



South Dakota State Epidemiological Outcomes Behavioral Health Indicators 2024 Executive Summary

**SD BEHAVIORAL
HEALTH**

Department of Social Services

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Overview of Data Sources

Primary Datasets

Center for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS) produces an annual telephone survey that collects data about health-related risk behaviors, chronic health conditions, and use of prevention services in adults; 2022 results were published in August 2023. For this report, we use the measures of depression and binge drinking from the BRFSS. BRFSS describes the prevalence of depression and binge drinking by race, gender, income, and age.

Depression and binge drinking in BRFSS are defined as the following:

- **Depression:** derived from “yes” response to the following question: Have you ever been told by a doctor or other health professional that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?
- **Binge drinking:** five or more alcohol drinks for men or four or more alcohol drinks for women on any occasion within the past 30 days.

Center for Disease Control (CDC), Youth Risk Behavior Surveillance System (YRBSS) creates a biennial report that monitors health-related behaviors that contribute to the leading causes of death and disability in youth through use of a national school-based survey; 2021 results were published in April 2023.

Health Resources Service Administration (HRSA), Maternal and Child Health Bureau (MCHB) funds the National Survey of Children’s Health (NSCH). The NSCH is the largest national- and state-level survey on the health and health care needs of children ages 0-17, their families, and their communities. For this report, we utilized the measures of anxiety and depression amongst youth, ages 3-17, from NSCH.

South Dakota Department of Health, The South Dakota Department of Health’s mission is “Working together to promote, protect, and improve health.” Delivering a wide range of public health services and monitoring the health of South Dakotans by collecting and disseminating data are key components to achieve that mission. Use of state mortality and morbidity data enable data-driven decisions by the Department of Health, other state agencies, and the public. South Dakota mortality data comes from the South Dakota Department of Health (DOH) Vital Statistics. South Dakota mortality is representative of South Dakota residents and includes deaths by suicide and drug overdose. Suicide fatality ICD-10 codes used in this report include: U03, X60-C84, Y87.0. Drug overdose fatality ICD-10 codes utilized in this report include: X40-X44, Y10-Y14.

South Dakota Association of Healthcare Organizations (SDAHO), prepared by South Dakota Department of Health provides hospital and emergency department data. Self-inflicted injury ICD-10-CM codes used in this report include: T35-T65, T71, T1491, and X71-X83. Data from SDAHO does not include cases from Indian Health Services and Veterans Affairs. South Dakota self-inflicted injury hospitalization and emergency department visit data in this report does not include deaths. South Dakota data reflects the number of inpatient and outpatient visits by South Dakota residents by year of discharge.

Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health (NSDUH) estimates national and state prevalence of mental health, substance use, and substance or alcohol use related disorders. Due to issues with data validation in the 2019-2020 state-level NSDUH report, SAMHSA has retracted data from these years and the most recent two-year state-level estimates is the 2018-2019 report, which was published December 2020.

In March 2023, SAMHSA published a *preliminary* one-year state-level estimate for 2021 to avoid going two consecutive years without publishing new state-level data. In 2021, the survey methodology changed. This methodology change introduced a mode effect, which prohibits combining preliminary 2021 data with previous years and prohibits comparing preliminary 2021 data to previous years’ estimates. Lastly, since preliminary

2021 data is based on a single year of data, variance will be higher than two-year estimates, particularly in small states like South Dakota, and for uncommon outcomes.

The preliminary 2021 state-level NSDUH report uses the criteria from the *Diagnostic and Statistical Manual of Mental Disorders, fourth edition* (DSM-IV) and the *Diagnostic and Statistical Manual of Mental Disorder, 5th* to define the following mental health and substance use related measures:

Mental Health Related Terms –

- **Any mental illness (AMI):** a mental, behavioral, or emotional disorder, other than a developmental or substance use disorder that aligns with the criteria from the DSM-IV. Estimates are based on indicators of AMI instead of diagnostic status.
- **Serious mental illness (SMI):** a mental, behavioral, or emotional disorder, other than a developmental or substance use disorder that aligns with the criteria from the DSM-IV. SMI is a subset of AMI because SMI is limited to people with AMI that resulted in serious functional impairment. Estimates are based on indicators of SMI instead of diagnostic status.
- **Major depressive episodes (MDE):** an individual experiencing at least 2 weeks of having a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depressed symptoms based on the criteria from the DSM-5.

Substance Use Related Terms –

- Beginning with the 2021 NSDUH, Alcohol Use Disorder (AUD), Drug Use Disorder (DUD), Pain Reliever Use Disorder (PRUD), and Substance Use Disorder (SUD) are based on criteria within the DSM-5. In addition, questions on prescription drug use disorder with asked of all past year users of prescription drugs, regardless of whether they misused prescription drugs. Prescription drug use disorder is included within DUD, PRUD, and SUD, but is not an individual measure available within the state-level reports.

Center for Disease Control (CDC), National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System (WISQARS) offers fatal and nonfatal injury, violent death, and cost of injury data through their interactive online data dashboard. Data is acquired from death-certificate data that is provided to the National Center for Health Statistics (NCHS) and can be reported by specific populations of regions or states, such as race, sex, ethnicity, and age ranges.

Kaiser Family Foundation (KFF) is a non-profit that focuses on major health care issues in the United States. KFF utilizes publicly available data. KFF's analysis of Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death 1999-2021 in CDC WONDER Online Database is used for this report. The National Vital Statistics System was used to identify drug overdose, all drug related deaths and opioid-related deaths, based on ICD-10 codes.

South Dakota Demographics



Photo by Travel South Dakota

Demographic Notice

Information presented in the following South Dakota Demographics – Characteristics section comes from the U.S. Census Bureau. The intent of presenting a profile of the demographic makeup of South Dakota is to give viewers an understanding of the people who live in South Dakota. Table 1.1 Population by Ethnicity and Race, South Dakota shows the change in racial diversity that has occurred in the past decade. Table 1.2 Population by Gender, South Dakota shows the change in gender within the past decade. Table 1.3 Population by Age, South Dakota shows the variance in age group in 2022. In addition to these tables, the Quick Facts highlight characteristics of South Dakota that potentially influence behavioral health.

South Dakota Demographics

Characteristics

Table 1.1 Population by Ethnicity and Race, South Dakota

	2012 [†]		2022 [‡]		Change*
	Number	Percent	Number	Percent	
Total (n=)	833,354	-	909,824	-	9.2% ↑
Non-Hispanic	808,585	97.0%	867,394	95.3%	1.8% ↓
Hispanic or Latino	24,769	3.0%	42,430	4.7%	56.7% ↑
White	711,562	85.4%	735,501	80.8%	5.4% ↓
American Indian/ Alaskan Native	73,305	8.8%	68,481	7.5%	14.8% ↓
Two or more	17,680	2.1%	57,645	6.3%	200.0% ↑
Black or African American	13,055	1.6%	18,098	2.0%	25.0% ↑
Asian	9,537	1.1%	12,931	1.4%	27.3% ↑
Some Other Race Alone	7,755	0.9%	16,372	1.8%	100.0% ↑
Native Hawaiian and Other Pacific Islander Alone	460	0.1%	796	0.1%	0.0%

[†]Source: U.S. Census Bureau, 2012: ACS 1-Year Estimates Data Profiles

[‡]Source: U.S. Census Bureau, 2022: ACS 1-Year Estimates Data Profiles

*Note: Change column is the percent change of race or ethnic percent and not count. This excludes the percent change for the total population "Total (n=)", which is based on count.

Table 1.2 Population by Gender, South Dakota

	2012*		2022 [°]		Change
	Number	Percent	Number	Percent	
Male	417,803	50.1%	462,457	50.8%	1.4% ↑
Female	415,551	49.9%	447,367	49.2%	1.4% ↓

*Source: U.S. Census Bureau, 2012: ACS 1-Year Estimates Data Profiles

[°]Source: U.S. Census Bureau, 2022: ACS 1-Year Estimates Data Profiles

Note: Change column is the percent change of gender percent and not count.

Table 1.3 Population by Age, South Dakota

	Age	
	Number	Percent
Under 18 years	218,981	24.1%
18 to 24 years	85,108	9.3%
25 to 34 years	111,152	12.2%
35 to 44 years	116,031	12.8%
45 to 54 years	97,020	10.7%
55 to 64 years	115,623	12.7%
65 years and over	165,909	18.2%
Total	909,824	100%

Source: U.S. Census Bureau, 2022: ACS 1-Year Estimates

Quick Facts



About one in eight South Dakota residents reported living below the poverty line (12.5%), which is similar to the United States (12.6%).

Source: U.S. Census, 2022: ACS 1-Year Estimates



There are 56,590 veterans in South Dakota, which is 8.3% of the state's adult population, while 6.2% of the United States' population are veterans.

Source: U.S. Census Bureau, 2022: ACS 1-Year Estimates Subject Tables



In 2020, 43.2% of South Dakota residents lived in rural areas compared to 21.2% nationwide.

Source: U.S. Census Bureau, 2020, Decennial Census



There are nine federally recognized tribes within South Dakota. 7.5% of the population in South Dakota is American Indian/Alaskan Native, while only 1.0% identify as American Indian/Alaskan Native in the United States.



6.4% of South Dakota's workforce were ranchers and farmers, while in the United States ranchers and farmers consisted of less than 1.6% of the labor force.

Source: U.S. Census, 2022: ACS 1-Year Estimates Data Profiles



South Dakota had a 2.8% unemployment rate for individuals 16 years and older in the labor force, while the United States has an unemployment rate of 4.3%. The percent of individuals unemployed by civilian labor force is 2.7% in the United States and 1.9% in South Dakota.

Source: U.S. Census, 2022: ACS 1-Year Estimates Data Profiles



24.1% of South Dakota residents were under age 18 and 18.2% were over age 65. In the United States 21.7% of residents were under the age of 18 years and 17.3% were over age 65.

Source: U.S. Census, 2022: ACS 1-Year Estimates



In 2022, 4.7% of South Dakota residents identified as Hispanic or Latino, which is lower than the United States (19.1%).

Source: U.S. Census Bureau, 2022: ACS 1-Year Estimates Data Profiles

Important Note: South Dakota's race/ethnicity is mainly comprised of a White and a Native American/American Indian population; therefore, this report will primarily compare these two populations, where applicable.

Morbidity and Mortality Weekly Report (2022) reports that suicides were highest amongst Native Americans/American Indians, Non-Hispanic and individuals that live in rural settings. South Dakota has over twice the amount of rural area and about eight times more Native Americans/ American Indians than the United States.

Mental Health in South Dakota

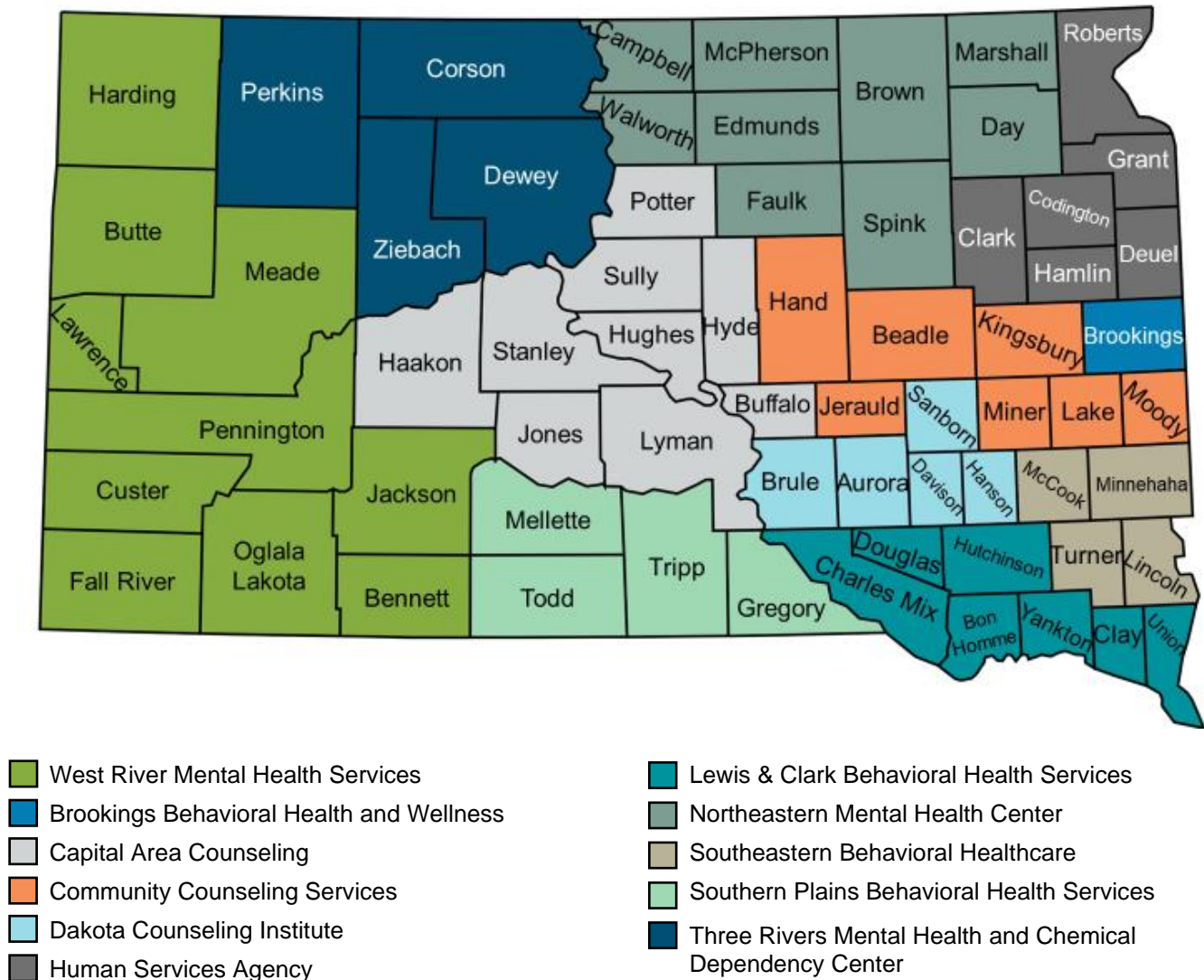


Photo by Travel South Dakota

South Dakota Community Mental Health Centers

Community mental health centers in South Dakota provide quality services to both adults and youth. Services provided may include screenings and assessments, case management, individual therapy, group therapy, crisis intervention, psychiatric evaluation, and medication management. Financial assistance for services is available.

Figure 2.1 South Dakota Community Mental Health Centers



Financial assistance is available. Contact a Community Mental Health Center in your area for more information.

To locate treatment services in your area, scan the QR code on the right.



Overview of Mental Illness in South Dakota – Adult

Any Mental Illness (AMI)

Definition: a mental, behavioral, or emotional disorder, other than developmental or substance use disorder from criteria within the DSM-IV. Estimates are based on indicators of AMI instead of diagnostic status.

- In 2021, 23.4% of South Dakota adults ages 18+ had AMI, which is higher than the United States prevalence of 22.8% (NSDUH, Figure 2.3).
- Nearly 1 in 4 adults 18+, approximately 1 in 3 young adults 18-25 and over 1 in 5 older adults 26+ in South Dakota have AMI (NSDUH, Figure 2.3).
- In 2021, South Dakota exceeds the United States for all adult age groups for the prevalence of AMI (NSDUH, Figure 2.3).

Figure 2.2 Any Mental Illness, Adults Ages 18+, South Dakota

Source: NSDUH, 2021 (preliminary)



Nearly **1 in 4** adults in South Dakota qualify as having AMI.

Key Takeaways:



In 2021, AMI was most common in adults ages 18-25 years old in South Dakota (34.1%) and the United States (33.7%).



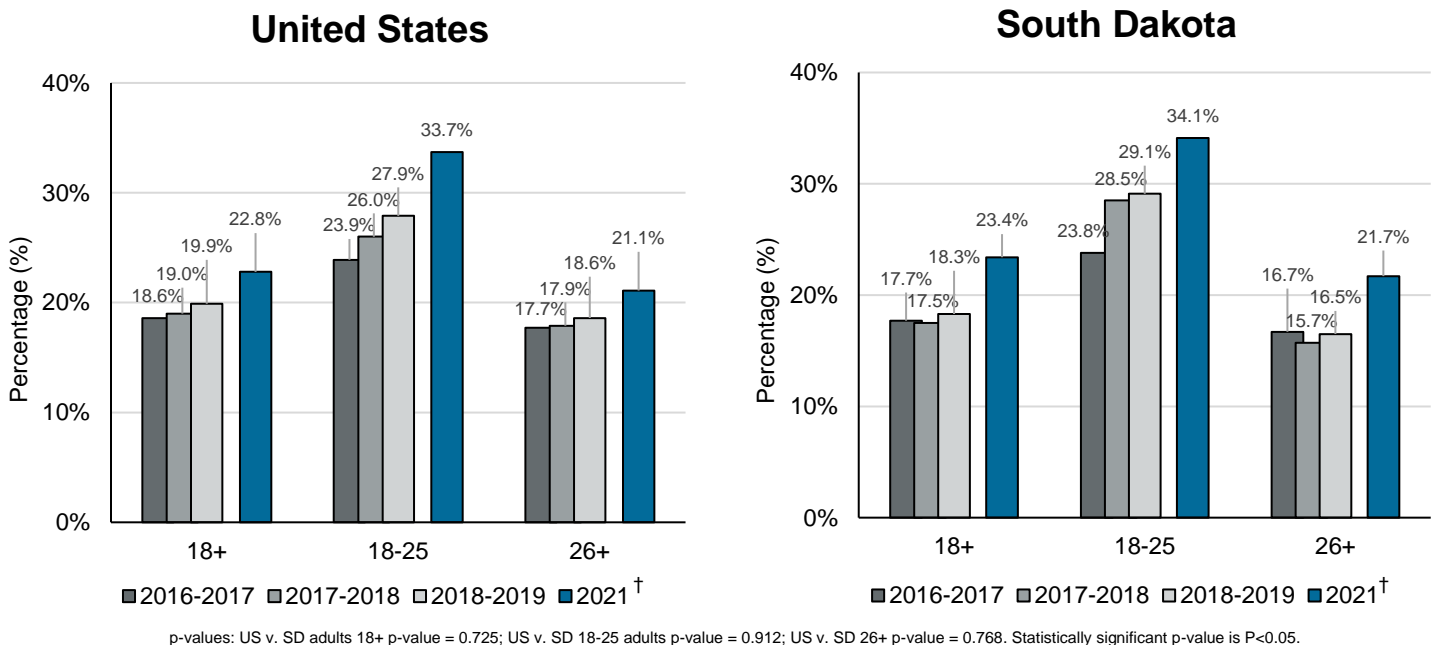
Over one-third of adults ages 18-25 years old in South Dakota reported having an AMI in 2021.



In 2021, South Dakota had a higher prevalence of AMI for all age groups than the United States.

Figure 2.3 Percentage of Any Mental Illness in the Past Year

Source: NSDUH



Key Takeaways:

Amongst all adult age groups, based on p-values, there is no statistically significant difference between the United States and South Dakota's prevalence of AMI in 2021.

[†] Note: due to methodology changes, 2021 prevalence estimates cannot be compared to previous years' estimates. Because 2021 state estimates are based on a single year of data, there is a greater variance around the estimates than for the usual two-year estimates, particularly in small states and for uncommon outcomes.

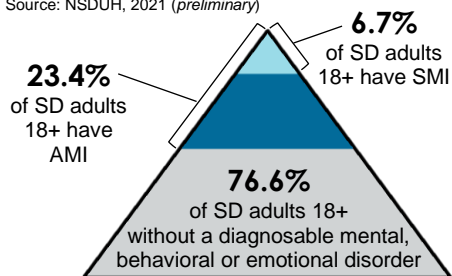
Serious Mental Illness (SMI)

Definition: a mental, behavioral, or emotional disorder, other than developmental or substance use disorder, which interferes with or limits one or more major life activities from criteria within the DSM-IV. Serious Mental Illness is a subset of any mental illness that resulted in a serious impairment. These estimates are based on indicators and not diagnostic status.

- In South Dakota, about 1 in 15 individuals 18+ live with a serious mental illness (6.7%) and about 1 in 18 individuals 18+ live with a serious mental illness in the United States (5.6%; NSDUH, Figure 2.5).
- In 2021, 5.6% (or 14.1 million) adults lived with a serious mental illness in the United States and 6.7% adults (or 44,000 individuals) in South Dakota live with a serious mental illness. (NSDUH, Figure 2.6).
- Young adults aged 18-25 years old had the highest prevalence of serious mental illness when compared to adults 18+ and adults 26+ in both the United States and South Dakota (NSDUH, Figure 2.6).
- Serious mental illness was higher in South Dakota than in the United States for adults in all age groups (NSDUH, Figure 2.6).

Figure 2.4 AMI and SMI, 18+, South Dakota

Source: NSDUH, 2021 (preliminary)



Note – Serious Mental Illness is a portion of Any Mental Illness characterized by serious functional impairment.

Figure 2.5 Prevalence of Serious Mental Illness in the Past Year

Source: NSDUH, 2021 (preliminary)

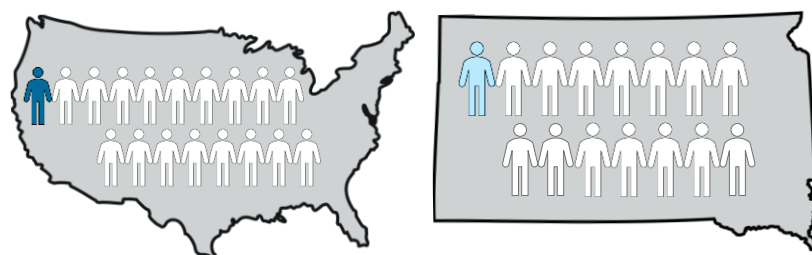
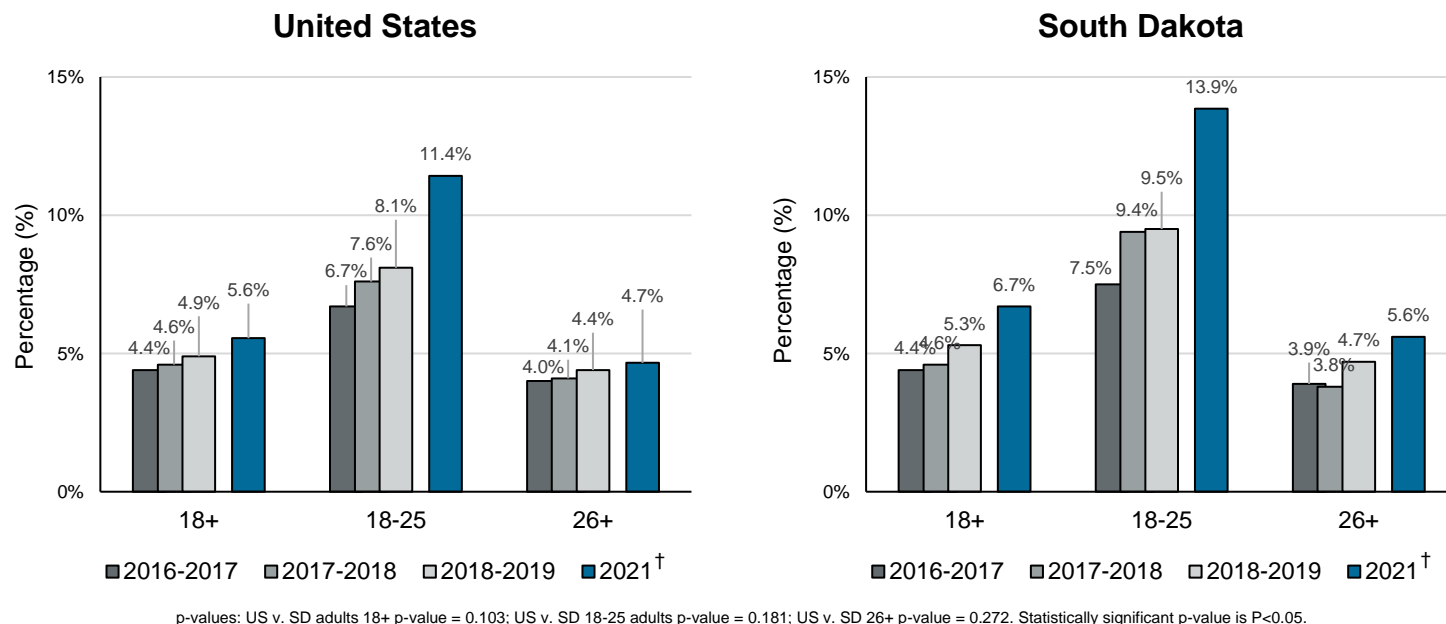


Figure 2.6 Percentage of Serious Mental Illness in the Past Year

Source: NSDUH



Key Takeaway:

Amongst all adult age groups, based on p-values, there is no statistically significant difference between the United States and South Dakota's prevalence of SMI in 2021.

† Note: due to methodology changes, 2021 prevalence estimates cannot be compared to previous years' estimates. Because 2021 state estimates are based on a single year of data, there is a greater variance around the estimates than for the usual two-year estimates, particularly in small states and for uncommon outcomes.

Major Depressive Episodes in Adults

Definition: an individual experiencing at least 2 weeks of having a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depressed symptoms as described in the DSM-5.

- South Dakota adults 18+ had a higher prevalence of major depressive episodes in the past year than the United States (SD: 8.7%, US: 8.3%; NSDUH, Figure 2.7)
- South Dakota adults 18+ had a higher prevalence than the Midwest* for major depressive episodes in the past year (SD: 8.7%, Midwest*: 8.5%; NSDUH, Figure 2.7).
- In 2021, young adults ages 18-25 in both South Dakota and the United States were more than twice as likely to have experienced a major depressive episode than older adults 26+ (NSDUH, Figure 2.8).
- South Dakota had a higher prevalence of major depressive episodes in the past year than the United States for all adult age groups in 2021 (NSDUH, Figure 2.8).

*Note: the Midwest region includes the following states: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

Figure 2.7 Major Depressive Episodes, United States vs. South Dakota vs. Midwest*, Adults Ages 18+

Source: NSDUH, 2021 (preliminary)

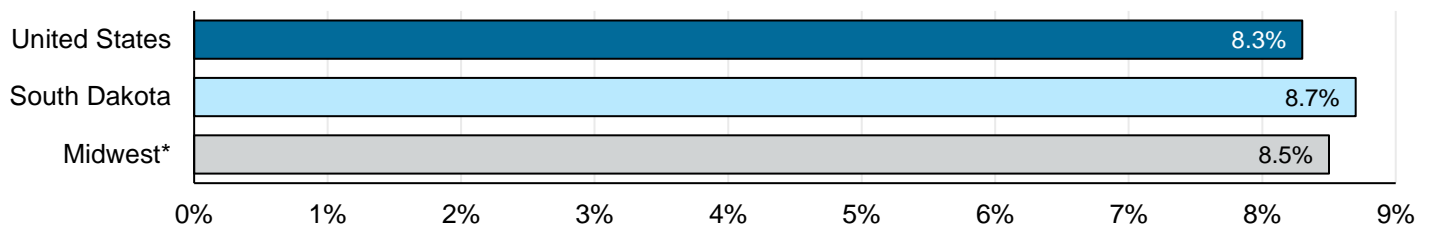
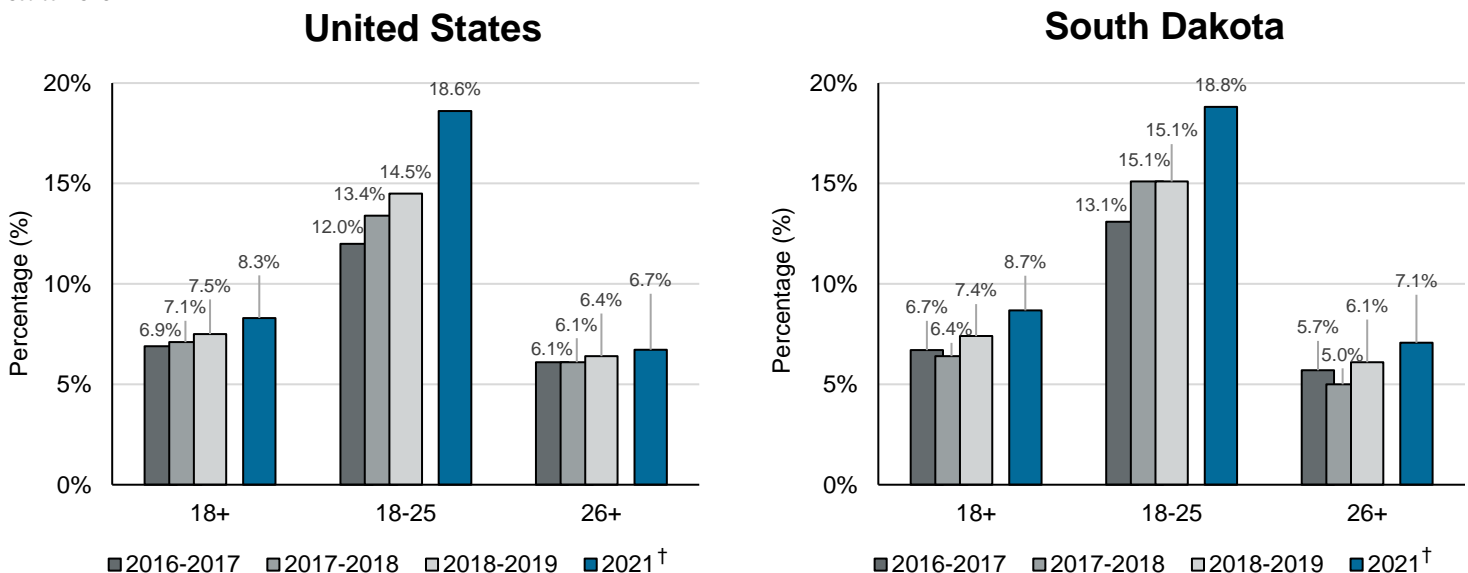


Figure 2.8 Major Depressive Episodes in the Past Year

Source: NSDUH



p-values: US v. SD adults 18+ p-value = 0.691; US v. SD 18-25 adults p-value = 0.962; US v. SD 26+ p-value = 0.757. Statistically significant p-value is P<0.05.

Key Takeaway:

Amongst all adult age groups, based on p-values, there is no statistically significant difference between the United States and South Dakota's prevalence of major depressive episode in 2021.

†Note: due methodology changes, 2021 prevalence estimates cannot be compared to previous years' estimates. Because 2021 state estimates are based on a single year of data, there is a greater variance around the estimates than for the usual two-year estimates, particularly in small states and for uncommon outcomes.

Depression in Adults*

Definition: derived from "yes" response to the following question:

Have you ever been told by a doctor nurse or other health professional that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

Figure 2.9 Have a Form of Depression, by Gender (Crude Prevalence)

Source: CDC, BRFSS

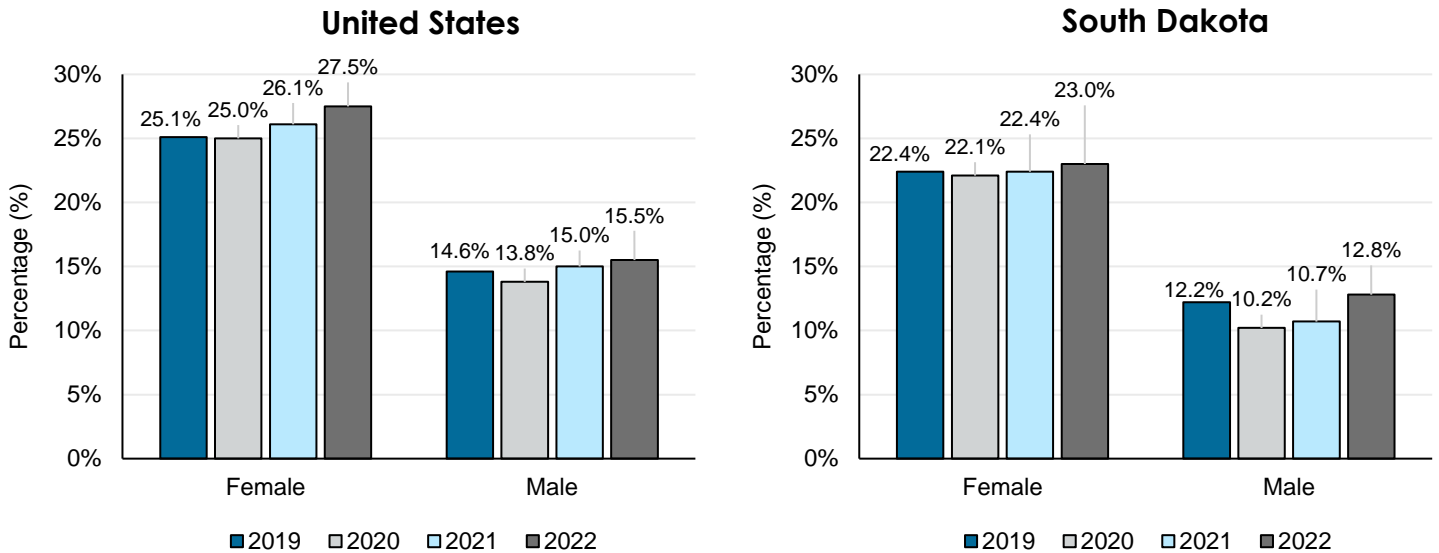


Figure 2.10 Have a Form of Depression, by Age Group (Crude Prevalence)

Source: CDC, BRFSS

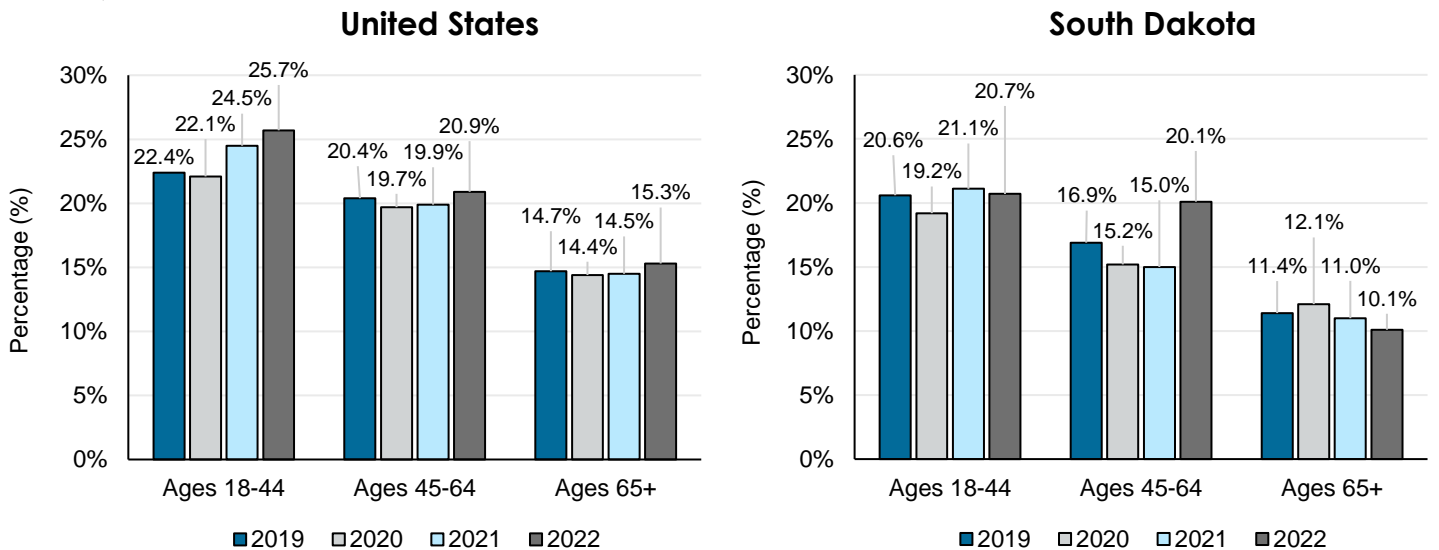


Table 2.1 Have a Form of Depression, by Income Level (Crude Prevalence)

Source: CDC, BRFSS

United States				
Income	2019	2020	2021	2022
Less Than \$25,000	31.1%	30.9%	32.9%	33.7%
\$25,000 to \$49,999	20.9%	21.4%	23.2%	24.7%
\$50,000 or More	15.7%	15.5%	15.8%	17.0%

South Dakota				
Income	2019	2020	2021	2022
Less Than \$25,000	28.5%	25.6%	28.8%	18.3%
\$25,000 to \$49,999	21.0%	19.0%	17.4%	27.3%
\$50,000 or More	12.4%	11.2%	10.0%	13.1%

Access to Care – Adult

Adults Who Received Mental Health Services

Definition: Mental Health Services for adults includes inpatient treatment/counseling; and use of prescription medication for problems with emotions, nerves, or mental health.

United States

- 16.9%, (or over 42 million) adults in the United States received mental health services in 2021 (NSDUH, Figure 2.11).

South Dakota

- 18.7%, (or 123,000) adults in South Dakota received mental health services in 2021 (NSDUH, Figure 2.11).

Key Takeaway:

South Dakota's prevalence of adults that received mental health services in the past year is higher than the United States.

Figure 2.11 Received Mental Health Services in the Past Year
Source: NSDUH, 2021 (preliminary)

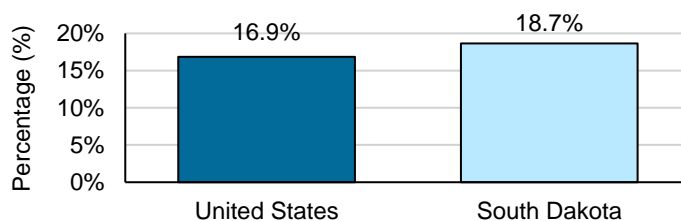


Figure 2.12 Received Mental Health Services, South Dakota's Ranking in the United States, and the District of Columbia (D.C.)

Source: NSDUH, 2021 (preliminary)

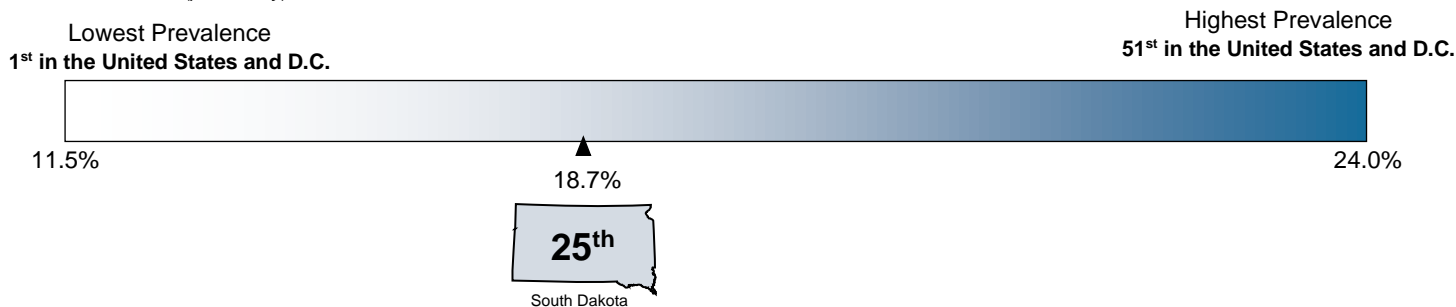
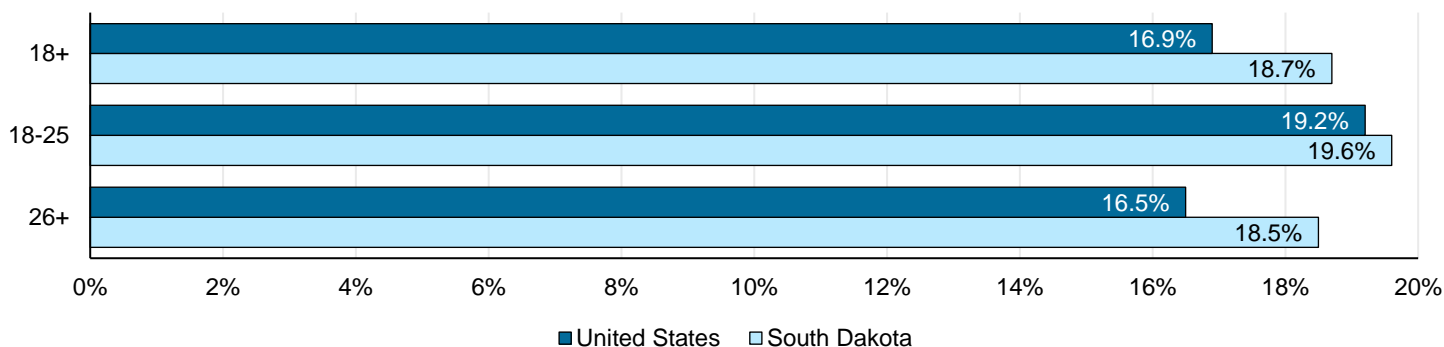


Figure 2.13 Individuals That Received Mental Health Services in the Past Year, by Age Group, South Dakota vs. United States

Source: NSDUH, 2021 (preliminary)



p-values: US v. SD adults 18+ p-value = 0.257; US v. SD 18-25 adults p-value = 0.916; US v. SD 26+ p-value = 0.240. Statistically significant p-value is $P < 0.05$.

Key Takeaway:

Amongst all adult age groups, based on p-values, there is no statistically significant difference between the United States and South Dakota's adult prevalence of adults that received mental health services in 2021.

Suicide – Adult

United States, South Dakota, and Midwest Prevalence Comparison of Suicidal Ideation and Suicidal Behaviors

- In 2021, 4.9% of adults 18 years old and older (or 12.3 million individuals) had serious thoughts of suicide, 1.4% (or 3.5 million individuals) made a suicide plan, and 0.7% (or 1.7 million individuals) attempted suicide in the past year within the United States (NSDUH, Figure 2.14).
- In 2021, 5.4% of adults 18 years old and older (or 36,000 individuals) had serious thoughts of suicide, 1.0% (or 7,000 individuals) made a suicide plan, and 0.6% (or 4,000 individuals) attempted suicide in the past year within South Dakota (NSDUH, Figure 2.14)
- In 2021, 5.2% of adults 18 years old and older (or 2.7 million individuals) had serious thoughts of suicide, 1.4% (or 712,000 individuals) made a suicide plan, and 0.6% (or 314,000 individuals) attempted suicide in the past year within the Midwest (NSDUH, Figure 2.14).

* Note: The Midwest region includes the following states: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

Quick Fact:

Source: NSDUH, 2021 (preliminary)

About 11% of the individuals in South Dakota that seriously considered suicide went on to attempt suicide.

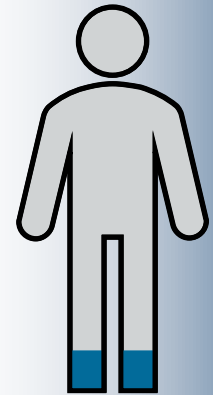


Figure 2.14 Serious Suicidal Ideation, Made Any Suicide Plans, and Attempted Suicide, South Dakota vs. United States vs. Midwest *

Source: NSDUH, 2021 (preliminary)

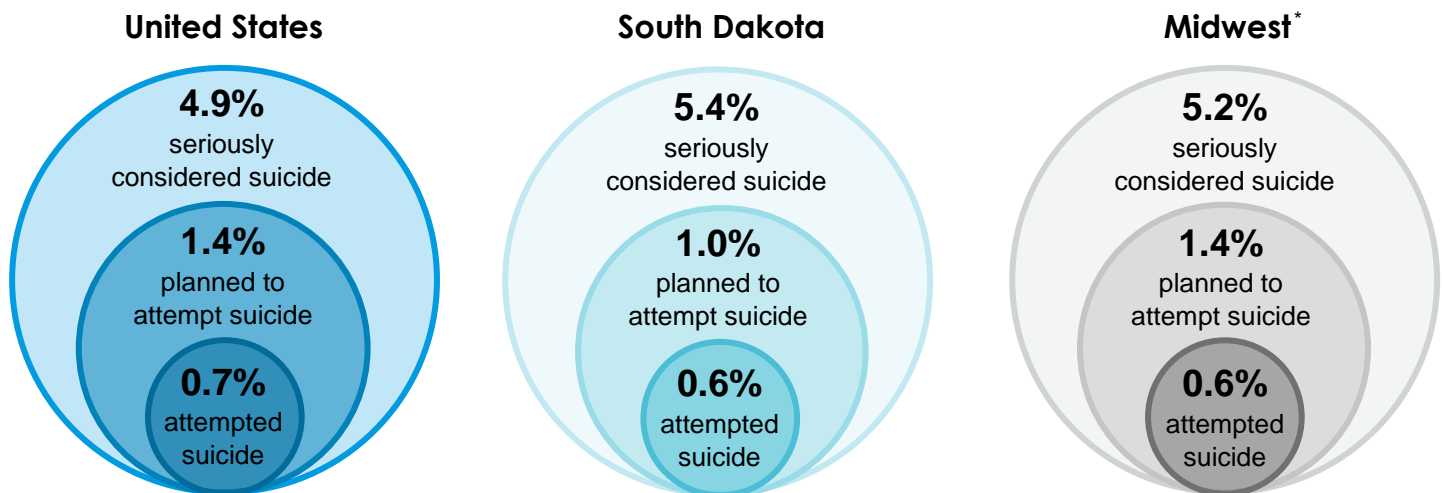


Figure 2.15 Serious Suicidal Ideation, South Dakota vs. United States

Source: NSDUH, 2021 (preliminary)

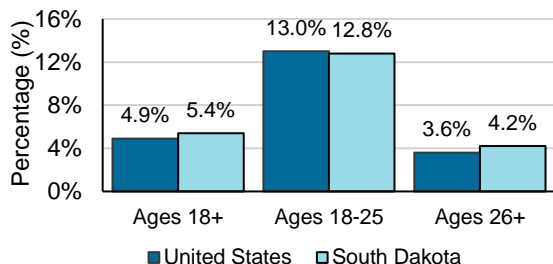
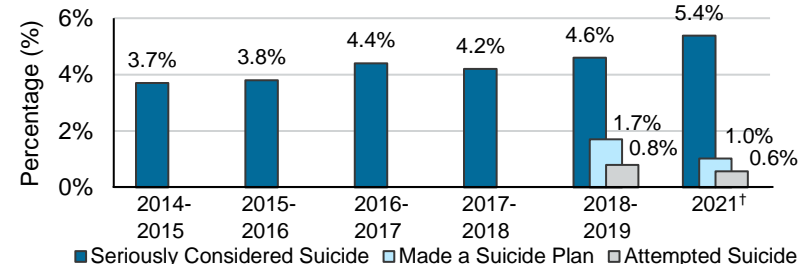


Figure 2.16 Serious Suicidal Ideation and Suicidal Behavior, South Dakota, Adults Ages 18+

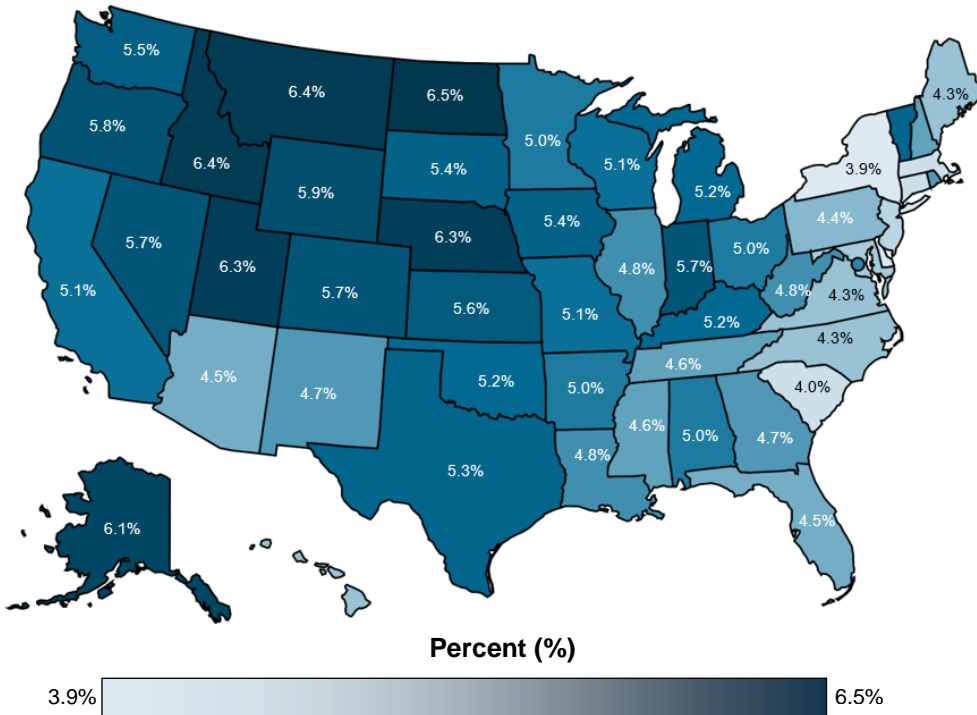
Source: NSDUH



† Note: due to methodology changes, 2021 prevalence estimates cannot be compared to previous years' estimates. Because 2021 state estimates are based on a single year of data, there is a greater variance around the estimates than for the usual two-year estimates, particularly in small states and for uncommon outcomes.

Figure 2.17 Adults 18+ with Serious Suicidal Ideation in the Past Year

Source: NSDUH, 2021 (preliminary)



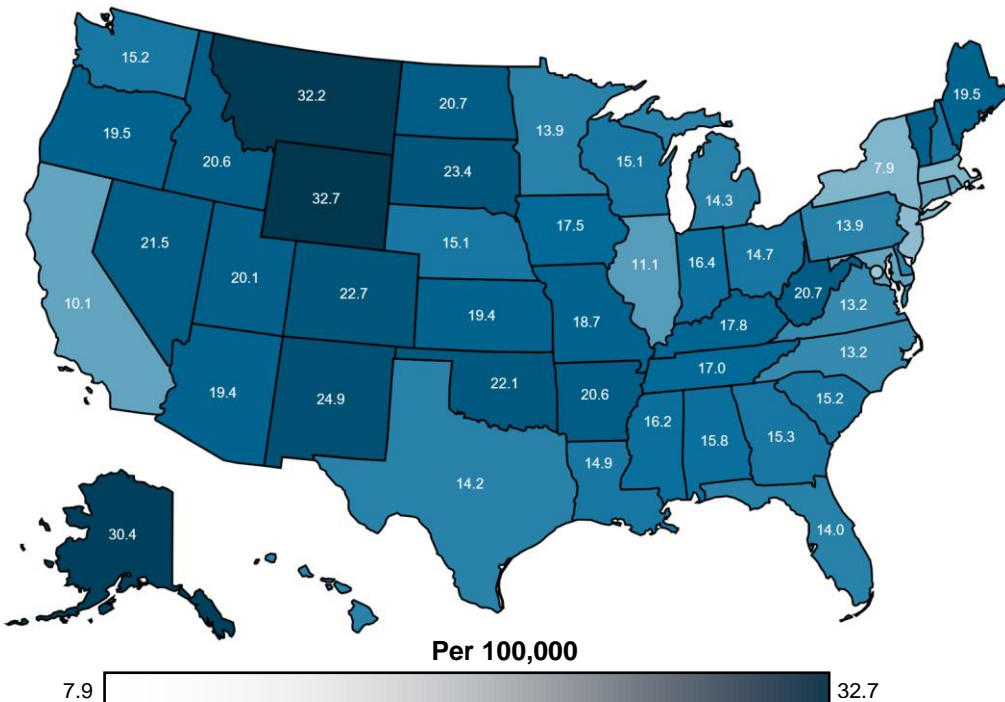
In 2021, South Dakota is tied for 14th highest prevalence of serious suicidal ideation in the United States and the District of Columbia (NSDUH, Figure 2.17).

For all ages, South Dakota has the 5th highest age-adjusted rate (per 100,000) of suicide in the United States and the District of Columbia in 2021 (CDC, WISQARS, Figure 2.18).

In 2021, South Dakota had the fourth highest loss of years of potential life lost (YPLL) age-adjusted rate for deaths by suicide before 65 years of age.

Figure 2.18 Rate (per 100,000) of Deaths by Suicide in the United States, All Ages

Source: CDC WISQARS, 2021



Age-Adjusted Suicide Rate (per 100,000), United States vs. South Dakota, All Ages

Source: CDC, WISQARS, 2021

United States

14.0

South Dakota

23.4

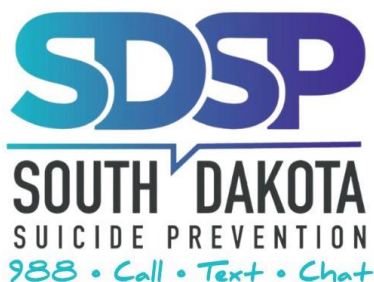
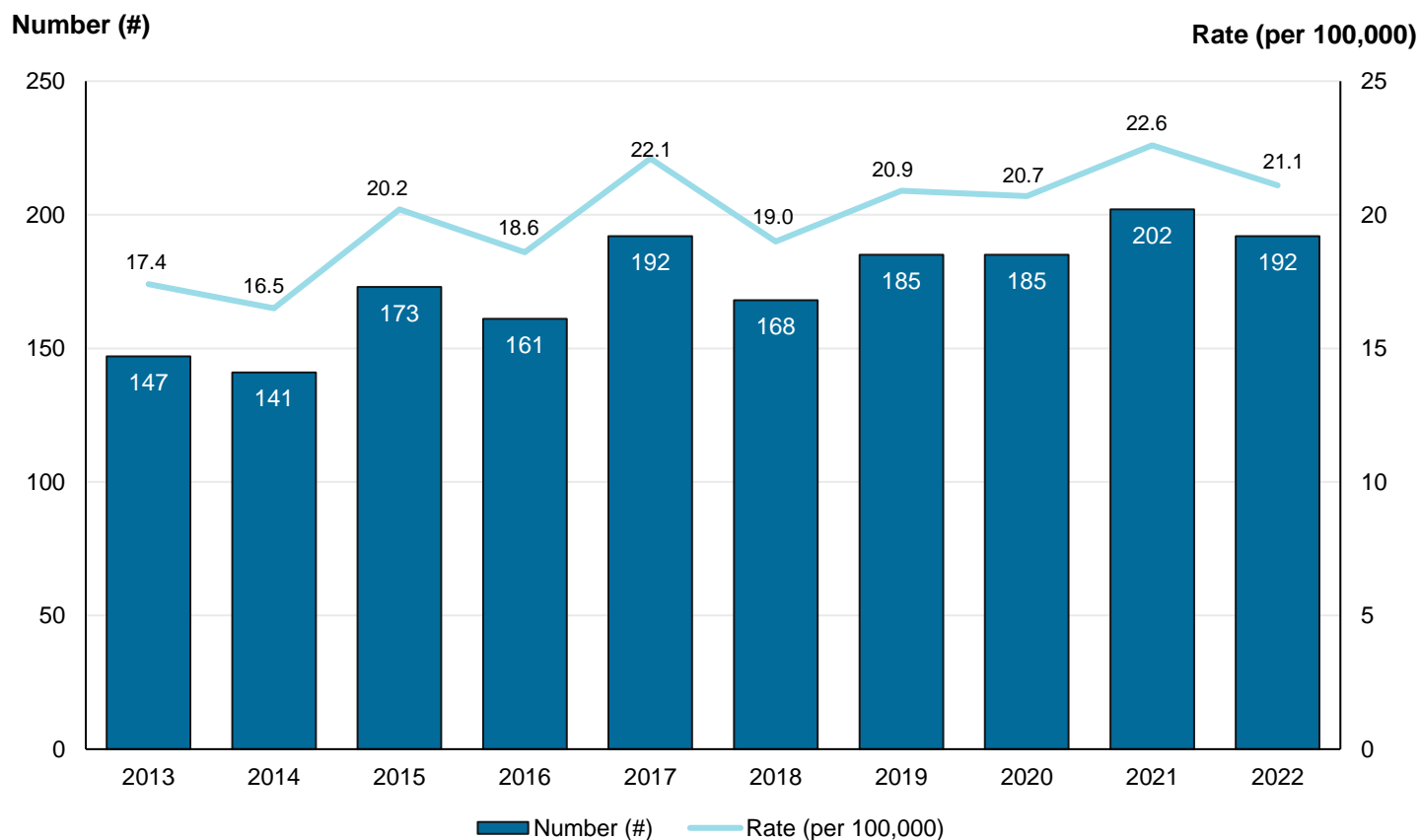
Suicide in South Dakota

Source: South Dakota Department of Health (SD DOH)

- South Dakota had the 5th highest suicide age-adjusted rate in the United States (CDC, WISQARS, 2021).
 - United States = 14.0 per 100,000 population
 - South Dakota = 23.4 per 100,000 population
- In 2022, suicide was the leading cause of death among ages 10 to 19 years old and 20 to 29 years old (South Dakota Department of Health, 2022).
- There were 192 deaths by suicide in 2022 in South Dakota, which is about a 5% decrease in number of deaths by suicide in South Dakota from 2021.
- South Dakota suicide methods (2013-2022):
 - 49% firearms, 36% hanging, 11% poisoning and 4% other.

Figure 2.19 Suicide Deaths and Rates (per 100,000), South Dakota, 2013-2022

Primary Datasets: DOH Vital Statistics, CDC WISQARS, CDC WONDER



South Dakota Suicide Prevention

The goal of South Dakota Suicide Prevention is to spread the word about actions we can all take to prevent suicide. Visit www.sdsuicideprevention.org for more information.

Figure 2.20 Suicide by Sex, South Dakota, 2013-2022

Source: DOH Vital Statistics

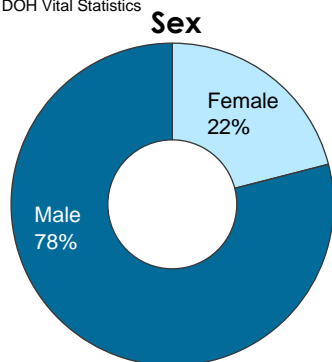
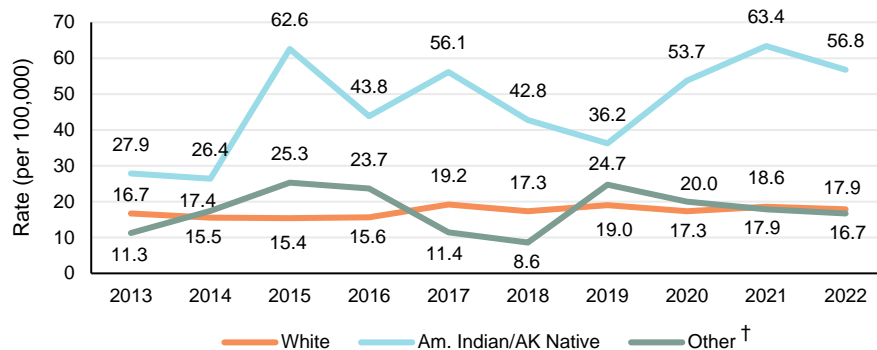


Figure 2.21 Suicide Rate (per 100,000) by Race, South Dakota, 2013-2022

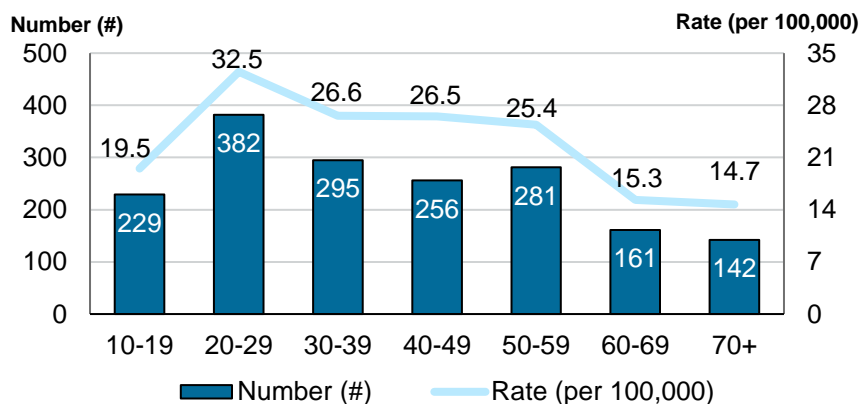
Source: DOH Vital Statistics



[†] Other includes Asian, Black, Multiracial, and Unknown races.

Figure 2.22 Suicide Number (#) & Rate (per 100,000) by Age Group, South Dakota, 2013-2022

Source: DOH Vital Statistics



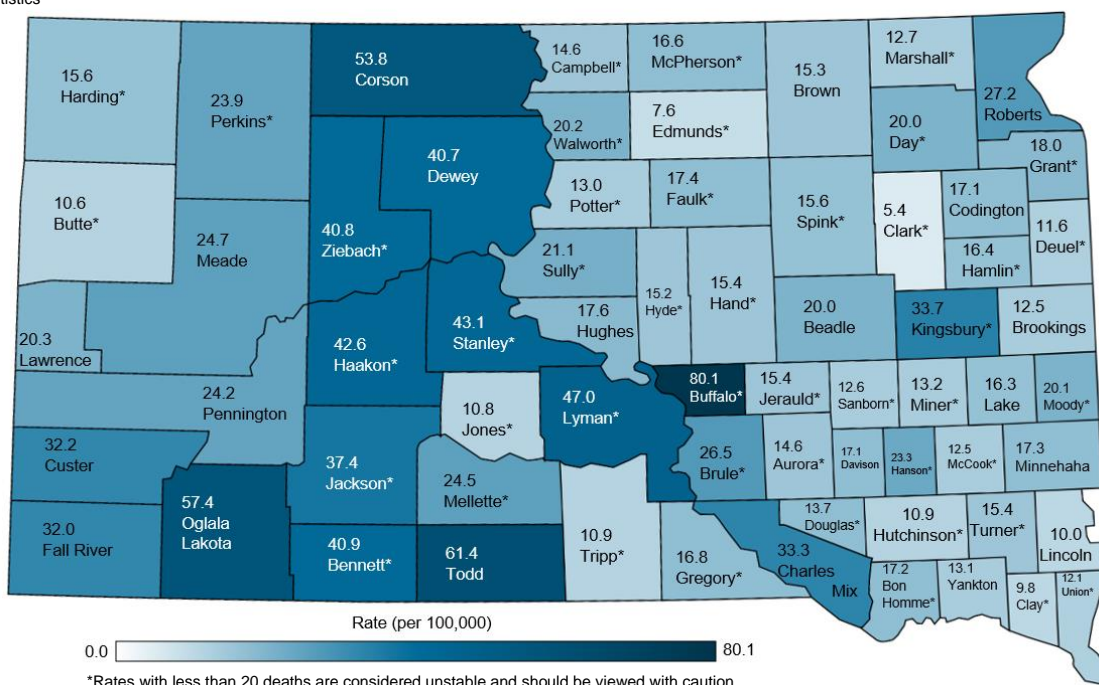
Between 2013 and 2022, the largest proportion of suicides was among males. The number of reported deaths amongst males (30.9 per 100,000) was over 3.5x higher than women (8.8 per 100,000) in South Dakota.

During the last decade, although the largest number of suicides was among the White population (73%), American Indian/Alaskan Native mean suicide rate (47.0 per 100,000) was 2.7 times higher than White mean suicide rate (17.3 per 100,000).

The largest proportion of suicides were among young adults ages 20-29 between 2013 and 2022.

Figure 2.23 Suicide Rates (per 100,000) by County, South Dakota, 2013-2022

Source: DOH Vital Statistics



*Rates with less than 20 deaths are considered unstable and should be viewed with caution.

Nonfatal Self-Inflicted Injury Hospitalizations and Emergency Department Visits*

Source: South Dakota Department of Health (SD DOH)

- Self-inflicted injury methods between 2018 and 2022:
 - Drug poisoning (57%)
 - Cut/Pierce (31%)
 - Other/Unspecified (9%)
- Largest proportion of nonfatal self-inflicted injuries:
 - Females
 - White population
 - South Dakotans 10-19 years old

Figure 2.24 Nonfatal Self-Inflicted Injury, by Sex, South Dakota, 2018-2022

Source: SDAHO, prepared by SD DOH

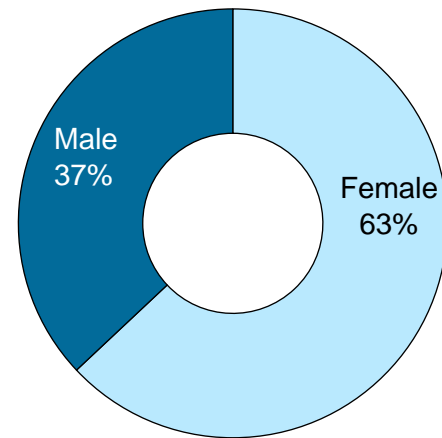


Figure 2.25 Nonfatal Self-Inflicted Injury, by Age Group, South Dakota, 2018-2022

Source: SDAHO, prepared by SD DOH

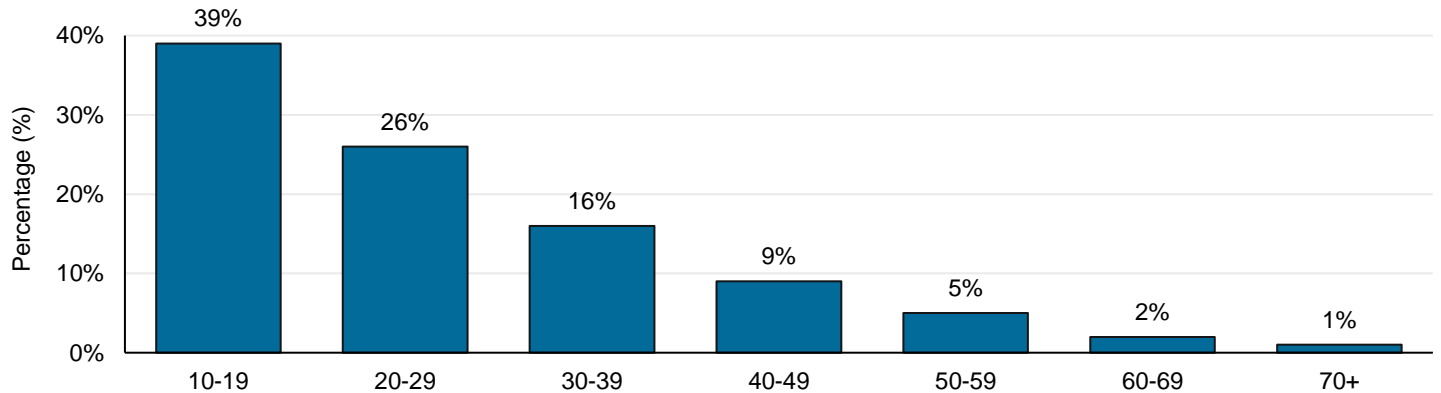


Figure 2.26 Nonfatal Self-Inflicted Injury Hospitalizations and ED Visits, South Dakota, 2018-2022

Source: SDAHO, prepared by SD DOH

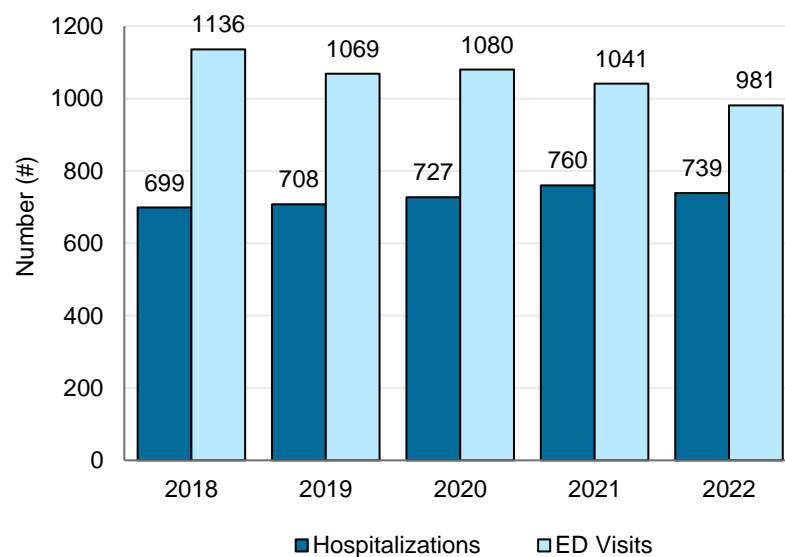
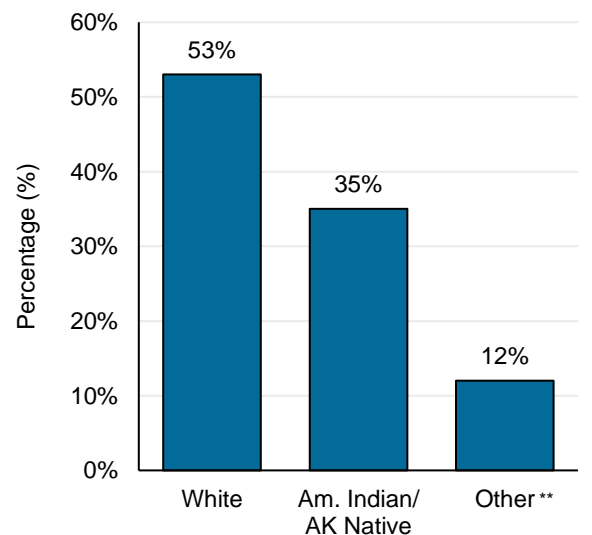


Figure 2.27 Nonfatal Self-Inflicted Injury, by Race, South Dakota, 2018-2022

Source: SDAHO, prepared by SD DOH



** Other includes Asian, Black, Multiracial, and Unknown races.

*Note – Hospitalization and Emergency Department Visits are represented by date of discharge and do not include Indian Health Services and Veterans Affairs hospitals. This data does not include self-inflicted injury hospitalizations and emergency department visits that resulted in death.

Overview of Mental Illness in South Dakota – Adolescent

Anxiety and Depression

- In 2020-2021, youth, ages 3-17, that are living with anxiety in South Dakota (10.6%), exceeded the United States (9.2%) by 1.4 percentage points (NSCH, Figure 2.28).
- In 2020-2021, youth, ages 3-17, that are living with depression in South Dakota (5.9%) was higher than in the United States (4.2%) by 1.7 percentage points (NSCH, Figure 2.28).

Figure 2.28 Currently Have Anxiety and Depression, Ages 3-17, South Dakota vs. United States

Source: NSCH, 2020-2021

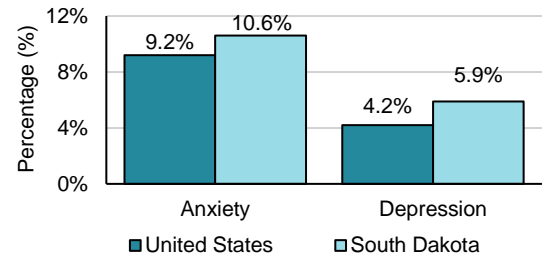


Figure 2.29 Currently Have Depression (2-Year Estimate)

Source: NSCH

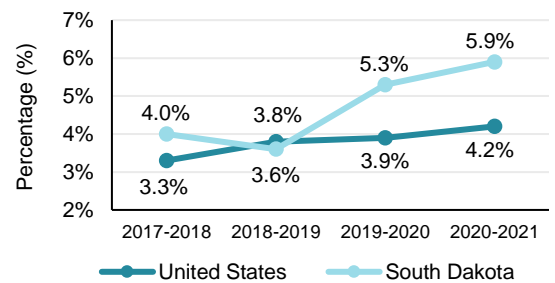
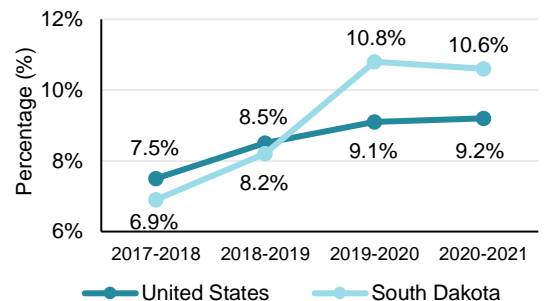


Figure 2.30 Currently Have Anxiety (2-Year Estimate), Ages 3-17, South Dakota vs. United States

Source: NSCH



Depression

- South Dakota's youth, ages 3-17, experiencing depression has increased from 4.0% in 2017-2018 to 5.9% in 2020-2021, which was an increase of nearly 2 percentage points (NSCH, Figure 2.29).
- The United States' youth, ages 3-17, experiencing depression has increased about 1 percentage point, from 3.3% to 4.2%, between 2017-2018 and 2020-2021 (NSCH, Figure 2.29).

Anxiety

- South Dakota's youth, ages 3-17, experiencing anxiety increased from 6.9% in 2017-2018 to 10.6% in 2020-2021. This was an increase of 3.7 percentage points (NSCH, Figure 2.30).
- Youth, ages 3-17, living with anxiety in the United States increased 1.7 percentage points between 2017-2018 to 2020-2021. South Dakota's increase in depression was more than double that seen in the United States during this timeframe (NSCH, Figure 2.30).

Anxiety Highlights:

- Youth living with anxiety was about twice as high as youth living with depression in South Dakota.
- South Dakota's prevalence of youth living with anxiety was 1.4 percentage points higher than the United States in 2020-2021.
- Youth in South Dakota that are experiencing anxiety increased 3.7 percentage points between 2017-2018 and 2020-2021.



Depression Highlights:

- South Dakota's prevalence of youth living with depression was 1.7 percentage points higher than the United States in 2020-2021.
- South Dakota's prevalence of youth living with depression increased 1.9 percentage points between 2017-2018 and 2020-2021.

Key Takeaway: Anxiety and depression have been higher in South Dakota than in the United States since 2019-2020.

High School Students That Felt Sad or Hopeless

Definition: almost every day for 2 or more weeks in a row, participant felt sad or hopeless, so they stopped doing some usual activities, during the 12 months before the survey.

- 38.7% of South Dakota high school students reported feeling sad or hopeless in 2021. Of the 38.7% that felt sad or hopeless, 50.5% were female and 27.4% were male (YRBSS, Figure 2.31 and Table 2.2).

Key Takeaway:

South Dakota consistently had a lower prevalence of feeling hopeless or sad amongst high school students compared to the United States between 2013 and 2021.

Figure 2.31 High School Students Who Felt Sad or Hopeless, South Dakota vs. United States

Source: YRBSS

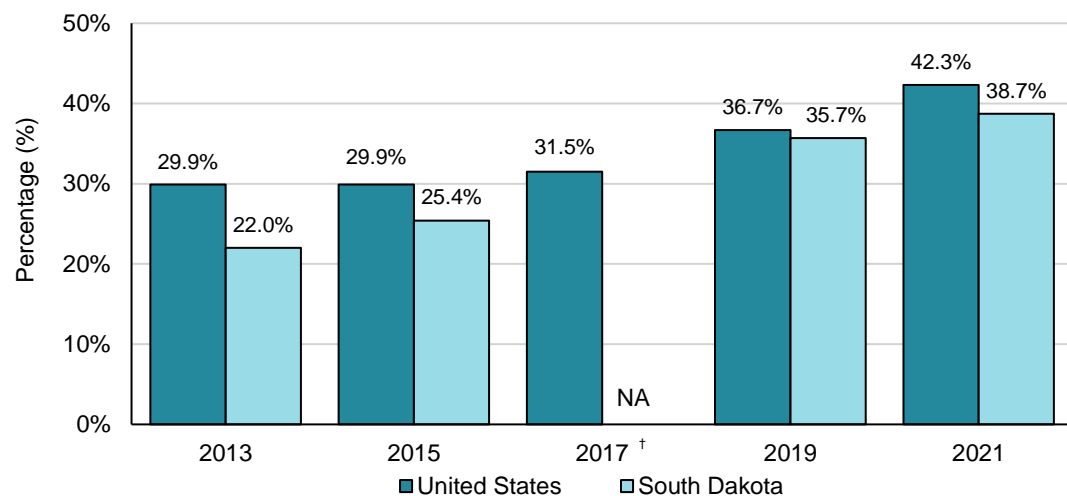


Table 2.2 High School Students Who Felt Sad or Hopeless, Gender, Grade, and Race; South Dakota and United States

Source: YRBSS, 2021

Gender		
	Female	Male
United States	56.6%	28.6%
South Dakota	50.5%	27.4%

Grade				
	9 th	10 th	11 th	12 th
United States	38.7%	41.5%	45.9%	43.7%
South Dakota	33.2%	40.2%	43.9%	38.4%

Race		
	American Indian/ Alaskan Native	White
United States	40.5%	41.1%
South Dakota	58.6%	35.1%



Female high school students were 1.8 times more likely to feel sad or hopeless than male high school students in South Dakota and about 2.0 times more likely in the United States.



11th graders in South Dakota were most likely to feel sad or hopeless (43.9%) followed by 10th graders (40.2%), while in the United States feeling sad or hopeless increased between 9th grade (38.7%) and 10th grade (41.5%), followed by 12th grade (43.7%) and 11th grade (45.9%).



American Indian/Alaskan Native high school students in South Dakota were 1.7 times more likely to feel sad or hopeless than White high schoolers in South Dakota.

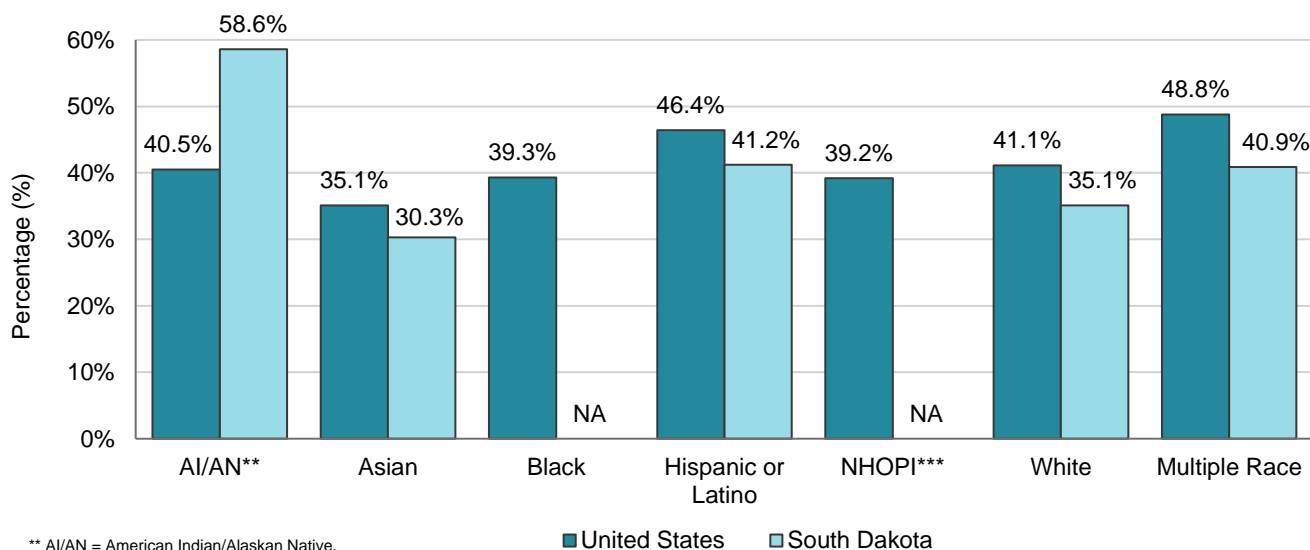
High School Students That Felt Sad or Hopeless

Definition: almost every day for 2 or more weeks in a row, participant felt sad or hopeless, so they stopped doing some usual activities, during the 12 months before the survey.

- American Indian/Alaskan Native high school students had the highest prevalence of feeling sad or hopeless at 58.6% in South Dakota, which was about 20 percentage points higher than the United States' prevalence of American Indian/Alaskan Native high school students that felt sad or hopeless in the last year (YRBSS, Figure 2.32).
- Hispanic or Latino high school students had the 2nd highest prevalence of feeling sad or hopeless in South Dakota at 41.2%, which was 5.2 percentage points lower than the United States (YRBSS, Figure 2.32).
- High school students that identify as Asian, Hispanic or Latino, multiple races or White had a lower prevalence of feeling sad or hopeless in South Dakota than the United States, while American Indian/Alaskan Native high school students had a higher prevalence of feeling sad or hopeless in South Dakota than the United States (YRBSS, Figure 2.32).
- Asian South Dakota high school students had the lowest prevalence of feeling sad or hopeless compared to any race in South Dakota and any race in the United States (YRBSS, Figure 2.32).

Figure 2.32 High School Students Who Felt Sad or Hopeless, by Race, South Dakota vs. United States

Source: YRBSS, 2021



** AI/AN = American Indian/Alaskan Native.

*** NHOPI = Native Hawaiian or Other Pacific Islander (non-Hispanic).

NA – Missing bars indicate that the number of respondents within the subgroup did not meet the minimum reporting threshold or that data were not available.

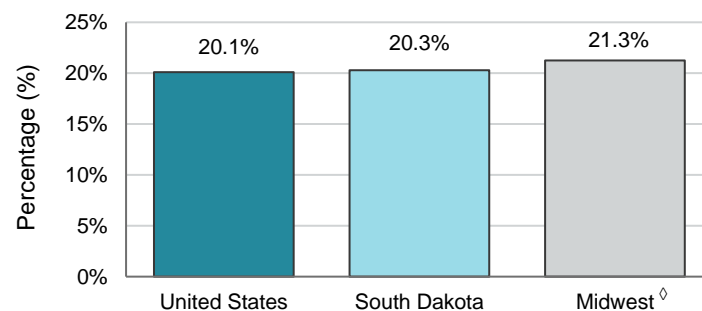
Major Depressive Episodes in Youth

Definition: youth with severe major depressive episodes is defined by severe role impairment in daily activities, such as school, relationships, and social life.

- In 2021, rates of youth with major depressive episode in the past year were highest within the Midwest[◇] at 21.3% (1.2 million people), followed by South Dakota at 20.3% (15,000 people) then the United States at 20.1% (5.2 million people; NSDUH, Figure 2.33).

Figure 2.33 Major Depressive Episodes in the Past Year

Source: NSDUH, 2021 (preliminary)



[◇] The Midwest region includes the following states: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

Severe Major Depressive Episodes in Youth

Definition: youth with severe major depressive episodes are defined by severe role impairment in daily activities, such as school, relationships, and social life.

- 75% of youth in South Dakota and the United States that experienced at least one major depressive episode could also be classified as having a severe major depressive episode in 2021 (NSDUH, Figure 2.34).

United States

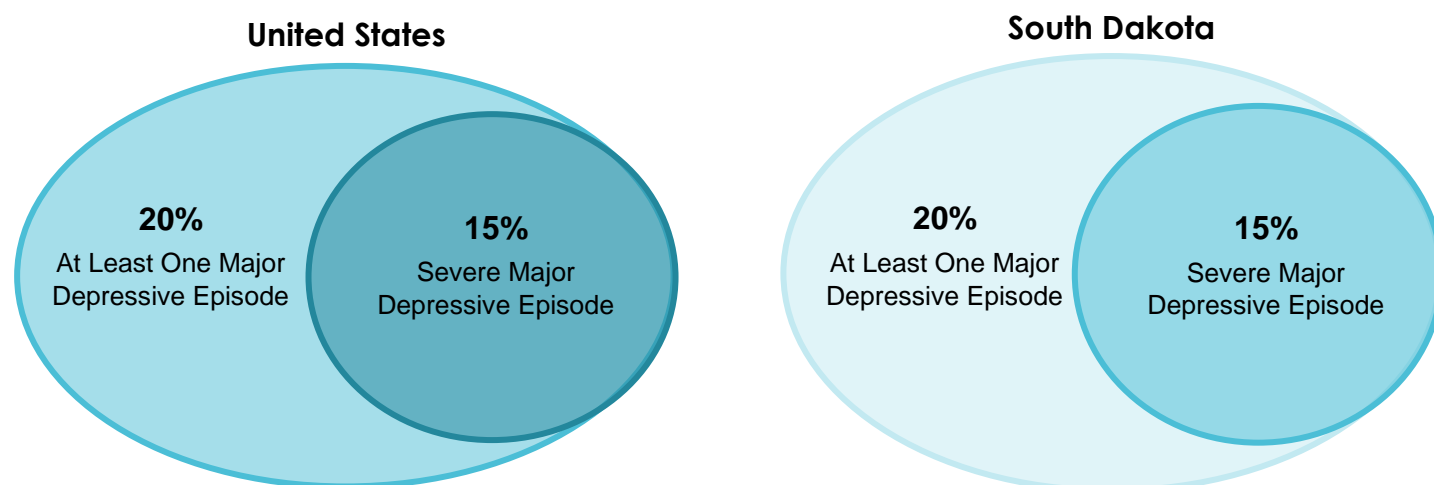
- 15% of youth in the United States reported suffering from a severe major depressive episode (NSDUH, Figure 2.34).

South Dakota

- 15% of youth in South Dakota reported suffering a severe major depressive episode (NSDUH, Figure 2.34).

Figure 2.34 Youth That Experienced At Least One Major Depressive Episode and Severe Major Depressive Episode

Source: NSDUH, 2021 (preliminary)



How do I find help?

1	Contact a local mental health provider		Resources for Local Treatment Providers: SAMHSA Treatment Locator: findtreatment.samhsa.gov Department of Social Services: dss.sd.gov/behavioralhealth/agencycounty.aspx
2	A trained clinician completes an assessment		
3	The individual is referred to recommended services		

Suicide – Youth

High School Students That Had Seriously Considered Suicide, Made a Suicide Plan, or Attempted Suicide

- In the past decade, high school students that reported serious thoughts of suicide has increased 20.8% in South Dakota and 40.5% in the United States (YRBSS, Figure 2.35).
- High school students that made a suicide plan increased 44.5% in South Dakota and 37.5% in the United States in the past decade (YRBSS, Figure 2.35).
- In the past decade, high school students who reported that they attempted suicide increased 50.6% in South Dakota and 30.8% in the United States (YRBSS, Figure 2.35).

Quick Fact:

Source: CDC WONDER, 2019-2021

South Dakota had the 2nd highest rate of teen (ages 15 to 19 years old) deaths by suicide at 37.2 per 100,000 in the United States.

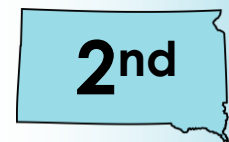
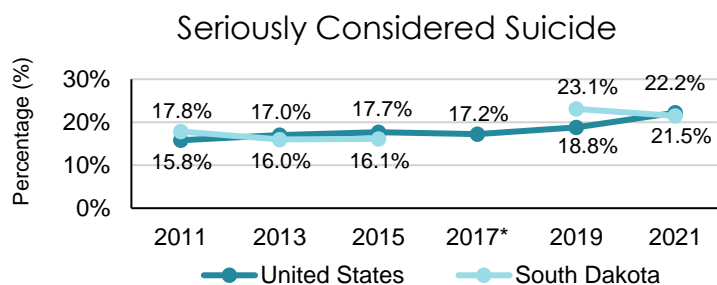
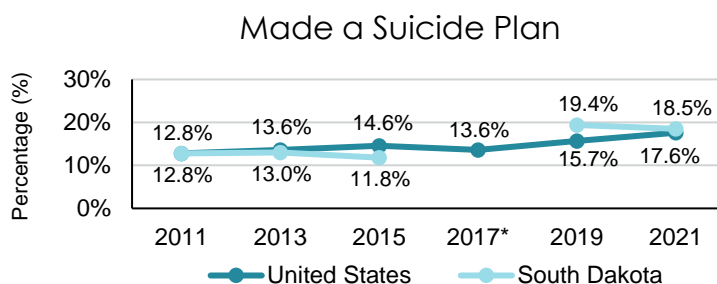
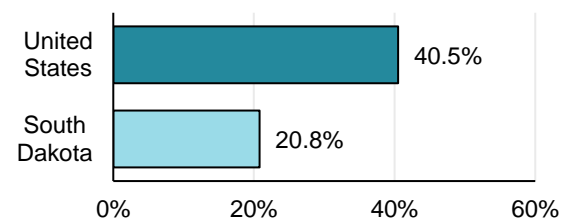


Figure 2.35 Prevalence and Percent Change of Seriously Considered Suicide, Made a Suicide Plan, and Attempted Suicide Amongst High School Students

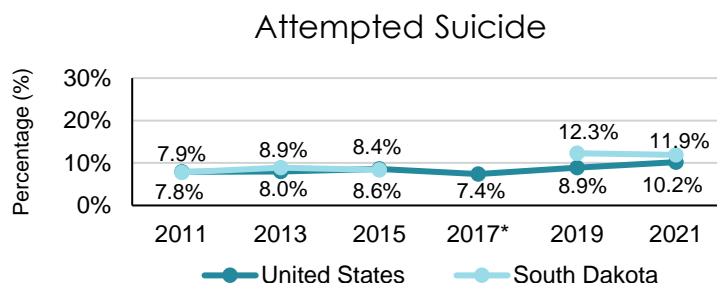
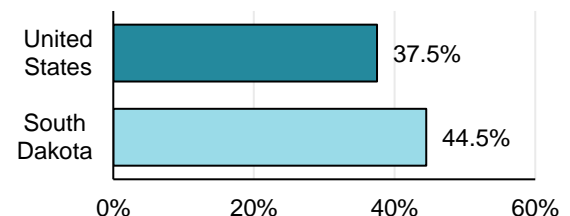
Source: YRBSS



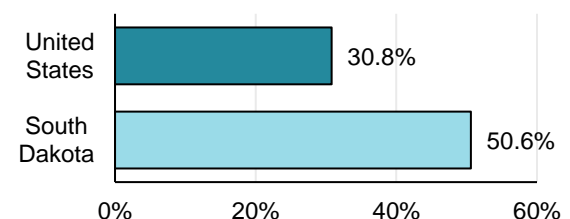
Percent (%) Increase of Seriously Considered Suicide, Past Decade



Percent (%) Increase of Made a Suicide Plan, Past Decade



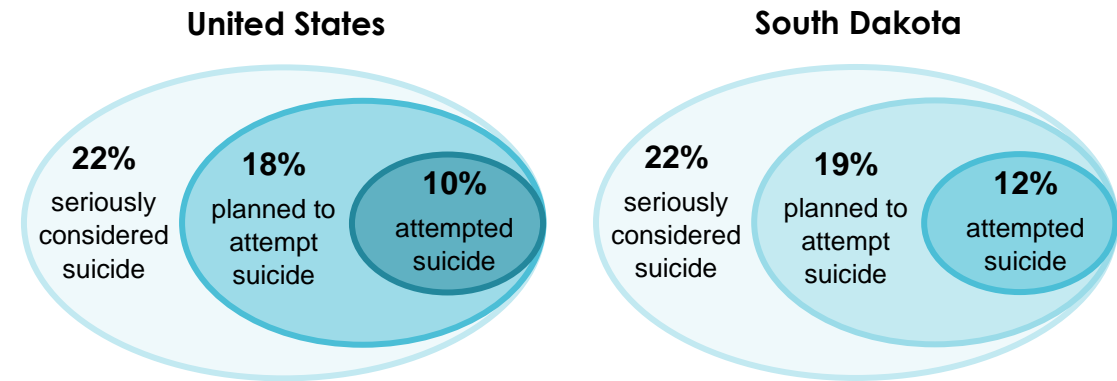
Percent (%) Increase of Attempted Suicide, Past Decade



*YRBSS did not collect data for South Dakota in 2017.

Figure 2.36 Seriously Considered Suicide, Made a Suicide Plan, and Attempted Suicide Amongst High Schoolers

Source: YRBSS, 2021



Quick Facts:

Source: YRBSS, 2021

Of the high schoolers in South Dakota that attempted suicide, about 1 in 6* asked for help from a doctor, counselor, or hotline before attempting suicide.



*Data amended by author May 2024.

Table 2.3 Suicidal Ideation and Suicidal Behavior by Disparities of Gender, Race, and School Grade

Source: YRBSS, 2021

United States		
Gender	Female	Male
Seriously Considered Suicide	30.0%	14.3%
Made a Suicide Plan	23.6%	11.6%
Attempted Suicide	13.3%	6.6%

South Dakota		
Gender	Female	Male
Seriously Considered Suicide	27.8%	15.5%
Made a Suicide Plan	23.2%	14.1%
Attempted Suicide	15.2%	8.8%

United States				
Grade	9 th	10 th	11 th	12 th
Seriously Considered Suicide	21.2%	23.2%	23.3%	21.1%
Made a Suicide Plan	18.2%	18.4%	18.0%	15.7%
Attempted Suicide	11.6%	10.9%	8.9%	8.6%

South Dakota				
Grade	9 th	10 th	11 th	12 th
Seriously Considered Suicide	16.9%	25.9%	22.9%	21.0%
Made a Suicide Plan	15.9%	22.8%	19.3%	15.6%
Attempted Suicide	11.2%	11.5%	12.5%	12.7%

United States		
Race	American Indian/ Alaskan Native	White
Seriously Considered Suicide	27.3%	22.7%
Made a Suicide Plan	21.9%	16.9%
Attempted Suicide	16.0%	9.0%

South Dakota		
Race	American Indian/ Alaskan Native	White
Seriously Considered Suicide	35.3%	18.9%
Made a Suicide Plan	28.2%	17.6%
Attempted Suicide	29.0%	9.3%

Key Takeaway:

Source: YRBSS, 2021

In 2021, 29.0% of South Dakota’s American Indian/Alaskan Native high schoolers reported they attempted suicide compared to 9.3% of South Dakota’s White high school students. This shows that suicide attempts were about 3x higher amongst American Indian/Alaskan Native high schoolers than White high schoolers in South Dakota.

High School Students Who Attempted Suicide Resulting in an Injury, Poisoning, or Overdose That Was Medically Treated

- In the past decade, high school students in the United States that attempted suicide resulting in an injury that needed medical treatment increased 0.5 percentage points from 2.4% in 2011 to 2.9% in 2021, while South Dakota decreased by 0.1 percentage points from 2.8% to 2.7% in the same timeframe (YRBSS, Figure 2.37).
- South Dakota was lower than the United States by 0.2 percentage points in 2021 for high school students that were seriously injured by a suicide attempt that needed medical treatment (YRBSS, Figure 2.37).

Key Takeaway:

South Dakota's high school students who needed medical treatment due to being seriously injured in a suicide attempt decreased 0.1 percentage points and increased 0.5 percentage points in the United States' high school students within the last decade.

Figure 2.37 High School Students That Were Seriously Injured Due to a Suicide Attempt, South Dakota vs. United States

Source: YRBSS, 2021

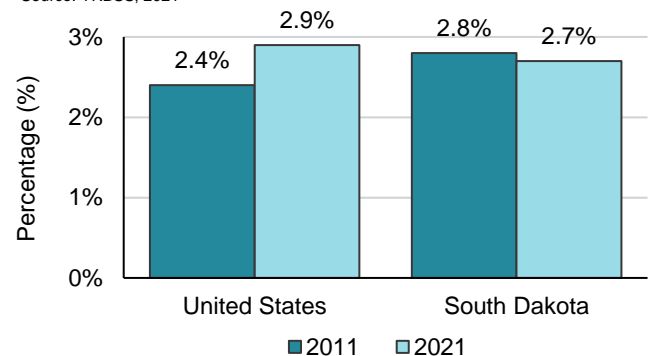


Figure 2.38 High School Students That Were Seriously Injured Due to a Suicide Attempt, by Gender, South Dakota vs. United States

Source: YRBSS, 2021

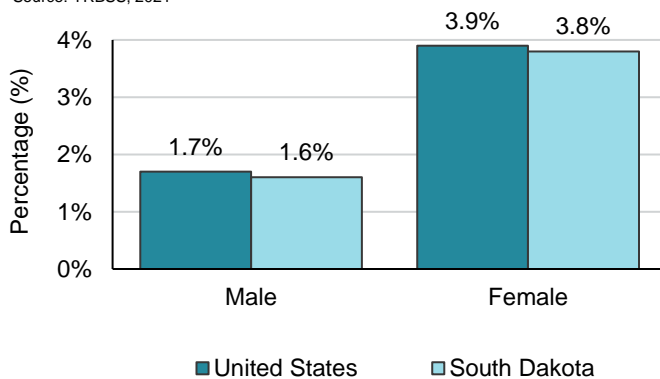
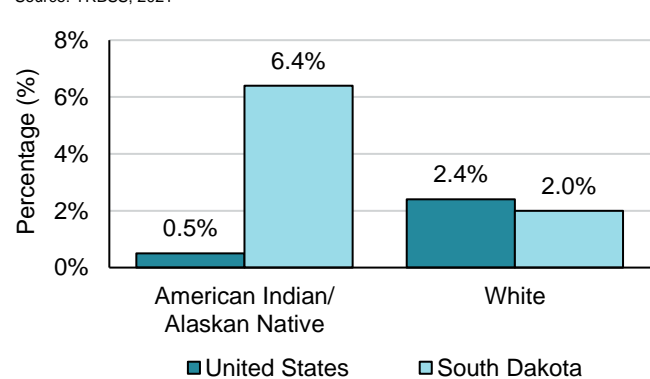


Figure 2.39 High School Students That Were Seriously Injured Due to a Suicide Attempt, by Race, South Dakota vs. United States

Source: YRBSS, 2021



Key Takeaways:

Source: YRBSS, 2021



6.4% of American Indian/Alaskan Native high school students in South Dakota were injured when attempting suicide, which exceeds the United States (0.5%).



2.0% of White South Dakota high school students were injured when attempting suicide, which was lower than the United States (2.4%).

Suicide and Suicidal Behavior Disparities in High School Students

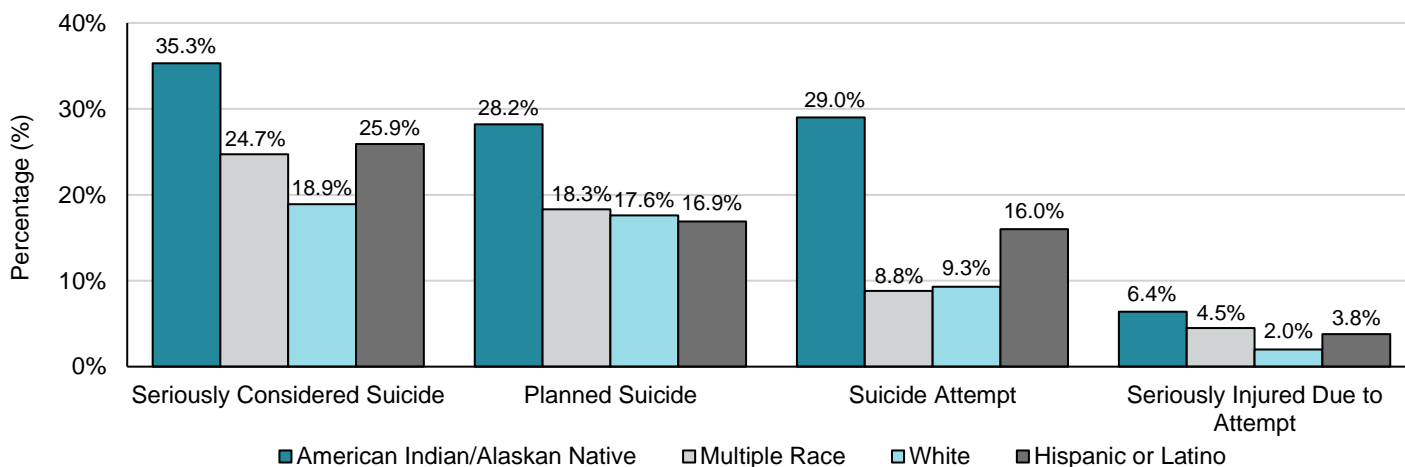
- Figure 2.40 shows in 2021 American Indian/Alaskan Native had the highest prevalence in all categories of suicidal ideation and suicidal behavior amongst high school students in South Dakota:
 - About 35% of American Indian/Alaskan Native seriously considered suicide, 28% made a plan, about 29% attempted suicide and about 6% were seriously injured due to an attempt.
 - More American Indian/Alaskan Native attempted suicide than those that initially planned a suicide attempt.
 - About 1/5 of American Indian/Alaskan Native that attempted suicide were seriously injured.
- In 2021, high school students that identified as being multiple races had the 2nd highest prevalence of planned suicide, and seriously injured due to a suicide attempt, while Hispanic or Latino had the 2nd highest prevalence of suicidal ideation and suicide attempt (YRBSS, Figure 2.40).

Key Takeaway:

In 2021, South Dakota American Indian/Alaskan Native high school students had the highest prevalence of suicide risk for all measures (seriously considered suicide, planned suicide, suicide attempt, seriously injured due to attempt).

Figure 2.40 Suicide and Suicidal Behaviors Race Disparities Amongst South Dakota High School Students

Source: YRBSS, 2021



Need Help Now?

988
Call • Text • Chat

Help Available 24/7

sdsuicideprevention.org

Suicide Prevention



6 Steps to
Help
Someone
at Risk

- 1 Ask.
- 2 Listen.
- 3 Keep them safe.
- 4 Be there.
- 5 Help them connect.
- 6 Follow up.

Suicide and Nonfatal Self-Inflicted Injury Among Youth* in South Dakota

Key Takeaway:

24 of the 192 individuals that died by suicide in 2022 were youth. This would mean that about 13% of suicides in South Dakota were youth in 2022.

Figure 2.41 Suicides Among Youth, South Dakota, 2013-2022

Source: SDAHO, prepared by SD DOH

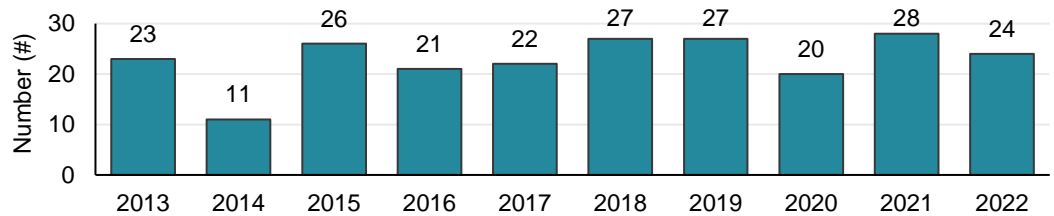


Figure 2.42 Youth Suicide by Sex, South Dakota, 2013-2022

Source: SDAHO, prepared by SD DOH

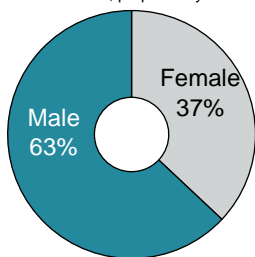
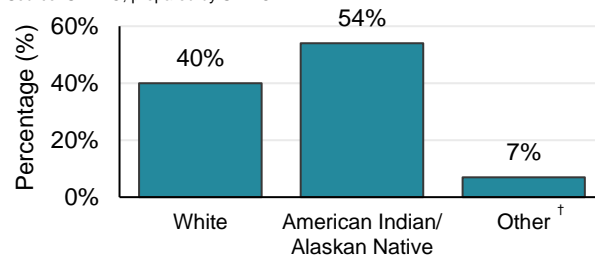


Figure 2.43 Youth Suicide by Race, South Dakota, 2013-2022†

Source: SDAHO, prepared by SD DOH



† Other includes Asian, Black, Multiracial, and Unknown races.

† Note, due to rounding, youth suicide by race is more than 100%.

Key Takeaways:

The largest proportion of suicide deaths was among American Indian/Alaskan Native youth.

The largest proportion of nonfatal self-inflicted injuries was among females and the White population, but there was still a high percentage among the American Indian/Alaskan Native population.

Key Takeaway:

Nearly 60% of nonfatal self-inflicted injuries among youth that went to an emergency department needed to be hospitalized.

Figure 2.44 Youth Nonfatal Self-Inflicted Injuries, Hospitalizations and Emergency Department Visits, South Dakota, 2018-2022 **

Source: SDAHO, prepared by SD DOH

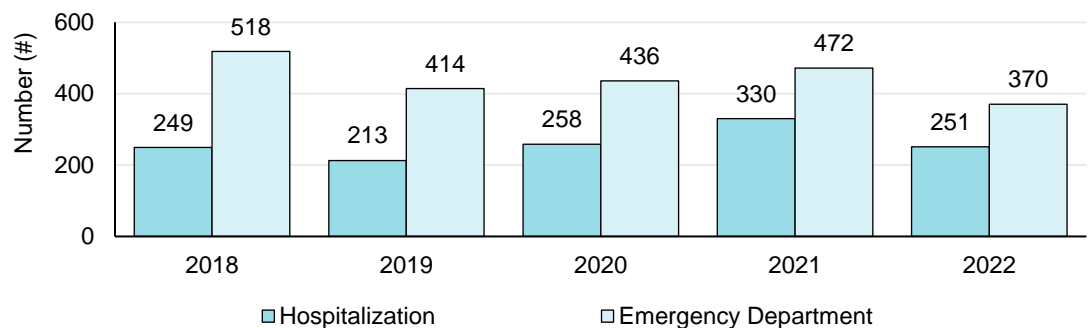


Figure 2.45 Youth Nonfatal Self-Inflicted Injuries by Sex, South Dakota, 2018-2022 **

Source: SDAHO, prepared by SD DOH

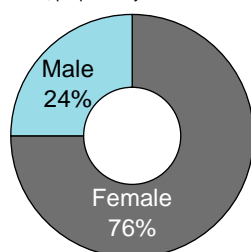
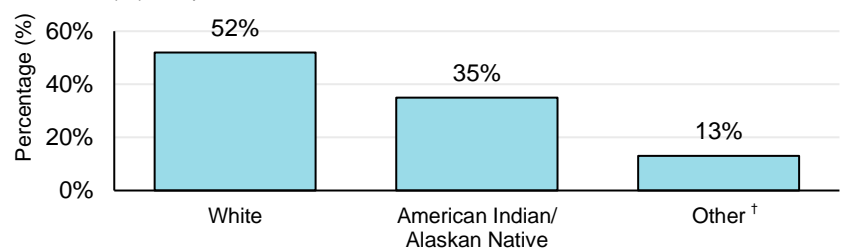


Figure 2.46 Youth Nonfatal Self-Inflicted Injuries by Race, South Dakota, 2018-2022 **

Source: SDAHO, prepared by SD DOH



† Other includes Asian, Black, Multiracial, and Unknown races.

**Note – Hospitalization and Emergency Department Visits are represented by date of discharge and do not include Indian Health Services and Veterans Affairs hospitals. This data does not include self-inflicted injury hospitalizations and emergency department visits that resulted in death.

*Note – youth ages 10-19 years old.

Substance Use in South Dakota

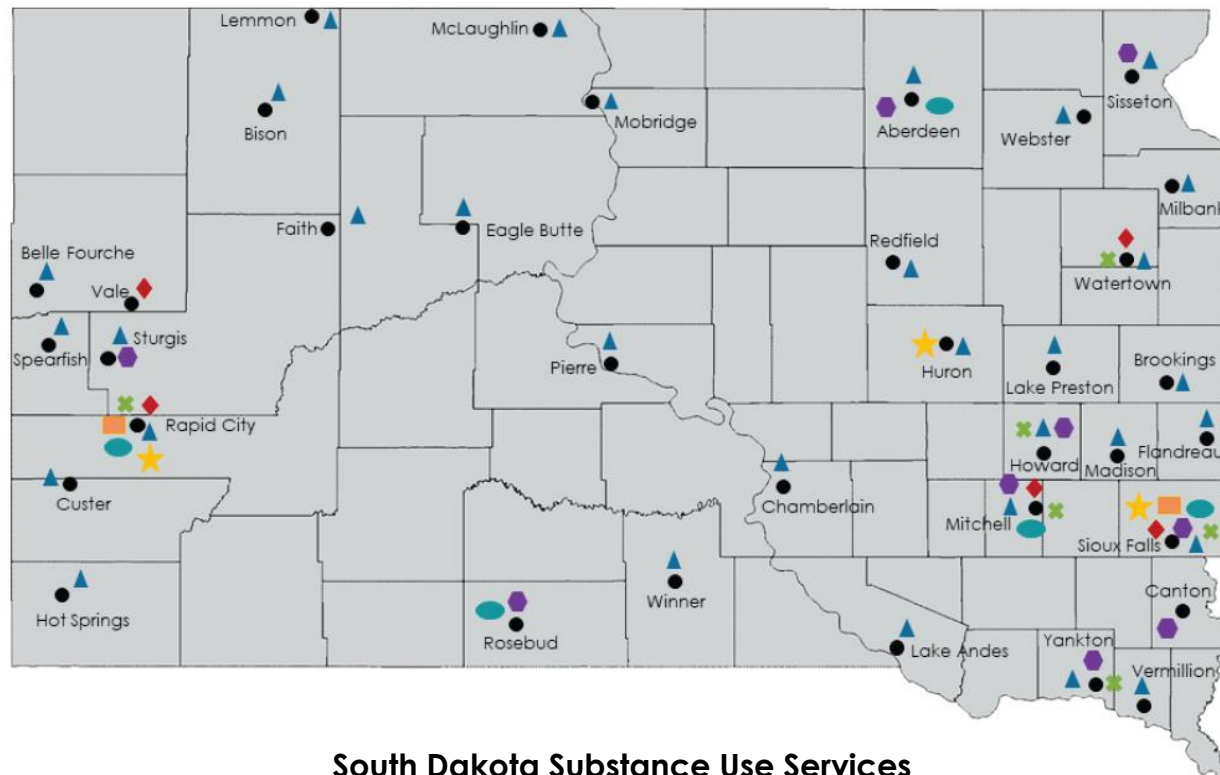


Photo by Travel South Dakota

South Dakota Substance Use Services

The Division of Behavioral Health contracts with accredited substance use disorder agencies across the state to provide quality services to both adults and youth. Services include screenings and assessments, early intervention, detoxification, outpatient, and inpatient treatment. Financial assistance for services is available.

Figure 3.1 South Dakota Publicly Funded Substance Use Services



South Dakota Substance Use Services

- Community
- Pregnant Women and Women with Dependent Children Treatment Services
- ▲ Outpatient Treatment Services
- ◆ Low Intensity Residential Treatment Services
- Adult Inpatient Treatment Services
- ★ Youth Inpatient Treatment Services
- ✕ Detoxification Treatment Services
- Intensive Methamphetamine Treatment Services

There may be multiple substance use disorder agencies providing services in your community. To find an agency in your area, please visit one of the websites or scan the QR code.

- SAMHSA Treatment Locator – findtreatment.samhsa.gov/
- DSS – dss.sd.gov/behavioralhealth/agencycounty.aspx

Financial assistance is available. Contact a treatment provider in your area for more information.



Overview of Substance Use in South Dakota – Adult

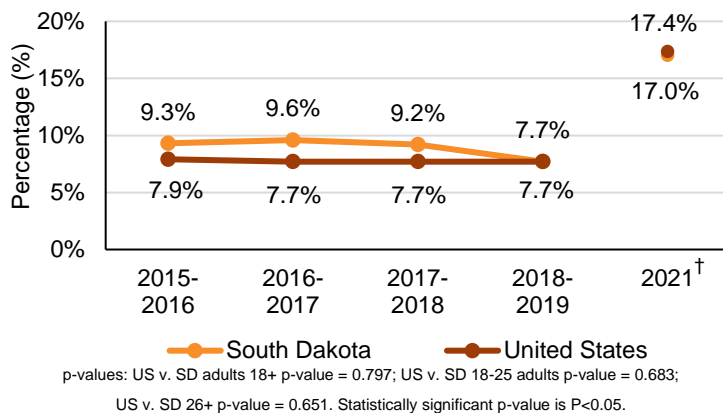
Substance Use Disorder in the Past Year

Definition: Substance Use Disorder (SUD) criteria for illicit drug or alcohol dependence or abuse.

- For adults, based on the p-value, there is no statistically significant difference between the United States and South Dakota's prevalence of substance use disorder in 2021 (Source: NSDUH, Figure 3.2).

Figure 3.2 Substance Use Disorder in the Past Year, South Dakota, Adults Ages 18+

Source: NSDUH



Key Takeaways:

South Dakota had the 14th lowest prevalence of SUD in the United States and D.C. (Figure 3.3.A, NSDUH). SUD is a combination of illicit drug or alcohol dependence or abuse. The following compares substance use disorders amongst adults in South Dakota and their relative health to the United States:

- Alcohol Use Disorder was the most common substance use disorder in South Dakota and ranked 44th highest in the United States and D.C. (Figure 3.4 and Figure 3.3.B., NSDUH)
- South Dakota has the 14th lowest prevalence of Drug Use Disorder in the past year in the United States and D.C. (Figure 3.3.C., NSDUH).
- Opioid Use Disorder in South Dakota was the 27th highest in the United States D.C (Figure 3.3.D., NSDUH).
- Pain Reliever Use Disorder in the past year in South Dakota was 30th highest in the United States and D.C. (Figure 3.3.E., NSDUH).

Figure 3.4 Type of Substance Use Disorder in the Past Year, South Dakota, Adults Ages 18+

Source: NSDUH, 2021 (preliminary)

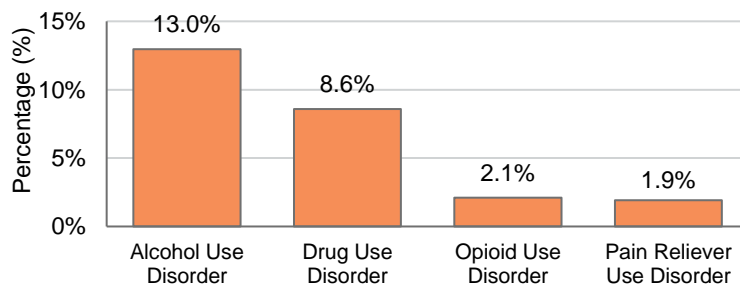
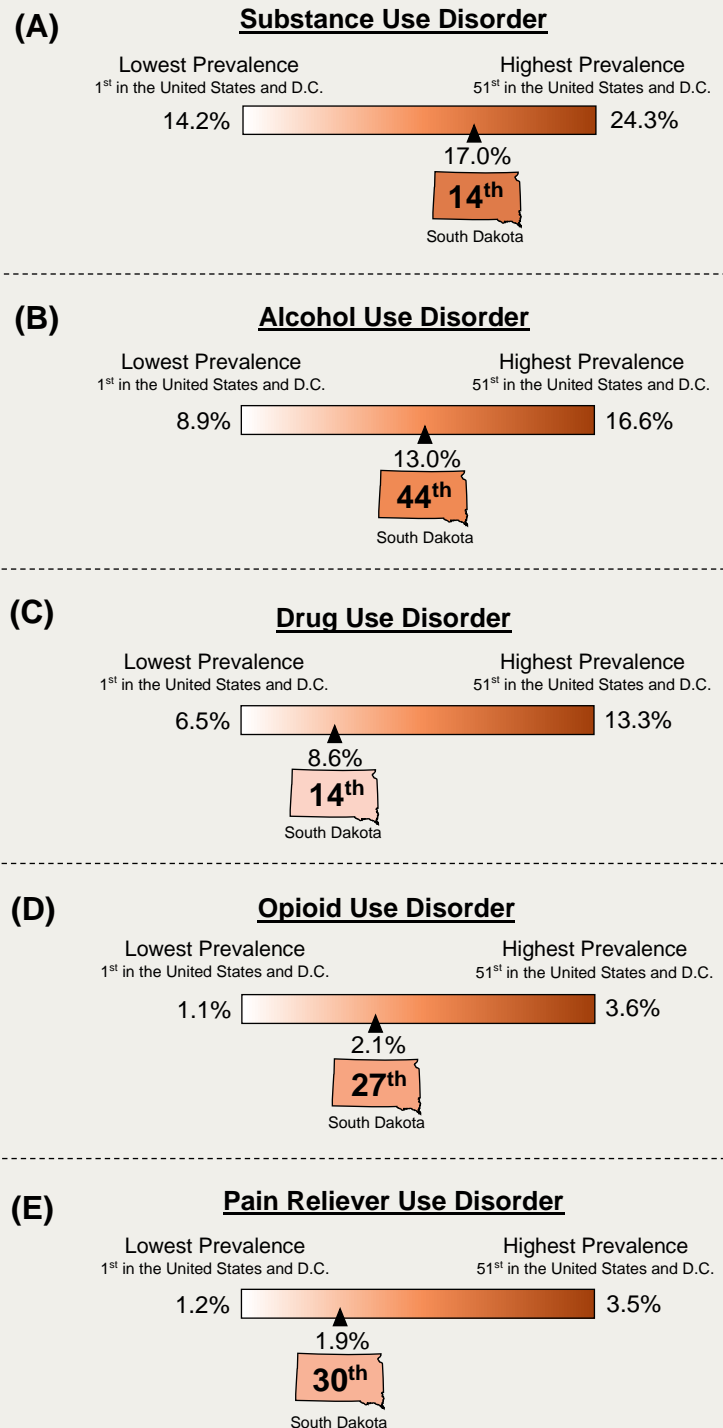


Figure 3.3 Substance Use Disorder Ranking In South Dakota Amongst the United States and District of Columbia (D.C.)

Source: NSDUH, 2021 (preliminary)



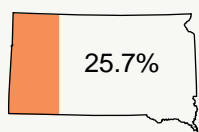
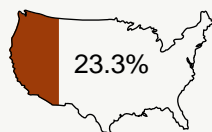
† Note: due to methodology changes, 2021 prevalence estimates cannot be compared to previous years' estimates. Because 2021 state estimates are based on a single year of data, there is a greater variance around the estimates than for the usual two-year estimates, particularly in small states and for uncommon outcomes.

Substance Use in the Past Month

Figure 3.5 Substance Use in the Past Month, United States vs. South Dakota, Adults Ages 18+

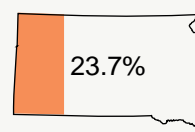
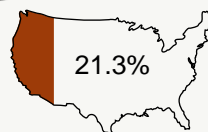
Source: NSDUH, 2021 (preliminary)

Binge Alcohol Use



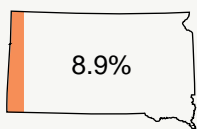
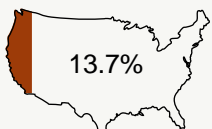
Binge alcohol use amongst South Dakota adults was 2.4 percentage points higher than the United States.

Tobacco Product Use



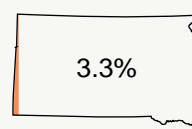
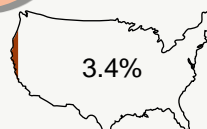
Utilization of tobacco products amongst South Dakota adults was 2.4 percentage points higher than the United States.

Marijuana Use



Marijuana use amongst South Dakota adults was 4.8 percentage points lower than the United States.

Illicit Drug Use Other than Marijuana



Illicit drug use amongst South Dakota adults was 0.1 percentage points lower than the United States.

Key Takeaways:

Source: NSDUH, 2021 (preliminary)



In 2021, South Dakota was **higher** than the United States for the following substance use in the past month:

- Binge Alcohol Use
- Tobacco Product Use



In 2021, South Dakota was **lower** than the United States for the following substance use in the past month:

- Marijuana Use
- Illicit Drug Use Other than Marijuana

Substance Use in the Past Year

Figure 3.6 Illicit Drug Use in the Past Year, South Dakota, Adults Ages 18+

Source: NSDUH, 2021 (preliminary)

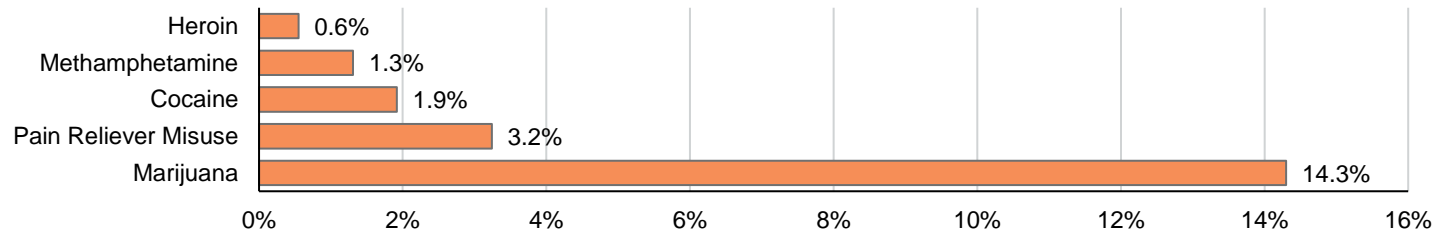


Figure 3.7.a Marijuana Use

Source: NSDUH

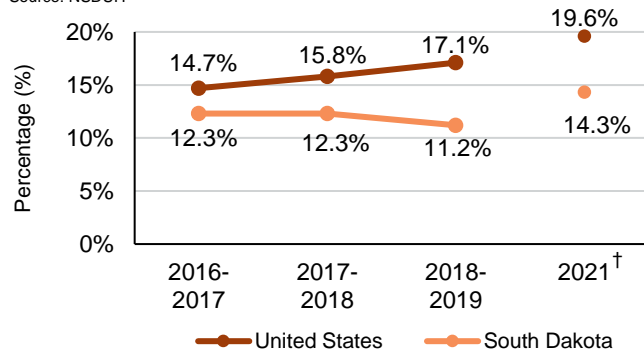


Figure 3.7.b Pain Reliever Misuse

Source: NSDUH

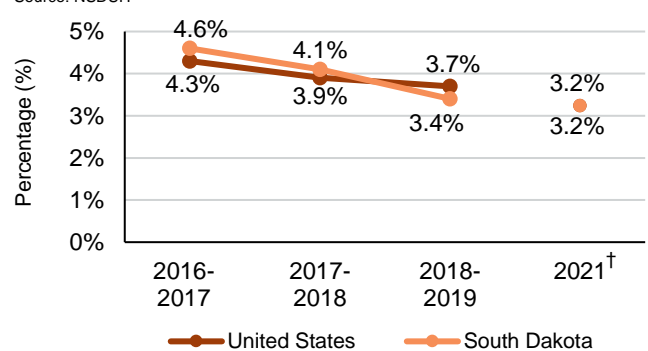


Figure 3.7.c Cocaine Use

Source: NSDUH

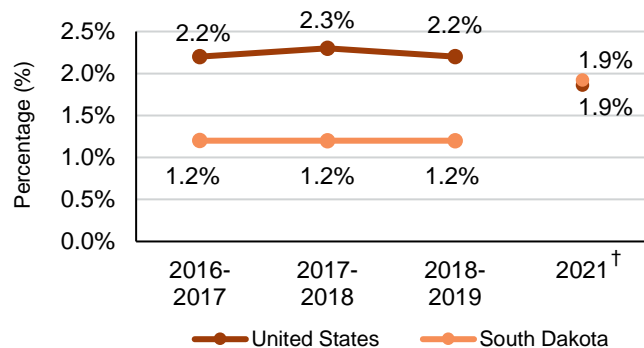


Figure 3.7.d Methamphetamine Use

Source: NSDUH

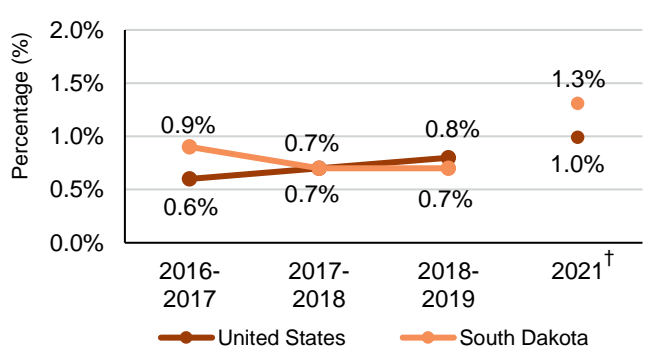
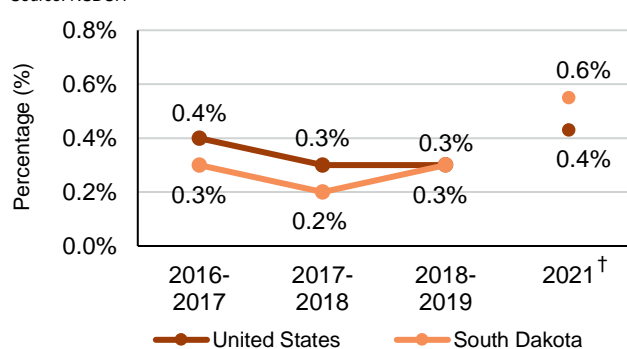


Figure 3.7.e Heroin Use

Source: NSDUH



Key Takeaway:

In 2021, South Dakota adults either had the **same or lower prevalence** of marijuana use, prescription pain reliever misuse, and cocaine use within the last year, when compared to the United States, but exceeded the United States for heroin use and methamphetamine use.

[†] Note: due to methodology changes, 2021 prevalence estimates cannot be compared to previous years' estimates. Because 2021 state estimates are based on a single year of data, there is a greater variance around the estimates than for the usual two-year estimates, particularly in small states and for uncommon outcomes.

Alcohol and Binge Alcohol Use

Definitions: alcohol use is any drink within the past 30 days. Binge alcohol use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

- Young adults 18-25 years old were 1.4 times more likely to binge alcohol drink than adults 26 years old and older (NSDUH, Figure 3.8).
- 24.3% of South Dakota adults 26 years old and older reported binge alcohol use within the past month (NSDUH, Figure 3.8).

Consequences of Alcohol Use:

Excessive alcohol use accounted for more than 140,000 deaths per year, or more than 380 deaths per day, in the United States during 2015-2019.

Source: CDC

Excessive alcohol use cost South Dakota an estimate of \$598,200,000 in 2010. South Dakotans paid \$735 per person, which is lower than the United States average (\$807). These costs were from loss of productivity, health care, criminal justice, and motor vehicle crashes.

Source: CDC

In 2021, the age-adjusted death rate per 100,000 from chronic liver disease and cirrhosis was 37.3 in South Dakota and 14.5 in the United States. In the past decade (2011-2021), deaths due to chronic liver disease have increased about 218.8% in South Dakota and 49.5% in the United States.

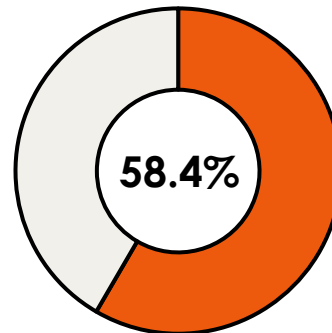
Source: CDC WONDER

In 2021, there were 148 total crash fatalities in South Dakota. Of those crashes, 37.8% (or 56 fatalities) were alcohol related fatalities.

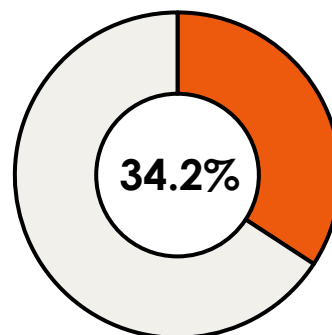
Source: South Dakota Department of Public Safety

Figure 3.8 Alcohol Use and Binge Alcohol Use in the Past Month

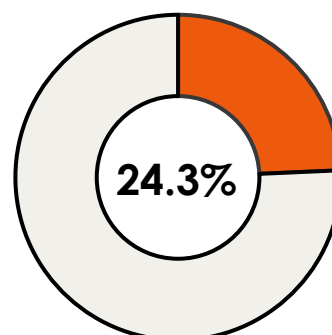
Source: NSDUH, 2021 (preliminary)



58.4% of South Dakota adults **18 years old and older** and 59.12% young adults **18-25 years old** reported using alcohol in the past month.



34.2% of young adults in South Dakota **18-25 years old** reported binge alcohol use in the past month.



24.3% of adults in South Dakota **26 years old and older** reported binge alcohol use in the past month.

Risk Factors of Alcohol Use:

Source: U.S. Census Bureau

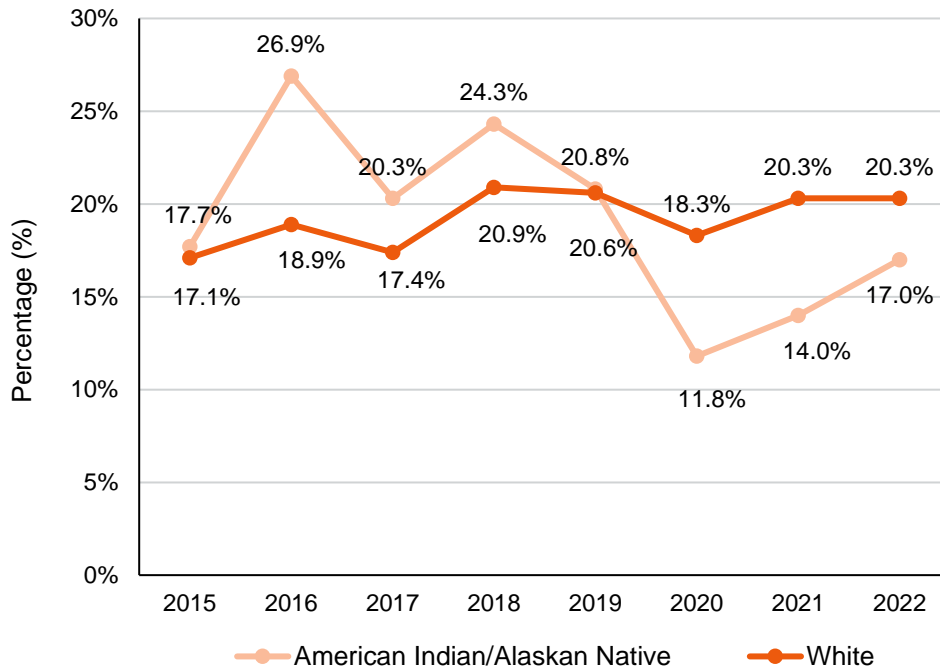
In 2021, South Dakota ranked 4th in the United States, per capita, for states with the most bars. South Dakota has about 38 bars per 100,000 people.

South Dakota had about one liquor store per 12,430 residents (all age groups) in 2021.

- American Indian/Alaskan Native population continues to have a lower prevalence of binge alcohol drinking for the last three recorded years between 2020 and 2022 (BRFSS, Figure 3.9).
- Binge alcohol drinking amongst White adults in South Dakota exceeded American Indian/Alaskan Native adults in South Dakota by nearly 3 percentage points in 2022 (BRFSS, Figure 3.9).

Figure 3.9 Adult Binge Alcohol Drinking by Race, South Dakota, Adults Ages 18+*

Source: BRFSS



Quick Facts:

South Dakota ranked 11th highest in the United States and District of Columbia (D.C.) for binge alcohol use in the past month among adults 18-25 years old.

Source: NSDUH, 2021 (*preliminary*)

38.8% of adults ages 18+ in South Dakota believed there was great risk from drinking five or more drinks of alcohol once or twice per week, compared to 44.2% of adults ages 18+ in the United States.

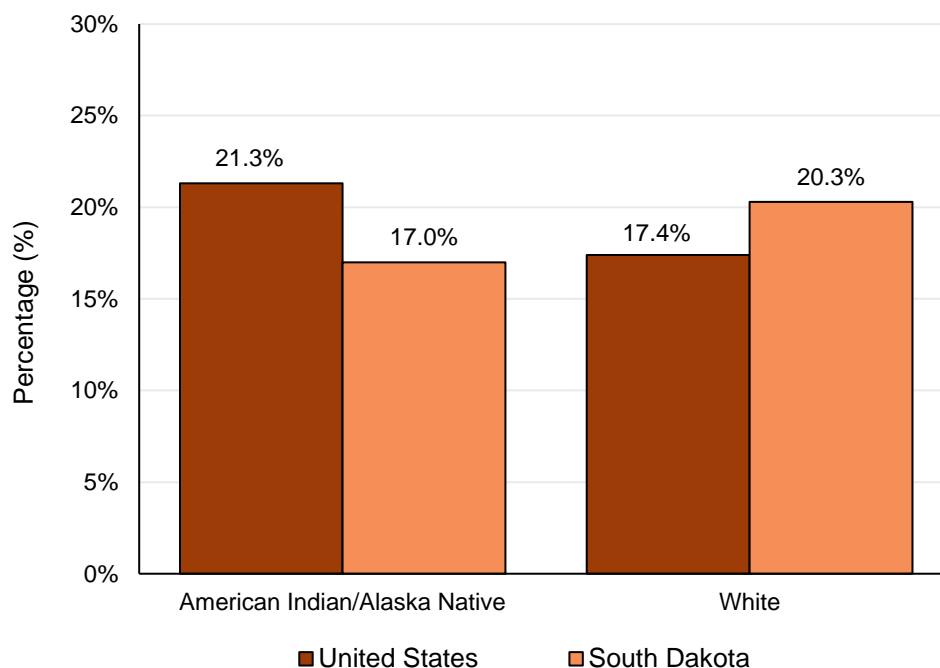
Source: NSDUH, 2021 (*preliminary*)

More adults in South Dakota (19.4%) than in the United States (17.0%) reported binge drinking in the past year.

Source: BRFSS, 2022

Figure 3.10 Binge Alcohol Drinking, by Race, Adults Ages 18+*

Source: BRFSS, 2022



Key Takeaway:

In the United States, American Indian/Alaskan Native population binge alcohol drank more than the White population by 3.9 percentage points.

In South Dakota, American Indian/Alaskan Native population binge alcohol drank less than the White population by 3.3 percentage points.

Alcohol Use Disorder

Definition: meets criteria for alcohol use disorder (AUD) as defined by DSM-5.

Figure 3.11 Alcohol Use Disorder in the Past Year, by Age, United States vs. South Dakota

Source: NSDUH, 2021 (preliminary)

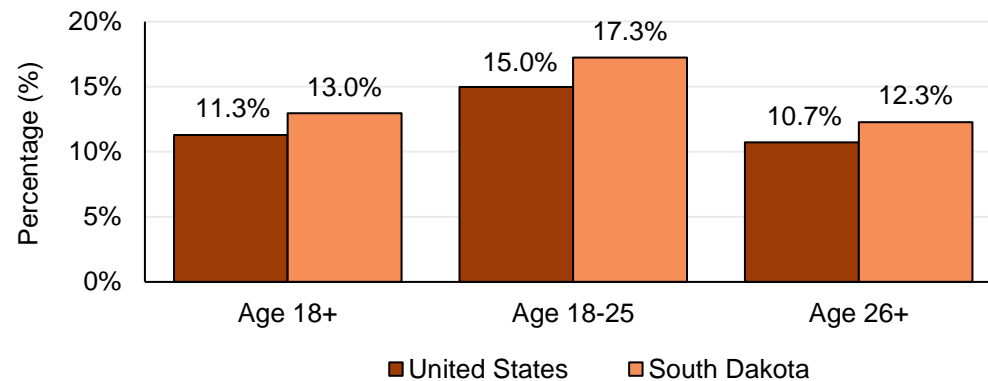
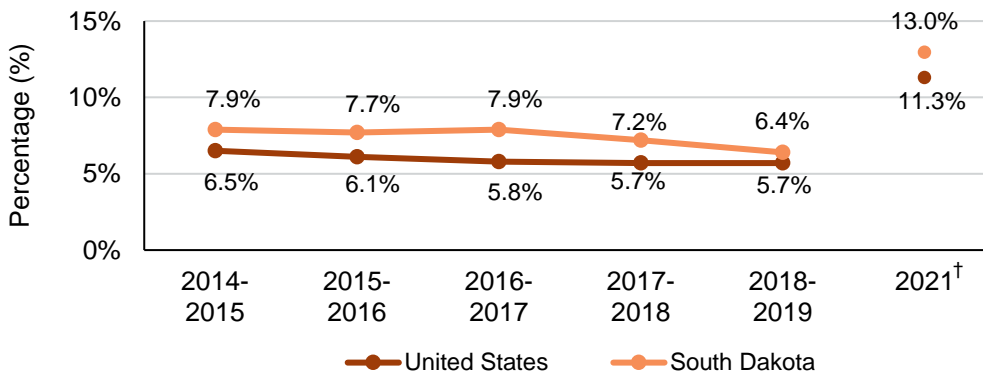


Figure 3.12 Alcohol Use Disorder in the Past Year, Adults Ages 18+

Source: NSDUH



Key Takeaways:

South Dakota had a higher prevalence of adults with an AUD in the past year compared to the United States for all adult age groups.

South Dakota's prevalence of adults with an AUD in the past year decreased between 2015-2016 and 2018-2019.

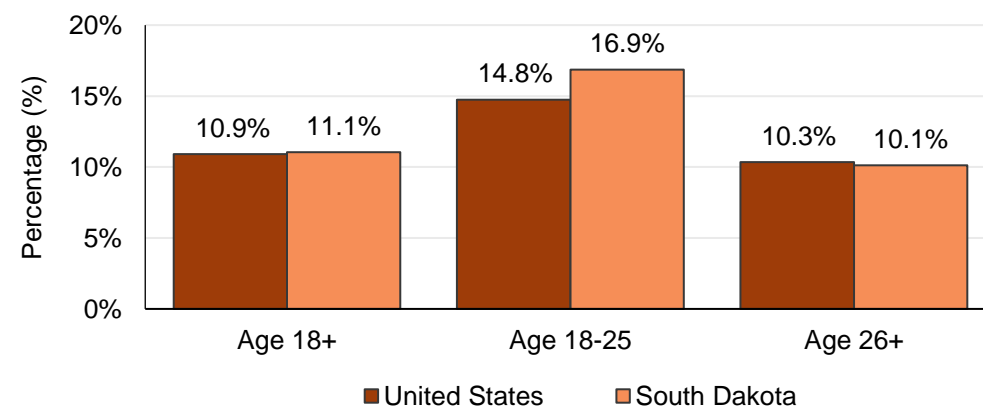
In 2021, 13.0% of South Dakota adults had an AUD compared to 11.3% of adults in the United States.

Untreated Alcohol Use

Definition: needing but not receiving alcohol treatment refers to respondents who are classified as needing alcohol treatment, but who did not receive alcohol treatment at a specialty facility.

Figure 3.13 Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use in the Past Year, by Age, United States vs. South Dakota

Source: NSDUH, 2021 (preliminary)



Key Takeaway:

South Dakota had a higher prevalence of those needing but not receiving treatment at a specialty facility for alcohol use in the past year compared to the United States for adults 18+ and young adults ages 18-25.

† Note: due to methodology changes, 2021 prevalence estimates cannot be compared to previous years' estimates. Because 2021 state estimates are based on a single year of data, there is a greater variance around the estimates than for the usual two-year estimates, particularly in small states and for uncommon outcomes.

Marijuana Use

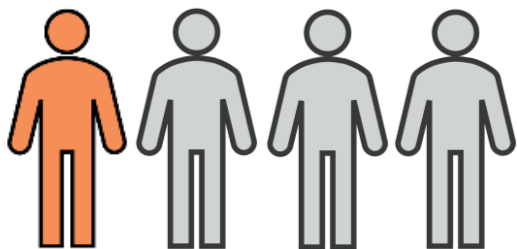
- In 2021, 14.3% (or 94,000) adults in South Dakota used marijuana in the past year (NSDUH, Figure 3.14 and Figure 3.15).
- In 2021, 19.6% of adults in the United States use marijuana in the past year (NSDUH, Figure 3.14 and Figure 3.15).
- The difference in past year marijuana use is statistically significant between South Dakota and the United States for all adult age groups (NSDUH, Figure 3.14).

Key Takeaway:

In 2021, South Dakota adults had a lower prevalence of past year marijuana use compared to adults in the United States and this difference is statistically significant based on the p-value (NSDUH, Figure 3.15).

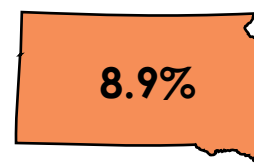
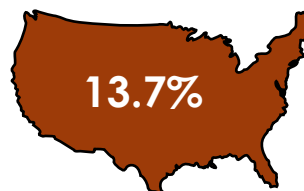
p-values: US v. SD adults 18+ p-value = 0.006; US v. SD 18-25 adults p-value = 0.025;
US v. SD 26+ p-value = 0.017. Statistically significant p-value is $P < 0.05$.

Quick Facts:



A minority (17.9%) of adult residents in South Dakota believed there was great risk from smoking marijuana once a month.

Source: NSDUH, 2021 (preliminary)



On average, 13.7% of United States and 8.9% of South Dakota adult residents reported monthly marijuana use in 2021.

Source: NSDUH, 2021 (preliminary)

Figure 3.14 Marijuana Use in the Past Year, by Age

Source: NSDUH, 2021 (preliminary)

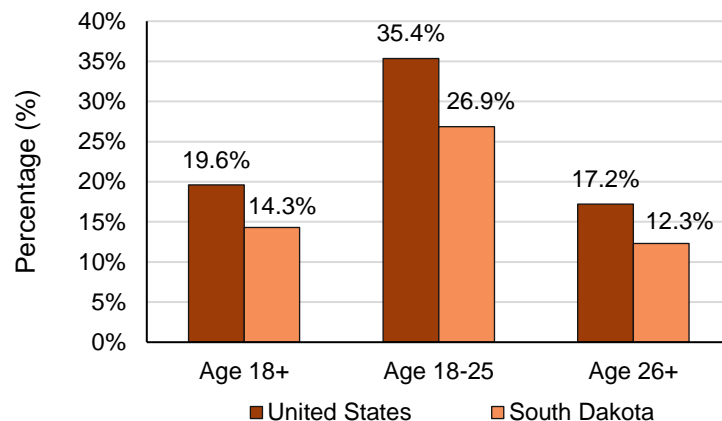
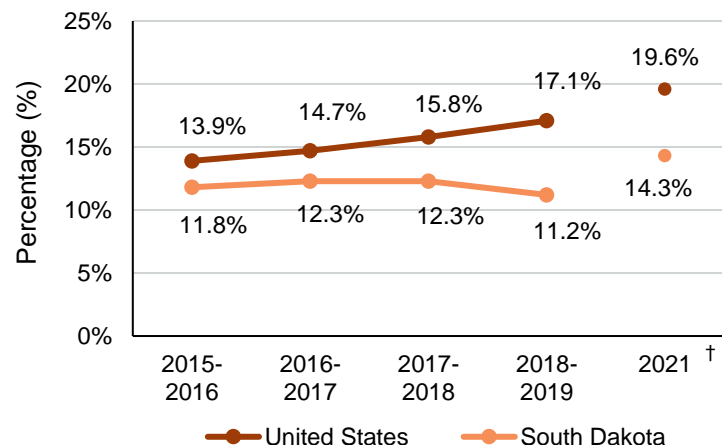


Figure 3.15 Marijuana Use in the Past Year, Adults Ages 18+

Source: NSDUH



† Note: due to methodology changes, 2021 prevalence estimates cannot be compared to previous years' estimates. Because 2021 state estimates are based on a single year of data, there is a greater variance around the estimates than for the usual two-year estimates, particularly in small states and for uncommon outcomes.

Prescription Drug Use

- Between 2013 and 2022, there were 753 deaths due to drugs in South Dakota. Opioids accounted for 47.3% (or 356) of drug related deaths in South Dakota (SD DOH Vital Statistics, Figure 3.16).

Most Prescribed Opioids:

Actiq
Astramorph
Codeine
Conzip
Demerol
DepoDur
Dilaudid
Duragesic
Duramorph
Endocet
Exalgo
Hydrocodone (Vicodin)
Hydromorphone
Fentanyl
Lorcet
Lortab
Meperidine
Methadone
Morphine
MS-Contin
Norco
Oxycodone (Oxycontin/Oxceta)
Percocet
Roxicet
Roxicodone
Tramadol
Ultram
Ventura

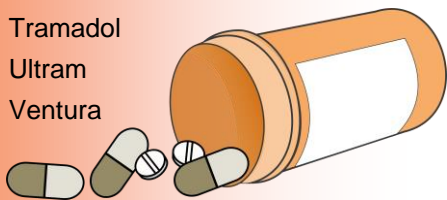


Figure 3.16 All Drug and Opioid Related Deaths, South Dakota, 2013-2022

Source: SD DOH Vital Statistics

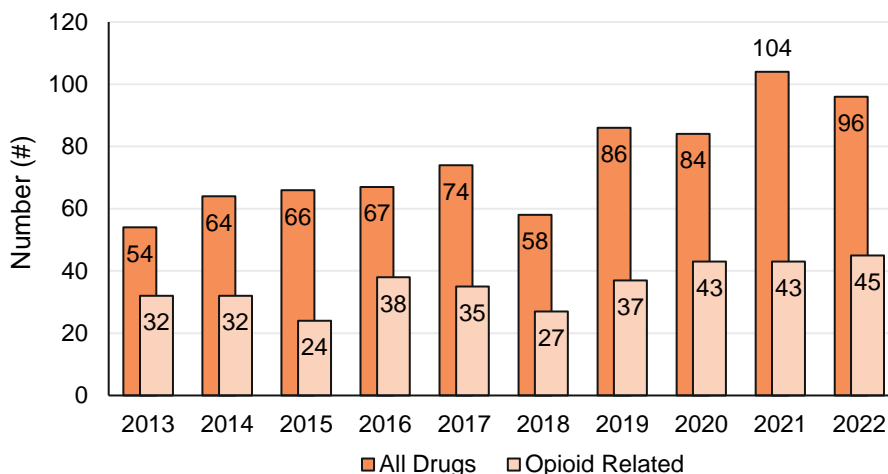


Table 3.1 All Drugs and Opioid Related Deaths, South Dakota, by Race, 2013-2022

Source: SD DOH Vital Statistics

Race			
	White	AI/AN*	Other**
All Drug Deaths	71%	23%	6%
Opioid Related Deaths	75%	18%	8%

*AI/AN = American Indian/Alaskan Native;

** Other includes Asian, Black, Multiracial, and Unknown races.

Table 3.2 All Drugs and Opioid Related Deaths, South Dakota, by Gender, 2013-2022

Source: SD DOH Vital Statistics

Gender		
	Female	Male
All Drug Deaths	44%	56%
Opioid Related Deaths	45%	55%

Quick Fact:

South Dakota's rate of overdose deaths (12.6 per 100,000) was about 2.6x lower than the United States (32.4 per 100,000) in 2021.

Source: Kaiser Family Foundation and CDC Wonder



For more information, please visit:
<https://www.avoidopioidsd.com>



South Dakota resource hotline
1-800-920-4343

- South Dakota ranked lowest in the United States for age-adjusted rate of opioid-related overdose deaths and 2nd lowest age-adjusted rate for overdose deaths due to all drugs per 100,000 in 2021 (Kaiser Family Foundation and CDC WONDER).

Figure 3.17 All Drug Deaths, by Age, South Dakota, 2013-2022

Source: SD DOH Vital Statistics

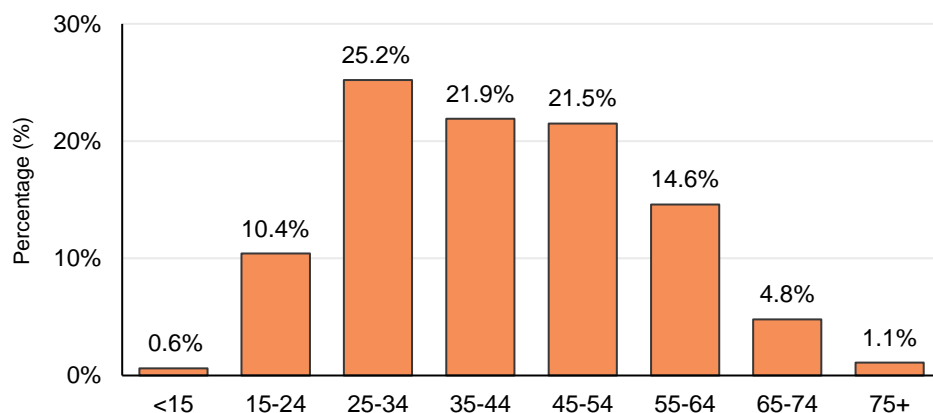


Figure 3.18 Opioid Related Deaths, by Age, South Dakota, 2013-2022

Source: SD DOH Vital Statistics

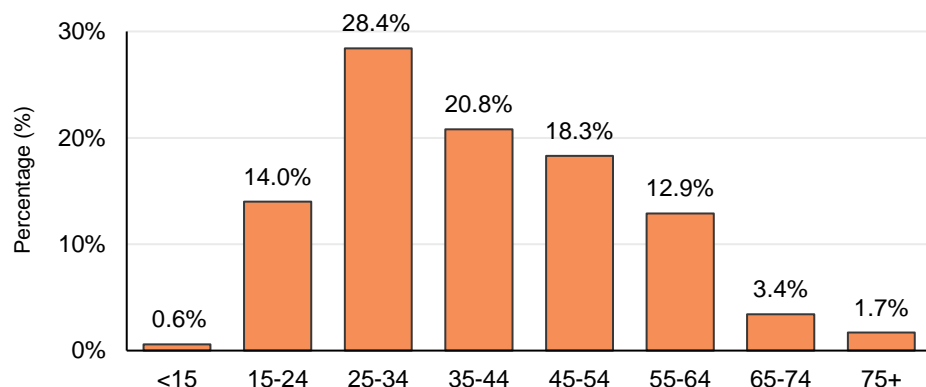
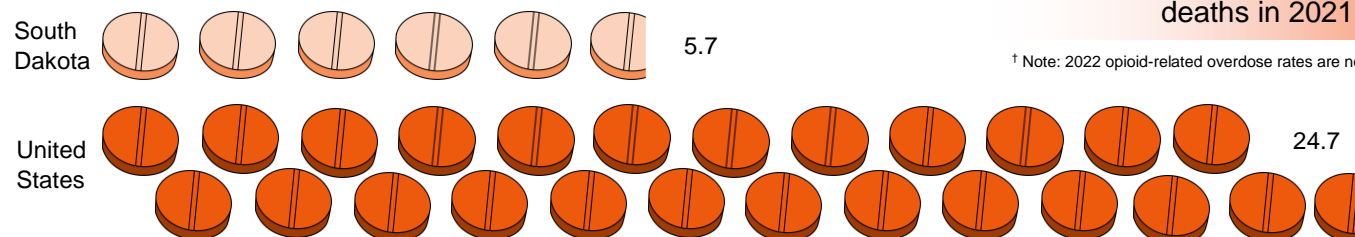


Figure 3.19 Age-Adjusted Opioid Related Deaths per 100,000, South Dakota, vs. United States, 2021†

Source: Kaiser Family Foundation



† Note: 2022 opioid-related overdose rates are not available.

Quick Facts:

Source: Kaiser Family Foundation and CDC WONDER

Deaths Due to All Drug Overdoses†

South Dakota deaths due to drug overdoses increased from an age-adjusted rate of 5.5 per 100,000 in 2012 to 12.6 per 100,000 in 2021.

2nd South Dakota had the second lowest age-adjusted rate of all drug overdose deaths in 2021.

Opioid Related Deaths†

South Dakota drug overdoses related to opioids increased from an age-adjusted rate of 3.1 per 100,000 in 2012 to 5.7 per 100,000 in 2021.

1st South Dakota had the lowest age-adjusted rate of opioid overdose deaths in 2021.



Those struggling with addiction can feel isolated and hopeless. A Care Coordinator provides the support you or your family may be missing and helps develop a plan for recovery.

Care Coordination is a FREE, confidential service available for all South Dakotans. Call the Resource Hotline at 1-800-920-4343 and ask to speak with a Care Coordinator.

For more information, please visit: <https://www.avoidopioidsd.com/find-help/care-coordination/>

- 3.2% of adults in the United States and South Dakota report to having misused pain relievers in the past year in 2021 (NSDUH, Figure 3.20).
- Young adults in South Dakota are less likely to misuse pain relievers in the past year than young adults in the United States (NSDUH, Figure 3.21).
- In the past year, 3.4% of South Dakota adults age 26+ reported to misusing pain relievers, while 3.3% of adults 26+ in the United States have reported pain reliever misuse in the past year (NSDUH, Figure 3.21).

Figure 3.20 Pain Reliever Misuse in the Past Year, Adults Ages 18+

Source: NSDUH

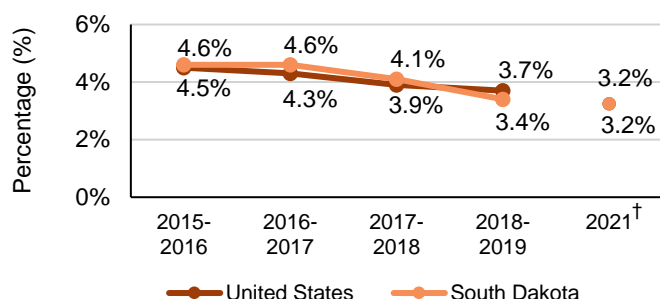
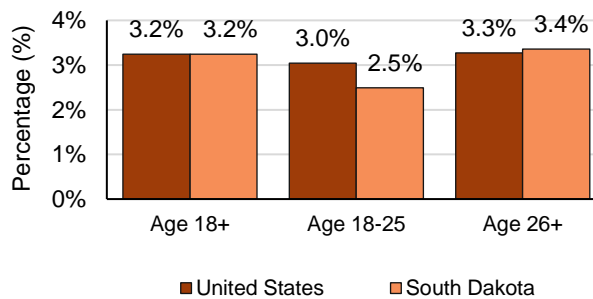


Figure 3.21 Pain Reliever Misuse in the Past Year, by Age

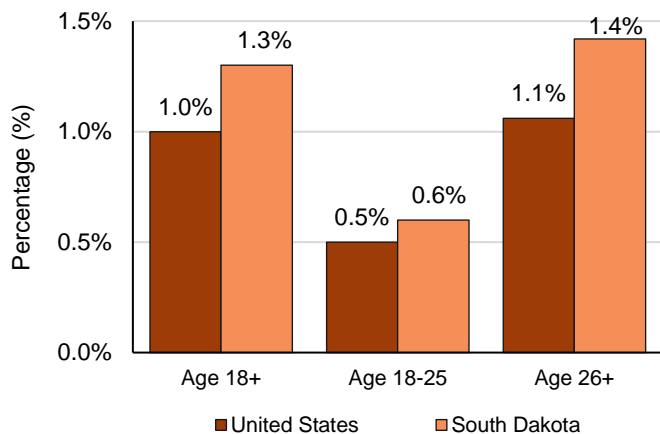
Source: NSDUH, 2021 (preliminary)



Methamphetamine Use

Figure 3.22 Methamphetamine Use in the Past Year, by Age

Source: NSDUH, 2021 (preliminary)

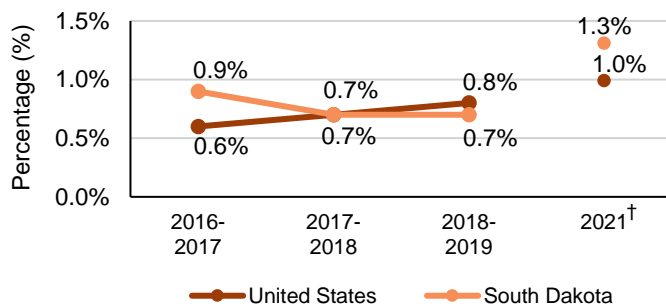


p-values: US v. SD adults 18+ p-value = 0.502; US v. SD 18-25 adults p-value = 0.889;

US v. SD 26+ p-value = 0.511. Statistically significant p-value is $P < 0.05$.

Figure 3.23 Methamphetamine Use in the Past Year, Adults Ages 18+

Source: NSDUH



Key Takeaway:

In 2021, based on p-values, there were no statistical significance between the prevalence of methamphetamine use in the past year between South Dakota and the United States amongst all adult age groups (NSDUH, Figure 3.22).

In 2021, older adults 26+ are more than twice as likely to use methamphetamine than younger adults 18-25 in both the United States and South Dakota, which is unusual since younger adults are more likely to use illicit drugs other than marijuana compared to older adults (NSDUH, Figure 3.22)*

*Illicit Drug Use Other Than Marijuana:

South Dakota: Age 18-25 = 3.9%; Age 26+ = 3.2%;
United States: Age 18-25 = 4.1%. Age 26+ = 3.3%.

Key Takeaway:

Past year methamphetamine use for adults in the United States is 0.3 percentage points lower than South Dakota (NSDUH, Figure 3.23)

[†] Note: due to methodology changes, 2021 prevalence estimates cannot be compared to previous years' estimates. Because 2021 state estimates are based on a single year of data, there is a greater variance around the estimates than for the usual two-year estimates, particularly in small states and for uncommon outcomes.

Overdose in South Dakota

- Overdose deaths from all drugs increased 77.8% from 2013 to 2022 (DOH Vital Statistics and CDC Wonder, Figure 3.24).
- South Dakota had the 2nd lowest age-adjusted rate of drug overdose deaths in 2021.
 - United States: 32.4 per 100,000 population
 - South Dakota: 12.6 per 100,000 population

Figure 3.24 Overdose Deaths by Drug Type, South Dakota, 2013-2022

Source: DOH Vital Statistics and CDC Wonder

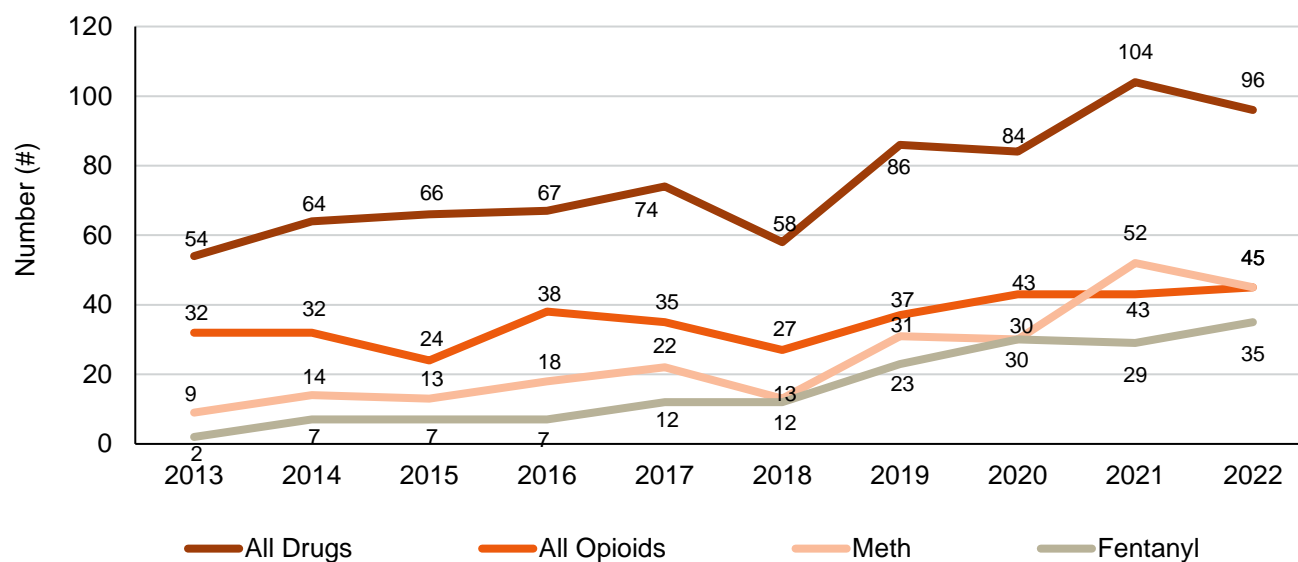
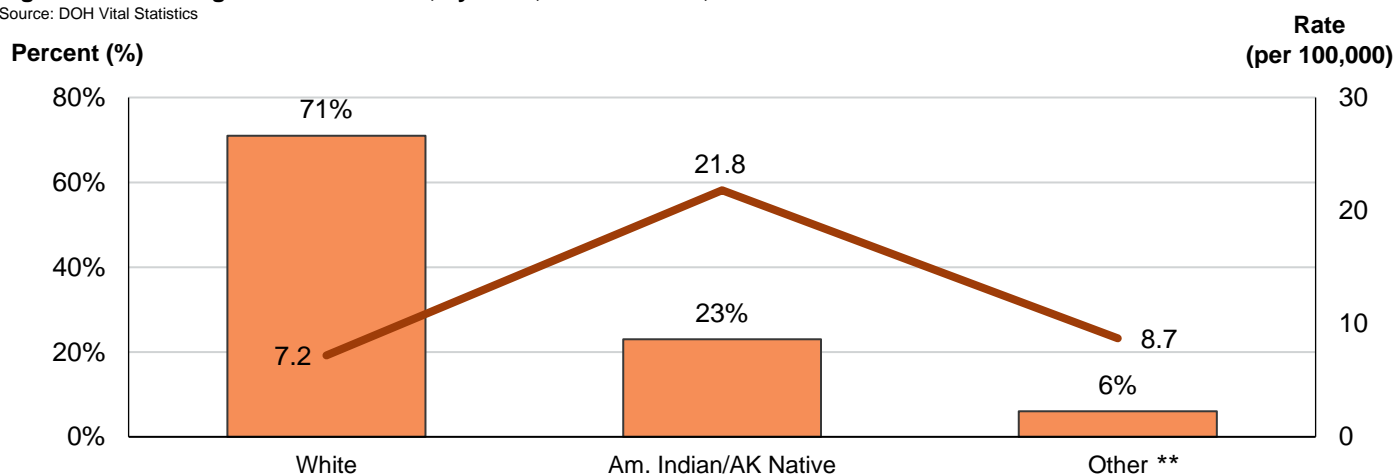


Figure 3.25 All Drug Overdose Deaths, by Race, South Dakota, 2013-2022

Source: DOH Vital Statistics



** Other includes Asian, Black, Multiracial, and Unknown races.

Key Takeaway:

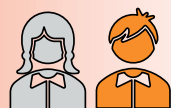
American Indian/Alaskan Native overdose rates were 3.0 times higher than White overdose rates in South Dakota (2013-2022).

Nonfatal Overdose Hospitalization and Emergency Department Visits in South Dakota

Between 2018 and 2022, the largest proportion of nonfatal overdose visits to the Emergency Department were among:



Females



Ages 15-24



White Population

Figure 3.26 Nonfatal Overdose Hospitalizations and Emergency Department Visits, by Sex, 2018-2022

Source: SDAHO, prepared by SD DOH

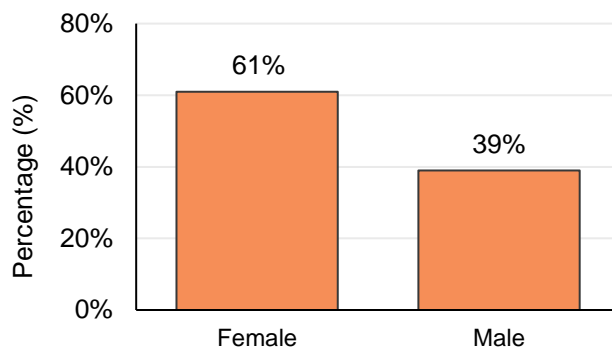


Figure 3.27 Nonfatal Overdose Hospitalizations and Emergency Department Visits, by Age Group, 2018-2022

Source: SDAHO, prepared by SD DOH

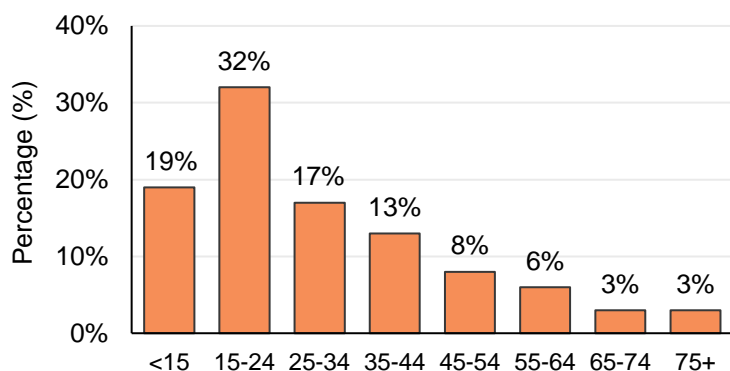


Figure 3.28 Nonfatal Overdose Hospitalizations and Emergency Department Visits, by Race, 2018-2022

Source: SDAHO, prepared by SD DOH

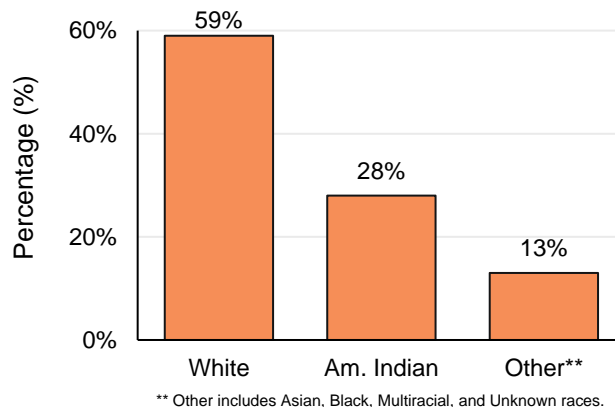
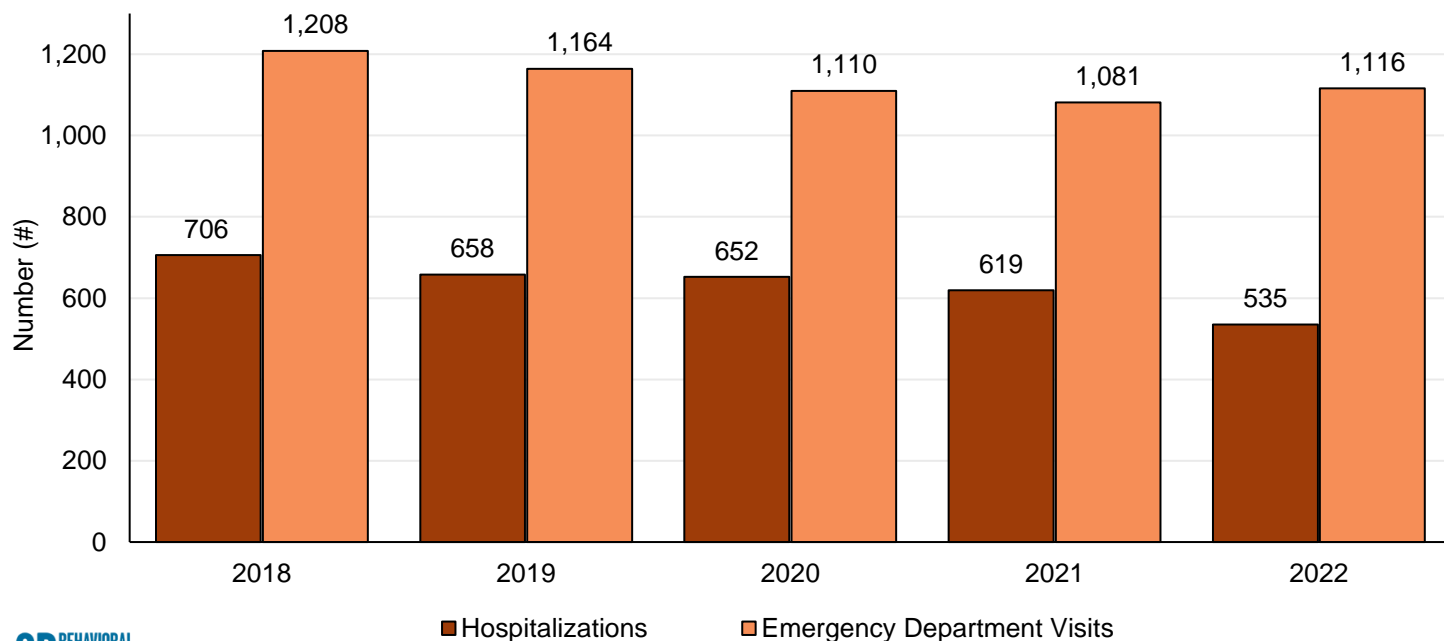


Figure 3.29 Nonfatal Overdose Hospitalizations and Emergency Department Visits, 2018-2022

Source: SDAHO, prepared by SD DOH



Tobacco Use in Adults

- In 2021, there were 8,261 total natural deaths. Tobacco use was probably related to 17.8% (or 1,474) deaths in South Dakota.

Source: South Dakota Department of Health, Office of Health Statistics

Quick Facts:

Tobacco use is the leading preventable cause of death in the United States.

Source: U.S. Department of Health and Human Services

A majority (63.5%) of South Dakota adults believed there was great risk from smoking one or more packs of cigarettes per day.

Source: NSDUH, 2021 (preliminary)

In 2019, the tobacco industry spent \$8.2 billion marketing cigarettes and smokeless tobacco in the United States, \$22.5 million each day, or nearly \$1 million every hour.

Source: CDC

Exposure to secondhand smoke caused an estimated 41,000 deaths each year among adults in the United States.

Source: CDC

Secondhand smoke caused more than 7,300 annual deaths from lung cancer amongst non-smokers and nearly 34,000 annual deaths from heart disease in the United States.

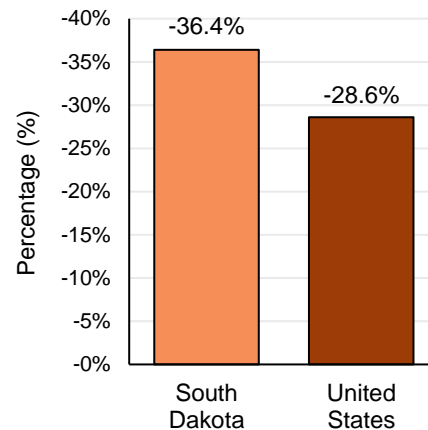
Source: U.S. Department of Health and Human Services

More than 16 million Americans are living with a disease caused by smoking.

Source: CDC

Figure 3.30 Percent Change of Adults Who Are Current Smoker Between 2012 and 2022*

Source: BRFSS



Monetary Cost Related to Tobacco:

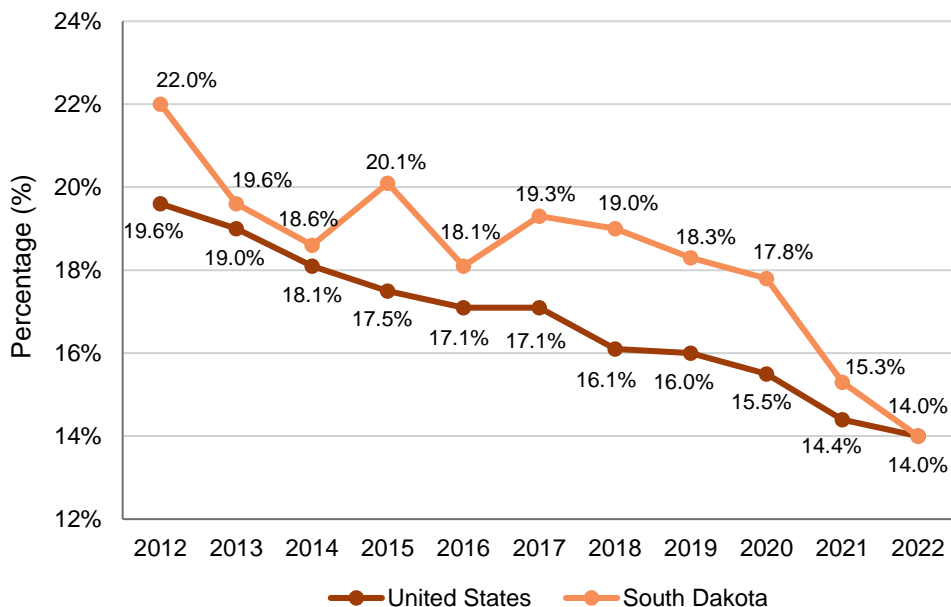
Source: Tobacco Free Kids

It costs South Dakota \$433 million in health care expenditures and another \$838.6 million in lost productivity each year.

South Dakota residents paid \$893 per household in state and federal taxes from smoking-caused government expenditures.

Figure 3.31 Adults Who Are Current Smokers*

Source: BRFSS



The South Dakota QuitLine offers coaching and cessation medications at no cost to tobacco users interested in quitting.

If you or someone you know need help quitting, please reach out to the South Dakota QuitLine at

1-866-SD-QUITS
www.SDQuitLine.com

Top Three Categories for Tobacco Related Deaths

Source: South Dakota Department of Health, Office of Health Statistics, 2021



Chronic Lower Respiratory Disease

62.1% of deaths due to chronic lower respiratory disease were probably related to tobacco use.



Cancer

24.6% of deaths due to cancer were probably related to tobacco use.



Cardiovascular Disease

15.1% of deaths due to heart disease were probably related to tobacco use.

E-Cigarette Use in Adults

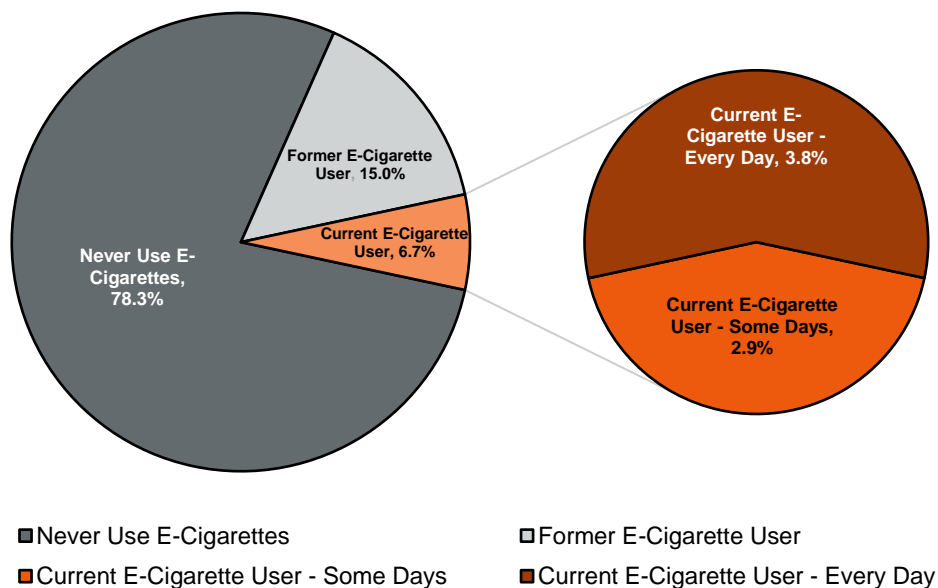
Table 3.3 Disparities of Current E-Cigarette Use, South Dakota

Source: BRFSS, 2022

Age Group			Gender		Race	Income			Education Attained	
18-24	25-34	45-54	Male	Female	White, Non-Hispanic	\$25,000-\$34,999	\$50,000-\$99,999	\$100,000-\$199,999	High School or G.E.D.	College Graduate
25.8%	6.6%	3.1%	8.4%	5.0%	6.0%	8.8%	4.2%	2.4%	8.9%	3.1%

Figure 3.32 Frequency of E-Cigarette Use, South Dakota

Source: BRFSS, 2022



Quick Fact:

Source: BRFSS

Current E-cigarette use has increased about 131.0% from 2.9% in 2016 to 6.7% in 2022.

Key Takeaways:

In 2022, 6.7% of South Dakota adults currently use E-cigarettes either every day or some days.

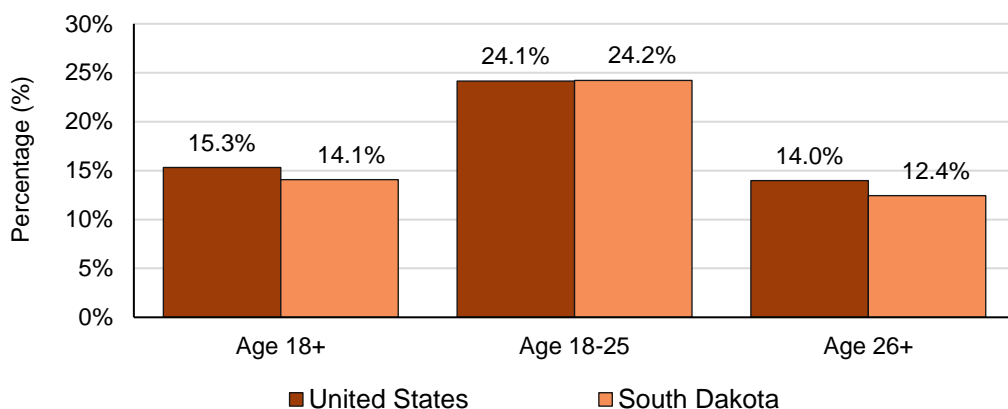
Substance Use Treatment

Definition: Needing But Not Receiving Substance Use Treatment refers to respondents who are classified as needing illicit drug or alcohol treatment, but who did not receive illicit drug or alcohol treatment at a specialty facility.

- For all age groups, based on p-values, there is no statistically significant difference between the United States and South Dakota's prevalence of adults that needed but did not receive substance use treatment (NSDUH, Figure 3.33)
- In 2021, adults in the United States that needed but did not receive substance use treatment at a specialty facility in the past year was 1.2 percentage points higher than in South Dakota (NSDUH, Figure 3.34).

Figure 3.33 Needing But Not Receiving Treatment at a Specialty Facility for Substance Use in the Past Year, by Age

Source: NSDUH, 2021 (preliminary)



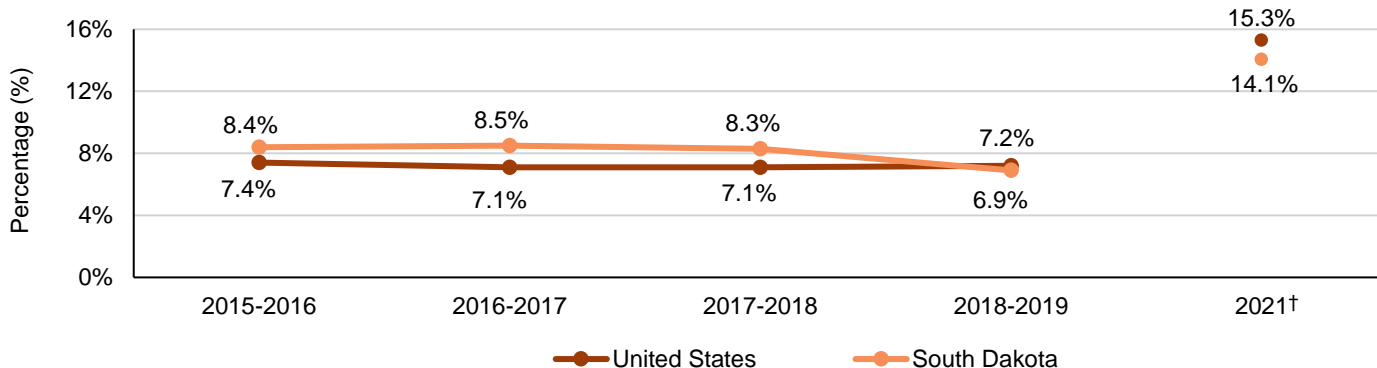
p-values: US v. SD adults 18+ p-value = 0.363; US v. SD 18-25 adults p-value = 0.889;
US v. SD 26+ p-value = 0.988. Statistically significant p-value is $P < 0.05$.

Key Takeaway:

More adults amongst the ages of 18+ and 26+ in South Dakota are receiving substance use treatment at a specialty facility than adults 18+ or 26+ in the United States.

Figure 3.34 Needing But Not Receiving Treatment at a Specialty Facility for Substance Use in the Past Year, Adults Ages 18+

Source: NSDUH



Medication Assisted Treatment (MAT)/Medication for Opioid Use Disorder (MOUD), is one of the most effective and safest options available for Opioid Use Disorder.

MAT is the use of FDA-approved medications used in combination with counseling and behavioral health therapies that provide a whole-patient approach to treatment. It is tailored specifically to each individual.

Patients and providers determine whether MAT best fits the patient's needs.

For more information regarding MAT, please visit

<https://www.avoidopioidsd.com/find-help/medication-assisted-treatment/>

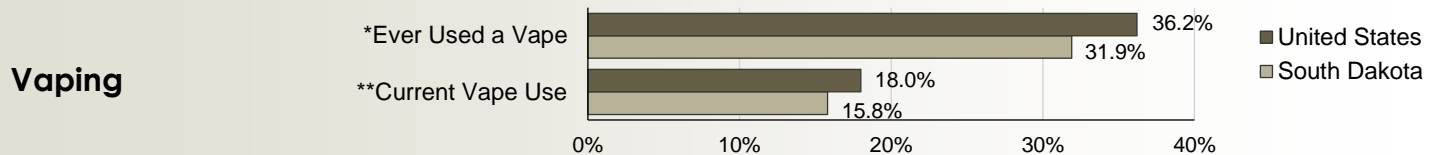
† Note: due to methodology changes, 2021 prevalence estimates cannot be compared to previous years' estimates. Because 2021 state estimates are based on a single year of data, there is a greater variance around the estimates than for the usual two-year estimates, particularly in small states and for uncommon outcomes.

Substance Use in South Dakota – Adolescent

Substance Use

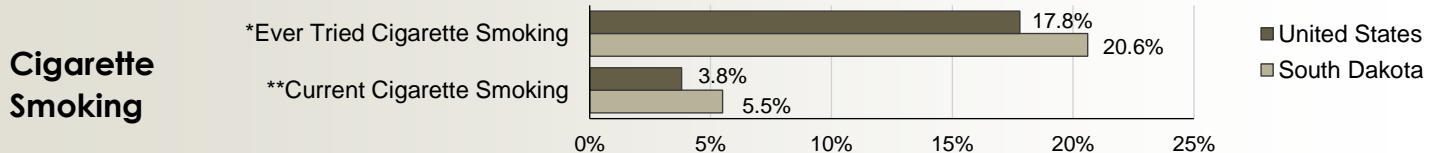
Figure 3.35 Illicit Drug Use Amongst High School Students

Source: YRBSS, 2021



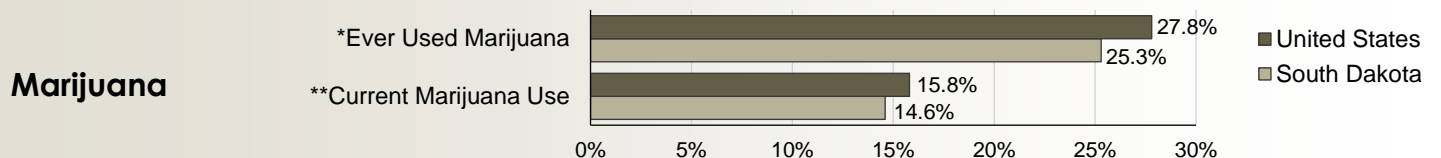
*Ever used an Electronic Vapor Product, which includes e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

**Current use is defined as using a vapor product, which include e-cigarettes, vapes, vape pens, e-cigars, e-hookah pens, and mods, on at least 1 day during the 30 days before the survey.



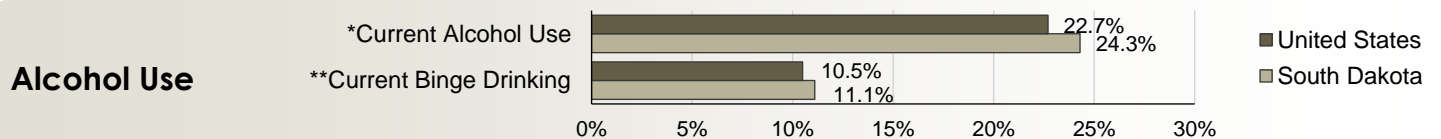
*Ever tried cigarette smoking indicates participant has smoked, even one or two puffs.

**Current use indicates participant smoked a cigarette on at least 1 day during the past 30 days before the survey.



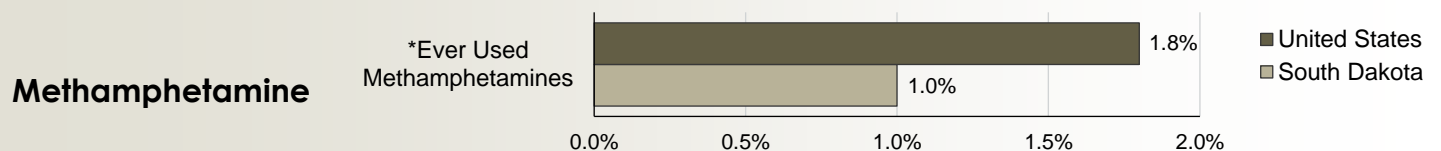
*Also called pot, weed, or cannabis, one or more times during their life.

**Current marijuana, pot, weed, or cannabis use is defined by smoking this on 1 day during the past 30 days before the survey.

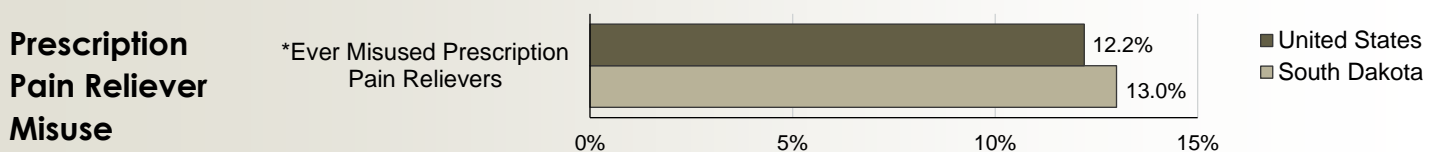


*Current alcohol use indicates that participant used at least one drink of alcohol, on at least 1 day during the 30 days before the survey.

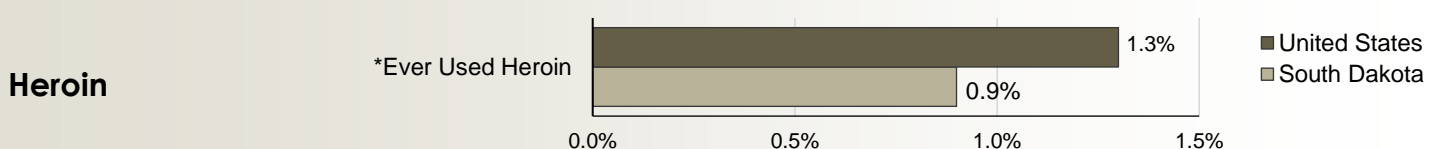
**Current binge drinking indicates four or more drinks of alcohol in a row if they are female or five or more drinks of alcohol if they are male, within a couple of hours, on at least 1 day during the 30 days before the survey.



*Also called "speed," "crystal meth," "crank," "ice," or "meth," one or more times during their life.



*Measures drug misuse of codeine, Vicodin, Oxycontin, Hydrocodone, Percocet, one or more times during their life.



*Heroin may also be referred to as "smack," or "junk," one or more times during their life.

Substance Use Disorder

Definition: substance use disorder (SUD) meets criteria for illicit drug or alcohol dependence or abuse.

- In 2021, South Dakota and the United States had the same prevalence of substance use disorder amongst their youth (NSDUH, Figure 3.36).

Figure 3.36 Substance Use Disorder in the Past Year, Youth 12-17

Source: NSDUH

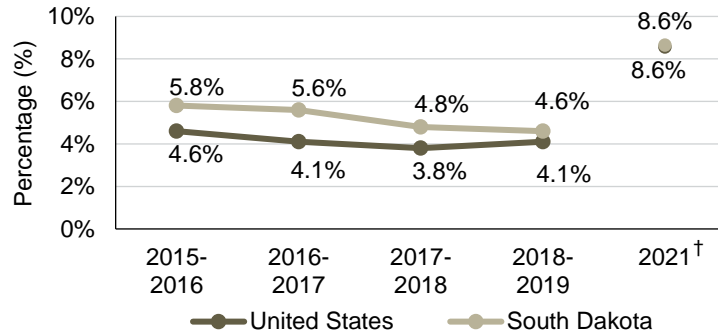
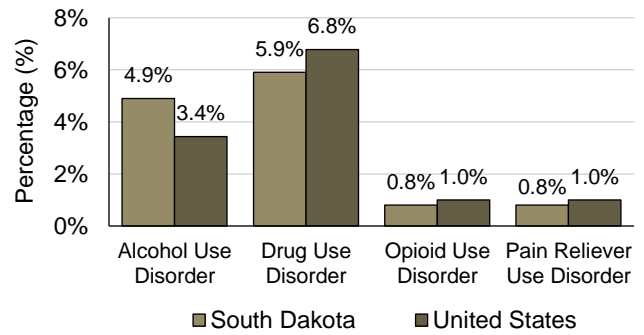


Figure 3.37 Type of Substance Use Disorder in the Past Year, South Dakota, Youth 12-17

Source: NSDUH, 2021 (preliminary)



Key Takeaway:

By type of substance use disorder amongst youth, only alcohol use disorder was higher in South Dakota (4.9%) than the United States (3.4%; NSDUH, Figure 3.37).

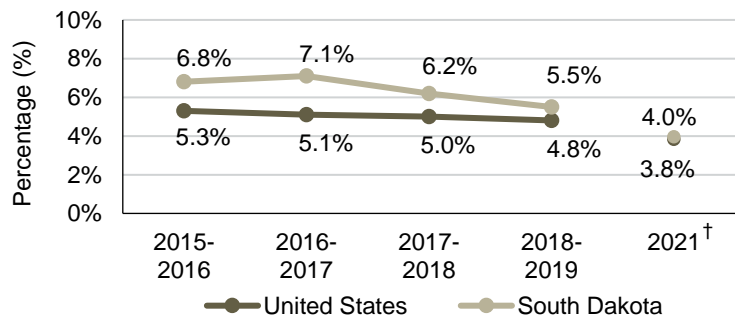
Binge Alcohol Use

Definition: drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

- Based on the p-value, there is no statistically significant difference between United States and South Dakota's prevalence of binge alcohol use amongst youth in 2021 (NSDUH, Figure 3.38).
- 4.0% of youth reported binge alcohol use in South Dakota, which exceeds the prevalence of youth in the United States by 0.2 percentage points (NSDUH, Figure 3.38).
- In 2021, 8% of South Dakota's youth used alcohol in the past month compared to 7% of the youth in the United States (NSDUH, Figure 3.39)

Figure 3.38 Binge Alcohol Drinking in the Past Month, Youth 12-17

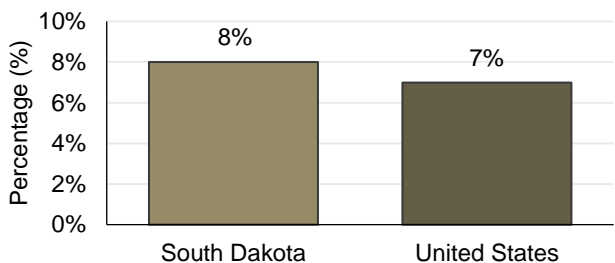
Source: NSDUH



p-value: US v. SD youth 12-17 p-value = 0.951. Statistically significant p-value is P<0.05.

Figure 3.39 Alcohol Use in the Past Month, Youth 12-17

Source: NSDUH, 2021 (preliminary)



Key Takeaway:

About 50% of the youth that use alcohol also binge drank alcohol in the past month in South Dakota (NSDUH, Figure 3.38 and Figure 3.39).

† Note: due to methodology changes, 2021 prevalence estimates cannot be compared to previous years' estimates. Because 2021 state estimates are based on a single year of data, there is a greater variance around the estimates than for the usual two-year estimates, particularly in small states and for uncommon outcomes.

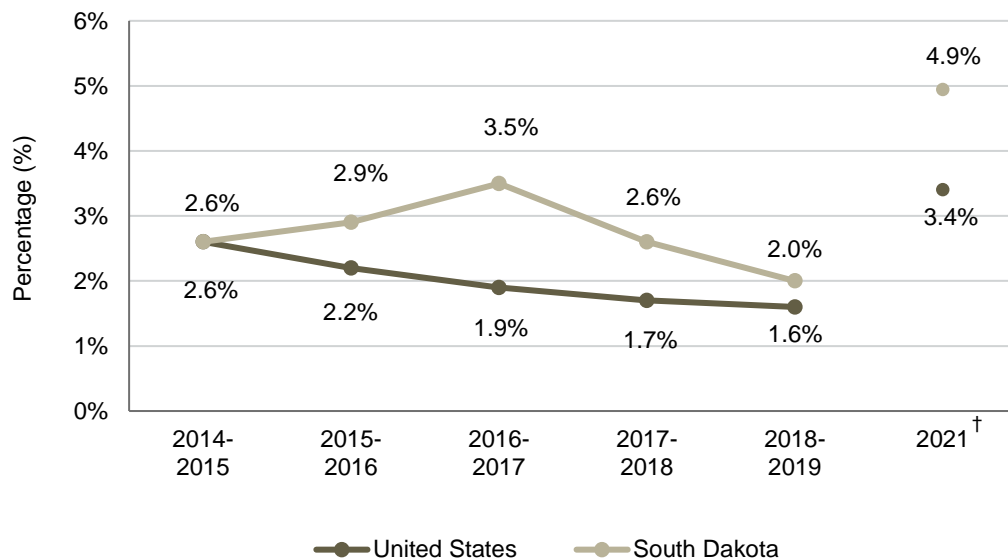
Alcohol Use Disorder

Definition: Alcohol Use Disorder (AUD) meets criteria for alcohol dependence or abuse.

- In 2021, 4.9% of youth in South Dakota have an alcohol use disorder which exceeds the United States by 1.5 percentage points (NSDUH, Figure 3.40).

Figure 3.40 Alcohol Use Disorder in the Past Year, Youth 12-17

Source: NSDUH



p-value: US v. SD youth 12-17 p-value = 0.143. Statistically significant p-value is $P < 0.05$.

Key Takeaway:

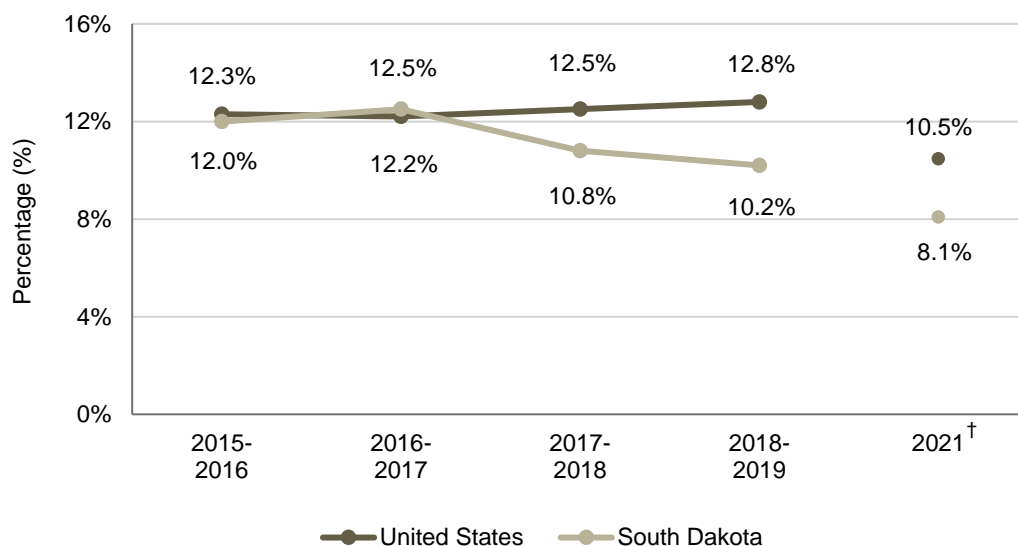
Though South Dakota's youth are more likely to be diagnosed with an alcohol use disorder than youth in the United States, based on the p-value, there is no statistically significant difference between prevalence rates (NSDUH, Figure 3.40).

Marijuana Use

- South Dakota's prevalence of youth marijuana use in the past year is 8.1%, which is lower than the youth prevalence in the United States of 10.5% by 2.4 percentage points (NSDUH, Figure 3.41).

Figure 3.41 Marijuana Use in the Past Year, Youth 12-17

Source: NSDUH



p-value: US v. SD youth 12-17 p-value = 0.162. Statistically significant p-value is $P < 0.05$.

Key Takeaway:

In 2021, based on the p-value, there is no statistically significant difference between United States and South Dakota's prevalence of youth marijuana use in the past year (NSDUH, Figure 3.41).

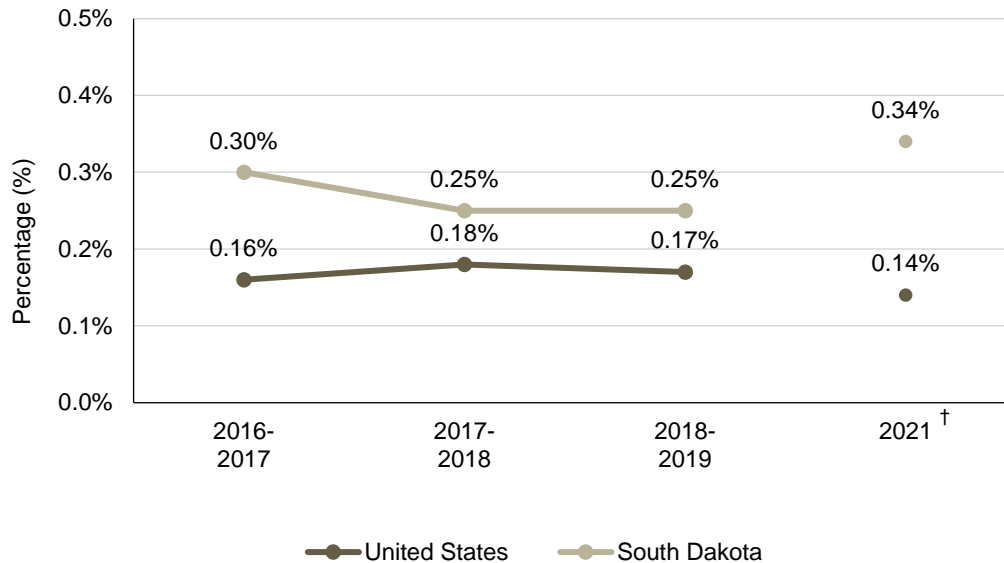
[†] Note: due to methodology changes, 2021 prevalence estimates cannot be compared to previous years' estimates. Because 2021 state estimates are based on a single year of data, there is a greater variance around the estimates than for the usual two-year estimates, particularly in small states and for uncommon outcomes.

Methamphetamine Use

- In 2021, the prevalence rate of youth methamphetamine use in South Dakota was about 2.4 times higher than methamphetamine use amongst youth in the United States (NSDUH, Figure 3.42).

Figure 3.42 Methamphetamine Use in the Past Year, Youth 12-17

Source: NSDUH



p-value: US v. SD youth 12-17 p-value = 0.179. Statistically significant p-value is $P < 0.05$.

Key Takeaway:

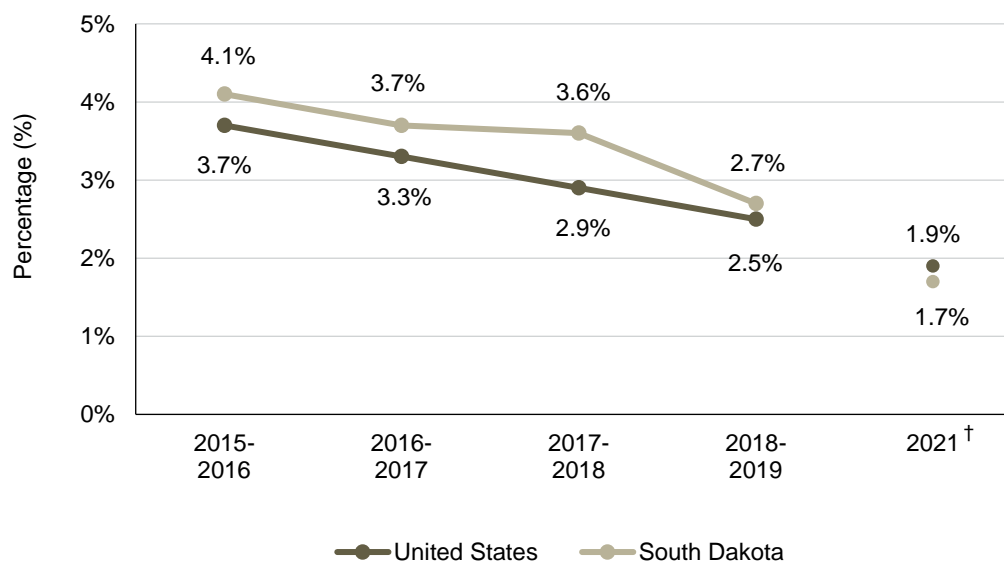
In 2021, based on the p-value, there was no statistically significant difference for youth methamphetamine use between South Dakota (0.34%) and the United States (0.14%) in 2021 (NSDUH, Figure 3.42).

Pain Reliever Misuse

- 1.9% of youth in the United States reported past year pain reliever misuse, while 1.7% of youth in South Dakota reported pain reliver misuse in 2021 (NSDUH, Figure 3.43).

Figure 3.43 Pain Reliever Misuse in the Past Year, Youth 12-17

Source: NSDUH



p-value: US v. SD youth 12-17 p-value = 0.557. Statistically significant p-value is $P < 0.05$.

Key Takeaway:

There was no statistically significant difference between the United States and South Dakota misuse of pain relievers in the past year amongst youth in 2021 based on the p-value (NSDUH, Figure 3.43).

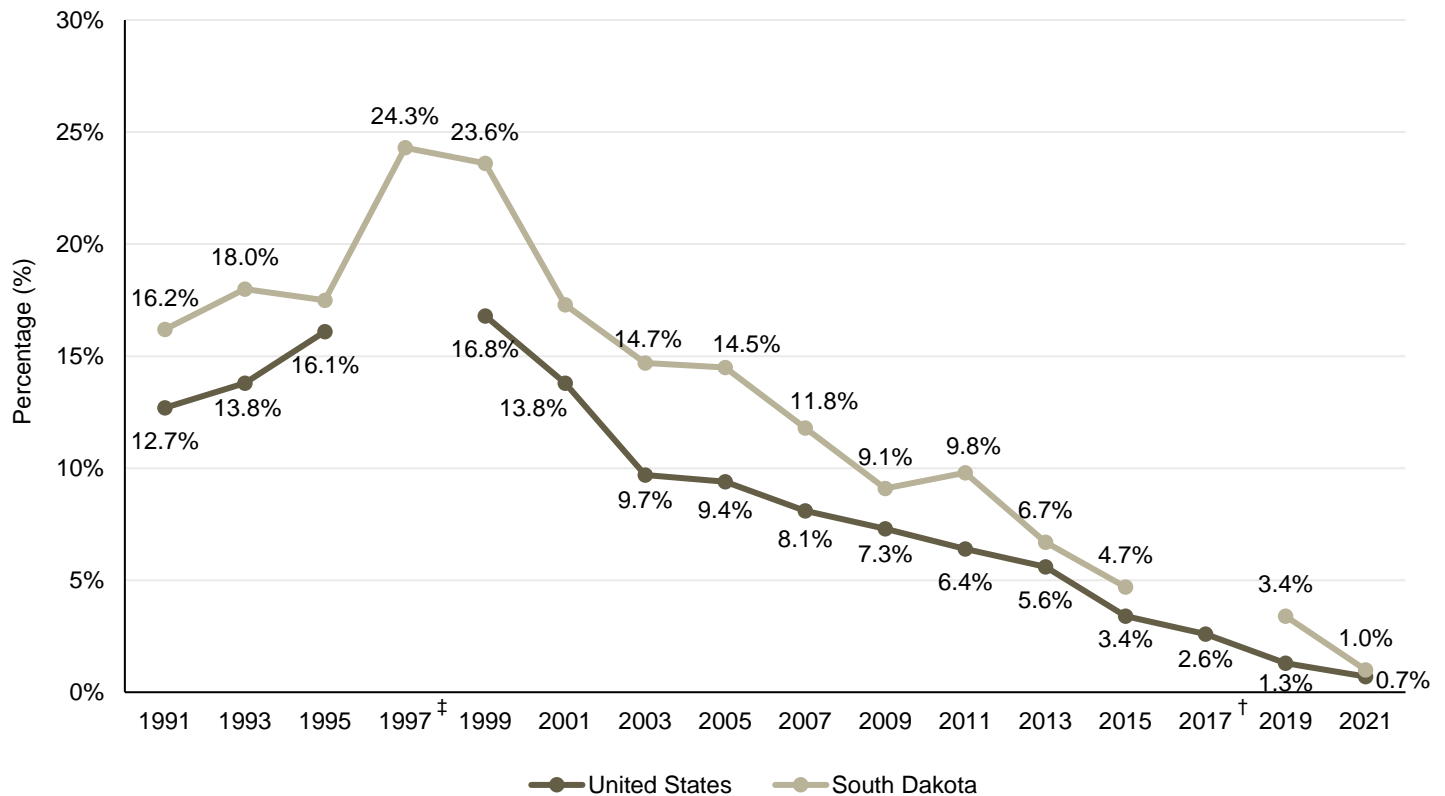
† Note: due to methodology changes, 2021 prevalence estimates cannot be compared to previous years' estimates. Because 2021 state estimates are based on a single year of data, there is a greater variance around the estimates than for the usual two-year estimates, particularly in small states and for uncommon outcomes.

Smoking Cigarettes or Vapor Products

- South Dakota high school students that currently smoked cigarettes frequently* decreased from the highest prevalence of 24.3% in 1997 to 1.0% in 2021 or a decrease of 23.3 percentage points (YRBSS, Figure 3.44).
- In 2021, 1.0 % of South Dakota high school students reported that they currently smoked cigarettes frequently*, which is 0.3 percentage points higher than the United States (0.7%; YRBSS, Figure 3.44).

Figure 3.44 High School Students Currently Smoked Cigarettes Frequently*

Source: YRBSS



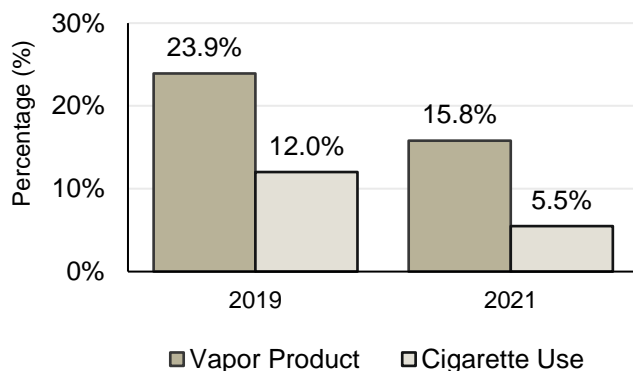
*Frequently is defined as smoking 20 or more days during the past 30 days prior to the survey.

[†] YRBSS did not collect data for South Dakota in 2017.

[‡] Missing data point indicates that data were not available.

Figure 3.45 Current Cigarettes Use and Current Vapor Product Use in the Past 30 Days, 2019 vs. 2021, Amongst South Dakota High School Students

Source: YRBSS



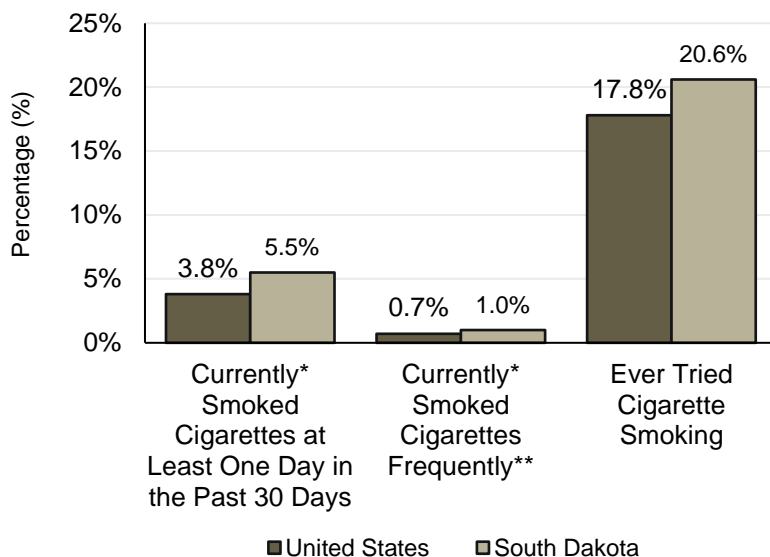
Key Takeaways:

Between 2019 and 2021, the use of vapor products has decreased 8.1 percentage points and cigarette use has decreased by 6.5 percentage points in South Dakota.

- In 2021, 5.5% of South Dakota high school students reported current cigarette use, which is the lowest prevalence since 1991.
- In 2021, 15.8% of South Dakota high school student reported current vapor product use, which is the lowest prevalence since the induction of this measure in 2015.

Figure 3.46 High School Students Use of Cigarettes

Source: YRBSS, 2021



Key Takeaways:

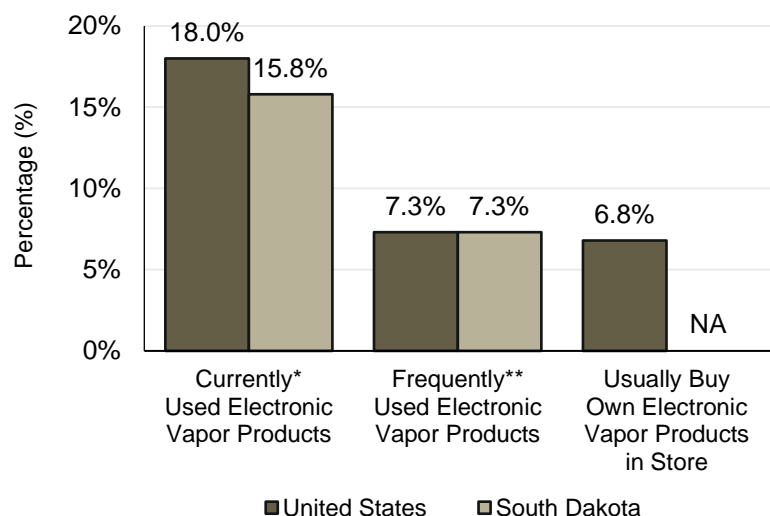
5.5% of South Dakota high school students reported they currently smoked cigarettes at least one day in the past 30 days, which is 1.7 percentage points higher than the United States.

1.0% of South Dakota high school students reported they currently smoked cigarettes frequently, which is higher than the United States (0.7%) by 0.3 percentage points.

20.6% of South Dakota high school students reported trying cigarette smoking (even one or two puffs) at one point in their life, which is 2.8 percentage points higher than the United States.

Figure 3.47 High School Students Use of Electronic Vapor Products

Source: YRBSS, 2021



South Dakota had a lower prevalence of currently used electronic vapor and frequently used electronic vapor than the United States.

15.8% of South Dakota high school students currently used electronic vapor products.

7.3% of South Dakota and United States high school students frequently used electronic vapor products.

* Currently indicates the use of e-cigarettes, vapes, e-cigs, e-hookahs, hookah pens, and mods, on at least 1 day during the 30 days prior to the survey.

** Frequently is defined as smoking 20 or more days during the past 30 days prior to the survey.

NA = Data not available.

Quick Facts



The majority of South Dakota youth (61.4%) believed there was great risk from smoking one or more packs of cigarettes per day.

Source: NSDUH, 2021 (preliminary)



Nearly one in four (16.6%) of South Dakota high school students reported currently smoking cigarettes or using electronic vapor products.

Source: YRBSS, 2021

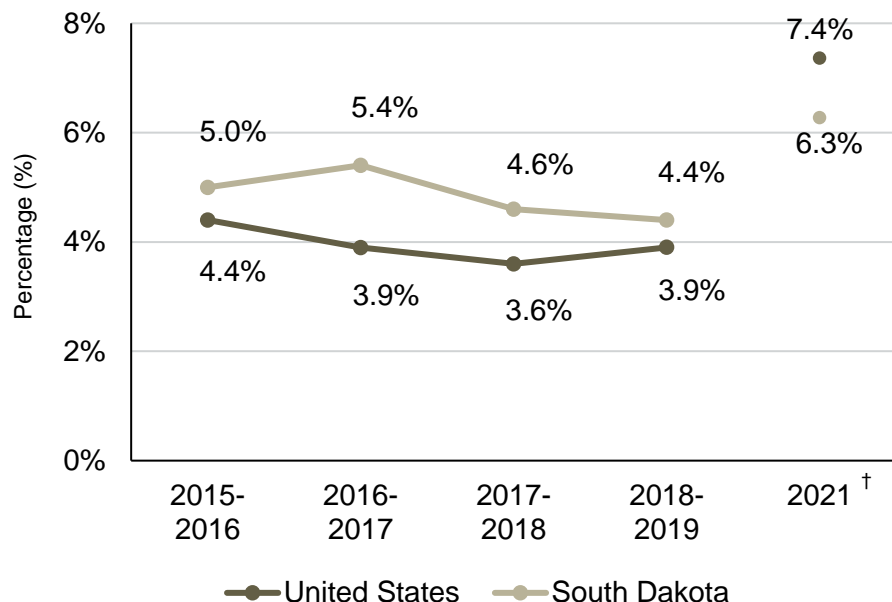
Substance Use Treatment

Definition: Needing But Not Receiving Substance Use Treatment refers to respondents who are classified as needing illicit drug or alcohol treatment, but who did not receive illicit drug or alcohol treatment at a specialty facility.

- South Dakota's prevalence of past year untreated youth for substance use at a specialty facility exceeded the United States between 2015-2016 and 2018-2019 (NSDUH, Figure 3.48).
- In 2021, South Dakota's prevalence of past year untreated youth for substance use at a specialty facility was lower than the United States by 1.1 percentage points (NSDUH, Figure 3.48).

Figure 3.48 Needing But Not Receiving Treatment at a Specialty Facility for Substance Use in the Past Year, Youth 12-17

Source: NSDUH

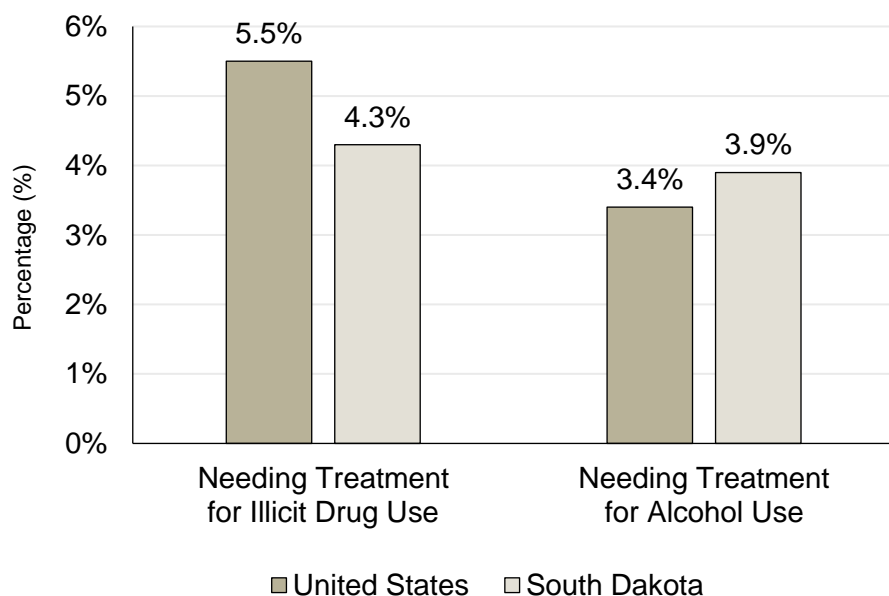


Key Takeaway:

In 2021, more youth in South Dakota are receiving substance use treatment at a specialty facility than youth in the United States (NSDUH, Figure 3.48).

Figure 3.49 Needing But Not Receiving Treatment at a Specialty Facility, By Treatment Type, in the Past Year, Youth 12-17

Source: NSDUH, 2021 (preliminary)



Key Takeaway:

There is a higher percentage of youth needing but not receiving treatment for alcohol use disorder in South Dakota (3.9%) than in the United States (3.4%; NSDUH, Figure 3.49).

4.3% of South Dakota youth needed but did not receive treatment for illicit drug use, which is lower than in the United States (5.5%; NSDUH, Figure 3.49).

[†] Note: due to methodology changes, 2021 prevalence estimates cannot be compared to previous years' estimates. Because 2021 state estimates are based on a single year of data, there is a greater variance around the estimates than for the usual two-year estimates, particularly in small states and for uncommon outcomes.

Data Resources



For more information please contact:

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Photo by Travel South Dakota