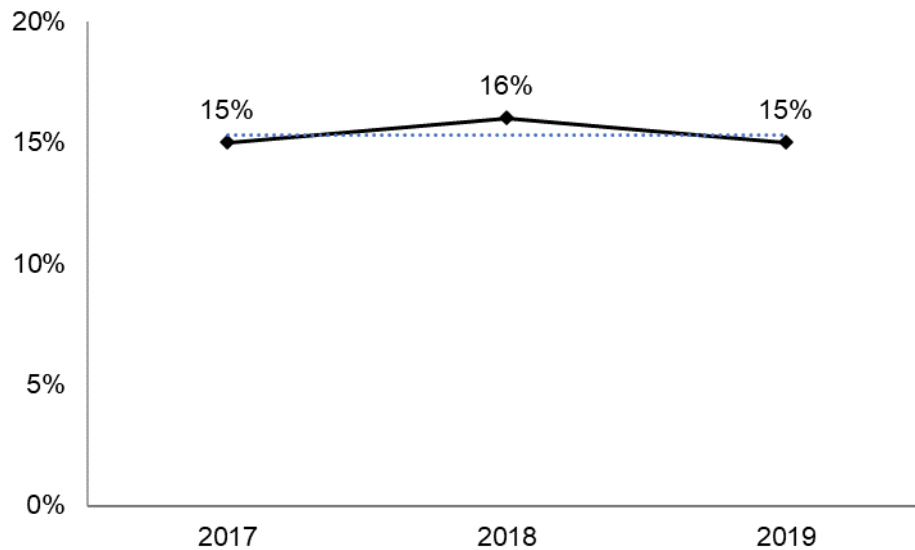

Prescription Pain Medication

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 61
Percentage of South Dakotans Who Have Taken Prescription Pain Medication In the Last 12 Months, 2017-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2019

Table 55
South Dakotans Who Have Taken Prescription Pain Medication In the Last 12 Months, 2017-2019

		2017-2019	95% Confidence Interval	
			Low	High
Gender	Male	13%	12.2%	14.8%
	Female	17%	15.4%	18.2%
Age	18-29	13%	10.4%	15.8%
	30-39	12%	9.8%	14.4%
	40-49	13%	11.0%	15.7%
	50-59	18%	16.1%	20.8%
	60-69	19%	17.1%	21.5%
	70-79	16%	13.5%	18.2%
	80+	13%	10.5%	17.2%
Race/Ethnicity	White, Non-Hispanic	15%	14.2%	16.2%
	American Indian, Non-Hispanic	15%	12.5%	17.9%
	American Indian/White, Non-Hispanic	23%	13.0%	38.1%
	Hispanic	15%	9.3%	23.8%
Household Income	Less than \$35,000	18%	16.5%	20.6%
	\$35,000-\$74,999	14%	12.5%	15.8%
	\$75,000+	14%	12.1%	15.7%
Education	Less than High School, G.E.D.	15%	11.1%	18.8%
	High School, G.E.D.	14%	12.7%	16.1%
	Some Post-High School	16%	13.9%	17.3%
	College Graduate	16%	14.1%	17.4%
Employment Status	Employed for Wages	14%	12.6%	15.4%
	Self-employed	11%	8.7%	13.3%
	Unemployed	19%	14.0%	25.1%
	Homemaker	14%	9.7%	19.4%
	Student	14%	9.1%	21.5%
	Retired	16%	14.2%	17.6%
	Unable to Work	37%	31.7%	43.1%
Marital Status	Married/Unmarried Couple	15%	13.8%	16.3%
	Divorced/Separated	19%	16.3%	22.0%
	Widowed	18%	14.9%	21.1%
	Never Married	13%	10.5%	15.0%
Home Ownership Status	Own Home	15%	13.9%	16.1%
	Rent Home	15%	13.4%	17.8%
Children Status	Children in Household (Ages 18-44)	12%	10.5%	14.7%
	No Children in Household (Ages 18-44)	12%	9.7%	14.6%
Phone Status	Landline	14%	13.0%	15.8%
	Cell Phone	15%	14.2%	16.7%
Pregnancy Status	Pregnant (Ages 18-44)	8%	3.2%	18.2%
	Not Pregnant (Ages 18-44)	14%	11.8%	17.0%
County	Minnehaha	14%	11.8%	16.6%
	Pennington	19%	16.7%	22.1%
	Lincoln	16%	11.9%	22.1%
	Brown	16%	13.1%	19.5%
	Brookings	13%	9.7%	16.0%
	Codington	13%	10.3%	15.7%
	Meade	19%	14.5%	25.0%
	Lawrence	*	*	*

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

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2019

Demographics

Gender	Females exhibit a significantly higher prevalence of taking prescription pain medication than males.
Age	The prevalence of taking prescription pain medication generally increases as age increases and peaks in the 60s. This includes a significant increase as the 50s are reached. After that, the prevalence decreases as age increases.
Race/ Ethnicity	The prevalence of taking prescription pain medication does not seem to differ based on race or ethnicity.
Household Income	The prevalence of taking prescription pain medication does not seem to change as household income changes.
Education	The prevalence of taking prescription pain medication does not seem to change as education levels change.
Employment	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.
Marital Status	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.
Home Ownership	The prevalence of taking prescription pain medication does not seem to differ based on home ownership.
Children Status	The prevalence of taking prescription pain medication does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of taking prescription pain medication does not seem to differ based on phone status.
County	Residents of Pennington county demonstrate a very high prevalence of taking prescription pain medication, while residents of Minnehaha, Brookings, and Codington counties show a very low prevalence.