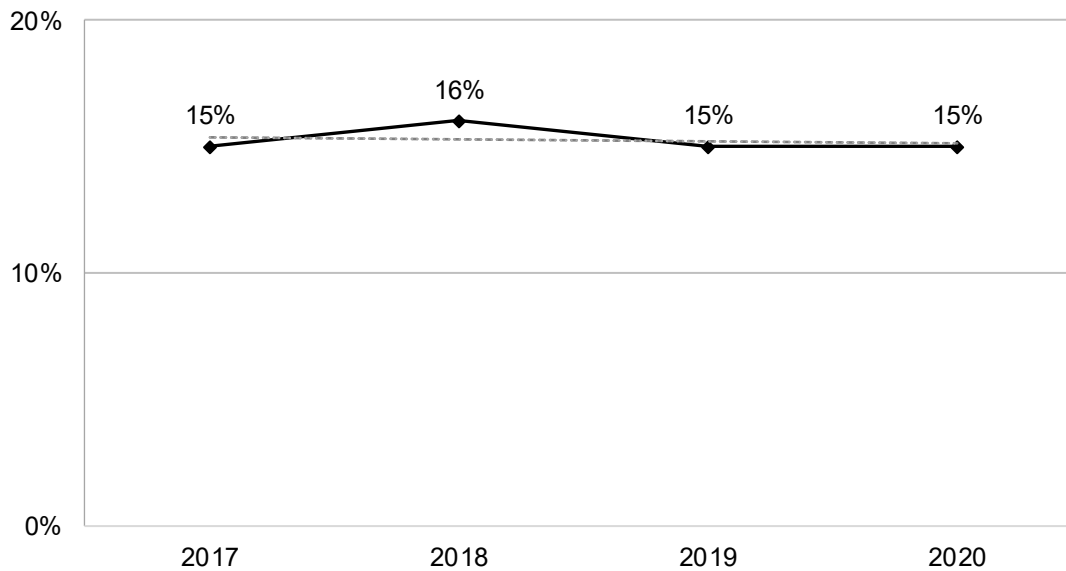
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**Definition:** South Dakotans who have taken prescription pain medication in the past twelve months.

## Prevalence of Prescription Pain Medication

- South Dakota 15%
- *There is no nationwide median for prescription pain medication*

**Figure 81**  
**Percentage of South Dakotans Who Have Taken Prescription Pain Medication in the Last 12 Months, 2017-2020**



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2020

**Table 61**  
**South Dakotans Who Have Taken Prescription Pain Medication in the Last 12 Months, 2017-2020**

		2017-2020	95% Confidence Interval	
			Low	High
<b>Gender</b>	Male	13%	12.2%	14.8%
	Female	17%	15.3%	17.8%
<b>Age</b>	18-29	12%	10.1%	14.9%
	30-39	14%	11.1%	16.5%
	40-49	13%	11.0%	15.4%
	50-59	18%	16.1%	20.4%
	60-69	18%	16.4%	20.2%
	70-79	15%	13.6%	17.5%
	80+	13%	10.5%	16.2%
<b>Race/Ethnicity</b>	White, Non-Hispanic	15%	14.0%	15.9%
	American Indian, Non-Hispanic	17%	13.0%	22.1%
	American Indian/White, Non-Hispanic	22%	13.2%	33.6%
	Hispanic	16%	10.4%	23.4%
<b>Household Income</b>	Less than \$35,000	18%	16.5%	20.6%
	\$35,000-\$74,999	14%	12.3%	15.3%
	\$75,000+	14%	12.2%	15.6%
<b>Education</b>	Less than High School, G.E.D.	16%	12.1%	19.7%
	High School, G.E.D.	14%	12.7%	16.1%
	Some Post-High School	16%	14.1%	17.1%
	College Graduate	15%	13.6%	16.6%
<b>Employment Status</b>	Employed for Wages	13%	12.2%	14.7%
	Self-employed	12%	9.7%	14.3%
	Unemployed	16%	12.3%	21.5%
	Homemaker	17%	10.8%	26.9%
	Student	13%	8.7%	19.3%
	Retired	16%	14.6%	17.7%
	Unable to Work	38%	33.2%	43.8%
<b>Marital Status</b>	Married/Unmarried Couple	15%	13.9%	16.3%
	Divorced/Separated	19%	16.2%	21.3%
	Widowed	16%	13.6%	18.7%
	Never Married	13%	10.8%	15.0%
<b>Home Ownership Status</b>	Own Home	15%	13.7%	15.7%
	Rent Home	16%	13.8%	18.3%
<b>Children Status</b>	Children in Household (Ages 18-44)	14%	11.9%	16.5%
	No Children in Household (Ages 18-44)	11%	9.2%	13.2%
<b>Phone Status</b>	Landline	14%	12.7%	15.1%
	Cell Phone	16%	14.4%	16.7%
<b>Pregnancy Status</b>	Pregnant (Ages 18-44)	6%	2.6%	14.2%
	Not Pregnant (Ages 18-44)	15%	12.5%	17.1%
<b>County</b>	Minnehaha	15%	12.7%	17.1%
	Pennington	18%	15.5%	20.2%
	Lincoln	16%	11.9%	22.1%
	Brown	15%	12.4%	17.2%
	Brookings	12%	9.6%	14.7%
	Codington	13%	10.5%	15.2%
	Meade	18%	13.9%	22.1%

Note: \*Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2020

## **Demographics**

<b>Gender</b>	Females exhibit a significantly higher prevalence of taking prescription pain medication than males.
<b>Age</b>	The prevalence of taking prescription pain medication does not consistently change as age changes.
<b>Race/ Ethnicity</b>	The prevalence of taking prescription pain medication does not seem to differ based on race/ethnicity.
<b>Household Income</b>	The prevalence of taking prescription pain medication does not seem to change as household income changes.
<b>Education</b>	The prevalence of taking prescription pain medication does not seem to change as education levels change.
<b>Employment</b>	Those who are unable to work demonstrate a very high prevalence of taking prescription pain medication, while those who are employed for wages, self-employed, a homemaker, or a student show a very low prevalence.
<b>Marital Status</b>	Those who are divorced exhibit a very high prevalence of taking prescription pain medication, while those who have never been married show a very low prevalence.
<b>Home Ownership</b>	The prevalence of taking prescription pain medication does not seem to differ based on home ownership.
<b>Children Status</b>	The prevalence of taking prescription pain medication does not seem to differ based on the presence of children in the household.
<b>Phone Status</b>	The prevalence of taking prescription pain medication does not seem to differ based on phone status.
<b>County</b>	Residents of Pennington county demonstrate a very high prevalence of taking prescription pain medication, while residents of Brookings and Codrington counties show a very low prevalence.