



SOUTH DAKOTA State Epidemiological Outcomes (S.E.O.), Behavioral Health Indicators

Executive Summary 2025

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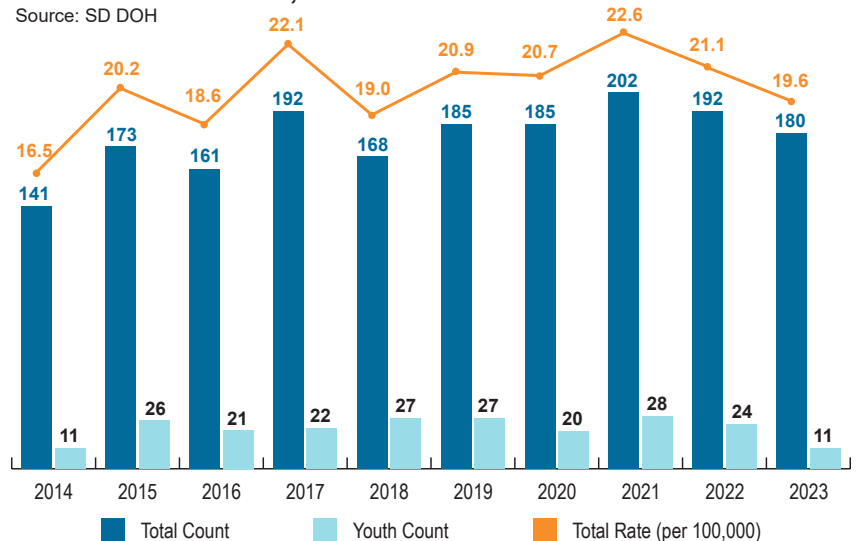
South Dakota Behavioral Health Highlight

Reduction in Deaths by Suicide, South Dakota

- Suicide deaths have **decreased** about 11% for total count and 61% for youth count from 2021 to 2023 in South Dakota (SD DOH, Figure 1.1).

Figure 1.1 Total Suicide Deaths and Rates (per 100,000) and Youth Suicide Deaths, South Dakota

Source: SD DOH



In 2023, South Dakota recorded the lowest suicide count and rate since 2018. Youth suicides also declined, reaching their lowest level since 2014. Both youth and adult suicides peaked in 2021.

These changes reflect the efforts of the Department of Social Services, Division of Behavioral Health (DSS, DBH), in collaboration with other state agencies, to implement the strategies outlined in [South Dakota's 2020-2025 Suicide Strategic Plan](#).

Initiatives such as Short-Term Crisis Services (STCS), which stabilize, support, and connect individuals in a crisis to the appropriate level of care have provided services to nearly 3,000 South Dakotans. These services allow individuals to seek support closer to home. Means safety initiatives include limiting access to lethal means through the distribution of gun locks and medication lock boxes. A total of 6,407 gun locks and 4,743 medication lock boxes have been distributed to South Dakota communities and individuals.¹ Gun locks can be requested by visiting the [South Dakota Suicide Prevention, Secure Storage](#) web page. Medication lock boxes can be ordered through the [Let's Be Clear SD](#) website. The Helpline Center's 988 Suicide & Crisis Lifeline has had over 25,000 contacts since July 2022, including calls, texts, and chats.² These initiatives make it easier for individuals to access help during a crisis, whether for themselves, friends, family, or acquaintances by providing guidance for substance use or mental health related concerns and offering follow-up support. According to the Kaiser Family Foundation, South Dakota's 988 call volume increased 171% between May 2022 and May 2024, making it the second highest call volume increase in the country.³

¹ Data is valid as of February 14th, 2025.

² Represents data between July 2022 and October 2024.

³ Saunders H. 988 Suicide & Crisis Lifeline: Two years after launch. (June 2024). Kaiser Family Foundation.



South Dakota's 2020-2025 Suicide Strategic Plan State Performance Measures

Prevention: Increase average monthly usage of the South Dakota Suicide Prevention website (www.sdsuicideprevention.org).

- Between 2021 and 2023, South Dakota Suicide Prevention's website use has increased from **1,998 to 5,376**.

On target to meet and exceed the goal of 4,638 average monthly website uses by 2025.

Exceeded the goal of 4,638 average monthly website uses by 2025

Prevention: Increase the annual number of gatekeeper trainings offered and individuals trained.

- Between 2021 and 2023, trainings have increased from **65 to 229**.
- In the same time frame, individuals trained has increased from **1,442 to 5,612**.

On target to meet and exceed the goal of completing 71 trainings and 1,367 trained individuals by 2025.

Reached 3x the goal of training individuals (1,367) and trainings (71) by 2025

Intervention: Increase the number of calls from South Dakotans to the Suicide and Crisis Lifeline (988).

- Between 2021 and 2023, use has increased from **3,307 to 9,749**.

On target to meet and exceed the goal of 4,661 contacts to 988 by 2025.

Exceeded the goal of 4,661 contacts to 988 by 2025

Intervention: Decrease the percentage of high school students who attempted suicide.

- Between 2021 and 2023, the percent of high school students who attempted suicide decreased from **11.9% to 8.4%**.

On target to meet and exceed the goal of reducing high school students who attempted suicide to 9.0% by 2025.

Exceeded the goal of decreasing the percent of high school students who reported a suicide attempt to 9% by 2025

Postvention: Decrease the number of suicide deaths.

- Between 2021 and 2023, suicide deaths decreased from **202 to 180**.

On target to meet and exceed the goal of reducing deaths by suicide to 167 by 2025.

Progressing towards goal to decrease deaths by suicide to 167 by 2025



OVERVIEW of Data Sources

Photo by Travel South Dakota



Primary Datasets

The Centers for Disease Control and Prevention (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; 2023 results were published in August 2024. This report uses the measures of depression, mental distress, frequent mental distress, binge alcohol drinking, heavy alcohol drinking, and current smoking. Each measure provides the prevalence stratified by overall, race, age, gender, and income. The overall prevalence for South Dakota is a proportion, while the United States is represented by the median; however, for subpopulations, the national mean is used for the United States instead of the median.

The BRFSS measures within this report are defined as follows:

- **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)
- **Mental distress:** adults that marked their mental health status was not good, either 1-13 days or 14-30 days in the past month
- **Frequent mental distress:** adults that marked their mental health status was not good 14+ days within the past month
- **Binge alcohol drinking:** 5+ alcohol drinks for men or four or more alcohol drinks for women on any occasion within the past month
- **Heavy alcohol drinking:** 14+ alcohol drinks per week for adult men and seven or more alcohol drinks per week for adult women
- **Current smoking:** adults who are current smokers and have smoked at least 100 cigarettes in their lifetime

In 2022, BRFSS removed “Other” as a possible race. “Other” was then re-instated as a possible selection in 2023. Therefore, race subpopulations’ estimates for 2022 cannot be compared to other years. Data was processed in R programming. Estimates were suppressed if the denominator was fewer than 50 sample cases or if the relative standard error (RSE) was above 30 percent. Relative standard error is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100 as described by the National Center for Health Statistics (NCHS).³

The Centers for Disease Control and Prevention (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 the use of a national school-based survey; 2023 results were published in September 2024.

Health Resources Services 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. This report uses the measures of current anxiety and current depression among youth, ages 3-17, from NSCH; 2021-2022 data was published in April 2024 on the Interactive Data Query.

Substance Abuse and Mental Health Services (SAMHSA), National Survey on Drug Use and Health (NSDUH) estimates national and state prevalence of mental health, substance use, substance or alcohol use related disorders, and treatment services for disorders. NSDUH surveys non-institutionalized civilians, aged 12 years or older, that can answer the questionnaire in either English or Spanish. This survey does not include active

military, nursing home residents, prisons or individuals experiencing homelessness with no fixed address.

Due to the COVID-19 pandemic, between March 2020 and September 2020 almost no data was collected. In October 2020, SAMHSA introduced a web-based data collection. SAMHSA continues to use a multimodal data collection. Additional questions were added in October 2020. Due to concerns over the mode effect and other methodological changes, 2020 data is not combined with neither 2019 nor 2021.

Any mental illness (AMI), serious mental illness (SMI), and major depressive episodes (MDE) are defined as follows:⁴

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 criteria from the *Diagnostic and Statistical Manual of Mental Disorders, fourth edition* (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 *Diagnostic and Statistical Manual of the Mental Disorders, fifth edition* (DSM-V)

Substance Use Disorder Terms:

In 2020, the criteria for substance use disorder was updated from DSM-IV to DSM-V.

Therefore, substance use disorder, alcohol use disorder, drug use disorder, pain reliever use disorder, and opioid use disorder met criteria within the DSM-V. **Substance use disorder, drug use disorder, and opioid use disorder measures do not include any disorder related to illegally made fentanyl (IMF) use.**

The following defines the various substance use disorders and treatment:^{4,5}

- **Substance use disorder** includes data from past year users of alcohol, marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, and **any** past year users of prescription psychotherapeutic drugs.
- **Alcohol use disorder** includes only data from past year users of alcohol.
- **Drug use disorder** includes data from past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and **any** past year users of prescription psychotherapeutic drugs. It does not include people who had an alcohol use disorder in the past year. *Note, illicit drug use disorder is no longer publicly available and has been replaced with drug use disorder, as respondents can qualify for a drug use disorder without illicit use or misuse of prescription pain relievers.*
- **Pain reliever use disorder** includes data from all past year users of prescription pain relievers or past year misuse.
- **Opioid use disorder** includes data from past year users of heroin and **any** past year users of prescription pain relievers. Respondents were not counted as having an opioid use disorder if they did not meet the full substance use disorder criteria for heroin or prescription pain relievers individually. The opioid use disorder estimates do not capture symptoms that arose solely from use of IMFs.

³Klein RJ, Proctor SE, Boudreault, MA, Turczyn KM. Healthy People 2010 criteria for data suppression. Statistical Notes, no 24. Hyattsville, Maryland: National Center for Health Statistics. June 2002.

⁴SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021 and 2022.

⁵SAMHSA, Center for Behavioral Health Statistics and Quality, 2021-2022 National Survey on Drug Use and Health: Guide to State Tables and Summary of Small Area Estimation Methodology. Published Feb. 2024.



SOUTH DAKOTA

Demographics

Photo by Travel South Dakota

Characteristics

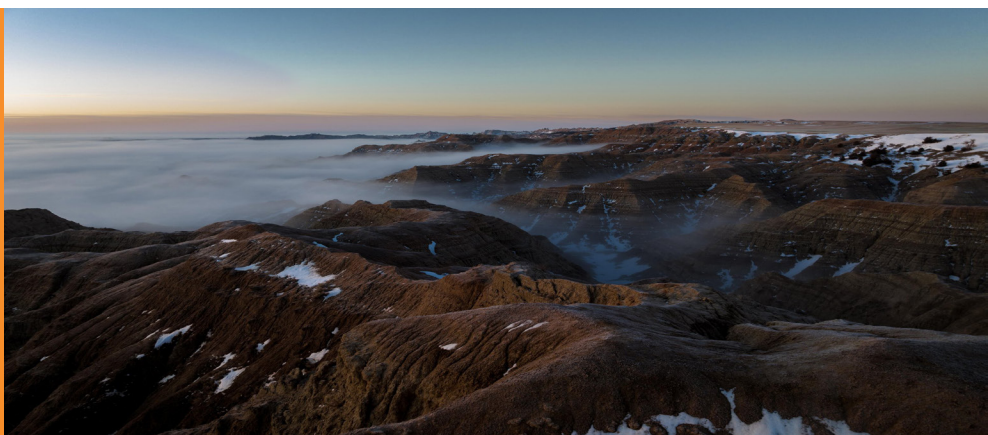


Table 2.1 Population by Ethnicity and Race, South Dakota

Ethnicity and Race	2013 [†]		2023 ^{††}		Change
	Number	Percent	Number	Percent	
Total (n=)	844,877	-	919,318	-	8.8% ▲
Non-Hispanic	817,691	96.8%	872,799	94.9%	2.0% ▼
Hispanic or Latino	27,186	3.2%	46,519	5.1%	59.4% ▲
White	719,112	85.1%	739,679	80.5%	5.4% ▼
American Indian/ Alaskan Native	71,981	8.5%	70,936	7.7%	9.4% ▼
Two or More Races	24,537	2.9%	56,337	6.1%	110.3% ▲
Black or African American	13,001	1.5%	22,730	2.5%	66.7% ▲
Asian	9,105	1.1%	13,999	1.5%	36.4% ▲
Some Other Race Alone	6,721	0.8%	15,338	1.7%	112.5% ▲
Native Hawaiian and Other Pacific Islander Alone	420	0.0%	299	0.0%	0.0%

[†]Source: U.S. Census Bureau, 2013: ACS 1-Year Estimates Data Profiles

^{††}Source: U.S. Census Bureau, 2023: 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.

Demographic Notice

Information presented in the *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 2.1 Population by Ethnicity and Race, South Dakota shows the change in racial diversity within the past decade. Table 2.2 Population by Gender, South Dakota shows the change in gender within the past decade. Table 2.3 Population by Age, South Dakota shows the variance in age groups in 2023. In addition to these tables, the Quick Facts highlight characteristics of South Dakota that potentially influence behavioral health.

Quick Facts



11.8% of South Dakota residents reported living below the poverty level, which is less than the United States (12.5%).

Source: U.S. Census Bureau, 2023: ACS 1-Year Estimates Data Profiles



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

Photo by Travel South Dakota

Table 2.2 Population by Gender, South Dakota

Gender	2013†		2023‡		Change*
	Number	Percent	Number	Percent	
Male	424,160	50.2%	468,222	50.9%	1.4% ▲
Female	420,717	49.8%	451,096	49.1%	1.4% ▼

†Source: U.S. Census Bureau, 2013: ACS 1-Year Estimates Data Profiles

‡Source: U.S. Census Bureau, 2023: ACS 1-Year Estimates Data Profiles

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

Table 2.3 Population by Age, South Dakota

Age	2023	
	Number	Percent
Under 18 years	218,807	23.8%
18 to 24 years	84,994	9.2%
25 to 34 years	114,987	12.5%
35 to 44 years	118,255	12.9%
45 to 54 years	98,654	10.7%
55 to 64 years	114,035	12.4%
65 years and over	169,586	18.4%
Total	919,318	100.0%

Source: U.S. Census Bureau, 2023: ACS 1-Year Estimates Data Profiles



In 2023, **5.1% of South Dakota residents identified as Hispanic or Latino**, which was lower than the United States (19.4%).

Source: U.S. Census Bureau, 2023: ACS 1-Year Estimates Data Profiles



Ranchers and farmers made up 6.7% of South Dakota's workforce, compared to 1.6% of the workforce in the United States in 2023.

Source: U.S. Census Bureau, 2023: ACS 1-Year Estimates Data Profiles



South Dakota had a 2.6% unemployment rate for individuals 16 years and older in the labor force, while the United States had an unemployment rate of 4.3%. The percent of individuals unemployed by the civilian labor was 2.7% in the United States and 1.8% in South Dakota.

Source: U.S. Census Bureau, 2023: ACS 1-Year Estimates Data Profiles



There are nine federally recognized tribes within South Dakota. **7.7% of the population in South Dakota identified as American Indian/Alaskan Native**, while only 1.0% identified as American Indian/Alaskan Native in the United States in 2023.

Source: U.S. Census Bureau, 2023: ACS 1-Year Estimates Data Profiles



23.8% of South Dakota residents were under 18 and 18.4% were over age 65. In the United States, 21.7% of residents were under the age of 18 years and 17.7% were over the age 65.

Source: U.S. Census Bureau, 2023: ACS 1-Year Estimates Data Profiles



South Dakota was home to 54,717 veterans, accounting for 7.8% of the state's adult population. In comparison, veterans made up 6.1% of the adult population nationwide.

Source: U.S. Census Bureau, 2023: ACS 1-Year Estimates Subject Tables

A full-page photograph featuring a silhouette of a person standing on a dark, jagged ridge. The person is positioned on the left side of the frame, looking out over a vast landscape. The sky above is a gradient of colors, transitioning from a deep blue at the top to a bright yellow-orange near the horizon, suggesting a sunset or sunrise. The overall mood is contemplative and serene.

MENTAL HEALTH

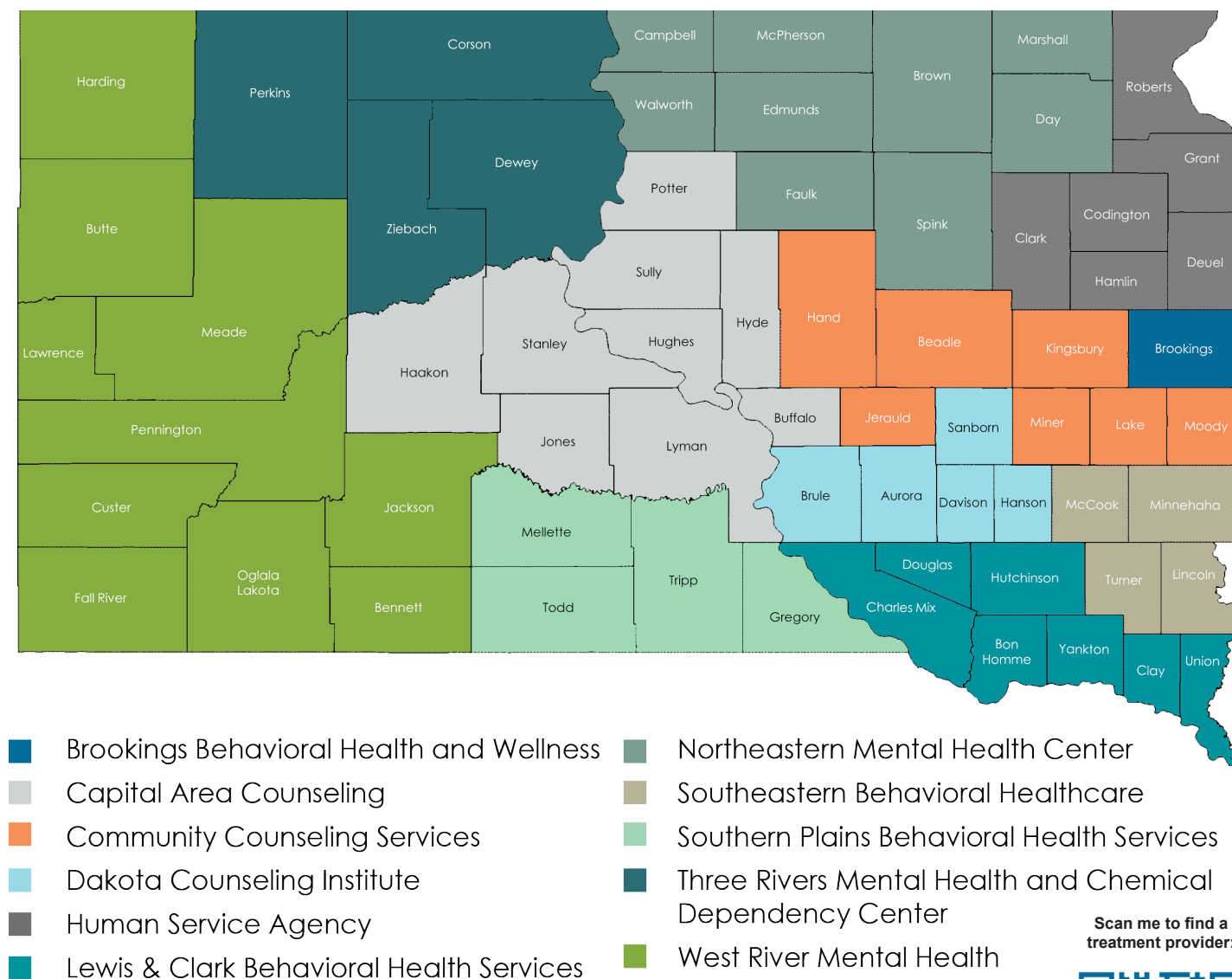
Photo by Travel South Dakota

South Dakota Community Mental Health Centers

Photo by Travel South Dakota

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 for eligible individuals.

Figures 3.1 South Dakota Community Mental Health Centers



➤ **Financial assistance is available.**
Contact a Community Mental Health Center (CMHC) in your area for more information.

To locate treatment services in your area, scan this QR code.

Scan me to find a treatment provider:



Overview of Mental Illness in South Dakota - Adult

Photo by Travel South Dakota

Any Mental Illness (AMI) in the Past Year

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

- In 2021-2022, 24.9% (or 166,000) of South Dakota adults had AMI, which **exceeded** the 23.1% (or 58.9 million) of United States adults with AMI (NSDUH, Figure 3.2).
- Overall, **1 in 4** South Dakota adults had AMI in the past year (NSDUH, Figure 3.3).
- In 2021-2022, a past year **AMI in South Dakota** adults had the following prevalence by age group (NSDUH, Figure 3.4):
 - About **2 in 5** (or 39.3%) of young adults, ages 18-25
 - About **1 in 5** (or 22.6%) of older adults, ages 26+

Key Takeaway

In 2021-2022, all adult age groups in South Dakota were experiencing **higher rates** of AMI, compared to the United States.

Figure 3.2 Percentage of Any Mental Illness, Adults 18+

Source: NSDUH, 2021-2022
p-value: US v. SD 18+ = 0.225
Statistically significant p-value is $P < 0.05$

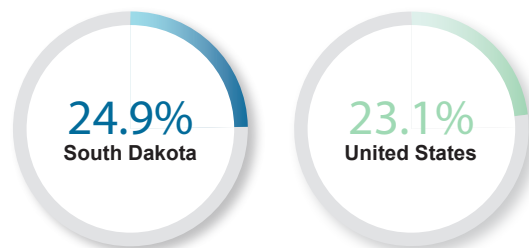


Figure 3.3 Prevalence of Any Mental Illness, Adults 18+, South Dakota

Source: NSDUH, 2021-2022



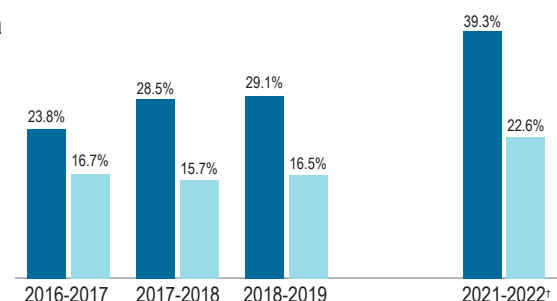
1 in 4 adults in South Dakota qualify as having AMI.

Figure 3.4 Percentage of Any Mental Illness in the Past Year

Source: NSDUH
p-values (2021-2022): US v. SD 18-25 = 0.142; US v. SD 26+ = 0.417
Statistically significant p-value is $P < 0.05$

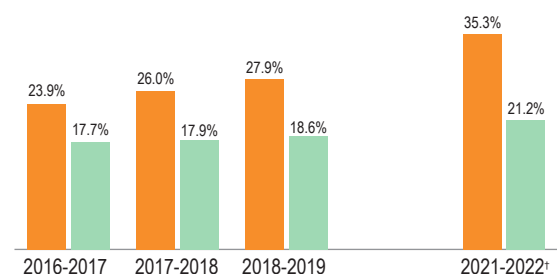
South Dakota

- SD: 18-25
- SD: 26+



United States

- US: 18-25
- US: 26+



¹Note: Due to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates.

Serious Mental Illness (SMI) in the Past Year

Defined as 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 from criteria within the DSM-IV. Estimates are based on indicators instead of diagnostic status.

- In 2021-2022, 5.9% (or 14.9 million) of United States adults lived with SMI in the past year, which is **lower** than the 6.5% (or 43,000) of adults in South Dakota with SMI (NSDUH, Figure 3.5).
- Past year SMI in South Dakota adults **exceeded** United States adults by 0.6 percentage points in 2021-2022 (NSDUH, Figure 3.5).
- In 2021-2022, South Dakota young adults, ages 18-25, were **2.6x more likely** to have SMI in the past year than older adults ages 26+ (NSDUH, Figure 3.6).
- In 2021-2022, a past year SMI in South Dakota adults had the following prevalence by age group (NSDUH, Figure 3.6)
 - About **1 in 7** (or 13.8%) of young adults, ages 18-25
 - About **1 in 20** (or 5.3%) of older adults, ages 26+
- Overall, about **1 in 15** adults experience SMI in the past year. (NSDUH, Figure 3.7).
- In 2021-2022, South Dakota **exceeded** the United States for all adult age groups for the prevalence of SMI in the past year (NSDUH, Figure 3.8).

Key Takeaway

SMI was **higher** for all age groups in South Dakota than in the United States in 2021-2022.

Figure 3.5 Percentage of Serious Mental Illness, Adults 18+

Source: NSDUH, 2021-2022

p-value: US v. SD 18+ = 0.338. Statistically significant p-value is $P < 0.05$.

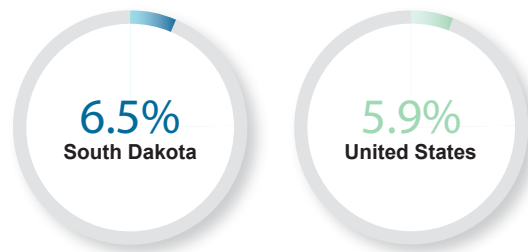


Figure 3.6 Percentage of Serious Mental Illness in the Past Year

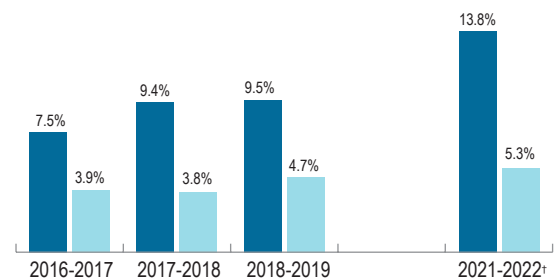
Source: NSDUH

p-values (2021-2022): US v. SD 18-25 = 0.189; US v. SD 26+ = 0.642

Statistically significant p-value is $P < 0.05$

South Dakota

SD: 18-25
SD: 26+



United States

US: 18-25
US: 26+

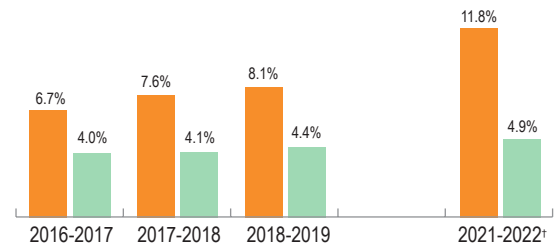


Figure 3.7 Prevalence of Serious Mental Illness, Adults 18+, South Dakota

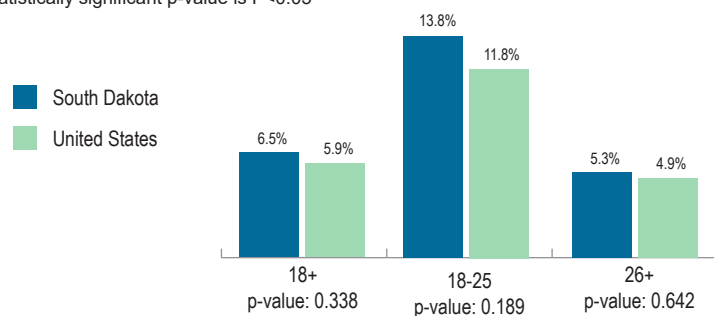
Source: NSDUH, 2021-2022



Figure 3.8 Percentage of Serious Mental Illness by Adult Age Group, 2021-2022

Source: NSDUH, 2021-2022

Statistically significant p-value is $P < 0.05$



†Note: Due to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates.

Any Form of Depression

Defined as marking "yes" to "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)?"

- In 2023, any form of depression was **higher** in female adults (28.0%) than male adults (18.2%) in South Dakota (BRFSS, Figure 3.9).
- The prevalence of any form of depression among adults in **South Dakota** by age group in 2023, from highest to lowest, is as follows (BRFSS, Figure 3.10):
 - 36.4%**, ages 18-24
 - 29.2%**, ages 25-34
 - 23.9%**, ages 45-54
 - 21.8%**, ages 35-44
 - 20.4%**, ages 55-64
 - 14.4%**, ages 65+
- The prevalence of any form of depression among adults in the **United States** by age group in 2023, from highest to lowest, is as follows (BRFSS, Figure 3.10):
 - 27.4%**, ages 25-34
 - 27.0%**, ages 18-24
 - 23.1%**, ages 35-44
 - 21.5%**, ages 45-54
 - 20.4%**, ages 55-64
 - 15.0%**, ages 65+
- South Dakota adults who made an income of \$15,000 to \$24,999 had the **highest porportion** of any form of depression by income (36.0%; BRFSS, Figure 3.11).

Key Takeaway

Between 2022 and 2023, in South Dakota, any form of depression was **highest** among female adults ages 18-24 who had an income of \$15,000 to \$24,999.

Figure 3.9 Any Form of Depression, by Gender

Source: BRFSS

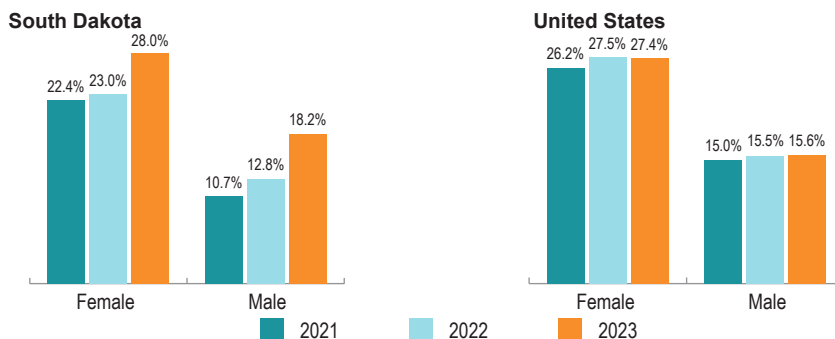


Figure 3.10 Any Form of Depression, by Age Group

Source: BRFSS

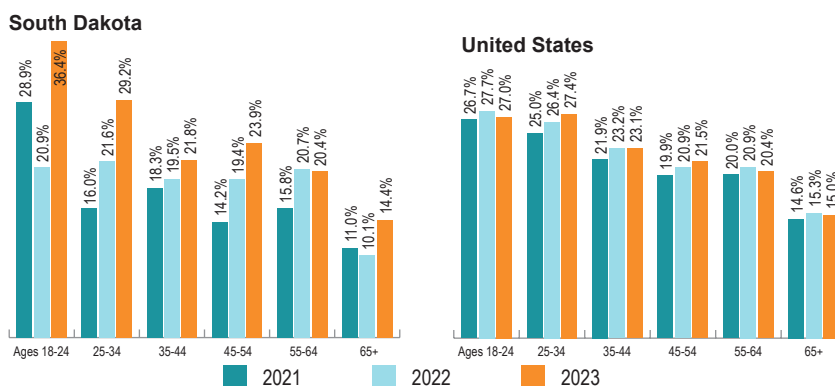


Table 3.11 Any Form of Depression, by Income Level

Source: BRFSS

South Dakota	2021	2022	2023
Less than \$15,000	27.5%	14.9%	33.9%
\$15,000 to \$24,999	30.2%	21.8%	39.5%
\$25,000 to \$34,999	18.2%	26.5%	36.2%
\$35,000 to \$49,999	16.6%	28.1%	26.4%
\$50,000 to \$99,999	13.1%	15.2%	21.5%
\$100,000 to \$199,999	11.6%	13.6%	14.6%
\$200,000 or more	---	---	---

United States	2021	2022	2023
Less than \$15,000	36.8%	37.4%	36.0%
\$15,000 to \$24,999	29.1%	30.1%	30.1%
\$25,000 to \$34,999	25.1%	26.7%	26.3%
\$35,000 to \$49,999	21.3%	22.8%	23.4%
\$50,000 to \$99,999	19.0%	20.4%	21.0%
\$100,000 to \$199,999	16.0%	17.0%	17.6%
\$200,000 or more	12.9%	13.8%	14.7%

Note: Subpopulations are calculated based on national means instead of state medians. State prevalence rates are proportions.

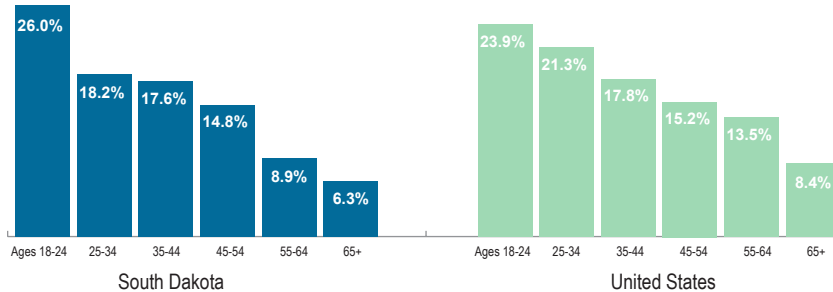
Table 3.12 Any Form of Depression, by Race, 2023

Source: BRFSS, 2023

	South Dakota	United States
White only, non-Hispanic	22.2%	23.1%
Black only, non-Hispanic	---	17.7%
American Indian or Alaskan Native only, non-Hispanic	23.7%	28.2%
Asian only, non-Hispanic	---	11.4%
Native Hawaiian or other Pacific Islander	---	12.4%
Other, non-Hispanic	---	23.1%
Multiracial, non-Hispanic	31.0%	31.8%
Hispanic	33.4%	19.4%

Figure 3.13 Frequent Mental Distress^a, by Age, 2023

Source: BRFSS, 2023

**Table 3.14 Frequent Mental Distress^a, by Income, 2023**

Source: BRFSS, 2023

	South Dakota	United States
Less than \$15,000	30.9%	30.5%
\$15,000 to \$24,999	31.7%	24.6%
\$25,000 to \$34,999	19.3%	20.9%
\$35,000 to \$49,999	19.6%	18.1%
\$50,000 to \$99,999	10.1%	14.3%
\$100,000 to \$199,999	8.2%	10.7%
\$200,000 or more	---	7.9%

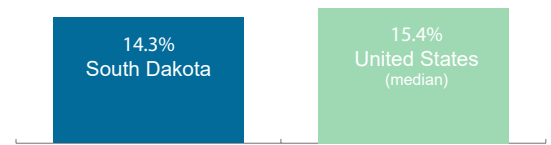
Table 3.15 Frequent Mental Distress^a, by Race, 2023

Source: BRFSS, 2023

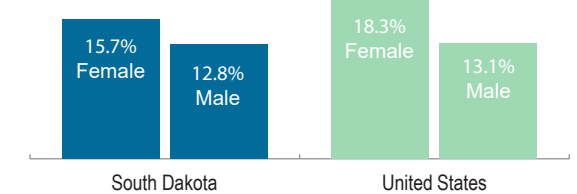
	South Dakota	United States
White only, non-Hispanic	13.6%	15.4%
Black only, non-Hispanic	---	18.0%
American Indian or Alaskan Native only, non-Hispanic	---	23.3%
Asian only, non-Hispanic	---	10.2%
Native Hawaiian or other Pacific Islander	---	22.8%
Other race only, non-Hispanic	---	18.8%
Multiracial, non-Hispanic	---	24.6%
Hispanic	21.9%	16.0%

Figure 3.16 Overall Prevalence of Frequent Mental Distress^a, 2023

Source: BRFSS, 2023

**Figure 3.17 Frequent Mental Distress^a, by Gender, 2023**

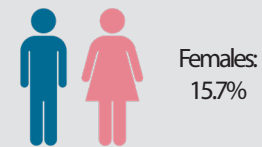
Source: BRFSS, 2023



Quick Facts

Source: BRFSS, 2023

In 2023, the largest proportion of individuals in South Dakota experiencing **frequent mental distress** in the past 30 days were among:



Those Earning between
\$15,000-\$24,999 in Annual
Household Income:
31.7%

^a Frequent Mental Distress; Definition: Derived from "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good" and respondent marked 14 to 30 days within the past month.

Note: "----" indicates value is suppressed.

Major Depressive Episode

Major depressive episode is based on the DSM-V, which specifies a period of at least 2 weeks when individual experienced a depressed mood or loss of interest in daily activities and had a majority of specific symptoms.

- In 2021-2022, 9.4% (or 63,000) of South Dakota adults had a major depressive episode in the past year, which **exceeded** the 8.6% (or 22 million) of adults in the United States who experienced a major depressive episode in the past year (NSDUH, Figure 3.18).
- In 2021-2022, a past year major depressive episode in **South Dakota** adults had the following prevalence by age group (NSDUH, Figure 3.19)
 - About **1 in 5** (or 20.7%) young adults, ages 18-25
 - About **1 in 14** (or 7.6%) older adults, ages 26+
- In 2021-2022, all adult age groups in South Dakota were experiencing **higher rates** of a past year major depressive episode, compared to adults in the United States (NSDUH, Figure 3.20).

Key Takeaway

In 2021-2022, South Dakota adults had a **higher prevalence** of a past year **major depressive episode** compared to the United States.

In 2021-2022, **young adults**, ages 18-25, were **more at risk** for a major depressive episode in the past year than **older adults**, ages 26+ in both South Dakota and the United States.

Quick Facts

Source: NSDUH, RDAS, 2021-2022

In 2021-2022, **6.2% of South Dakota** and **6.0% of United States** adults reported they had a major depressive episode (MDE) with severe role impairment.

3.9% of South Dakota Adults **vs.** **4.2% of United States Adults** are currently receiving professional treatment or counseling for their mood.

Figure 3.18 Percentage of a Major Depressive Episode, Adults 18+

Source: NSDUH, 2021-2022
p-value: US v. SD 18+ = 0.323.
Statistically significant p-value is P<0.05.

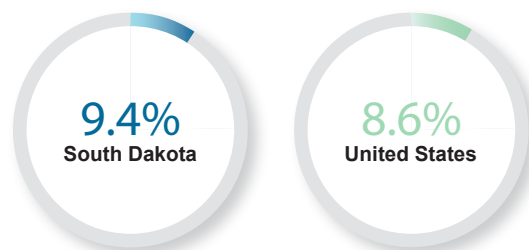


Figure 3.19 Prevalence of South Dakota Adults with a Major Depressive Episode in the Past Year

Source: NSDUH, 2021-2022

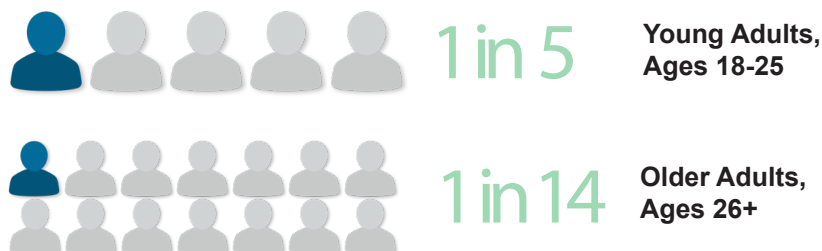
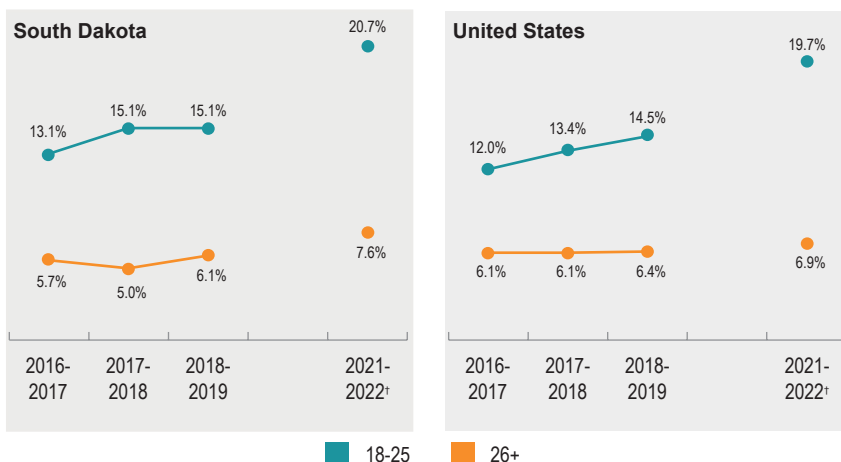


Figure 3.20 Percentage of a Major Depressive Episode in the Past Year by Age Group

Source: NSDUH
p-values (2021-2022): US v. SD 18-25 = 0.665; US v. SD 26+ = 0.446
Statistically significant p-value is P<0.05



†Note: Due to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates.

Any Mental Illness (AMI) by Insurance

Adults with AMI who were uninsured is defined, as follows: among individuals that met criteria for AMI in the past year that marked they were not covered by Medicare, Medicaid/CHIP, Tricare, Champus, ChampVA, VA, or Military, private insurance or other health insurance.

Adults with AMI with private insurance that did not cover mental or emotional problems is defined as adults 18+ with AMI who respond "No" to "Does private health insurance include coverage to treatment for mental or emotional problems?" Primary source of variable is NSDUH, 2021-2022 and used in Mental Health America, 2024.

Uninsured Adults with AMI:

- In the United States, **10.1% (or over 5.9 million)** of adults with AMI were uninsured in 2021-2022 (Mental Health America, Figure 3.21).
- In South Dakota, **12.4% (or 19,000)** of adults with AMI were uninsured, so South Dakota was among the **top 25%** of U.S. states with the **highest prevalence** of uninsured adults with AMI in 2021-2022 (Mental Health America, Figure 3.22).

Adults with AMI with Private Insurance that Does Not Cover Behavioral Health:

- In South Dakota, **9.6% (or 8,000)** of adults with AMI had private insurance that did not cover mental or emotional problems in 2021-2022, compared to **10.2% (or 2.9 million)** of adults in the United States (Mental Health America, Figure 3.21).
- South Dakota was among the **bottom 50%** of U.S. states with the **lowest prevalence** of adults with AMI who had private insurance that did not cover mental or emotional problems (Mental Health America, Figure 3.23).

Figure 3.21 Adults with Any Mental Illness Insurance Status

Source: Mental Health America, 2024

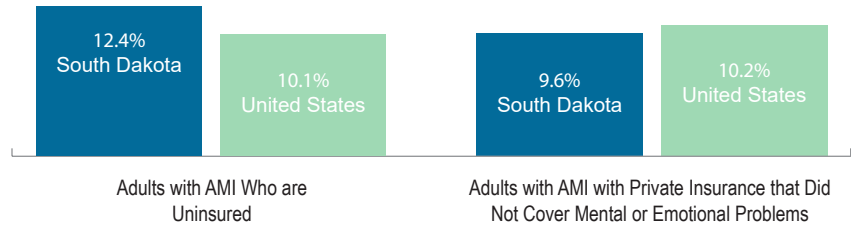


Figure 3.22 Adults with Any Mental Illness Who were Uninsured*

Source: Mental Health America, 2024

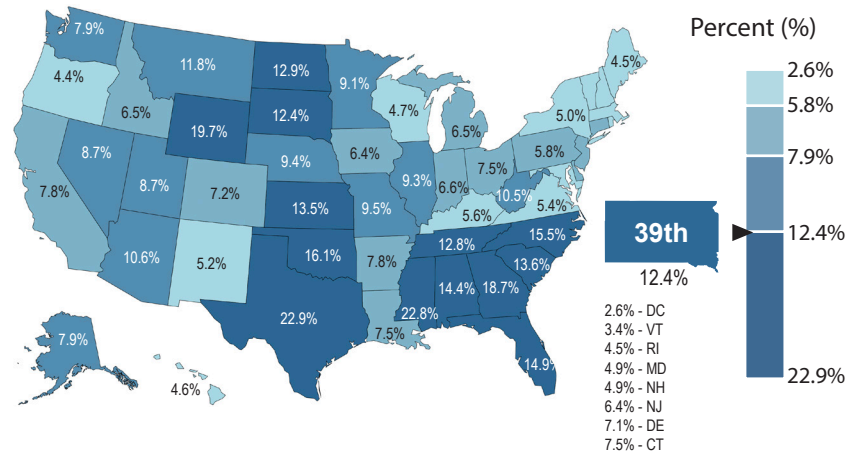
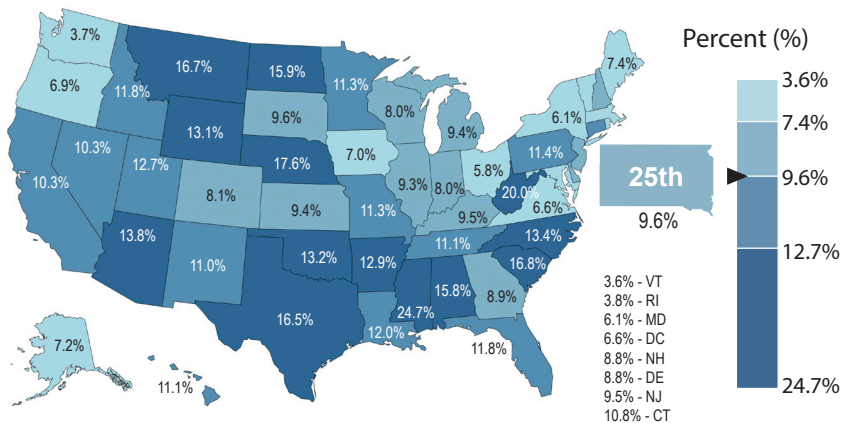


Figure 3.23 Adults with Any Mental Illness with Private Insurance that Did Not Cover Mental or Emotional Problems*

Source: Mental Health America, 2024



Key Takeaway

South Dakota's prevalence of **uninsured adults with AMI** was **higher** than the United States by 2.3 percentage points.

South Dakota had **fewer** adults than the United States living with an AMI in the past year who had insurance that does not cover mental or emotional problems in 2021-2022.

*Note: Quartiles divide a dataset into four equal parts, each representing 25% of the data. The lower quartile (Q1) marks the 25th percentile, separating the lowest 25% from the rest. The median (Q2) represents the 50th percentile, dividing the dataset in half. The upper quartile (Q3) corresponds to the 75th percentile, distinguishing the highest 25% from the lower 75%.

Untreated Frequent Mental Distress Due to Cost

14 of more mentally unhealthy days each month is defined as frequent mental distress. Value is derived from, "Now thinking about your mental health, which include stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Respondents were also asked "Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?" Primary source of variable is BRFSS, 2022 and used in Mental Health America, 2024.

- In 2022, the prevalence of adults with frequent mental distress who went untreated due to cost was **22.9% (or 19,731)** in South Dakota and **24.6% (or 9.9 million)** in the United States (Mental Health America, Figure 3.24).
- In 2022, South Dakota was among the **bottom 50%** of states with the **lowest prevalence** of adults with frequent mental distress who went untreated due to cost (Mental Health America, Figure 3.25).
- In 2021, South Dakota had a **higher** out-of-pocket spending for adults with or without mental illness in large employer health plans than the United States (KFF, Figure 3.26).

Key Takeaway

South Dakota is among the **bottom 50%** of U.S. states with the **lowest prevalence** of adults with frequent mental distress who went untreated due to cost.

According to KFF, South Dakotans on average had a **higher** out of pocket spending for both adults with a mental illness and without a mental illness.

Figure 3.24 Adults with Frequent Mental Distress Who Could Not See a Doctor Due to Costs

Source: Mental Health America, 2024

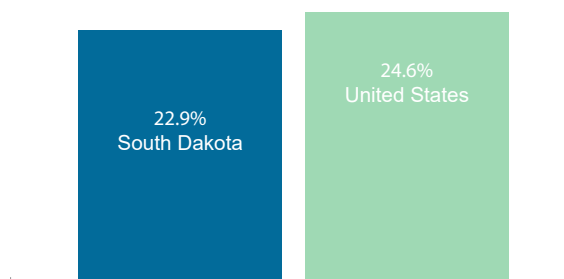


Figure 3.25 Adults with Frequent Mental Distress Who Could Not See a Doctor Due to Costs*

Source: Mental Health America, 2024

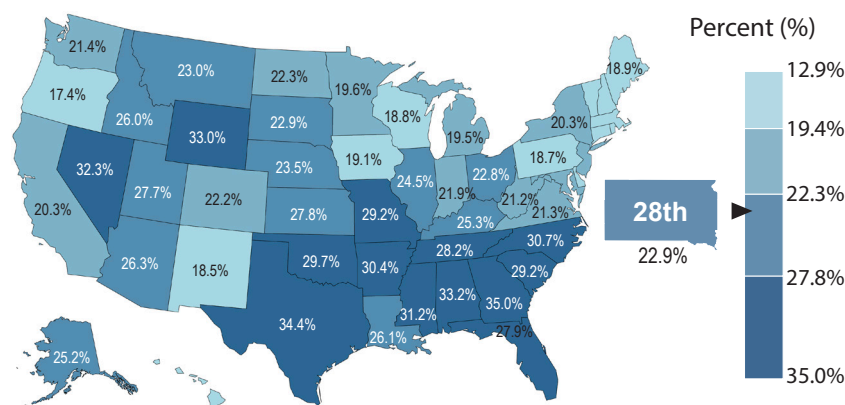
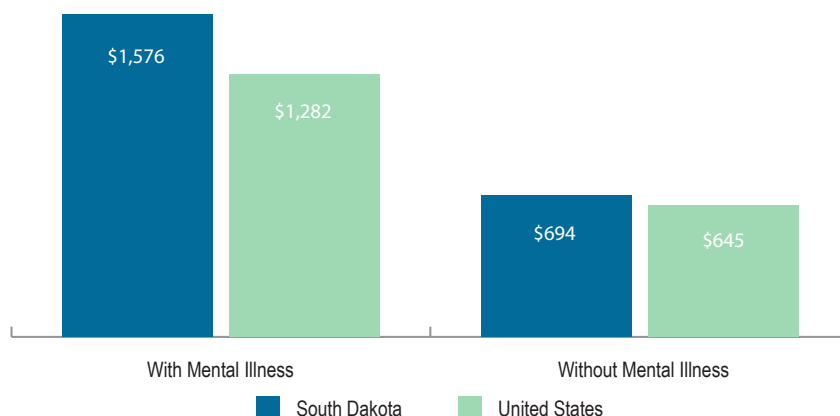


Figure 3.26 Average Out-of-Pocket Spending for Adults in Large Employer Health Plans, by Mental Illness Status, 2021*

Source: KFF analysis of 2021 IBM MarketScan Commercial Claims and Encounters Database



*Note: Quartiles divide a dataset into four equal parts, each representing 25% of the data. The lower quartile (Q1) marks the 25th percentile, separating the lowest 25% from the rest. The median (Q2) represents the 50th percentile, dividing the dataset in half. The upper quartile (Q3) corresponds to the 75th percentile, distinguishing the highest 25% from the lower 75%.

*Note: Out-of-pocket amounts are only for covered services. Data is among those below age 65. Disease definitions developed by the Healthcare Cost and Utilization Project were used to identify claims associated with mental health conditions.

Received Mental Health Treatment in the Past Year**

- In 2022, 24.8% (or 167,000) of South Dakota adults received mental health treatment in the past year, which **surpassed** the 21.8% (or 55.8 million) adults who received mental health treatment in the United States (NSDUH, Figure 3.27).
- In 2022, South Dakota adults who received mental health treatment, the service types are as follows (NSDUH, Figure 3.28):
 - **17.3%** prescription medication
 - **17.0%** outpatient
 - **10.4%** telehealth
 - **1.4%** inpatient
- In 2022, **South Dakota** adults who received mental health treatment in the past year had the following prevalence by age group (NSDUH, Figure 3.29):
 - About **1 in 3** (or 33.4%) young adults, ages 18-25
 - About **1 in 4** (or 23.4%) older adults, ages 26+
- Young South Dakota adults, ages 18-25, were **more likely** to receive mental health treatment (33.4%) than young United States adults, ages 18-25 (19.7%). This is **statistically significant** based on the p-value (0.008; NSDUH, Figure 3.30).

Key Takeaway

In 2022, South Dakotans were **more likely** to receive mental health services than the United States. This difference is **statistically significant** for young adults, ages 18-25.

Figure 3.27 Received Mental Health Treatment, Adults Ages 18+

Source: NSDUH, 2021-2022†

p-value: US v. SD 18+ = 0.091

Statistically significant p-value is P<0.05

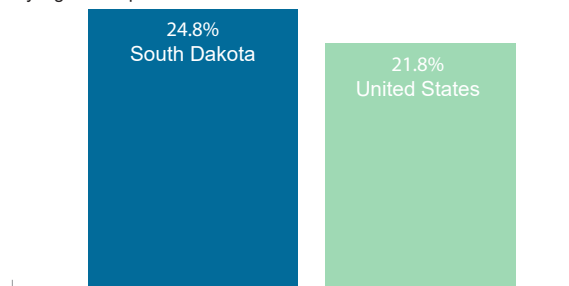
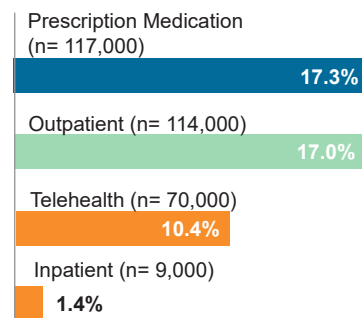


Figure 3.28 Mental Health Service By Types, Ages 18+, South Dakota

Source: NSDUH, RDAS, 2022



Note: Restricted-use Data Analysis System (RDAS) produced design-based estimates. NSDUH State Estimates are based on the model-based estimates. Model-based estimates are produced using small area estimation (SEA) methodology. SEA uses sample survey data and other auxiliary data sources to produce reliable estimates, which may not match exactly with the design-based estimates.

Figure 3.29 South Dakota Adults who Received Mental Health Treatment

Source: NSDUH, 2021-2022†

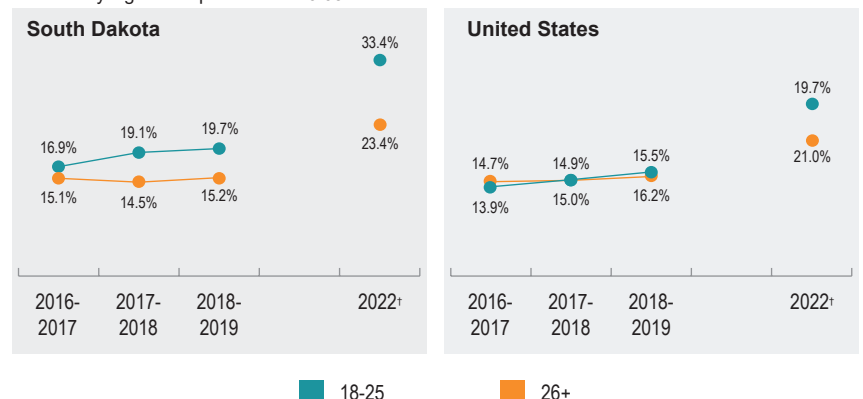


Figure 3.30 South Dakota vs. United States: Received Mental Health Treatment In the Past Year

Source: NSDUH

p-values: **US v. SD 18-25 = 0.008**; US v. SD 26+ = 0.251

Statistically significant p-value is P<0.05



†Note: Mental health treatment includes treatment for mental health emotions, or behavior through inpatient treatment/counseling; outpatient treatment/counseling; use of prescription medication; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

†Note: 2022 estimates for mental health treatment cannot be compared or combined with estimates from 2021 or earlier. Therefore, value is reported as a single year instead of a two-year average.

Suicide – Adult

Photo by Travel South Dakota

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

- South Dakota was among the **top 25%** of U.S. states with the **highest prevalence** of serious suicidal ideation in 2021-2022 (NSDUH, Figure 3.31).
- In 2021-2022, past year suicidal behavior in South Dakota had the following prevalences (NSDUH, Figure 3.32):
 - **5.6%** (or 37,000) adults considered suicide
 - **1.5%** (or 10,000) adults made a suicide plan
 - **0.7%** (or 5,000) attempted suicide

Quick Fact

Source: NSDUH, 2021-2022

About 13% of the individuals in South Dakota who seriously considered suicide went on to attempt suicide.



Figure 3.31 Adults 18+ with Serious Suicidal Ideation in the Past Year*

Source: NSDUH, 2021-2022

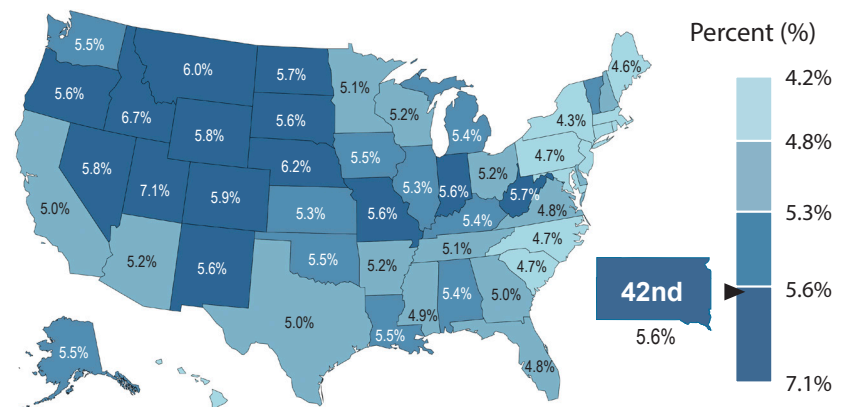
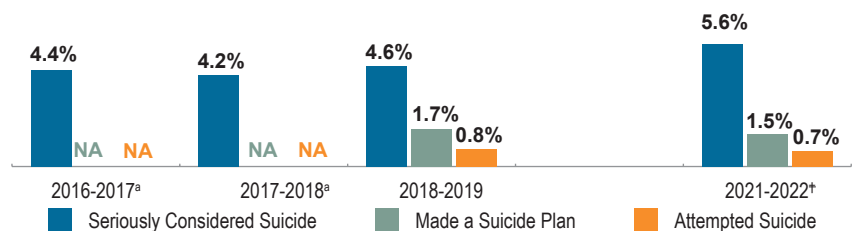


Figure 3.32 Serious Suicidal Ideation and Suicidal Behavior, Adults 18+, South Dakota

Source: NSDUH



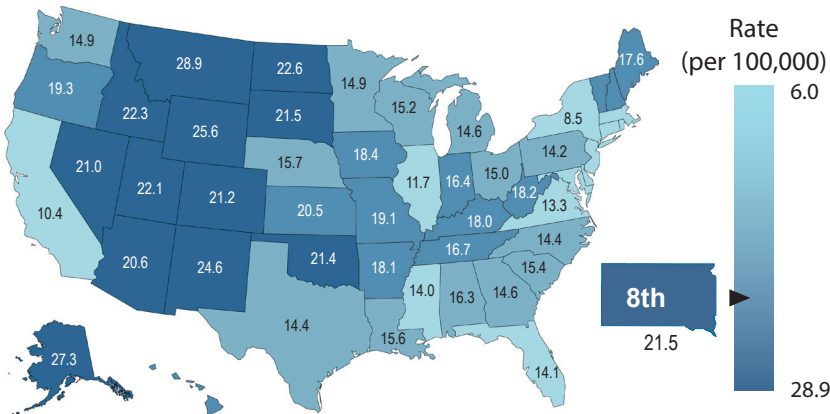
^aNSDUH did not collect "Made a Suicide Plan" nor "Attempted Suicide" in 2016-2017 and 2017-2018.

^{*}Note: Quartiles divide a dataset into four equal parts, each representing 25% of the data. The lower quartile (Q1) marks the 25th percentile, separating the lowest 25% from the rest. The median (Q2) represents the 50th percentile, dividing the dataset in half. The upper quartile (Q3) corresponds to the 75th percentile, distinguishing the highest 25% from the lower 75%.

^{*}Note: Due to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates.

Figure 3.33 Age-Adjusted Rate (per 100,000) of Deaths by Suicide in the United States, All Ages

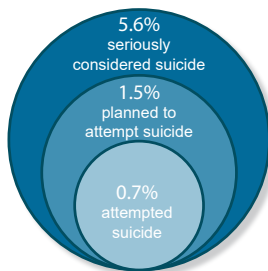
Source: CDC, WISQARS, 2022



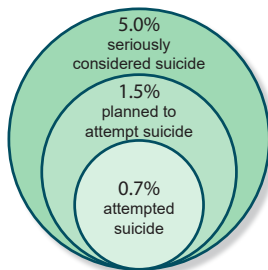
- In 2022, the age-adjusted rate (per 100,000) of death by suicide in South Dakota was **21.5 per 100,000** (CDC WISQARS, Figure 3.33).
- In 2021-2022, South Dakota's young adults, ages 18-25, were more than **three times** more likely to experience serious suicidal ideation than older adults 26+ (NSDUH, Figure 3.35).
- In South Dakota, **more adults** experienced serious suicidal ideation than in the United States and Midwest (NSDUH, Figure 3.34 and Figure 3.35).

Figure 3.34 Serious Suicidal Ideation, Made Any Suicide Plans, and Attempted Suicide, South Dakota vs. United States vs. Midwest

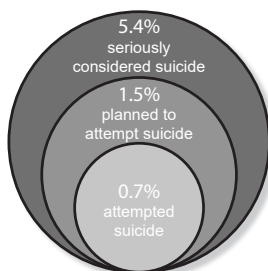
Source: NSDUH, 2021-2022



South Dakota



United States



Midwest

Figure 3.35 Had Serious Thoughts of Suicide in the Past Year

Source: NSDUH, 2021-2022

Statistically significant p-value is $P < 0.05$

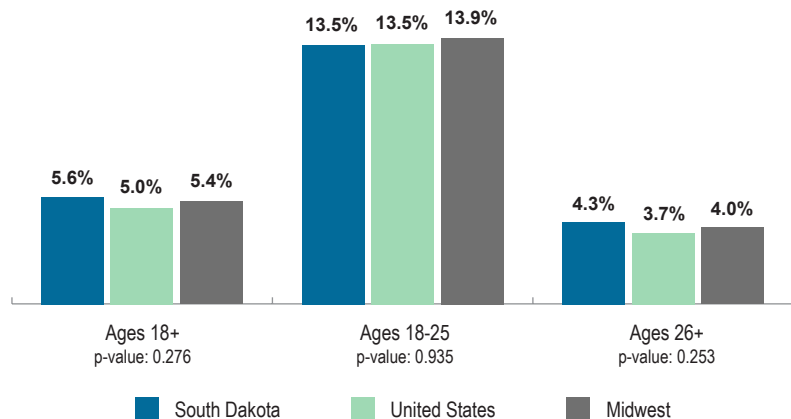


Figure 3.36 Made Any Suicide Plans in the Past Year

Source: NSDUH, 2021-2022

Statistically significant p-value is $P < 0.05$

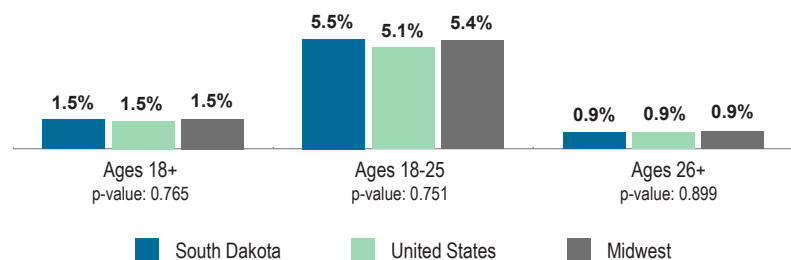
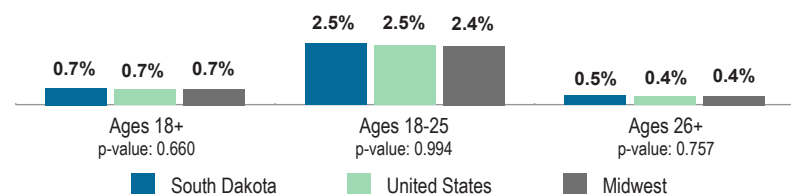


Figure 3.37 Attempted Suicide in the Past Year

Source: NSDUH, 2021-2022

Statistically significant p-value is $P < 0.05$



Suicide in South Dakota

- In 2023, South Dakota recorded 180 deaths by suicide, reflecting a **6% decrease**, compared to 2022 (DOH Vital Statistics, Figure 3.38).
- This is the lowest count (180) and rate (19.6) per 100,000 since 2018 when South Dakota had 168 deaths by suicide (19.0 per 100,000).

Quick Fact

Source: SD DOH Vital Statistics

In South Dakota, the **methods** of death by suicide were as follows (2014-2023):

- **49%** firearms
- **36%** hanging/suffocation
- **11%** poisoning

Between 2014 and 2023, the male suicide death rate was **30.8 per 100,000**, while the female suicide death rate was 9.2 per 100,000 in South Dakota.

In 2023, suicide was the **10th leading cause of death** among all South Dakotans and leading cause of death among ages 20-29 in South Dakota.



Quick Fact

Source: CDC, WISQARS, 2022

South Dakota had the 8th highest age-adjusted rate of deaths by suicide (per 100,000) in the United States.

21.5
South Dakota

14.3
United States

Figure 3.38 Suicide Deaths and Rates (per 100,000), South Dakota 2014-2023

Source: SD DOH Vital Statistics, CDC WISQARS, CDC WONDER

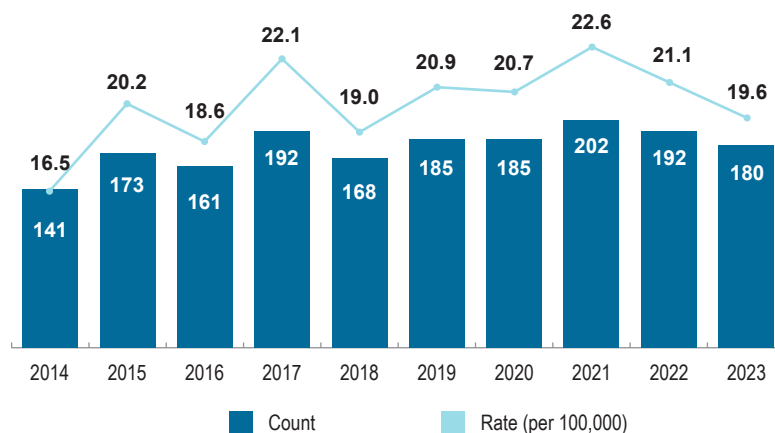
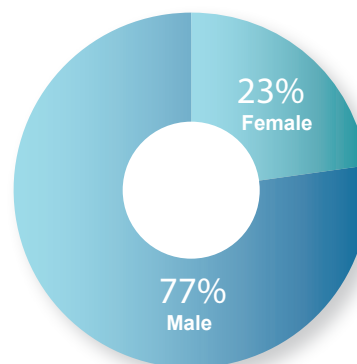


Figure 3.39 Suicide by Sex, South Dakota, 2014-2023

Source: SD DOH Vital Statistics



South Dakota Suicide Prevention

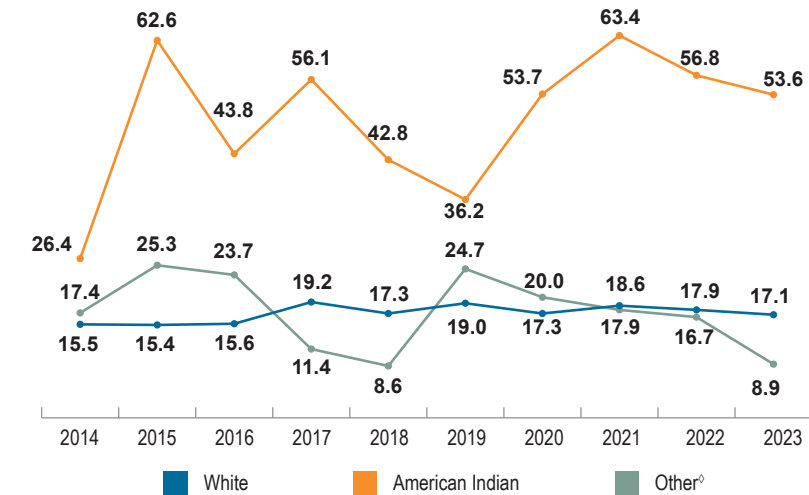
The goal of South Dakota Suicide Prevention is to promote awareness about actions we can all take to prevent suicide.

Visit www.sdsuicideprevention.org for more information.



Figure 3.40 Suicide Rates (per 100,000) by Race (Single Race), 2014-2023

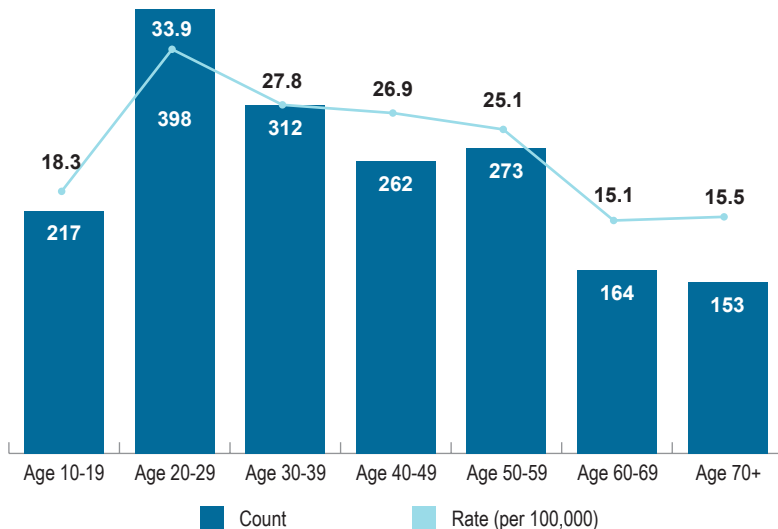
Source: SD DOH Vital Statistics



- Between 2014-2023, the average suicide rate among South Dakota's White population was 17.3 per 100,000, while the American Indian population average suicide rate was **49.5 per 100,000** (DOH Vital Statistics, Figure 3.40).
- The American Indian population in South Dakota rate of suicide was nearly **3x higher** than the White population between 2014-2023 (DOH Vital Statistics, Figure 3.40).
- In the past decade, adults, ages 20-29, **represented the most** deaths by suicide by both rate (33.9 per 100,000) and (22%) proportion (DOH Vital Statistics, Figure 3.41).

Figure 3.41 Suicide Deaths and Rates (per 100,000) by Age Group, 2014-2023

Source: SD DOH Vital Statistics



Quick Fact

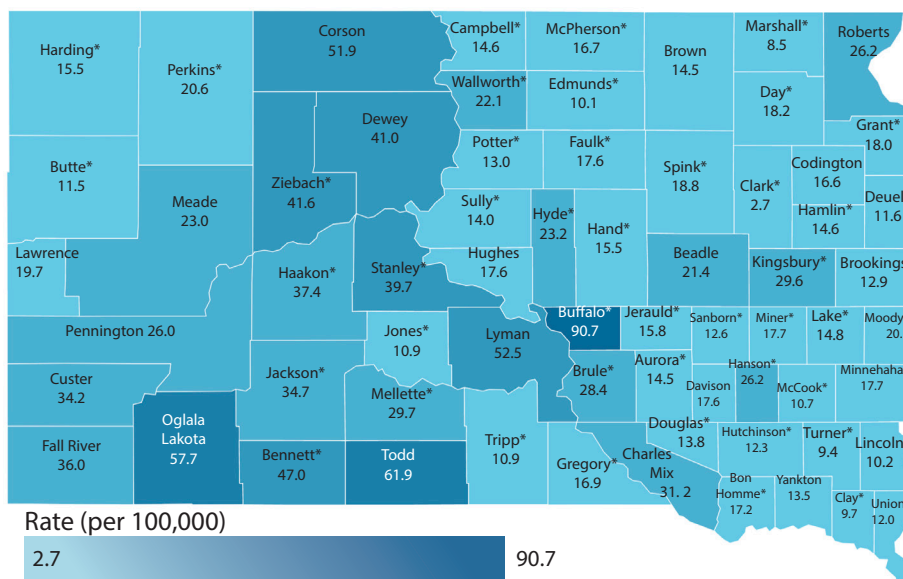
Source: SD DOH Vital Statistics

Deaths by suicide for racial groups were **73% White** and **22% American Indian** between 2014 and 2023.

Figure 3.42 Suicide Rates (per 100,000) by County, 2014-2023

Source: SD 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*

Figure 3.43 Nonfatal Self-Inflicted Injury, by Sex, South Dakota, 2019-2023

Source: SDAHO, Prepared by SD DOH

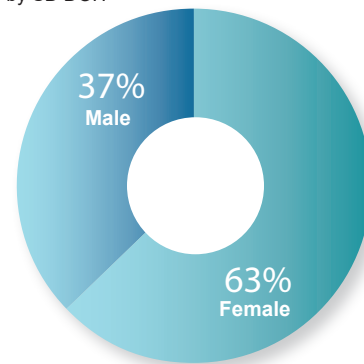


Figure 3.44 Nonfatal Self-Inflicted Injury, by Age Group, South Dakota, 2019-2023

Source: SDAHO, Prepared by SD DOH

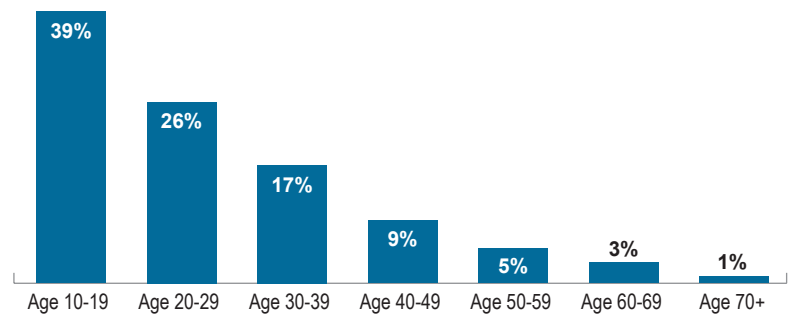


Figure 3.45 Nonfatal Self-Inflicted Injury Hospitalizations and ED Visits, South Dakota, 2019-2023

Source: SDAHO, Prepared by SD DOH

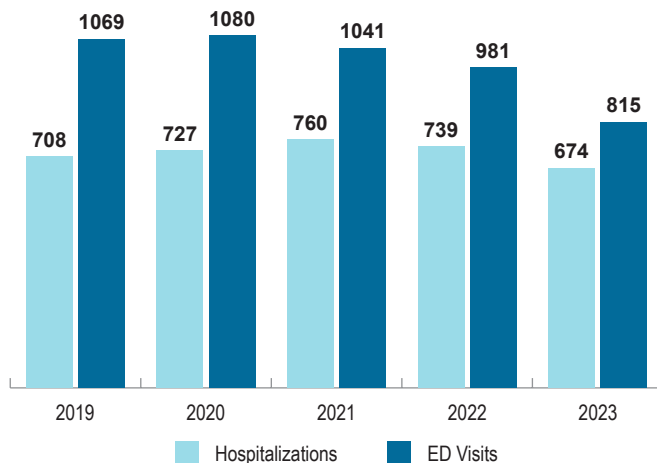
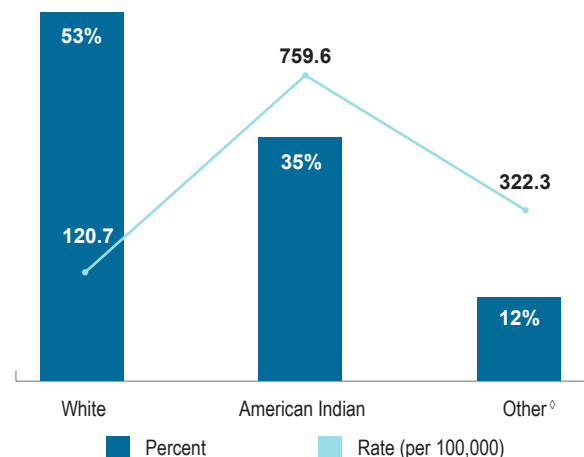


Figure 3.46 Nonfatal Self-Inflicted Injury, by Race, South Dakota, 2019-2023

Source: SDAHO, Prepared by SD DOH



^oOther includes Asian, Black, Multiracial, and Unknown races.

*Note - Hospitalizations 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

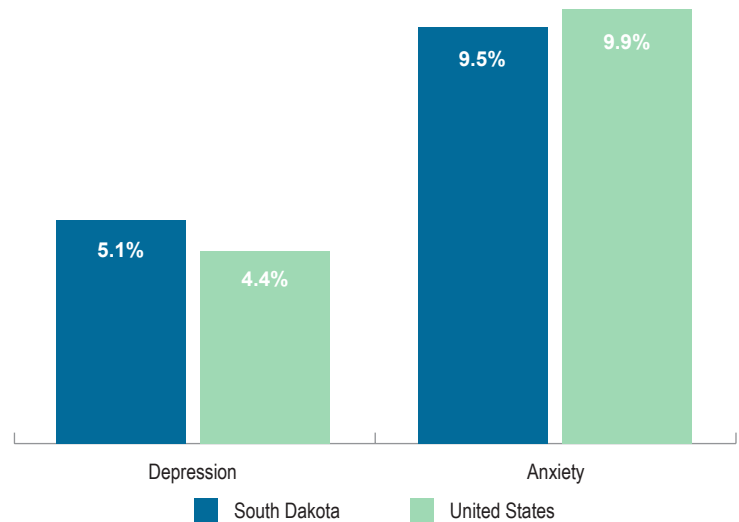
Photo by Travel South Dakota

Depression and Anxiety

- In 2021-2022, youth who currently have depression in South Dakota (5.1%) **exceeded** the United States (4.4%) by 0.7 percentage points (NSCH, Figure 3.47).
- In 2021-2022, youth who currently have anxiety in South Dakota (9.5%) was **lower** than the United States (9.9%) by 0.4 percentage points (NSCH, Figure 3.47).

Figure 3.47 Currently Have Depression and Anxiety, Ages 3-17, South Dakota vs. United States

Source: NSCH, 2021-2022

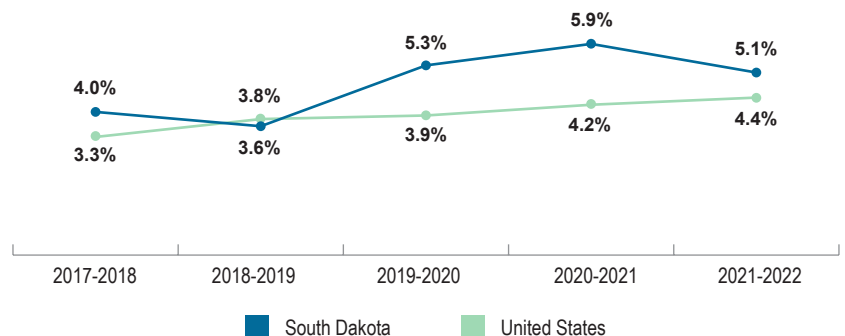


Depression

- South Dakota's youth who currently have depression has **increased** from 4.0% in 2017-2018 to 5.1% 2021-2022, which is an increase of 1.1 percentage points (NSCH, Figure 3.48).
- The United States' youth who currently have depression has **increased 1.1** percentage points from 3.3% to 4.4% between 2017-2018 and 2021-2022 (NSCH, Figure 3.48).

Figure 3.48 Currently Have Depression (2-Year Estimate) Ages 3-17, South Dakota vs. United States

Source: NSCH



Key Takeaway

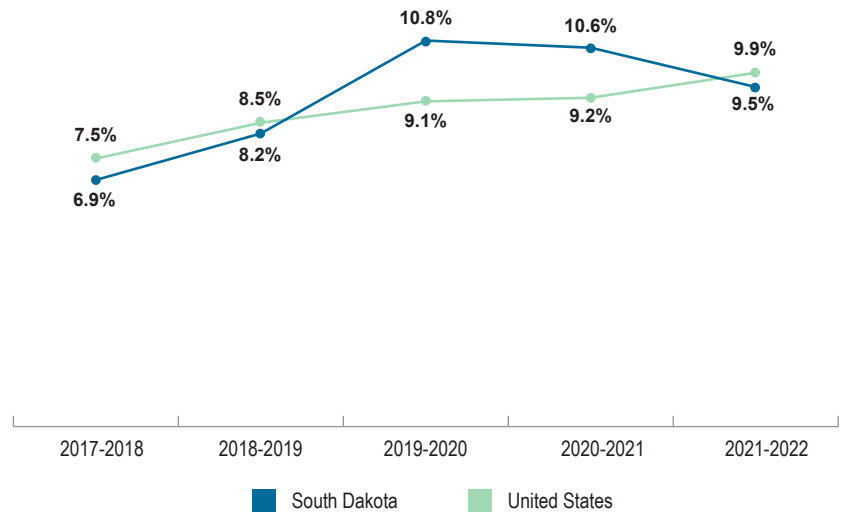
In 2021-2022, South Dakota youth were **more likely** to experience **depression** and **less likely** to experience **anxiety** compared to youth in the United States.

Anxiety

- South Dakota's youth who currently have anxiety **increased** from 6.9% in 2017-2018 to 9.5% in 2021-2022. This was an increase of 2.6 percentage points (NSCH, Figure 3.49).
- Youth who currently have anxiety in the United States **increased** 2.4 percentage points between 2017-2018 and 2021-2022 (NSCH, Figure 3.49).
- In 2021-2022, United State's youth were **more likely** to currently have anxiety than youth in South Dakota (NSCH, Figure 3.49).

Figure 3.49 Currently Have Anxiety (2-Year Estimate), Ages 3-17, South Dakota vs. United States

Source: NSCH



Depression Highlights:

- South Dakota's prevalence of youth who currently have depression was 0.7 percentage points higher than United States youth in 2021-2022.
- The prevalence of South Dakota youth who currently have depression has been higher than United States youth from 2019-2020 to 2021-2022.
- South Dakota and the United States' prevalence of youth who currently have depression increased 1.1 percentage points between 2017-2018 and 2021-2022.

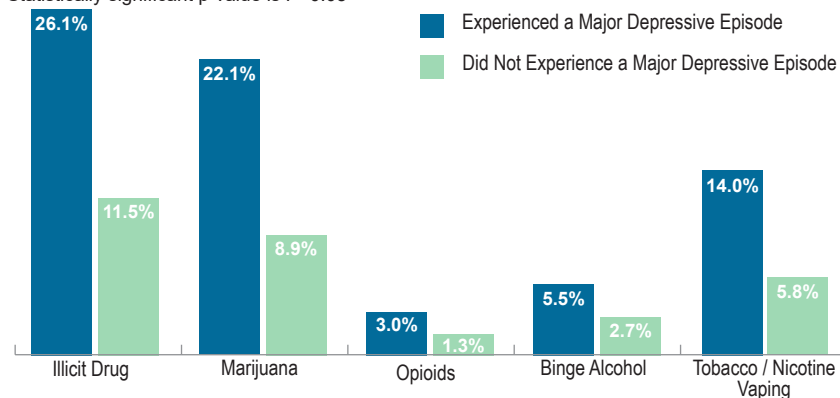
Anxiety Highlights:

- South Dakota youth were about 2x more likely to have current anxiety than current depression in 2021-2022.
- In 2021-2022, current anxiety among South Dakota youth was lower than current anxiety among youth in the United States for the first time since 2018-2019.
- South Dakota youth who currently have anxiety increased 2.6 percentage points between 2017-2018 and 2021-2022.

Figure 3.50 Substance Use Among Adolescents with a Co-occurring Major Depressive Episode, United States

Source: NSDUH, 2022

Statistically significant p-value is $P < 0.05$



- Adolescents who experienced a major depressive episode in the past year were **more at risk** of substance use than youth who did not have a major depressive episode. This difference is **statistically significant** (NSDUH, Figure 3.50).

Key Takeaway

There was a **heightened risk** for substance use among youth with a major depressive episode in the past year in 2022.

High School Students Who Felt Sad or Hopeless

Defined as feeling sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey.

- In 2023, there were **less** South Dakota high school students that felt sad or hopeless (32.0%) than high school students in the United States (39.7%; YRBSS, Figure 3.51).
- Between 2013 and 2023, South Dakota and the United States had an **increase** in feeling sad or hopeless among high school students, respectively increasing 10.0 and 9.8 percentage points (YRBSS, Figure 3.51).
- Both the United States and South Dakota high school students had a **decrease** in feeling sad or hopeless between 2021 and 2023 (YRBSS, Figure 3.51).
- Among the **South Dakota** high school students who reported feeling sad or hopeless, **42.9%** were **female** and **21.3%** were **male** in 2023 (YRBSS, Figure 3.51 and Table 3.52).
- White high school students in the United States were **more at risk** of feeling sad or hopeless (38.9%) than White high school students in the South Dakota (28.0%; YRBSS, Figure 3.52).
- More than **half** of South Dakota Multiple race high school students felt sad or hopeless in 2023 (YRBSS, Figure 3.52).

Figure 3.51 High School Students Who Felt Sad or Hopeless, South Dakota vs. United States

Source: YRBSS

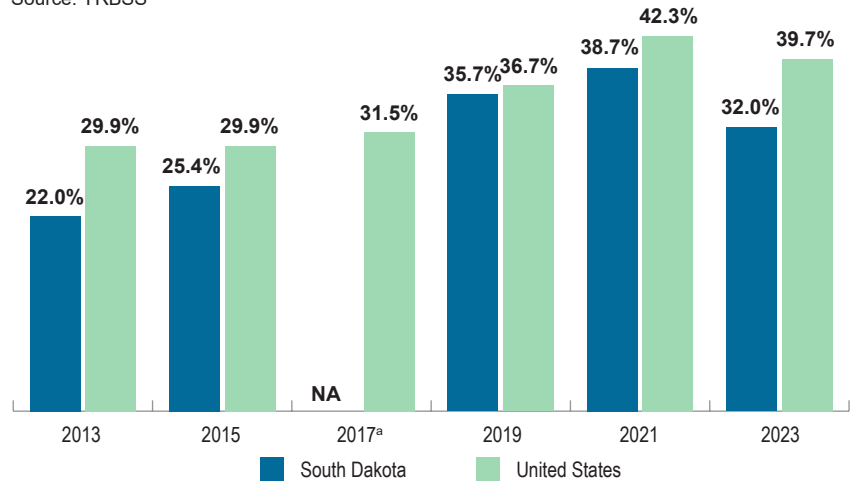


Table 3.52 High School Students Who Felt Sad or Hopeless by Gender, Grade, and Race; South Dakota and United States

Source: YRBSS, 2023

Gender	Female	Male
South Dakota	42.9%	21.3%
United States	52.6%	27.7%

Grade	9th	10th	11th	12th
South Dakota	29.9%	31.3%	29.5%	36.9%
United States	40.3%	39.7%	39.7%	38.8%

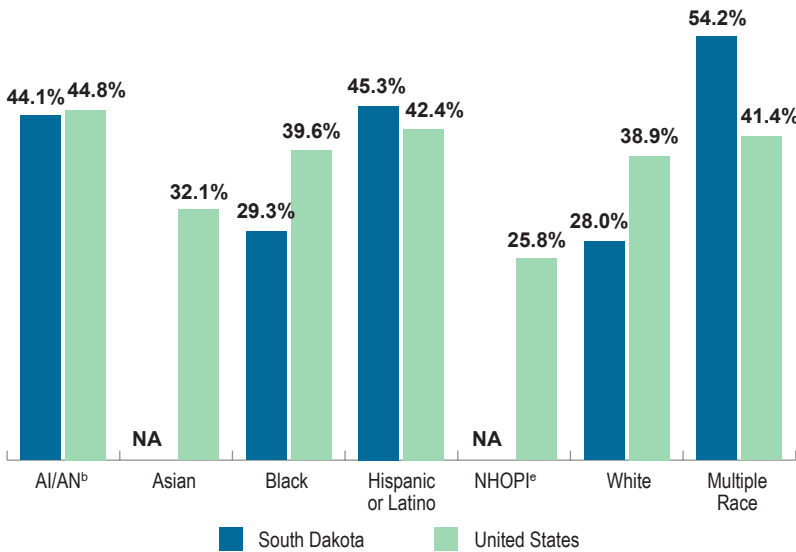
Race/Ethnicity	AI/AN	Hispanic or Latino	White	Multiple Race
South Dakota	44.1%	45.3%	28.0%	54.2%
United States	44.8%	42.4%	38.9%	41.4%



In South Dakota, female high school students were **twice as likely** to feel sad or hopeless than male high school students. In the United States, female high school students had a **similar risk** of feeling sad or hopeless compared to male high school students.

Figure 3.53 High School Students Who Felt Sad or Hopeless, by Race, South Dakota vs. United States

Source: YRBSS, 2023



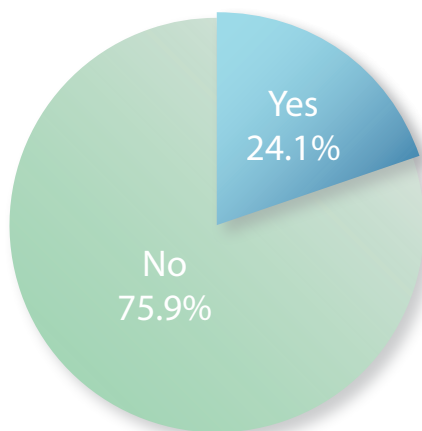
^bAI/AN = American Indian/Alaskan Native

^cNHOP = 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.

Figure 3.54 Percentage of South Dakota Students Who Most of the Time or Always get the Kind of Help They Need (Among Students Who Report Having Felt Sad, Empty, Hopeless, Angry, or Anxious)

Source: YRBSS, 2023



In 2023, 12th graders in South Dakota were the **most likely** grade to have felt sad or hopeless (36.9%), while 9th graders had the highest prevalence for feeling sad or hopeless in the United States (40.3%).

Quick Facts

Source: NSDUH, RDAS, 2021-2022

0.2%
of South
Dakota
Youth



0.6%
of United
States
Youth

are receiving treatment or counseling
for their mood.

- In 2023, Multiple race high school students in South Dakota had the **highest rate** of feeling sad or hopeless (54.2%), which was 12.8 percentage points higher than Multiple race high school students in the United States (YRBSS, Figure 3.53).
- Hispanic or Latino high school students had the **second highest** prevalence of feeling sad or hopeless in South Dakota (45.3%), which was **2.9 percentage points higher** than Hispanic or Latino high school students in the United States (YRBSS, Figure 3.53).
- High school students who identified as American Indian or Alaska Native, Black, or White had a **lower prevalence** of feeling sad or hopeless in South Dakota compared to the United States (YRBSS, Figure 3.53).
- Hispanic or Latino and Multiple race high school students had a **higher prevalence** of feeling sad or hopeless in South Dakota than the United States (YRBSS, Figure 3.53).
- About **1 in 4** South Dakota high school students **received the kind of help they needed** for feeling sad, empty, hopeless, angry or anxious in 2023 (YRBSS, Figure 3.54).

Major Depressive Episode

Major depressive episode is based on the DSM-V, which specifies a period of at least 2 weeks when individual experienced a depressed mood or loss of interest in daily activities and had a majority of specific symptoms.

- In 2021-2022, 20.2% (or 5.2 million) of youth in the United States had a major depressive episode in the past year (NSDUH, Figure 3.55).
- In 2021-2022, 19.2% (or 14,000) of South Dakota youth had a major depressive episode in the past year (NSDUH, Figure 3.55).
- Between 2016-2017 and 2018-2019, youth with a past year major depressive episode had **increased 2.8 percentage points** in South Dakota (NSDUH, Figure 3.55).
- South Dakota had a **lower rate** of youth with a major depressive episode (19.2%) than United States (20.2%) and Midwest in 2021-2022 (20.4%; NSDUH, Figure 3.56).

Quick Fact

Source: NSDUH, RDAS, 2021-2022

8.2% of South Dakota youth reported they had a major depressive episode (MDE) with severe role impairment, which was less than in the **United States (15.0%)**.



Figure 3.55 Major Depressive Episode in the Past Year, South Dakota vs. United States

Source: NSDUH

p-value (2021-2022): US v. SD 18+ = 0.611

Statistically significant p-value is P<0.05

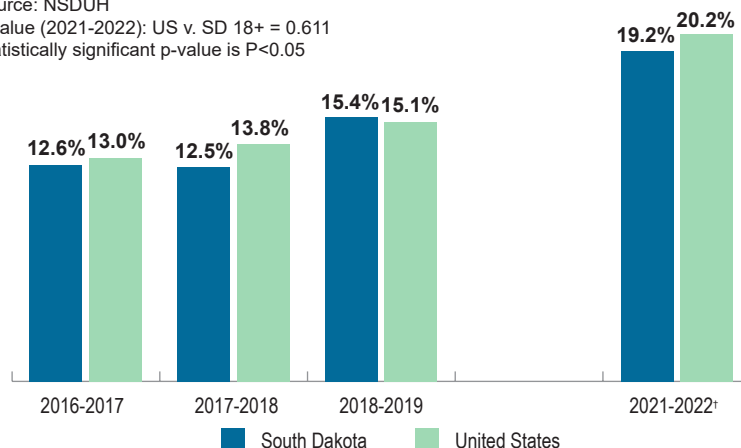
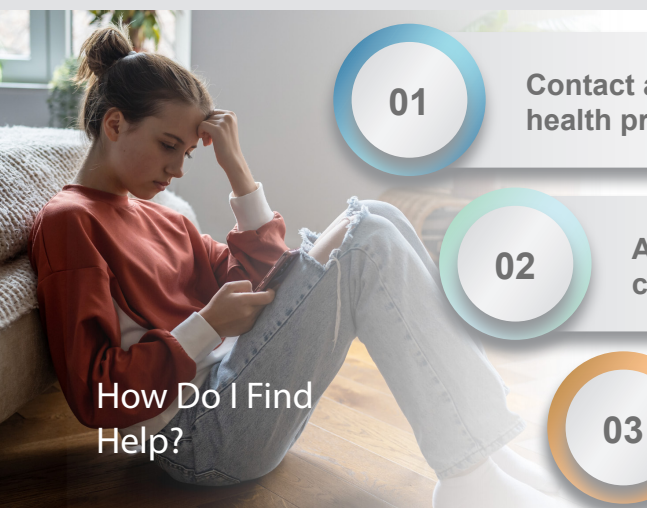
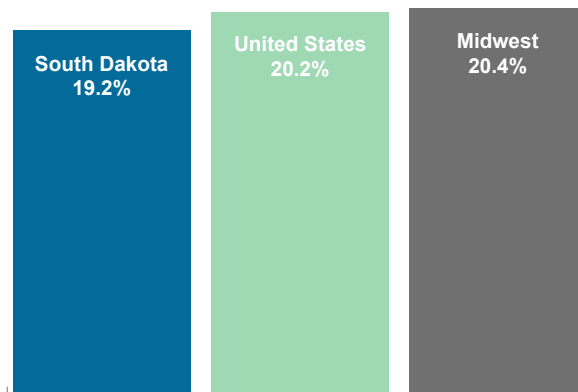


Figure 3.56 Major Depressive Episode in the Past Year

Source: NSDUH, 2021-2022



How Do I Find Help?

01

Contact a local mental health provider



02

A trained clinician completes an assessment



03

The individual is referred to recommended services



Resources for Local Treatment Providers:

Department of Social Services:
dss.sd.gov/behavioralhealth/agencycounty.aspx

SAMHSA Treatment Locator:
findtreatment.samhsa.gov

*Note: Due to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates.

Access to Care - Adolescent

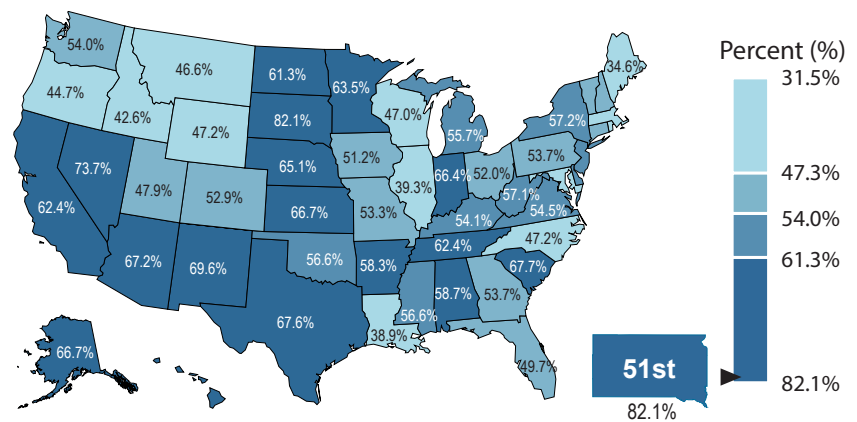
Untreated Youth with Major Depressive Episode

Youth with past year major depressive episode who did not receive treatment is defined as those who responded "No" to both "At any time in the past 12 months, did you see or talk to a medical doctor or other professional about a major depressive episode?" and "During the past 12 months, did you take prescription medication for a major depressive episode?"
Primary source of variable is NSDUH, 2021-2022 and used in Mental Health America, 2024.

- 56.1% (or **2.8 million**) of youth in the United States with a major depressive episode went untreated in 2021-2022 (Mental Health America, Figure 3.57).
- 82.1% (or **8,000**) of youth in South Dakota with a major depressive episode went untreated in 2021-2022 (Mental Health America, Figure 3.57).

Figure 3.57 Untreated^a Youth with Major Depressive Episode

Source: Mental Health America, 2024



United States = 56.1% (or 2.8 million)

Table 3.58 Reasons for Not Receiving Mental Health Treatment^a Among Youth, Ages 12-17, with a Past Year Major Depressive Episode (MDE) and Perceived Unmet Need for Treatment in the Past Year

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022 and Mental Health America, 2024

Reason	Percentage ^o
Thought they should have been able to handle their mental health, emotions or behavior on their own	86.9%
Worried about what people would think or say if they got treatment	59.8%
Worried that information would not be kept private	57.8%
Did not know how or where to get treatment	55.5%
Thought no one would care if they got better	53.9%
Did not think treatment would help them	51.5%
Thought their family, friends, or religious group would not like it if they got treatment	48.2%
Afraid of being committed to hospital or forced into treatment against their will	45.0%
Not ready to start treatment	44.5%
Thought they would be told they needed to take medication	39.4%
Did not have enough time for treatment	34.8%
Thought it would cost too much	33.3%
Could not find treatment program or healthcare professional they wanted to go to	30.2%
Had problems with things like transportation, childcare, or getting appointments at times that work for them	24.2%
Did not have health insurance coverage for mental health treatment	13.3%

^aNote: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

^oNote: Respondents could select all that apply.

Quick Fact

Source: Mental Health America, 2024

States with high access to mental health treatment still have **one-third** of youth with a major depressive episode go without treatment.

Key Takeaway

In 2021-2022, South Dakota had the **highest** prevalence of untreated youth with major depressive episode in the United States.

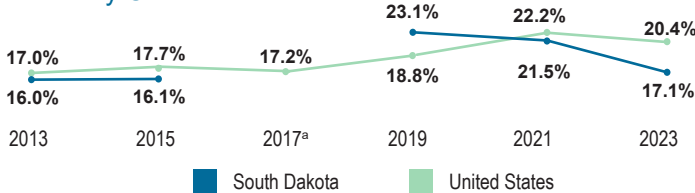
Suicide - Adolescent

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

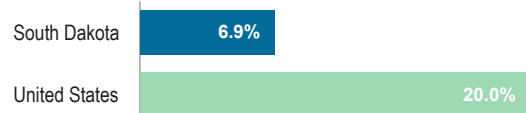
Figure 3.59 Prevalence and Percent Change of Seriously Considered Suicide, Made a Suicide Plan, and Attempted Suicide Among High School Students

Source: YRBSS

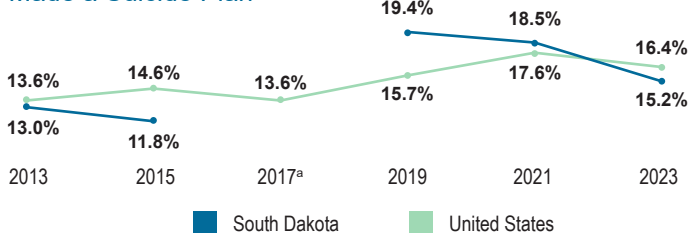
Seriously Considered Suicide



Percent Change of Seriously Considered Suicide, Past Decade



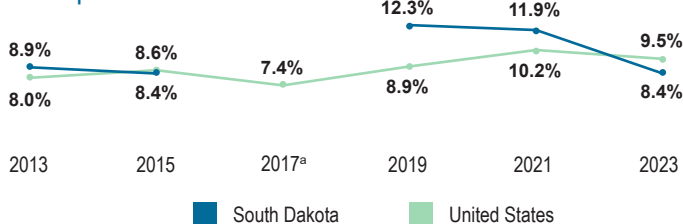
Made a Suicide Plan



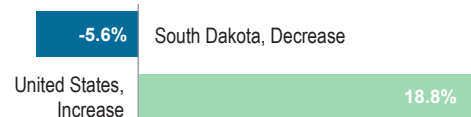
Percent Change of Made a Suicide Plan, Past Decade



Attempted Suicide



Percent Change of Attempted Suicide, Past Decade



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

Key Takeaway

South Dakota high school students who reported serious thoughts of suicide, made a suicide plan, or attempted suicide had a **lower** percent change than the United States.

Between 2019 and 2023, serious thoughts of suicide, made a suicide plan, or attempted suicide all **decreased** in South Dakota.

Quick Facts

South Dakota had the **second highest rate of teen deaths by suicide** (ages 15 to 19) in the nation at 33.7 per 100,000. For comparison, the rate per 100,000 in the United States is 10.5.



Source: CDC WONDER, 2020-2022

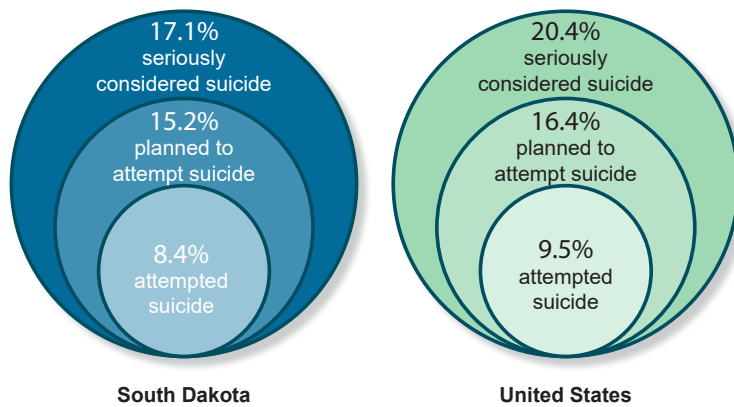


Of the high schoolers in South Dakota who attempted suicide, about **1 in 5 (18.7%)** asked for **help** from a doctor, counselor, or hotline before attempting suicide.

Source: YRBSS, 2023

Figure 3.60 Seriously Considered Suicide, Made a Plan, and Attempted Suicide Amongst High Schoolers

Source: YRBSS, 2023



- In the past decade, high school students who reported serious thoughts of suicide **increased** 6.9% in South Dakota and 20.0% in the United States (YRBSS, Figure 3.59).
- High school students who made a suicide plan **increased** 16.9% in South Dakota and 20.6% in the United States in the past decade (YRBSS, Figure 3.59).
- In the past decade, high school students who reported who they attempted suicide **decreased** 5.6% in South Dakota and **increased** 18.8% in the United States (YRBSS, Figure 3.59).
- In 2023, **23.0%** of South Dakota's Multiple race high schoolers reported they attempted suicide compared to **6.9%** of South Dakota's White high schoolers (YRBSS, Figure 3.61).

Key Takeaway

Suicide attempts were more than 3x higher among Multiple race high school students than White high schoolers in South Dakota.

Table 3.61 Suicidal Ideation and Suicidal Behavior by Disparities of Gender, School Grade, and Race

Source: YRBSS, 2023

South Dakota Gender	Female	Male
Seriously Considered Suicide	22.2%	12.1%
Made a Suicide Plan	18.4%	11.8%
Attempted Suicide	11.1%	5.7%

South Dakota Grade	9th	10th	11th	12th
Seriously Considered Suicide	16.2%	15.4%	16.6%	20.6%
Made a Suicide Plan	15.4%	13.6%	14.1%	17.7%
Attempted Suicide	7.9%	7.3%	9.1%	9.1%

South Dakota Race	American Indian/ Alaskan Native	White	Multiple Race
Seriously Considered Suicide	28.3%	14.6%	28.0%
Made a Suicide Plan	26.4%	13.1%	21.5%
Attempted Suicide	7.9%	6.9%	23.0%

United States Gender	Female	Male
Seriously Considered Suicide	27.1%	14.1%
Made a Suicide Plan	21.2%	11.8%
Attempted Suicide	12.6%	6.4%

United States Grade	9th	10th	11th	12th
Seriously Considered Suicide	21.3%	19.7%	20.3%	19.5%
Made a Suicide Plan	16.8%	16.7%	17.1%	15.1%
Attempted Suicide	10.4%	9.7%	9.4%	8.0%

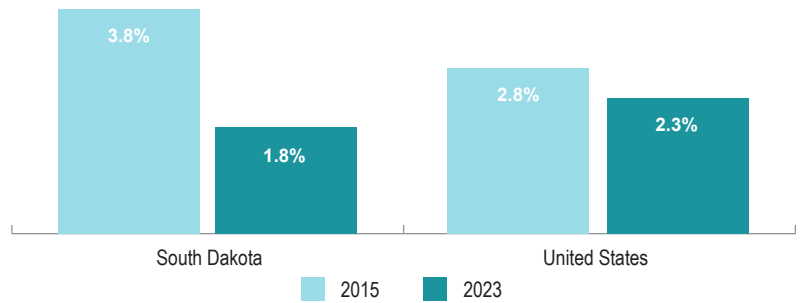
United States Race	American Indian/ Alaskan Native	White	Multiple Race
Seriously Considered Suicide	24.5%	22.1%	21.6%
Made a Suicide Plan	25.7%	17.0%	19.8%
Attempted Suicide	11.5%	8.3%	11.4%

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

- In the past eight years, high school students in South Dakota who attempted suicide resulting in an injury that needed medical treatment decreased by **two percentage points** from 3.8% in 2015 to 1.8% in 2023, while the United States saw a decrease of **half a percentage point** (YRBSS, Figure 3.62).
- In 2023, South Dakota was 0.5 percentage point **lower** than the United States for high school students who were seriously injured by a suicide attempt that needed medical treatment (YRBSS, Figure 3.62).

Figure 3.62 High School Students Who Were Seriously Injured Due to a Suicide Attempt, South Dakota vs. United States

Source: YRBSS



Note: High school students that were seriously injured due to a suicide attempt was not collect in South Dakota in 2013; therefore, past decade change is substituted for past 8 years change in prevalence.

Figure 3.63 High School Students Who Were Seriously Injured Due to a Suicide Attempt, by Gender, South Dakota vs. United States

Source: YRBSS, 2023

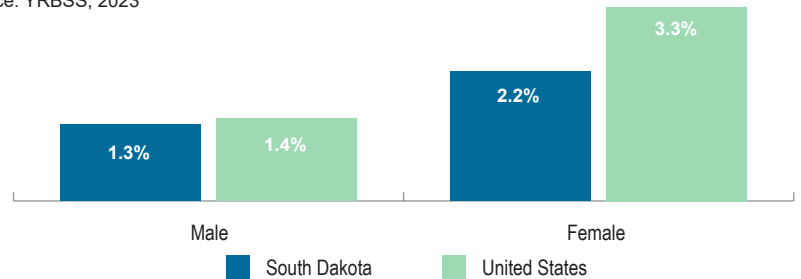
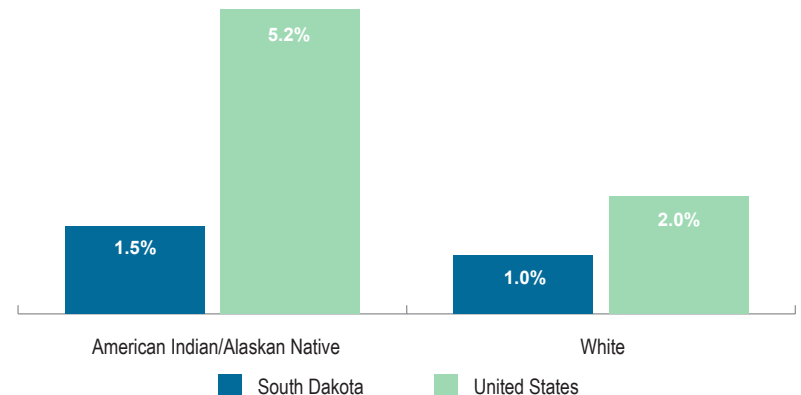


Figure 3.64 High School Students Who Were Seriously Injured Due to a Suicide Attempt, by Race, South Dakota vs. United States

Source: YRBSS, 2023



Key Takeaway

South Dakota had a **larger** percentage point decrease in high school students who were seriously injured due to a suicide attempt than high school students in the United States (SD: 2.0 percentage points; US: 0.5 percentage points) between 2015 and 2023.

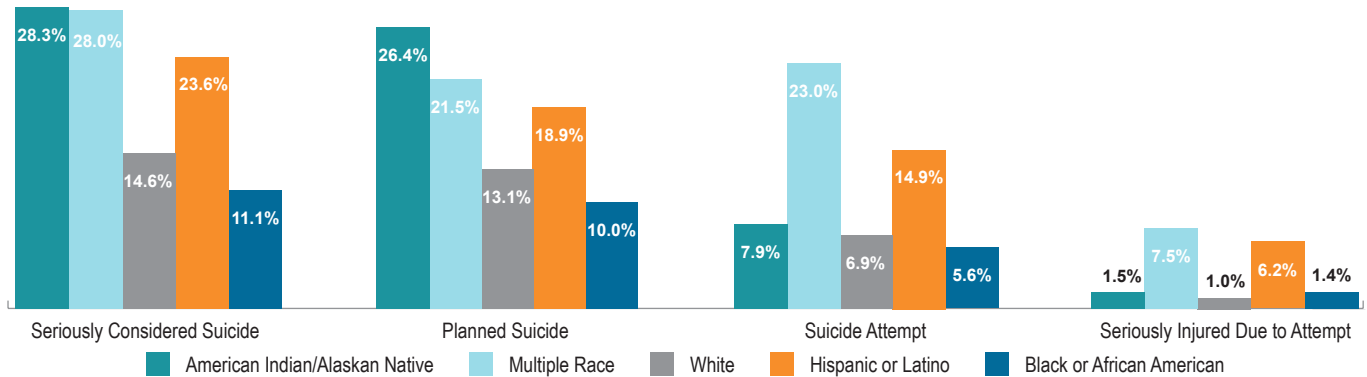
In 2023, 1.5% of South Dakota high school students who identified as American Indian or Alaska Native were seriously injured in a suicide attempt, which is **lower** than the 5.2% of American Indian or Alaskan Native high school students in the United States that were seriously injured due to a suicide attempt.

White high school students in the United States were **twice as likely** to be seriously injured in a suicide attempt than White high schoolers in South Dakota in 2023.

Suicide and Suicidal Behavior Disparities in High School Students

Figure 3.65 Suicide and Suicidal Behaviors Racial Disparities Among South Dakota High School Students

Source: YRBSS 2023



- In 2023, American Indian/Alaskan Native had the **highest prevalence** of seriously considered suicide (28.3%) and planned suicide (26.4%) among high school students in South Dakota (YRBSS, Figure 3.65).
- Multiple Race high schoolers had the highest prevalence of suicide attempt (23.0%) and seriously injured due to attempt (7.5%; YRBSS, Figure 3.65).
 - More Multiple Race high schoolers **attempted suicide** (23.0%) than those who initially **planned a suicide attempt** (21.5%).
 - About **1 in 3 Multiple race** and **2 in 5 Hispanic or Latino** high schoolers who attempted suicide were seriously injured.
- American Indian/Alaskan Native, Multiple race, and Hispanic or Latino high school students in South Dakota have a **higher risk** of suicidal ideation and making a suicide plan than White or Black or African American high school students (YRBSS, Figure 3.65).
- Multiple race and Hispanic or Latino high school students have the **highest risk** of suicide attempt and serious injury due to a suicide attempt (YRBSS, Figure 3.65).

Key Takeaway

In 2023, 23.0% of South Dakota's Multiple race high schoolers reported they attempted suicide compared to 6.9% of South Dakota's White high school students. Suicide attempts were more than **3x higher** among Multiple race high schoolers than White high schoolers in South Dakota.

Need Help Now?

988

Call • Text • Chat

Help Available 24/7

sdsuicideprevention.org

SDSP SOUTH DAKOTA
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†

- In 2023, 11 of the 180 individuals who died by suicide were youth, accounting for approximately **6%** of all suicide deaths in South Dakota that year (SDAHO, prepared by SD DOH, Figure 3.66).
- Youth suicides have decreased by **54%** since 2022 and **61%** since 2021 (SDAHO, prepared by SD DOH, Figure 3.66).

Figure 3.66 Suicides Among Youth, South Dakota, 2014-2023

Source: SDAHO, Prepared by SD DOH

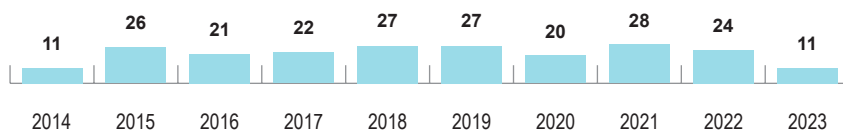


Figure 3.67 Youth Suicide by Sex, South Dakota, 2014-2023

Source: SDAHO, Prepared by SD DOH

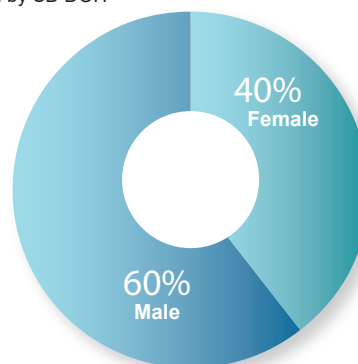


Figure 3.68 Youth Suicide by Race, South Dakota, 2014-2023

Source: SDAHO, prepared by SD DOH



Figure 3.69 Youth Nonfatal Self-Inflicted Injuries, Hospitalizations and Emergency Department Visits, 2014-2023

Source: SDAHO, Prepared by SD DOH

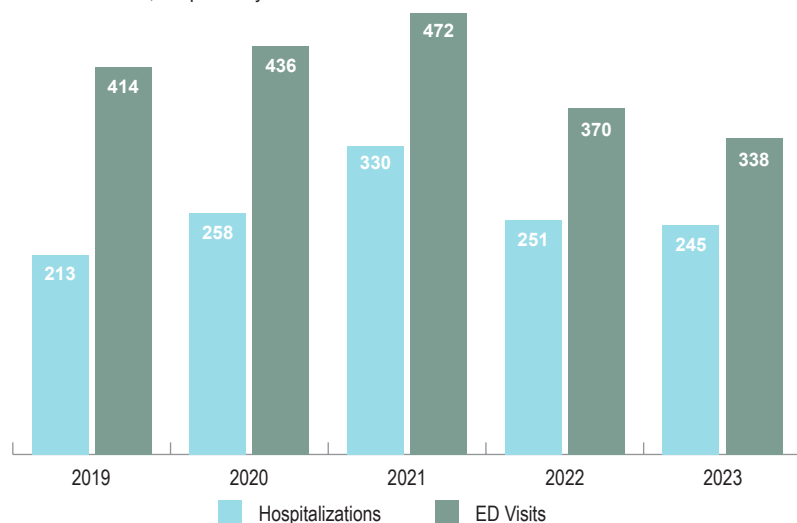


Figure 3.70 Youth Nonfatal Self-Inflicted Injuries by Sex, South Dakota, 2014-2023

Source: SDAHO, Prepared by SD DOH

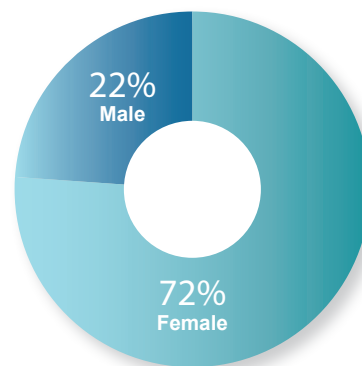


Figure 3.71 Youth Nonfatal Self-Inflicted Injuries by Race, South Dakota, 2014-2023

Source: SDAHO, Prepared by SD DOH



*Note - Youth ages 10-19 years old.

†Other includes Asian, Black, Multiracial, and Unknowns.

‡Note - Hospitalizations 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.



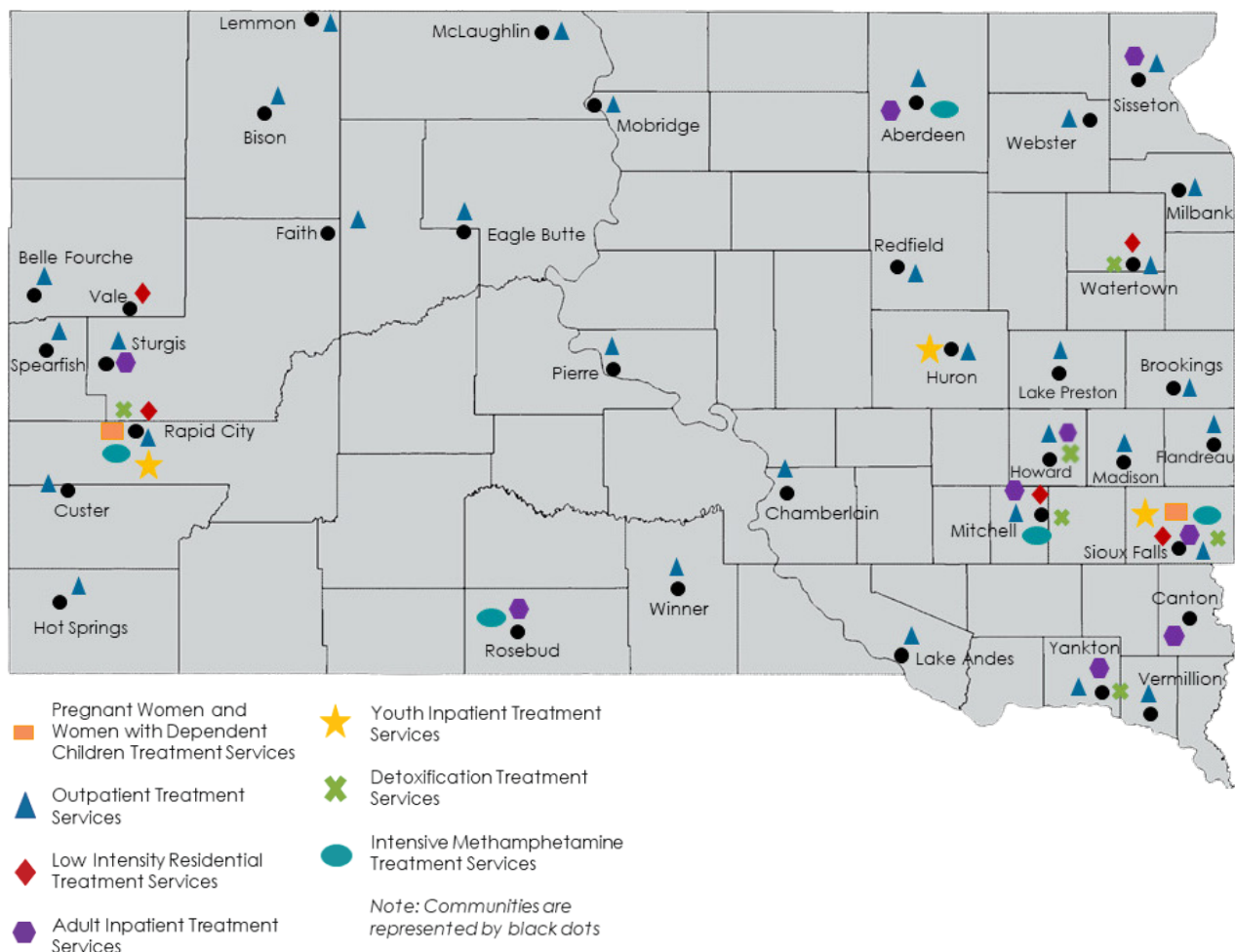
SUBSTANCE USE

South Dakota Substance Use Services

Photo by Travel South Dakota

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 for eligible individuals.

Figure 4.1 South Dakota Publicly Funded Substance Use 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.

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

Scan me to find a treatment provider:



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

Overview of Substance Use in South Dakota - Adult

Photo by Travel South Dakota

Substance Use Disorder in the Past Year

Substance use disorder, alcohol use disorder, drug use disorder, pain reliever use disorder, and opioid use disorder are defined on page 9.

- In 2021-2022, 17.8% (or 45.4 million) of United States adults met criteria for a substance use disorder, which was **less** than the 18.2% (or 121,000) of adults in South Dakota who met criteria for a substance use disorder in the past year (NSDUH, Figure 4.2).
- South Dakota and the United States had similar rates of met criteria for **all measures** (substance use disorder, alcohol use disorder, drug use disorder, pain reliever use disorder, and opioid use disorder; NSDUH, Figure 4.3).

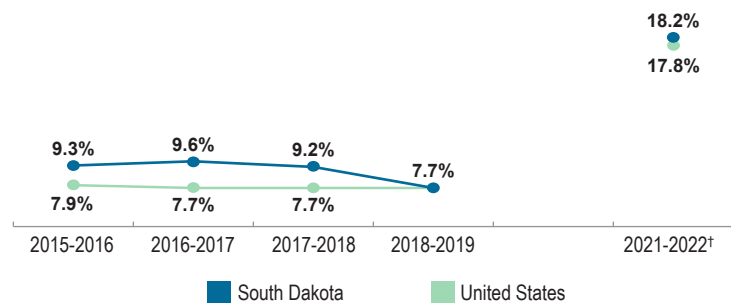
Key Takeaway

South Dakota had a **higher** prevalence than the United States for substance use disorder, alcohol use disorder, and pain reliever use disorder.

South Dakota had the **same** prevalence as the United States for drug use disorder and opioid use disorder among adults.

Figure 4.2 Substance Use Disorder in the Past Year, Adults 18+

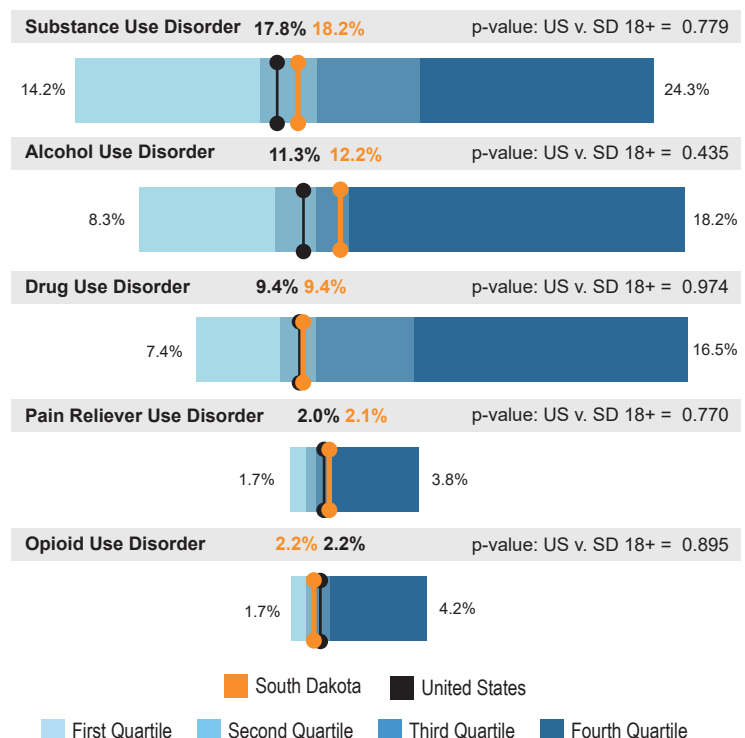
Source: NSDUH
p-value (2021-2022): US v. SD 18+ = 0.776
Statistically significant p-value is $P < 0.05$



†Note: Due to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates. In addition, NSDUH has moved from DSM-4 to the DSM-5 for substance use disorders in 2021-2022.

Figure 4.3 Substance Use Disorder, Ranking in South Dakota Amongst the United States and District of Columbia (D.C.), Adults 18+*

Source: NSDUH, 2021-2022
Statistically significant p-value is $P < 0.05$



*Note: Quartiles divide a dataset into four equal parts, each representing 25% of the data. The lower quartile (Q1) marks the 25th percentile, separating the lowest 25% from the rest. The median (Q2) represents the 50th percentile, dividing the dataset in half. The upper quartile (Q3) corresponds to the 75th percentile, distinguishing the highest 25% from the lower 75%.

Substance Use in the Past Year

Figure 4.4 Drug Use in the Past Year, South Dakota, Adults 18+

Source: NSDUH, 2021-2022

Note: Hallucinogen and Opioid measures begin in 2021-2022.

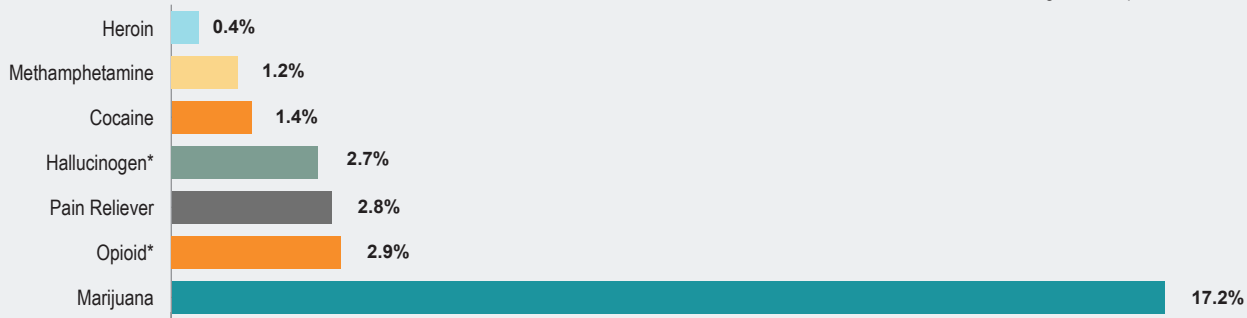
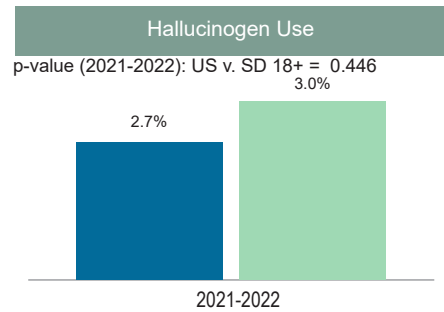
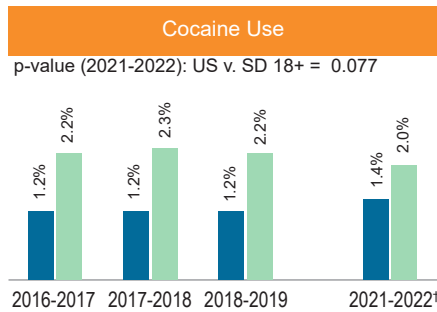
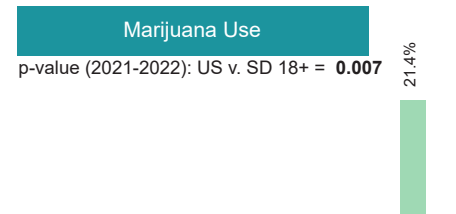
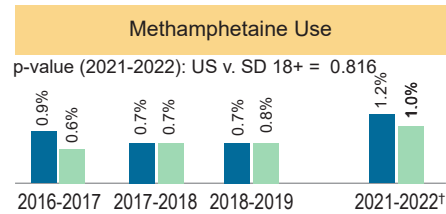
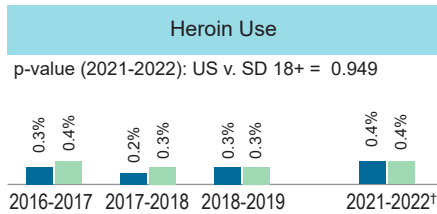


Figure 4.5 Percentage of Substance Use in the Past Year, Adults 18+

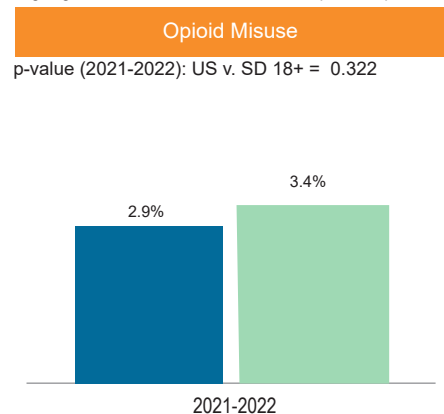
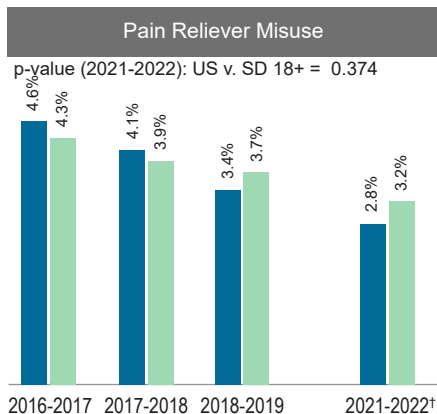
Source: NSDUH

Statistically significant p-value is $P < 0.05$

■ South Dakota ■ United States



Note: 2021-2022 is the first state-level report to measure hallucinogen use for this reason there are no previous prevalences.



Note: 2021-2022 is the first state-level report to measure opioid use for this reason there are no previous prevalences.

†Note: Due to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates.

Substance Use in the Past Month

Key Takeaway

In 2021-2022, South Dakota was **higher** than the United States for the following substance use in the past month:

- Alcohol Use
- Binge Alcohol Use
- Tobacco Product Use, **(statistically significant)**
- Cigarette Use, **(statistically significant)**

In 2021-2022, South Dakota was **lower** than the United States for the following substance use in the past month:

- Illicit Drug Use, **(statistically significant)**
- Marijuana Use, **(statistically significant)**

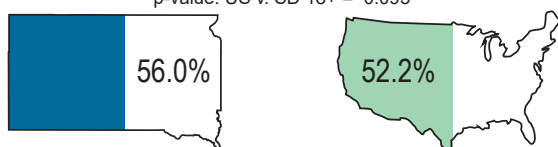
Figure 4.6 Substance Use in the Past Month, Adults 18+

Source: NSDUH, 2021-2022

Note: Statistically significant p-value is $P < 0.05$.

Alcohol Use

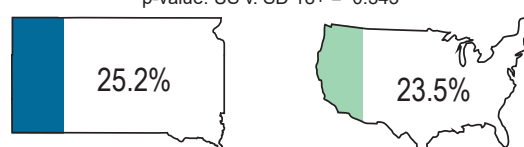
p-value: US v. SD 18+ = 0.095



Alcohol use among South Dakota adults was 3.8 percentage points **higher** than the United States.

Binge Alcohol Use

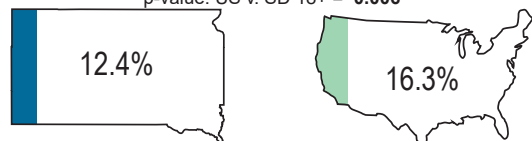
p-value: US v. SD 18+ = 0.343



Binge alcohol use among South Dakota adults was 1.7 percentage points **higher** than the United States.

Illicit Drug Use

p-value: US v. SD 18+ = 0.006



Illicit drug use among South Dakota adults was 3.9 percentage points **lower** than the United States.

Tobacco Product Use

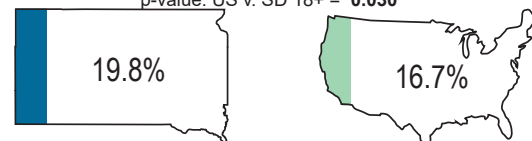
p-value: US v. SD 18+ = 0.029



Tobacco product use among South Dakota adults was 3.5 percentage points **higher** than the United States.

Cigarette Use

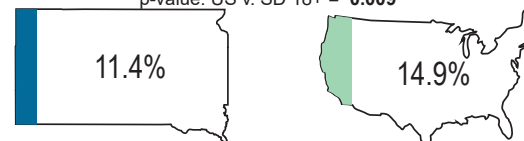
p-value: US v. SD 18+ = 0.030



Cigarette use among South Dakota adults was 3.1 percentage points **higher** than the United States.

Marijuana Use

p-value: US v. SD 18+ = 0.009



Marijuana use among South Dakota adults was 3.5 percentage points **lower** than the United States.

Alcohol Use and Alcohol Disorder

Photo by Travel South Dakota

Alcohol Use, Binge Alcohol Use, and Heavy Alcohol Use

- In 2021-2022, 56.0% (**or 373,000**) of South Dakota adults reported alcohol use in the past month (NSDUH, Figure 4.7.a.).
- In 2021-2022, **57.5%** of young adults 18-25 in South Dakota used alcohol in the past month. (NSDUH, Figure 4.7.b and Figure 4.9).
- In 2021-2022, 52.2% (**or 133.2 million**) of adults in the United States used alcohol in the past month (NSDUH, Figure 4.8).

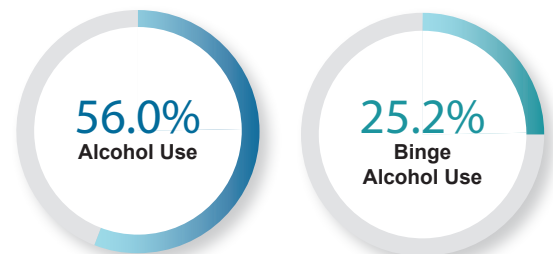
Risk Factors of Alcohol Use

- South Dakota had about **1 liquor store per 13,186 residents** (all age groups) in 2022 (Source: U.S. Census Bureau).
- In 2022, South Dakota **ranked 4th** in the United States, per capita, for states with the most bars (Source: U.S. Census Bureau).
- 38.8% of South Dakotan adults felt there was great harm from binge alcohol use once or twice a week, in **comparison** to 44.0% of adults in the United States (Source: NSDUH, 2021-2022).

Figure 4.7 Alcohol Use and Binge Alcohol Use Among South Dakota Adults in the Past Month

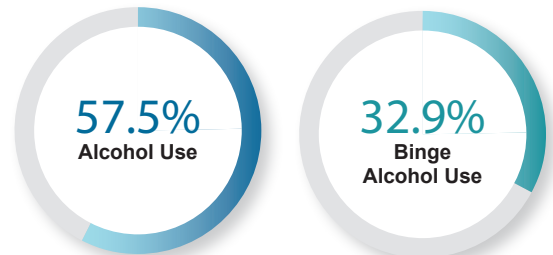
Source: NSDUH, 2021-2022

Figure 4.7.a
Percentage of South Dakotans, Aged 18+



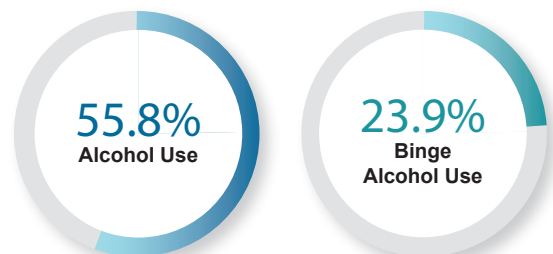
56% of South Dakota adults aged 18+ reported using alcohol and 25.2% reported binge alcohol use in the past month.

Figure 4.7.b
Percentage of South Dakotans, Aged 18-25



57.5% of South Dakota adults aged 18+ reported using alcohol and 32.9% reported binge alcohol use in the past month.

Figure 4.7.c
Percentage of South Dakotans, Aged 26+



55.8% of South Dakota adults aged 26+ reported using alcohol and 23.9% reported binge alcohol use in the past month.

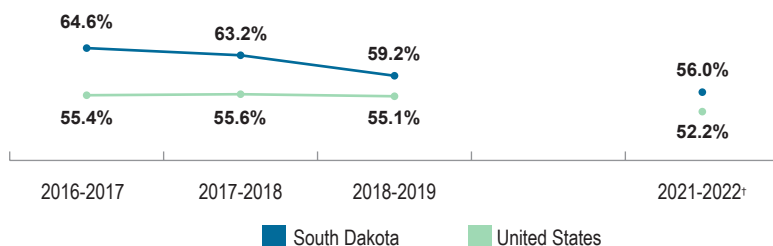
*Note: Binge alcohol use is defined as having five or more alcohol drinks for men or four or more alcohol drinks for women on any occasion within the past month; whereas heavy alcohol use is fourteen or more alcohol drinks for adult men and seven or more alcohol drinks per week for adult women.

Figure 4.8 Alcohol Use in the Past Month, Adults 18+

Source: NSDUH

p-value (2021-2022): US v. SD 18+ = 0.095

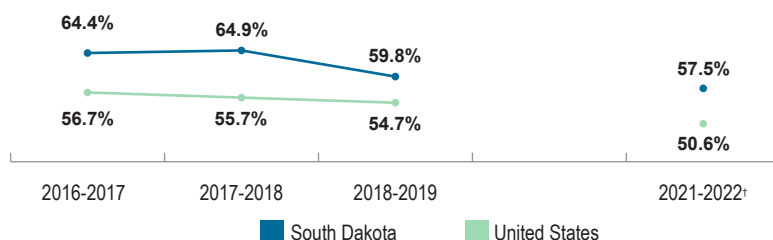
Statistically significant p-value is P<0.05

**Figure 4.9 Alcohol Use in the Past Month, Ages 18-25**

Source: NSDUH

p-value (2021-2022): US v. SD 18-25 = 0.029

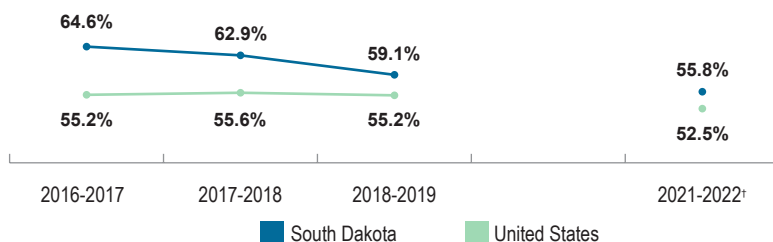
Statistically significant p-value is P<0.05

**Figure 4.10 Alcohol Use in the Past Month, Ages 26+**

Source: NSDUH

p-value (2021-2022): US v. SD 26+ = 0.178

Statistically significant p-value is P<0.05

**Table 4.11 Number of Days Respondent Binge Drank Alcohol in the Past Month**

Source: NSDUH, RDAS, 2021-2022

	South Dakota	United States
1-2 Days	11.9%	12.0%
3-5 Days	5.6%	5.6%
6-19 Days	5.2%	3.0%
20-30 Days	1.2%	1.2%
Non User or No Past Month Use	76.1%	78.3%

Table 4.12 In the Past Month, Frequency of Heavy Alcohol Use

Source: NSDUH, RDAS, 2021-2022

	South Dakota	United States
Never/No heavy alcohol use	90.7%	94.3%
Heavy alcohol use	9.3%	5.7%

Consequences of Alcohol Use

- In 2022, there were **300 alcohol-induced deaths**, which is down from 377 in 2021 (Source: SD DOH).
- In 2023, there were **306 alcohol-related deaths**, which is down 98 deaths from 2021 when there were 404 alcohol-related death (Source: SD DOH).
- In 2022, the age-adjusted death rate per 100,000 from chronic liver disease and cirrhosis was **31.1 in South Dakota** and 13.8 in the United States (Source: CDC Wonder).
- In the past decade (2012-2022), deaths due to chronic liver disease have increased about **132.1%** in South Dakota and **39.4%** United States (Source: CDC Wonder).
- In 2022, there were **46 fatal** and **655 injured** in alcohol-related crashes (Source: South Dakota Department of Public Safety).

Binge Alcohol Use

- About **45%** of South Dakota adults who used alcohol in the past month also reported binge alcohol drinking. (NSDUH, Figure 4.7.a).
- About a **quarter (or 168,000 individuals)** of South Dakota adults reported binge alcohol drinking in the past month (NSDUH, Figure 4.7.a).
- South Dakota adults aged 18-25 were **1.4 times** more likely to binge drink alcohol than adults aged 26+ (NSDUH, Figure 4.7.b and Figure 4.7.c).

†Note: Due to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates.

Figure 4.12 Overall Prevalence of Binge and Heavy Alcohol Drinking in the Past Year

Source: BRFSS, 2023

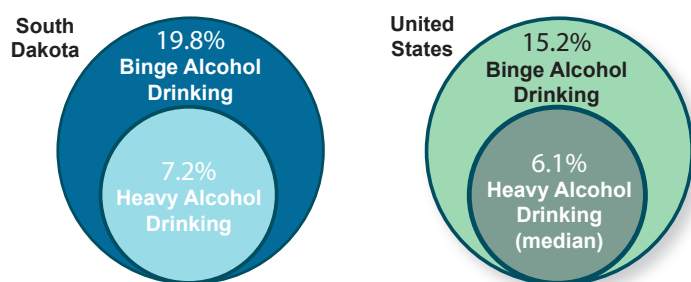


Figure 4.13 Binge and Heavy Alcohol Drinking in the Past Year, by Race

Source: BRFSS, 2023

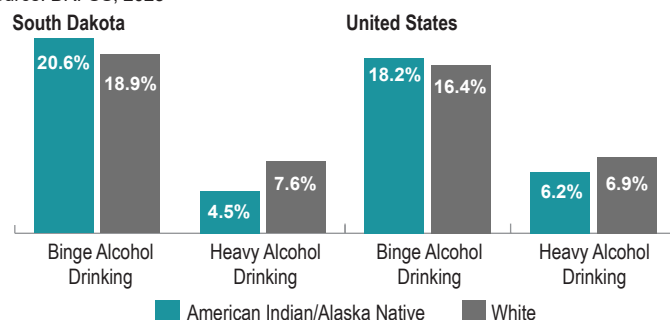


Figure 4.14 Binge and Heavy Alcohol Drinking in the Past Year, South Dakota, by Age

Source: BRFSS, 2023

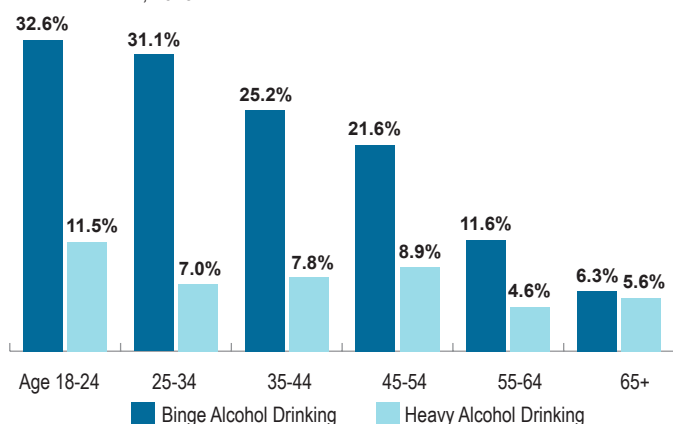


Figure 4.15 Binge and Heavy Alcohol Drinking in the Past Year, United States, by Age

Source: BRFSS, 2023

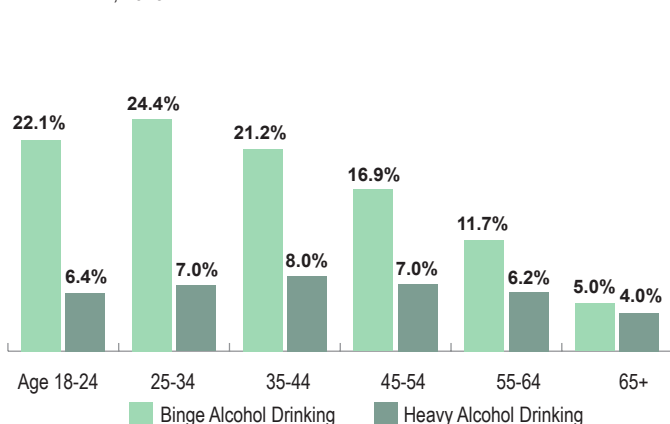


Figure 4.16 Binge and Heavy Alcohol Drinking in the Past Year, South Dakota, by Gender

Source: BRFSS, 2023

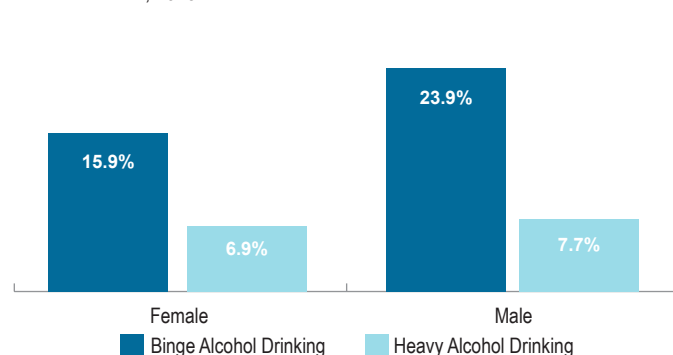


Figure 4.17 Binge and Heavy Alcohol Drinking in the Past Year, United States, by Gender

Source: BRFSS, 2023

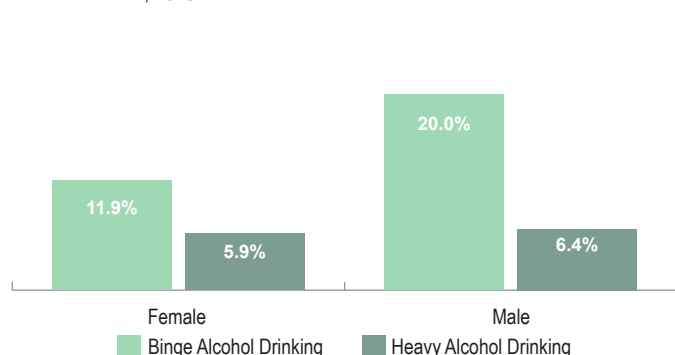


Table 4.18 Binge and Heavy Alcohol Drinking in the Past Year, by Income

Source: BRFSS, 2023

	South Dakota Binge Alcohol Drinking	South Dakota Heavy Alcohol Drinking	United States Binge Alcohol Drinking	United States Heavy Alcohol Drinking
Less than \$15,000	---	---	12.5%	6.1%
\$15,000 to \$24,999	---	---	12.3%	5.5%
\$25,000 to \$34,999	32.4%	---	13.8%	5.7%
\$35,000 to \$49,999	12.9%	---	14.6%	5.9%
\$50,000 to \$99,999	21.5%	6.3%	16.7%	6.7%
\$100,000 to \$199,999	23.9%	---	21.1%	7.9%
\$200,000 or more	22.5%	---	23.4%	9.1%

Alcohol Use Disorder

Alcohol use disorder includes only data from past year users of alcohol and met DSM-V criteria for an alcohol use disorder.

- In 2021-2022, 12.2% (or 81,000) of South Dakota adults met criteria for an alcohol use disorder in the past year, which was 0.9 percentage points **higher** than the United States prevalence of 11.3% (or 28.8 million; NSDUH, Figure 4.19 and Figure 4.20).
- In 2021-2022, 19.6% (or 18,000) of South Dakota adults, ages 18-25, met criteria for alcohol use disorder, which **exceeded** the United States (15.9% or 5.4 million) by 3.7 percentage points (NSDUH, Figure 4.21).
- In 2021-2022, 10.9% (or 63,000) of South Dakota adults, ages 26+, met criteria for alcohol use disorder, which was **similar** to the United States (10.6% or 23.3 million; NSDUH, Figure 4.22).

Note: "----" indicates value is suppressed.

Quick Fact

About 20% of suicides were attributed to alcohol in the United States (AJPH, 2025). ¹

¹Robitaille, Julian, et al. "Direct Estimation of Alcohol-Attributable Fractions for Suicide in the United States, 2021." American Journal of Public Health, 19 Dec. 2024, pp. e1 - e5, <https://doi.org/10.2105/ajph.2024.307910>.

Figure 4.19 Alcohol Use Disorder in the Past Year, by Age

Source: NSDUH, 2021-2022

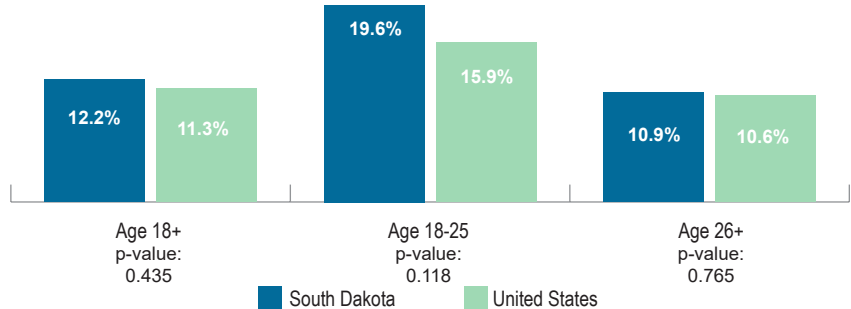


Figure 4.20 Alcohol Use Disorder in the Past Year, Adults 18+

Source: NSDUH

p-value (2021-2022): US v. SD 18+ = 0.435

Statistically significant p-value is P<0.05

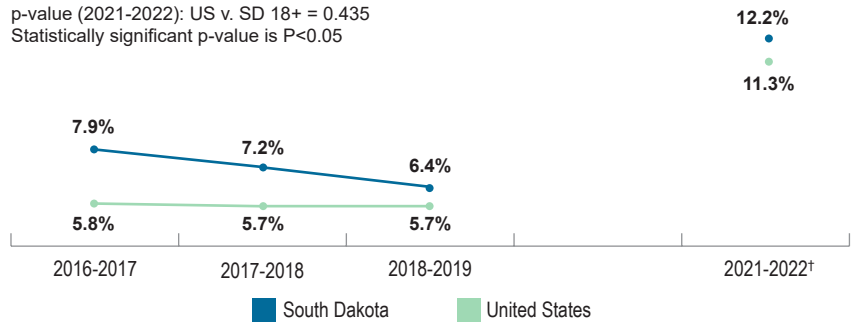


Figure 4.21 Alcohol Use Disorder in the Past Year, Adults Ages 18-25

Source: NSDUH

p-value (2021-2022): US v. SD 18-25 = 0.118

Statistically significant p-value is P<0.05

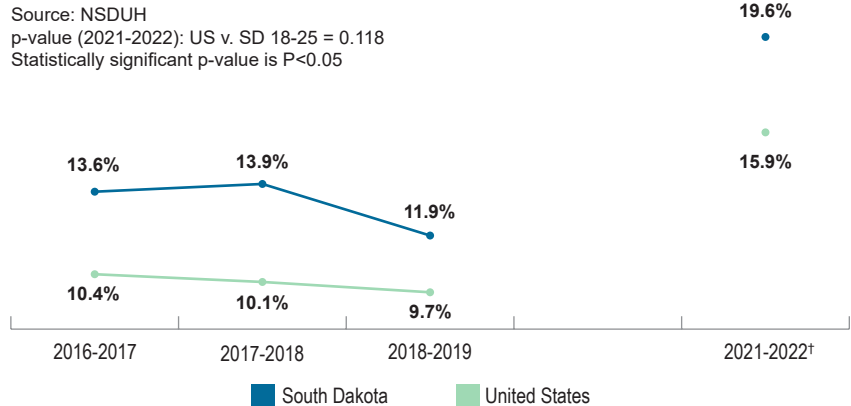
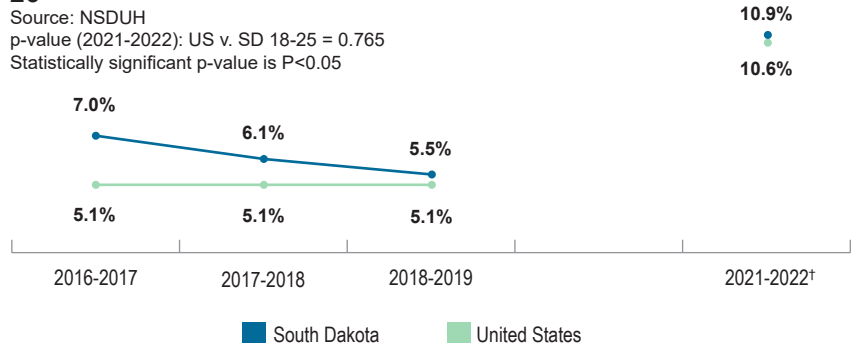


Figure 4.22 Alcohol Use Disorder in the Past Year, Adults Ages 26+

Source: NSDUH

p-value (2021-2022): US v. SD 18-25 = 0.765

Statistically significant p-value is P<0.05



[†]Note: Due to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates.

Drug Use Disorder and Mortality

Photo by Travel South Dakota

Drug Use Disorder

Drug use disorder includes data from past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and any past year users of prescription psychotherapeutic drugs and met DSM-V criteria for drug use disorder

- In 2021-2022, **9.4% (or 63,000)** of adults in South Dakota met criteria for a **drug use disorder**, which was the **same** prevalence as the United States (NSDUH, Figure 2.24 and Figure 4.25).
- In 2021-2022, **2.2% (or 14,000)** of adults in South Dakota met criteria for an **opioid use disorder** in the past year, which was the **same** prevalence as the United States (NSDUH, Figure 4.24 and Figure 4.26).
- In 2021-2022, **2.1% (or 14,000)** of South Dakota adults and **2.0% (or 5.0 million)** of adults in the United States met criteria for a **pain reliever use disorder** in the past year (NSDUH, Figure 4.24 and 4.27).
- Adults, ages 26+, were about **twice as likely** to have met criteria for a **pain reliever use disorder** in the past year than adults, ages 18-25, in South Dakota in 2021-2022 (NSDUH, Figure 4.27).

Figure 4.24 Type of Substance Use Disorder in the Past Year among South Dakota Adults Aged 18+

Source: NSDUH, 2021-2022

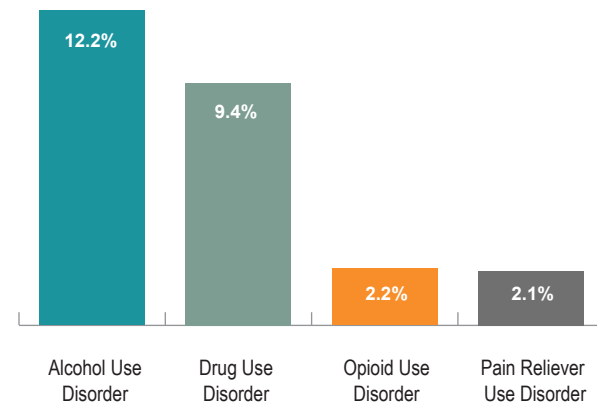


Figure 4.25 Drug Use Disorder in the Past Year, by Age

Source: NSDUH, 2021-2022

Note: Statistically significant p-value is $P < 0.05$

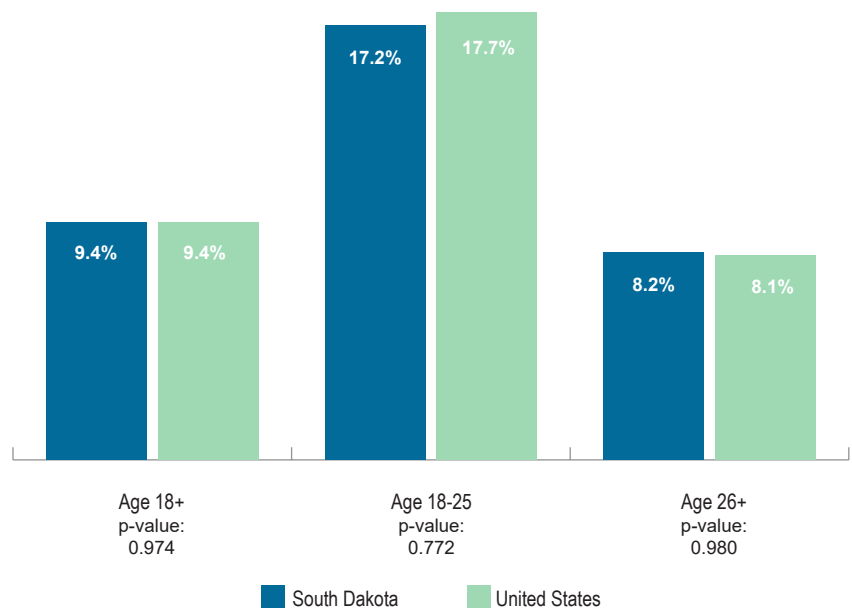


Figure 4.26 Opioid Use Disorder in the Past Year, by Age^a

Source: NSDUH, 2021-2022
Note: Statistically significant p-value is P<0.05

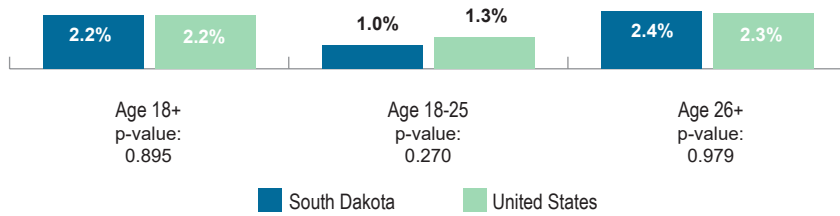


Figure 4.27 Pain Reliever Use Disorder in the Past Year, by Age^b

Source: NSDUH, 2021-2022
Note: Statistically significant p-value is P<0.05

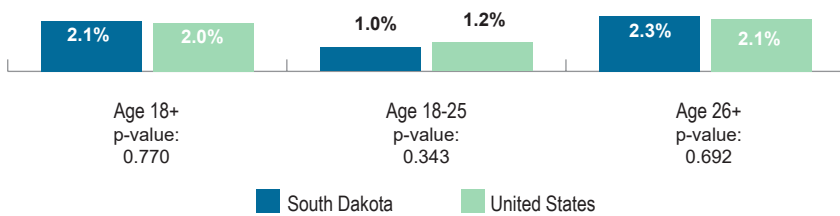


Figure 4.28 Pain Reliever Use Disorder in the Past Year Among Adults Aged 18-25^b

Source: NSDUH
p-value (2021-2022): US v. SD 18-25 = 0.343
statistically significant p-value is P<0.05

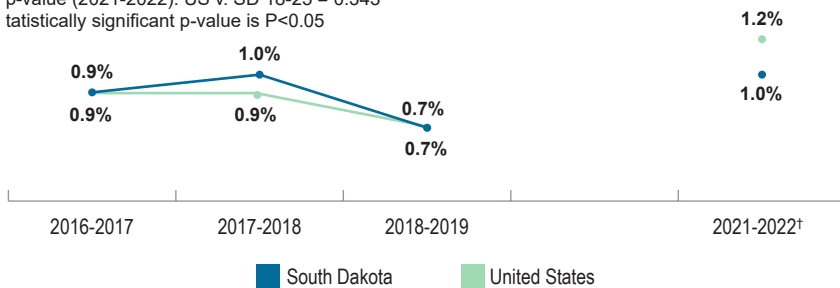


Figure 4.29 Pain Reliever Use Disorder in the Past Year Among Adults Aged 26+^b

Source: NSDUH
p-value (2021-2022): US v. SD 26+ = 0.692
Statistically significant p-value is P<0.05

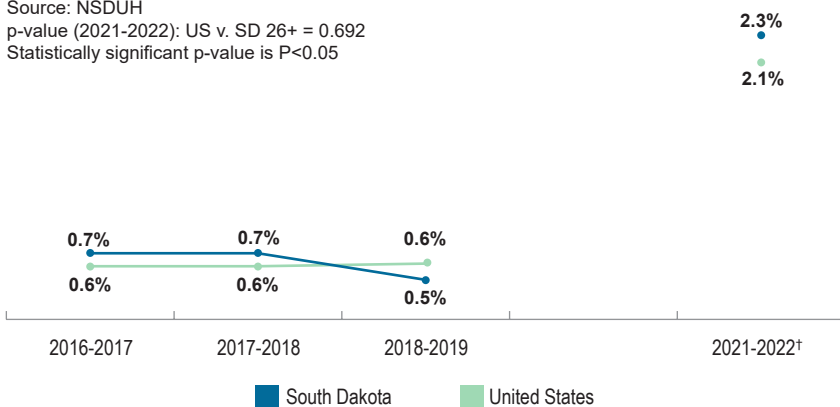
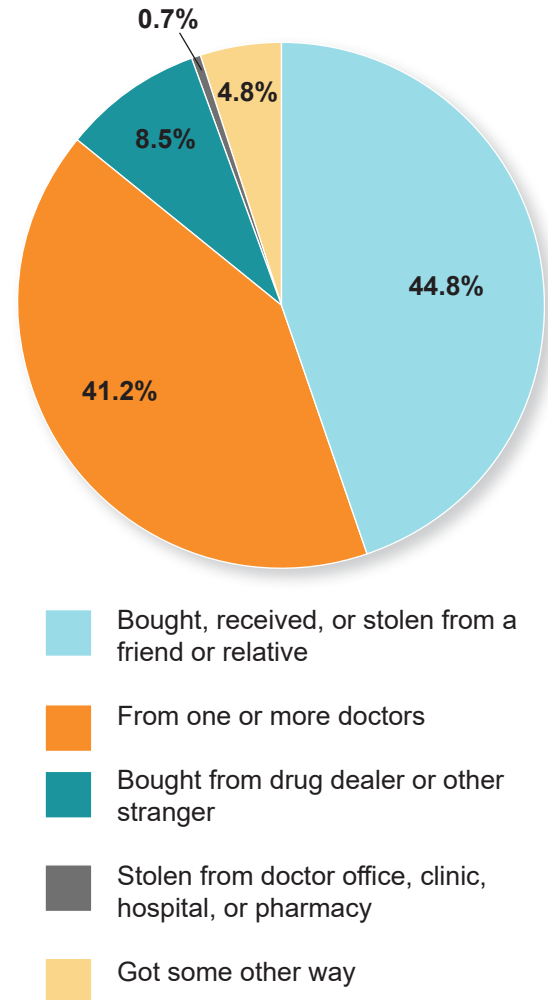


Figure 4.30 Where Individuals Obtained Prescription Pain Relievers for their Most Recent Misuse During the Past 12 Months Across the United States

Source: NSDUH, RDAS, 2021-2022

Data specific to South Dakota was suppressed and not able to be reported separately.



- Nationally, about 45% of individuals who misused prescription pain relievers in the past month bought, received, or stole them from a friend or relative (NSDUH, RDAS, Figure 4.30).

^aAccording to SAMHSA, opioid use disorder (OUD) is defined as meeting the criteria for heroin or pain reliever use disorder and is based on criteria from the DSM-V. Beginning with 2021 National Survey on Drug Use and Health, questions on prescription drug use disorder were asked of all past year users of prescription drugs, regardless of whether they misused prescription drugs. Pain relievers are a type of prescription drug. These estimates include pain reliever use disorder from a past year users of pain relievers. Opioid use disorder does not take into account illegally made fentanyl.

^bBeginning with the 2021 National Survey on Drug Use and Health (NSDUH), questions on prescription drug use disorder were asked of all past year users of prescription drugs, regardless of whether they misused prescription drugs. These estimates include pain reliever use disorder data from all past year users of pain relievers.

[†]Due to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates. In addition, NSDUH moved from the DSM-4 to DSM-5 for substance use disorders in 2021-2022.

Nonfatal Overdose Hospitalization and Emergency Department Visits in South Dakota

- In 2023, Hydrocodone Bitartrate/Acetaminophen was the **most** prescribed controlled substance to South Dakota patients (SD Board of Pharmacy, Figure 4.31).
- Between 2019 and 2023, there were **5,337 ED Visits** and **2,983 hospitalizations** due to nonfatal overdoses (SDAHO, prepared by SD DOH, Figure 4.32).
- From 2022 to 2023, there was a **22.4% decrease** in nonfatal overdose ED visits and a **3.0% decrease** in nonfatal overdose hospitalizations (SDAHO, prepared by SD DOH, Figure 4.32).

Figure 4.31 Top Ten Controlled Substances Prescribed to South Dakota Patients

Source: South Dakota Board of Pharmacy, 2023

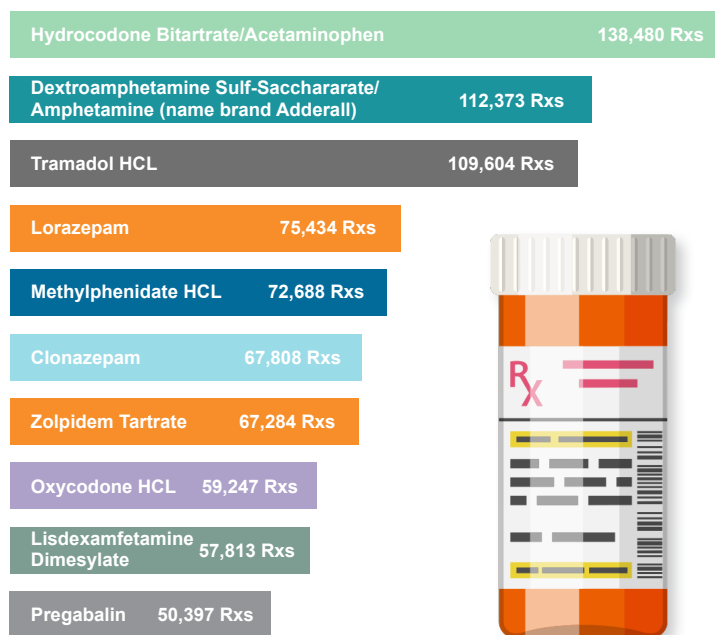
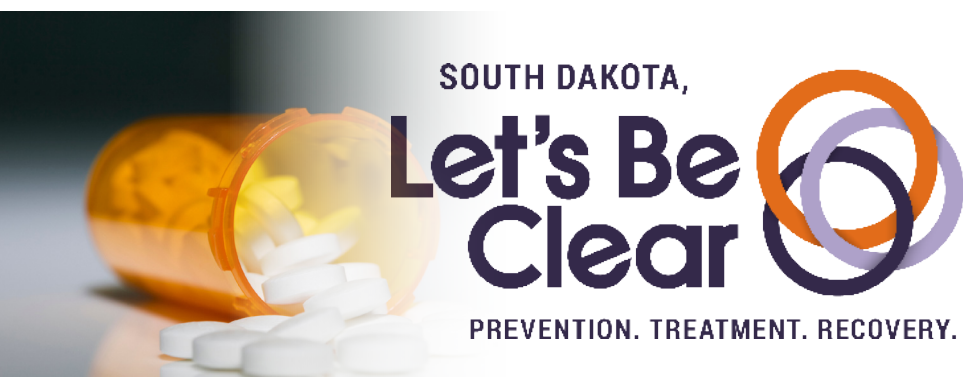
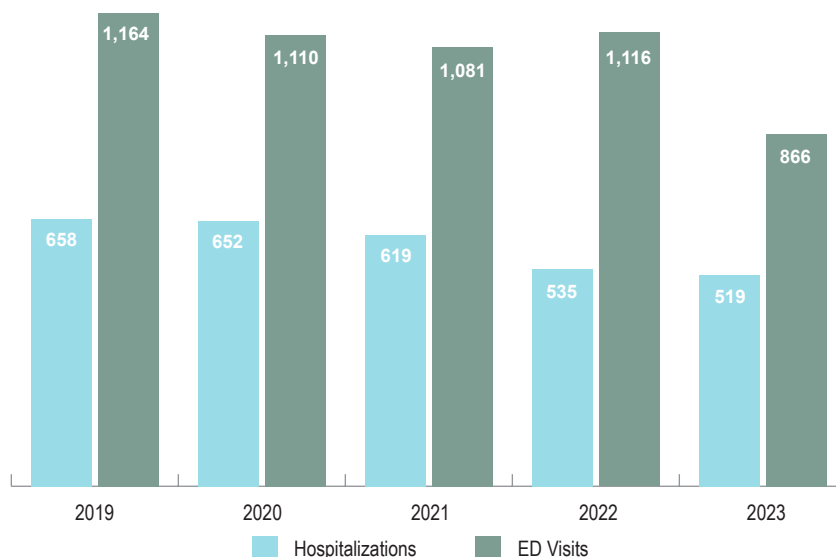


Figure 4.32 Nonfatal Overdose Hospitalizations and Emergency Department Visits, South Dakota, 2019-2023

Source: SDAHO, prepared by SD DOH



For More Information:



Please visit:

www.letsbeclearsd.com

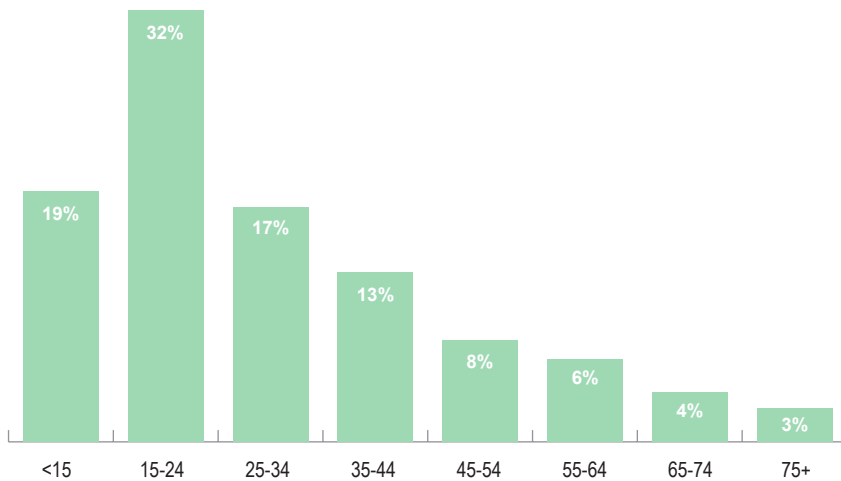


For information and referral resources to treatment and recovery support services please call, text, or chat 988.

988 | SUICIDE & CRISIS
LIFELINE

Figure 4.33 Nonfatal Overdose Hospitalizations and Emergency Department Visits by Age Group, South Dakota, 2019-2023

Source: SDAHO, prepared by SD DOH



Key Takeaway

Between 2019 and 2023, the **largest proportion** of nonfatal overdose ED visits were among **White females** between the ages of 15 and 24.

Figure 4.34 Nonfatal Overdose Hospitalizations and Emergency Department Visits by Sex, South Dakota, 2019-2023

Source: SDAHO, prepared by SD DOH

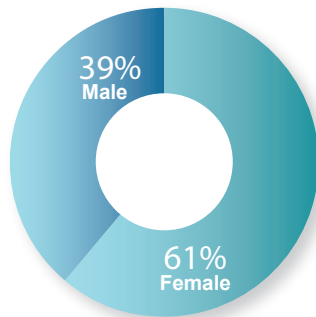


Figure 4.35 Nonfatal Overdose Hospitalizations and Emergency Department Visits by Race, South Dakota, 2019-2023

Source: SDAHO, prepared by SD DOH



*Other includes Asian, Black, Multiracial, and Unknowns.



Those struggling with substance use 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, text, or chat 988 and ask to speak with a Care Coordinator.



Please visit:

www.letsbeclearsd.com/treatment/care-coordination

Drug Use Mortality in South Dakota

- Males accounted for **57%** of all drug related deaths and **56%** of opioid related deaths between 2014-2023 (SD DOH Vital Statistics, Figure 4.37).
- Between 2014 and 2023, 73% of opioid related deaths and 70% of all drug related deaths occurred among **White** South Dakotans (SD DOH Vital Statistics, Figure 4.38).

Quick Facts

Between 2014 and 2023, the most vulnerable population for all drug related deaths were American Indian, (**24.3 per 100,000**) followed by Other (9.0 per 100,000), and White (7.4 per 100,000).

Source: SD DOH Vital Statistics

South Dakota **all drug related deaths** increased from an age-adjusted rate of 6.9 per 100,000 in 2013 to 11.3 per 100,000 in 2022.

Source: Kaiser Family Foundation

South Dakota had the **lowest age-adjusted rate** of all drug deaths in 2022.

Source: Kaiser Family Foundation

South Dakota opioid related deaths **increased** from 4.4 per 100,000 in 2013 to 5.5 per 100,000 in 2022.

Source: Kaiser Family Foundation

South Dakota had the **lowest age-adjusted rate** of opioid-related overdose deaths in 2022.

Source: Kaiser Family Foundation

^aOther includes Asian, Black, Multiracial, and Unknowns.

Figure 4.36 All Drug and Opioid Related Deaths, South Dakota, 2014-2023

Source: SD DOH Vital Statistics

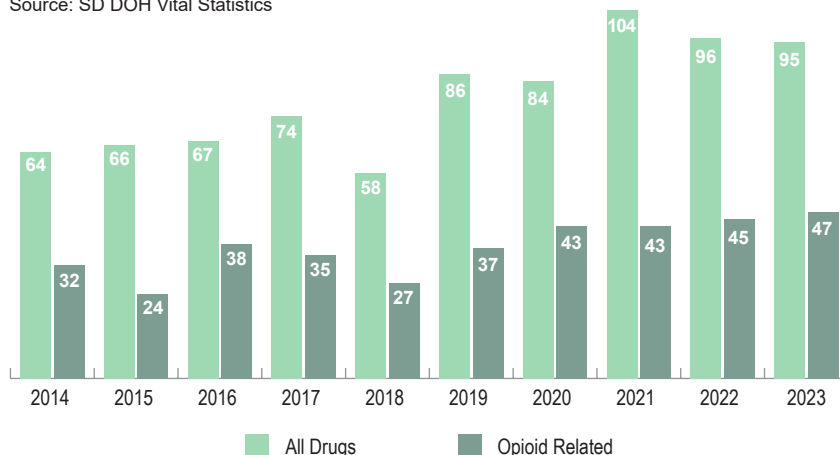


Figure 4.37 All Drug and Opioid Related Deaths, South Dakota, by Gender, 2014-2023

Source: SD DOH Vital Statistics

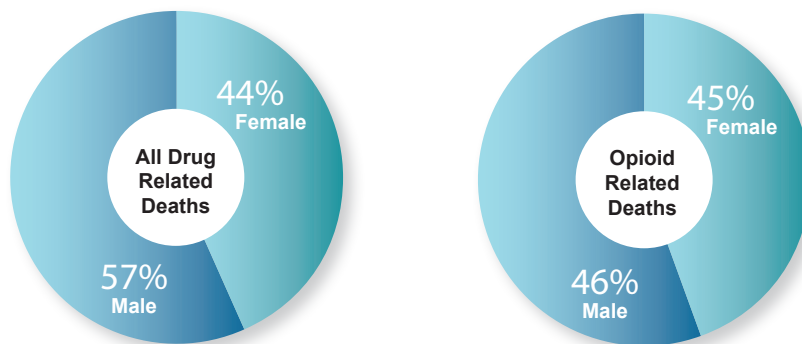
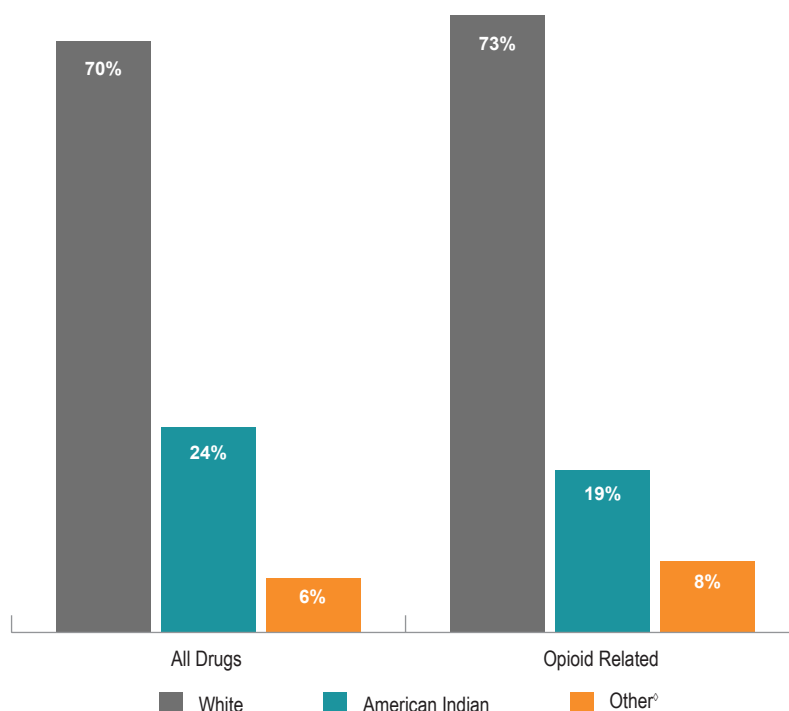


Figure 4.38 All Drug and Opioid Related Deaths, South Dakota, by Race, 2014-2023

Source: SD DOH Vital Statistics



Key Takeaway

Quick Facts

Source: KFF and CDC Wonder

794

Between 2014 and 2023, there were 794 deaths due to drugs in South Dakota. **Opioids accounted for 46.7%** (or 371) of all drug-related deaths.

1st

South Dakota ranked lowest in the United States for age-adjusted rate of opioid-related deaths and all drug-related deaths per 100,000 in 2022.

Figure 4.39 Overdose Deaths by Drug Type, South Dakota

Source: SD DOH Vital Statistics

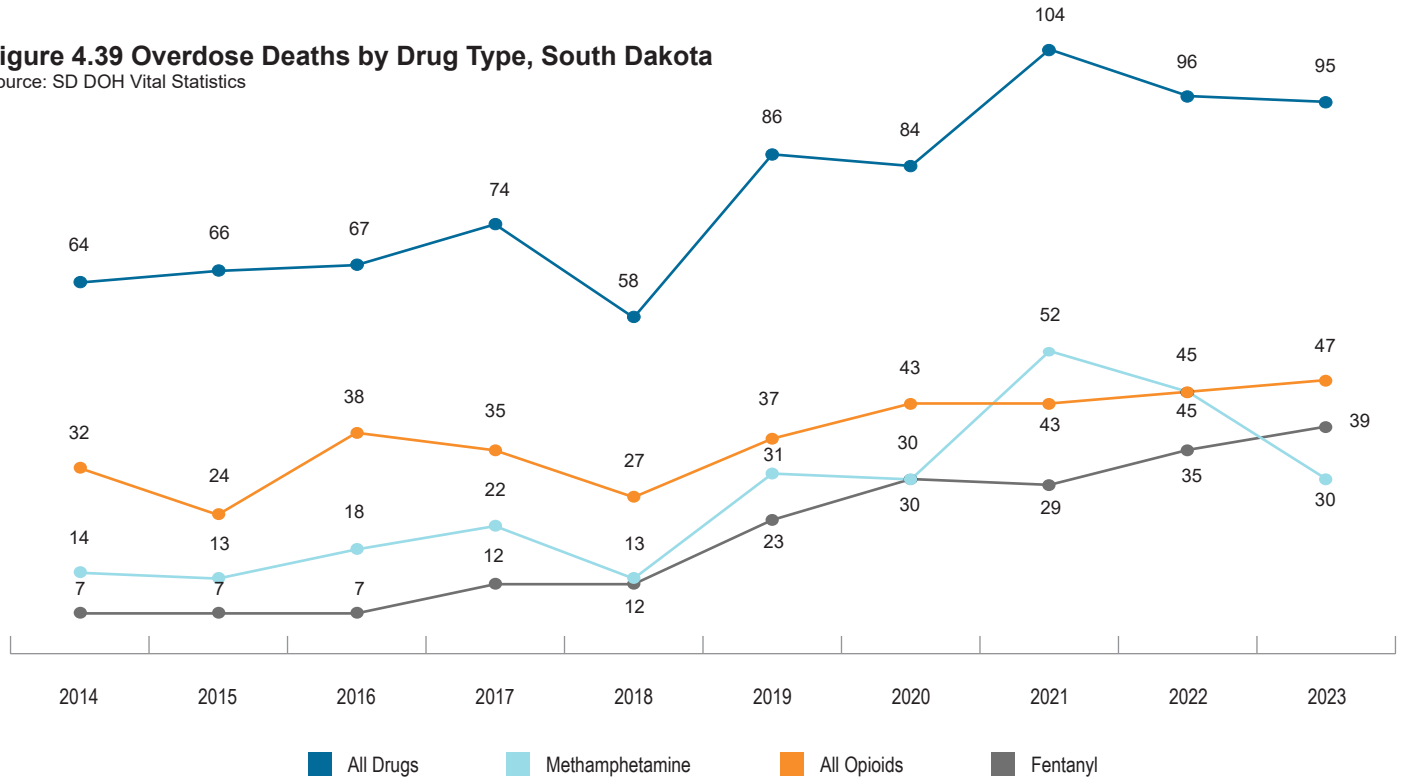


Figure 4.40 Overdose Deaths, South Dakota, by Age, 2014-2023

Source: SD DOH Vital Statistics

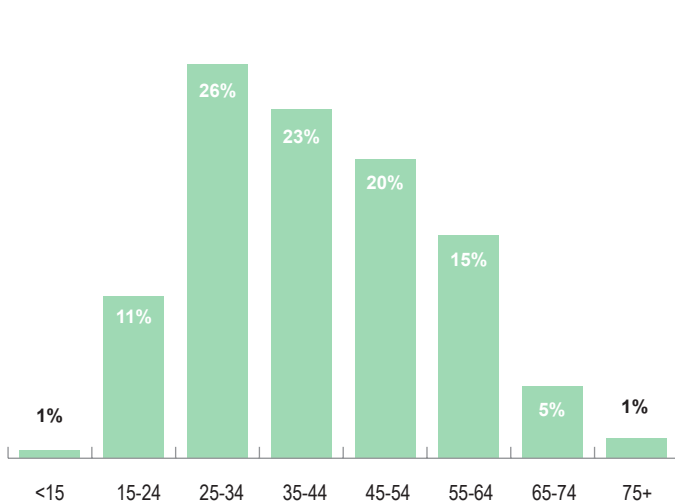
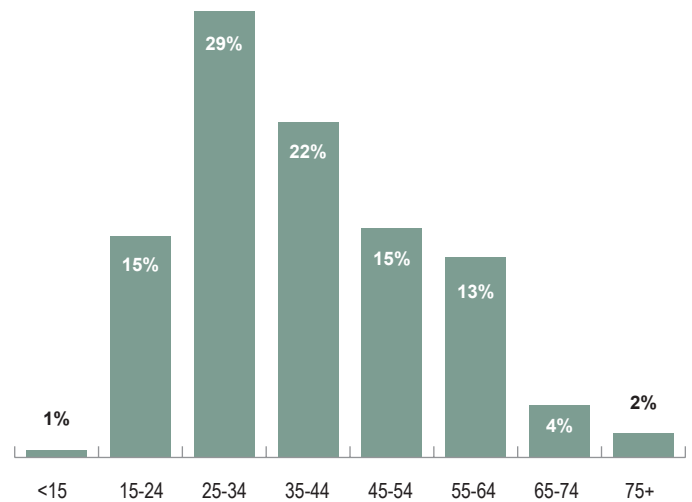


Figure 4.41 Opioid Related Deaths, South Dakota, by Age, 2014-2023

Source: SD DOH Vital Statistics





Marijuana Use

- In 2021-2022, **11.4%** (or 76,000) of South Dakota adults and **14.9%** (or 38.0 million) adults in the United States used marijuana in the past month (NSDUH, Figure 4.42).
- In 2021-2022, **19.1%** (or 18,000) of South Dakota young adults, ages 18-25, used marijuana in the past month, **compared** to **25.3%** (or 8.6 million) of young adults, ages 18-25, in the United States (NSDUH, Figure 4.42).
- In the United States, **13.3%** (or 29.4 million) of older adults, ages 26+, reported using marijuana in the past month. **In contrast**, **10.2%** (or 58,000) of South Dakota adults in the same age group used marijuana in the past month (NSDUH, Figure 4.42).

Figure 4.42 Marijuana Use in the Past Month, by Age

Source: NSDUH, 2021-2022

Note: Statistically significant p-value is $P < 0.05$

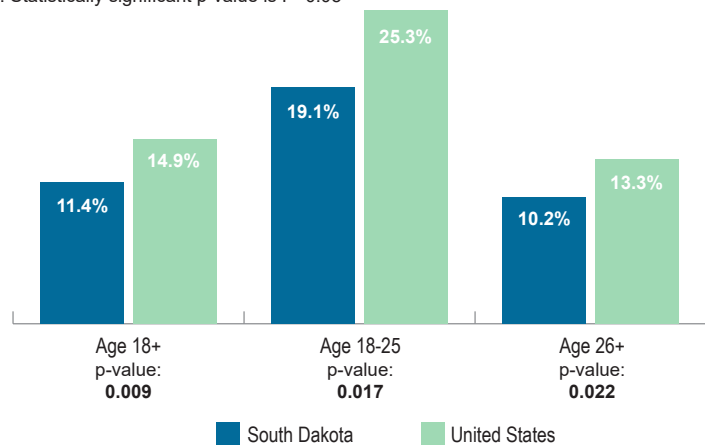
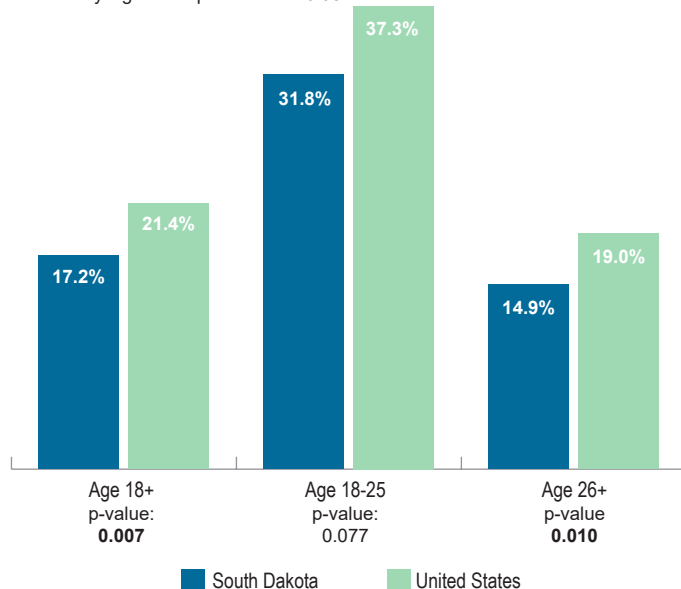


Figure 4.43 Marijuana Use in the Past Year, by Age

Source: NSDUH, 2021-2022

Note: Statistically significant p-value is $P < 0.05$



Key Takeaway

In 2021-2022, South Dakota had **lower** rates of marijuana use in the past month and past year than the United States. This was statistically significant for all age groups except marijuana use in the past year among young adults, ages 18-25.

Quick Facts

Source: NSDUH, 2021-2022

A **minority (18.4%)** of South Dakota adults believed there was a **great risk** from smoking marijuana once a month in 2021-2022.

Quick Facts

Source: NSDUH, 2021-2022

p-value: US v. SD 18+ = **0.007**

Statistically significant p-value is $P < 0.05$

In 2021-2022, **17.2% (or 115,000)** of South Dakota adults reported using marijuana in the past year, compared to 21.4% of adults in the United States.

Percentage of adults who reported using marijuana in the past year.

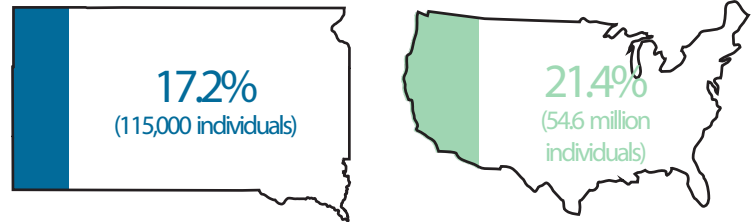


Figure 4.44 Marijuana Use in the Past Month, Adults Ages 18-25

Source: NSDUH

p-value: US v. SD 18-25 = **0.017**

Statistically significant p-value is $P < 0.05$

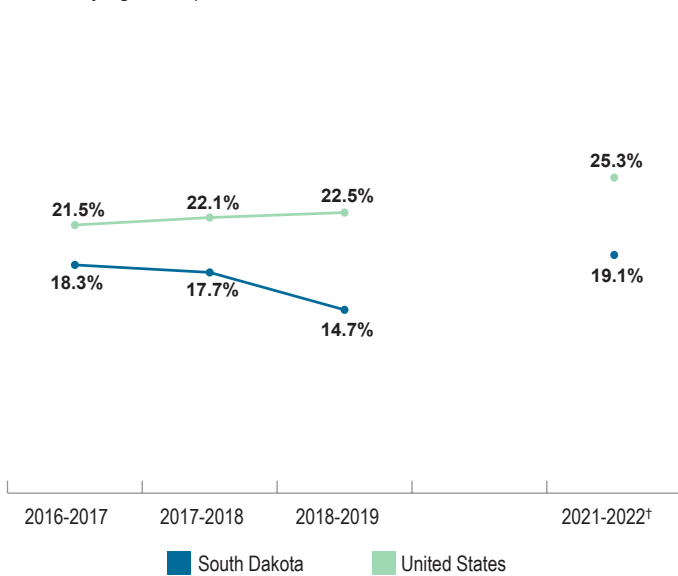


Figure 4.45 Marijuana Use in the Past Year, Adults Ages 18-25

Source: NSDUH

p-value: US v. SD 18-25 = 0.077

Statistically significant p-value is $P < 0.05$

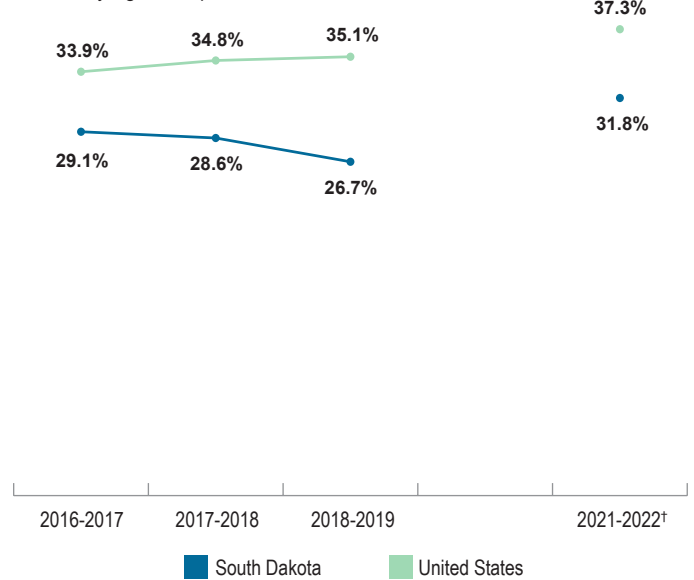


Figure 4.46 Marijuana Use in the Past Month, Adults Ages 26+

Source: NSDUH

p-value: US v. SD 26+ = **0.022**

Statistically significant p-value is $P < 0.05$

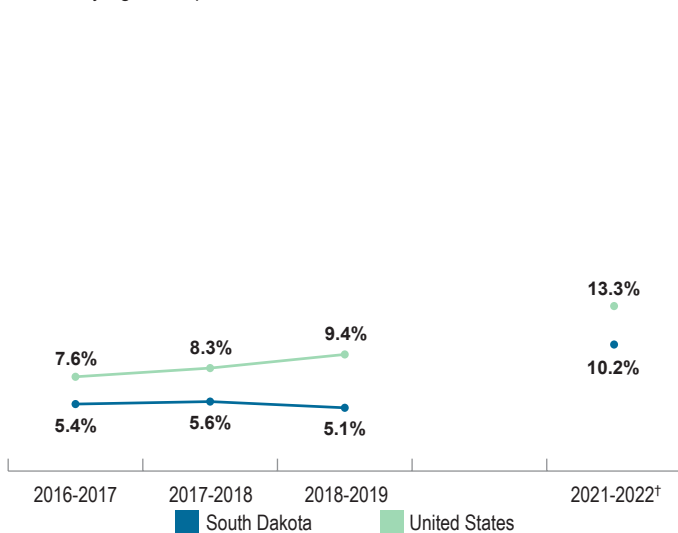
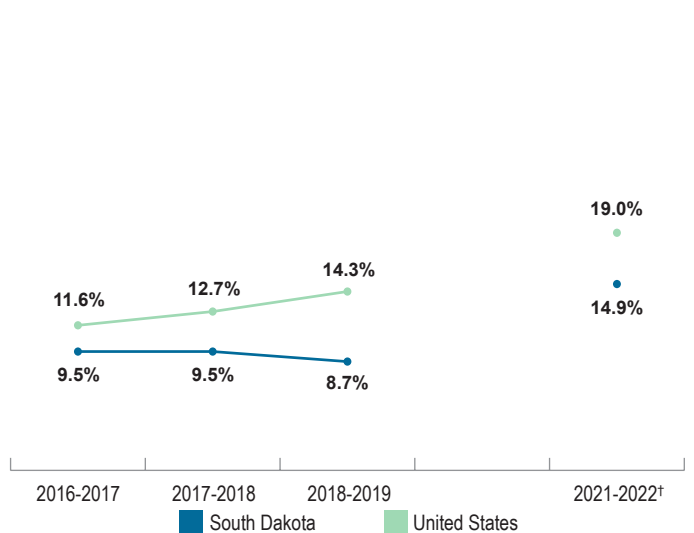


Figure 4.47 Marijuana Use in the Past Year, Adults Ages 26+

Source: NSDUH

p-value: US v. SD 26+ = **0.010**

Statistically significant p-value is $P < 0.05$



†Due to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates.

Methamphetamine Use

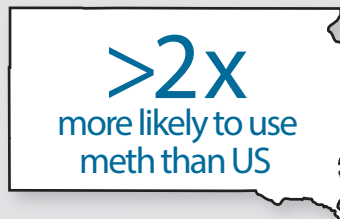
Photo by Travel South Dakota

Key Takeaway

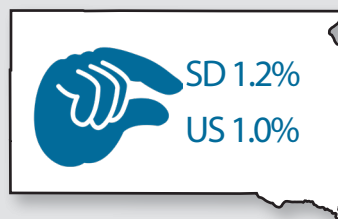
Source: NSDUH, 2021-2022

Note: Statistically significant p-value is $P < 0.05$

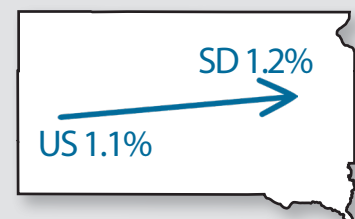
In 2021-2022, young South Dakota adults, ages 18-25, were **more than twice as likely** to use methamphetamine in the past year than in the United States.
(p-value: 0.125)



In 2021-2022, methamphetamine use in the past year among South Dakota adults (1.2%) was **slightly higher** than the United States (1.0%).
(p-value: 0.816)



In 2021-2022, 1.2% of South Dakota adults, ages 26+, reported methamphetamine use in the past year, which was **slightly higher** than the United States (1.1%).
(p-value: 0.999)



Methamphetamine Usage Among Adults

Source: NSDUH, RDAS, 2021-2022

- In the past year, **0.3% (or 2,000)** of South Dakotans reported using a needle to inject methamphetamine, while 0.2% in the United States reported using a needle to inject methamphetamine.
- 3.9% (or 29,000) of South Dakotans reported **first time** they used methamphetamine was prior to age 21.

Figure 4.48 Age of Methamphetamine Initiation Among Adults Who Reported Methamphetamine Use

Source: NSDUH, RDAS, 2021-2022

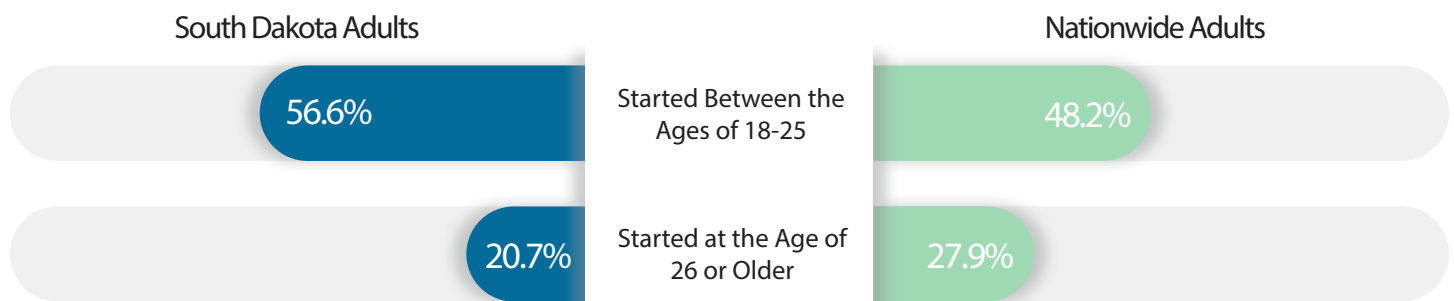


Figure 4.49 Methamphetamine Use in the Past Year, by Age

Source: NSDUH, 2021-2022
Note: Statistically significant p-value is $P < 0.05$

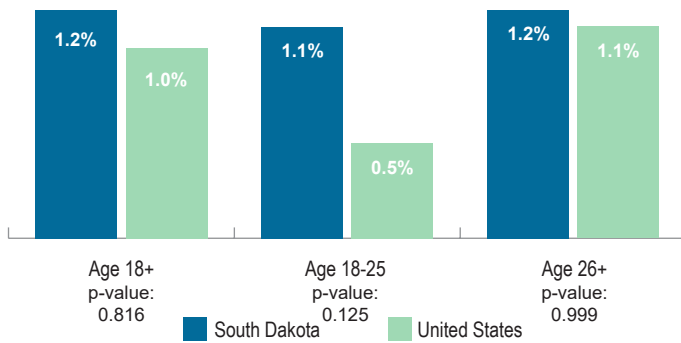


Figure 4.50 Methamphetamine Use in the Past Year, Adults Ages 18+

Source: NSDUH
p-value: US v. SD 18+ = 0.816
Statistically significant p-value is $P < 0.05$

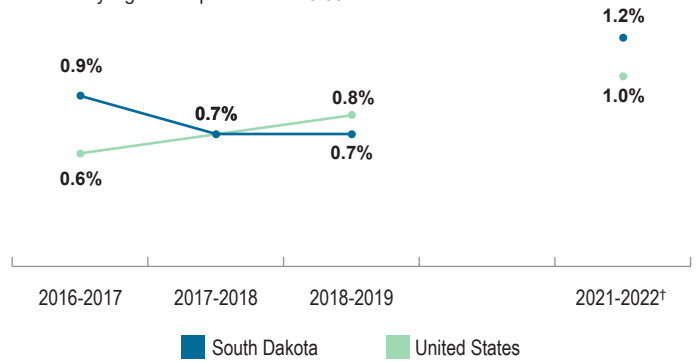


Figure 4.51 Methamphetamine Use in the Past Year, Adults Ages 18-25

Source: NSDUH
p-value: US v. SD 18-25 = 0.125
Statistically significant p-value is $P < 0.05$

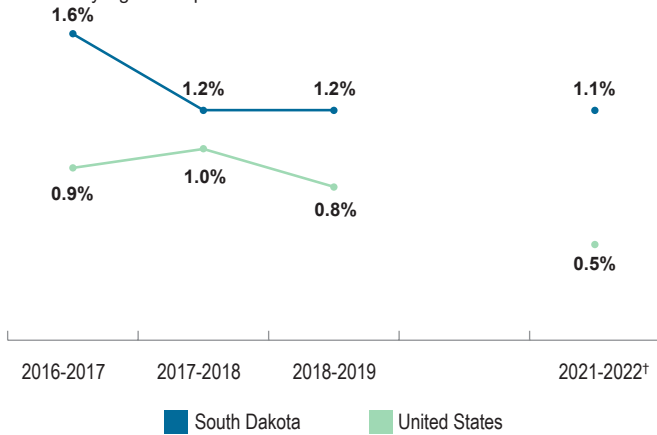


Figure 4.52 Methamphetamine Use in the Past Year, Adults Ages 26+

Source: NSDUH
p-value: US v. SD 26+ = 0.999
Statistically significant p-value is $P < 0.05$

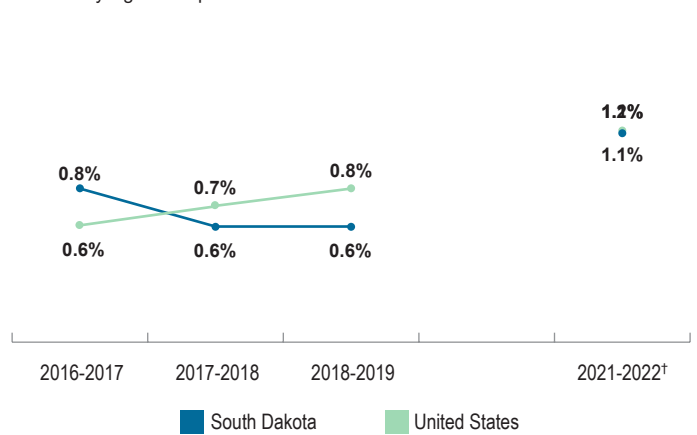


Table 4.53 Methamphetamine Use in the Past 30 Days

Source: NSDUH, RDAS, 2021-2022

	South Dakota	United States
Did not use in the past month	99.1%	99.4%
Used within the past month	0.9%	0.6%

Table 4.54 Ever in Life Used Methamphetamine

Source: NSDUH, RDAS, 2021-2022

	South Dakota	United States
Never used	92.5%	94.0%
Ever used	7.5%	6.0%

[†]Due to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates.

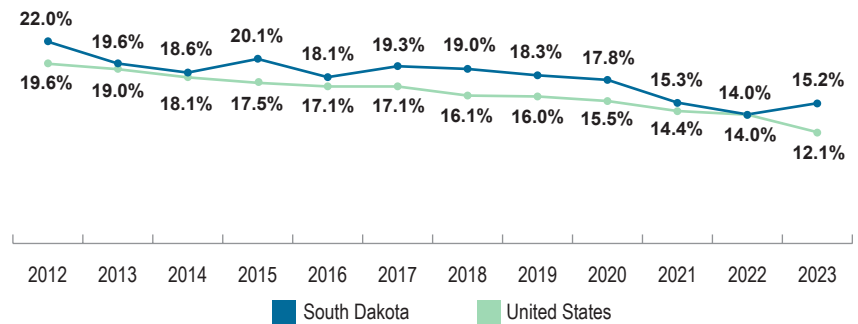
Tobacco Use

Current Adult Smokers

- In 2023, **15.2% of South Dakota** adults identified as current smokers, while 12.1% of adults in the United States were current smokers (BRFSS, Figure 4.55).
- Adults who were current smokers decreased by **38.3%** in the United States and **30.9%** in South Dakota between 2012 and 2023 (BRFSS, Figure 4.56).

Figure 4.55 Adults Who Are Current Smokers^a

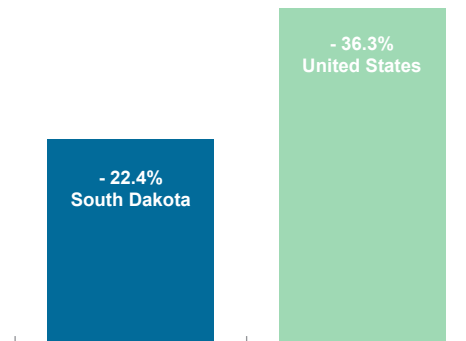
Source: BRFSS



^aState prevalence rates are proportions, while the United States' prevalence is median.

Figure 4.56 Percent Change of Adults Who Are Current Smokers Between 2013 and 2023

Source: BRFSS



Quick Facts

\$45 million vs. \$24.9 million

South Dakota spent \$4.5 million on tobacco prevention efforts, while the tobacco industry spent \$24.9 million in marketing.

Source: Tobacco Free Kids, 2024

SOUTH DAKOTA

QUITLINE

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

E-Cigarette Use

- In 2023, adults, ages 18-24, in South Dakota had the **highest risk** of having smoked e-cigarettes compared to any other adult age group (24.3%; BRFSS, Figure 4.57).
- In 2023, adults, ages 45-54, in South Dakota reported the lowest rate of e-cigarette use by age group, at 5.1% (BRFSS, Figure 4.57).
- In 2023, South Dakotans who made between \$25,000-\$34,999 in annual income were **nearly twice** as likely to use e-cigarettes compared to those who made between \$50,000-\$99,999 in annual income. (BRFSS, Figure 4.57).
- In 2023, among current smokers, **49%** reported smoking every day and **51%** reported smoking some days in South Dakota (BRFSS, Figure 4.58).

Quick Facts

Source: BRFSS

E-cigarette use in female South Dakotans **nearly doubled** from 5.0% in 2022 to 9.6% in 2023.

Current e-cigarette use among South Dakotans **increased** about 36% from 6.7% in 2022 to 9.1% in 2023.

Table 4.57 Disparities of Current E-Cigarette Use, South Dakota

Source: BRFSS, 2023

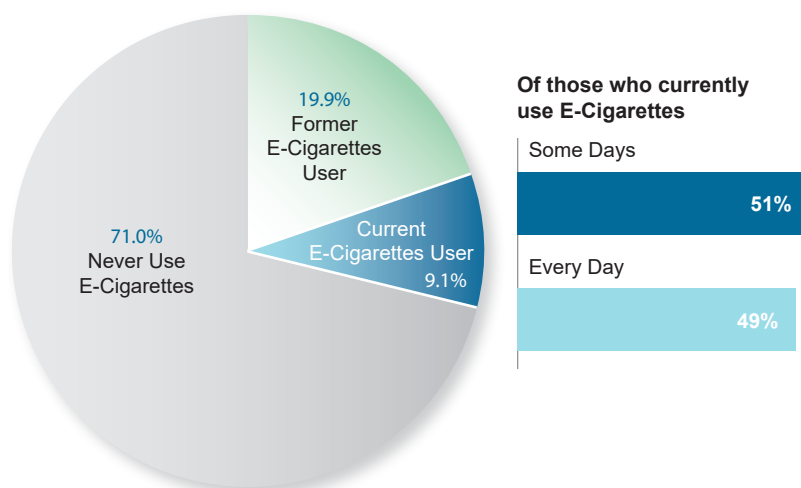
Age Group				
18-24	25-34	35-44	45-55	
24.3%	21.7%	6.4%	5.1%	

Gender		Race		
Male	Female	White, non-Hispanic		
8.6%	9.6%	8.0%		

Income		Education Attained		
\$25,000-\$34,999	\$50,000-\$99,999	High School or G.E.D.	Some Post High School	College Graduate
13.9%	6.4%	12.6%	7.8%	3.7%

Figure 4.58 Frequency of E-Cigarette Use, South Dakota

Source: BRFSS, 2023

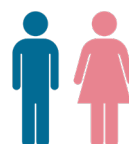


Key Takeaway

In 2023, the prevalence of e-cigarette use among adults was **more common** in younger adults, women, lower incomes, and those that only completed high school.



Younger Adults



Females

Lower Incomes
and Education

Publicly Funded Treatment in South Dakota

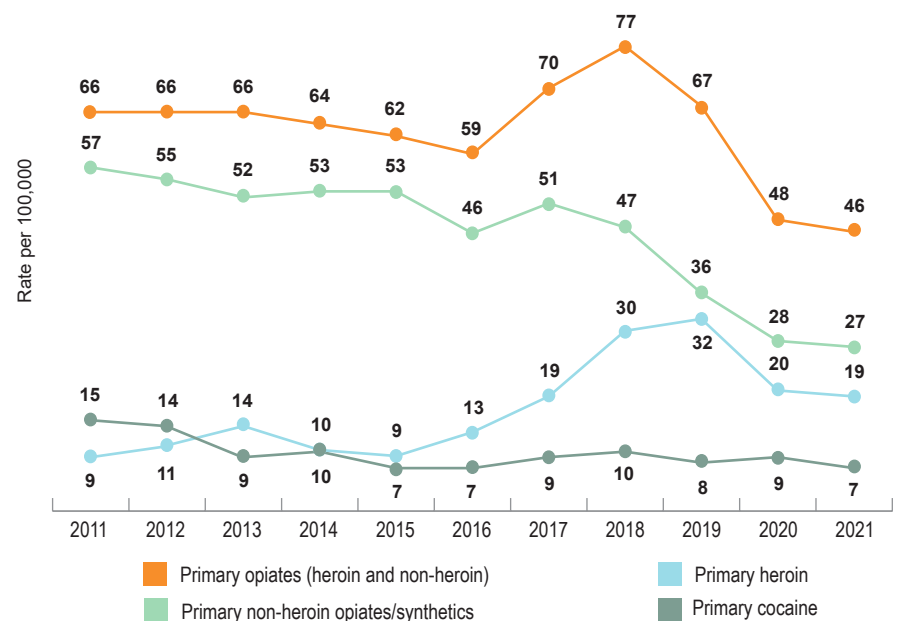
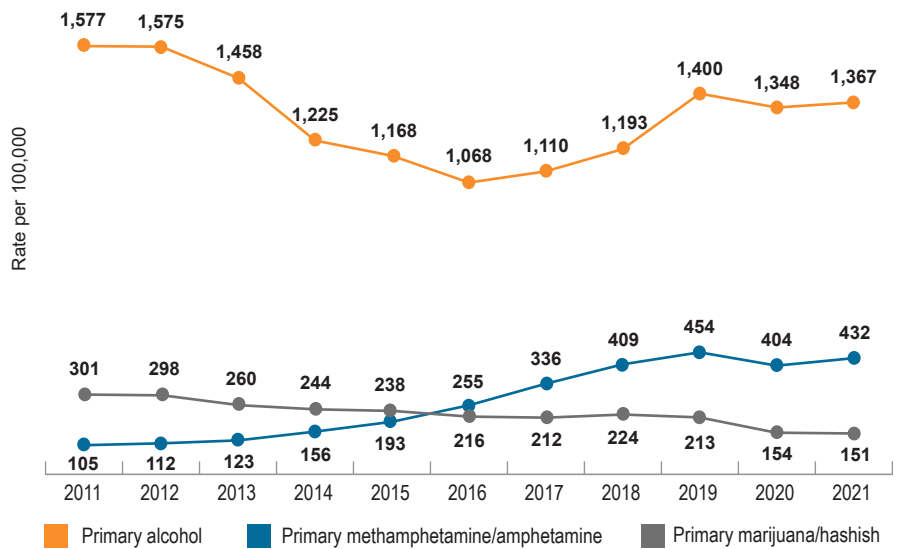
Photo by Travel South Dakota

Primary Admissions in South Dakota

- South Dakota's rate of primary methamphetamine/amphetamine treatment admissions **increased** by 311% from 105 to 432 per 100,000 between 2011 and 2021 (TEDS, Figure 4.59).
- South Dakota's rate of primary alcohol treatment admissions **decreased** about 13% from 1,577 to 1,367 per 100,000 between 2011 and 2021 (TEDS, Figure 4.59).
- South Dakota's rate of primary marijuana/hashish treatment admissions **decreased** 50% from 301 to 151 per 100,000 between 2011 and 2021 (TEDS, Figure 4.59).

Figures 4.59 Publicly Funded Treatment in South Dakota, by rate per 100,000

Source: SAMHSA, Treatment Episode Data Set (TEDS), 2021



Quick Facts

Source: SAMHSA, Treatment Episode Data Set (TEDS), 2021

- In 2021, South Dakota had the **second highest admission rate** per 100,000 to substance use treatment services in the United States (SD 2,071; US 540).^a

^aAdmissions per 100,000 population aged 12 years and older, **not** based on admissions per 100,000 population aged 12 and older, adjusted for age, gender, and race/ethnicity.

Access to Care for Substance Use Treatment

- In 2021-2022, 5.6% of adults of **all age groups** in South Dakota received substance use treatment in the past year (NSDUH, Figure 4.60).
- In 2021-2022, adults in South Dakota were **more likely** than those in the United States to have received substance use treatment in the past year (NSDUH, Figure 4.60).



Medications for Opioid Use Disorder (MOUD) is one of the most effective and safest options available for Opioid Use Disorder (OUD).

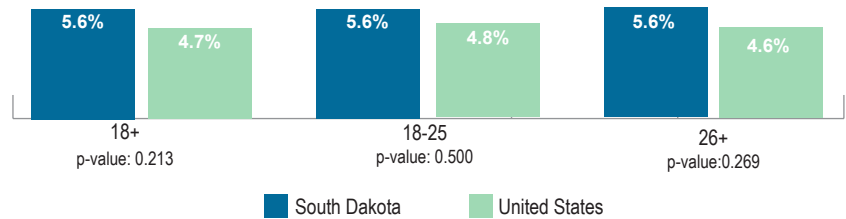
MOUD are evidence-based treatments that use FDA-approved medications to help manage opioid use disorder. These medications work by reducing cravings and withdrawal symptoms, making it easier for people to engage in recovery. MOUD is a crucial component of a comprehensive treatment plan that includes counseling and behavioral therapies.

For more information regarding MOUD, please visit
www.letsbeclearsd.com/treatment/medication

Figures 4.60 Received Substance Use Treatment in the Past Year, 2022^b

Source: NSDUH 2021-2022

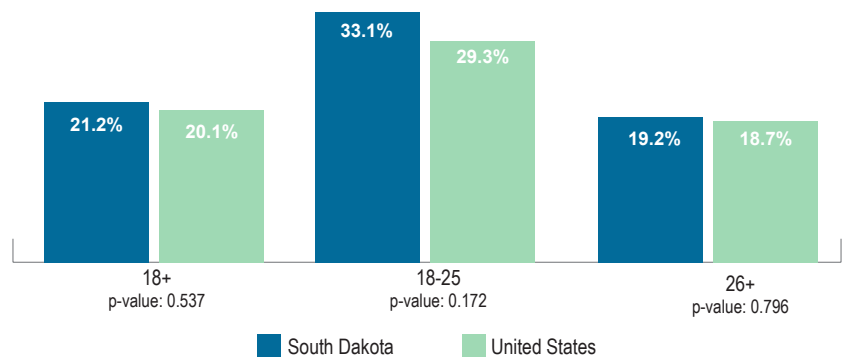
Statistically significant p-value is $P < 0.05$



Figures 4.61 Classified as Needing Substance Use Treatment in the Past Year, 2022^c

Source: NSDUH 2021-2022

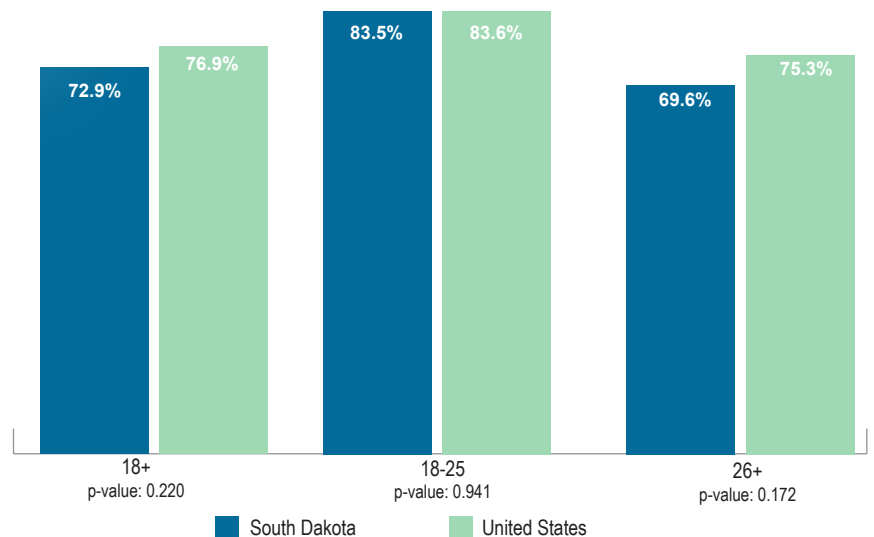
Note: Statistically significant p-value is $P < 0.05$



Figures 4.62 Did Not Receive Substance Use Treatment in the Past Year, 2022^d

Source: NSDUH 2021-2022

Statistically significant p-value is $P < 0.05$



^bSubstance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime. These estimates include data from respondents who reported that they received any substance use treatment but did not report the substance for which they received treatment.

^cRespondents were classified as needing substance use treatment if they met DSM-5 criteria for drug or alcohol use disorder or received treatment for drug or alcohol use.

^dNot receiving substance use treatment is the number of people not receiving treatment who needed treatment.

Overview of Substance Use in South Dakota - Adolescent

Photo by Travel South Dakota

Figure 4.63 (A) Illicit Drug Use Among High School Students, Ever Used by Substance Type

Source: YRBSS, 2023

Ever Used a Vape

Ever Used a Vape includes e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens (such as JUUL, Vuse, NJOY, Puff Bar, blu, or Bidi Stick).



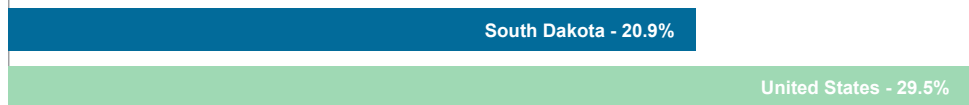
Ever Tried Cigarette Smoking

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



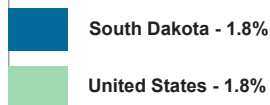
Ever Use Marijuana

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



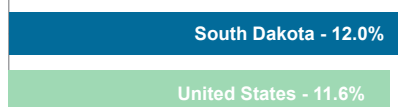
Ever Use Methamphetamine

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



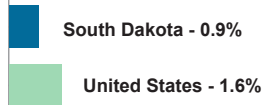
Ever Misused Prescription Pain Relievers

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



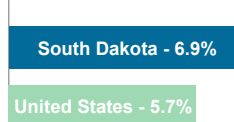
Ever Use Heroin

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



Ever Use Inhalants

Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, one or more times during their life.



Ever Injected Any Illegal Drug

Used a needle to inject any illegal drug into their body, one or more times during their life.

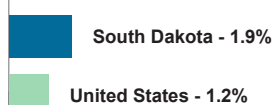
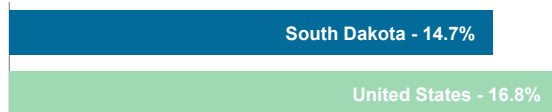


Figure 4.63 (B) Illicit Drug Use Among High School Students, Current Use by Substance Type

Source: YRBSS, 2023

Current Vape Use

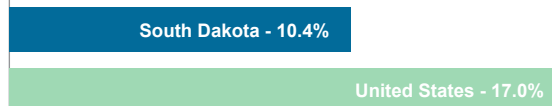
Current use is defined as using e-cigarettes, mods, e-cigs, e-hookahs, or vape pens (such as JUUL, Vuse, NJOY, Puff Bar, blu, or Bidi Stick), on at least 1 day during the 30 days before the survey.

**Current Cigarette Smoking**

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

**Current Marijuana Use**

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

**Current Alcohol Use**

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**

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.

**Figure 4.64 Perception of Risk, Adolescents Aged 12-17**

Source: NSDUH, 2021-2022

Using Cocaine Once a Month

In 2021-2022, 47.0% of South Dakota adolescents, ages 12-17, had a perception of great risk from using cocaine once a month compared to 49.3% of adolescents in the United States.

Trying Heroin Once or Twice

In 2021-2022, 57.1% of South Dakota adolescents, ages 12-17, had a perception of great risk from trying heroin once or twice compared to 56.4% of adolescents in the United States.

Quick Facts

In 2021-2022, the **majority** of South Dakota youth (61.7%) believed there was great risk from smoking one or more packs of cigarettes per day.

Source: NSDUH, 2021-2022

In 2023, about **one in seven** (or 14.6%) South Dakota high school students reported currently smoking cigarettes or using electronic vapor products.

Source: YRBSS, 2023

In 2023, **8.0%** of South Dakota high school students used electronic vapor products, mainly because they were curious about them.

Source: YRBSS, 2023

Drug Use and Associated Disorders - Adolescents

Photo by Travel South Dakota

Illicit Drug Use and Methamphetamine Use

- In 2021-2022, 6.5% (or 5,000) of youth in South Dakota used illicit drugs in the past month, which is **lower** than the 7.4% (or 1.9 million) of youth in the United States (NSDUH, Figure 4.65).
- In 2021-2022, 0.08% (or <1,000) of South Dakota youth reported using methamphetamine in the past year **compared** to 0.10% (or 27,000) of youth in the United States (NSDUH, Figure 4.66).

Figure 4.65 Illicit Drug Use in the Past Month, Youth 12-17

Source: NSDUH

p-value: US v. SD 12-17 = 0.381

Statistically significant p-value is $P < 0.05$

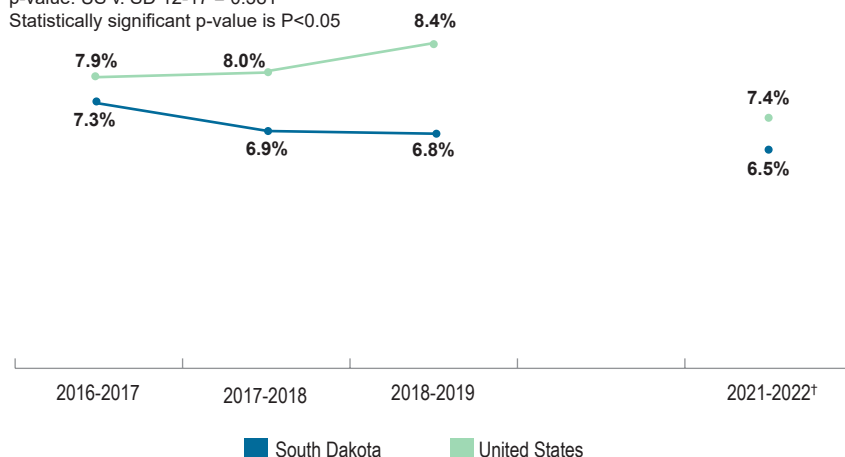
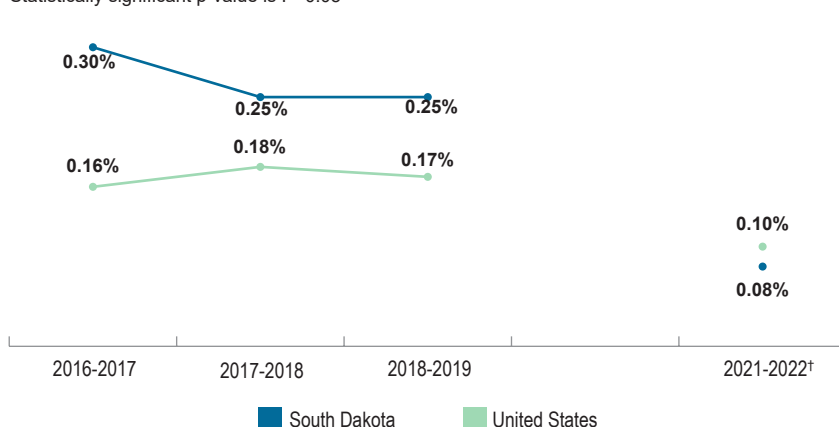


Figure 4.66 Methamphetamine Use in the Past Year, Youth 12-17

Source: NSDUH

p-value: US v. SD 12-17 = 0.450

Statistically significant p-value is $P < 0.05$



Quick Facts



In 2021-2022, **0.1%** of youth in South Dakota and the United States used cocaine in the past month, respectively less than 1,000 and 37,000.

Source: NSDUH, 2021-2022



In 2021-2022, **1.6% (or 1,000)** of South Dakota youth used hallucinogens in the past year, which was **higher** than the **United States (1.4% or 367,000)**.

Source: NSDUH, 2021-2022



1.7% (or 13,000) of South Dakotans reported they first used methamphetamine prior to age 18.

Source: NSDUH, RDAS, 2021-2022

†Due to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates.

Substance Use Disorder

Substance use disorder, alcohol use disorder, drug use disorder, pain reliever use disorder, and opioid use disorder are defined on page 9.

- In 2021-2022, 8.2% (or 6,000) of South Dakota youth met criteria for a substance use disorder in the past year, which is 0.8 percentage points **lower** than the United States (9.0% or 2.3 million; NSDUH, Figure 4.67).
- By type of substance use disorder among youth, **United States' youth** are **more at risk** to meet criteria for alcohol use disorder, drug use disorder, opioid use disorder, and pain reliever use disorder in the past year than South Dakota youth in 2021-2022 (NSDUH, Figure 4.68).
- In 2021-2022, 5.4% (or 4,000) of South Dakota youth met criteria for a drug use disorder in the past year, which is 1.8 percentage points **lower** than the 7.2% (or 1.9 million) of youth in the United States who met criteria for drug use disorder (NSDUH, Figure 4.68).

Figure 4.67 Substance Use Disorder in the Past Year, Youth 12-17

Source: NSDUH
p-value: US v. SD 12-17 = 0.566
Statistically significant p-value is $P < 0.05$

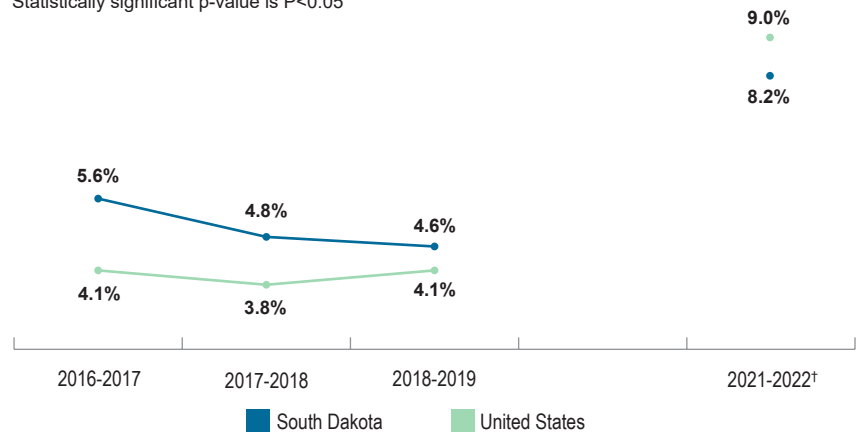
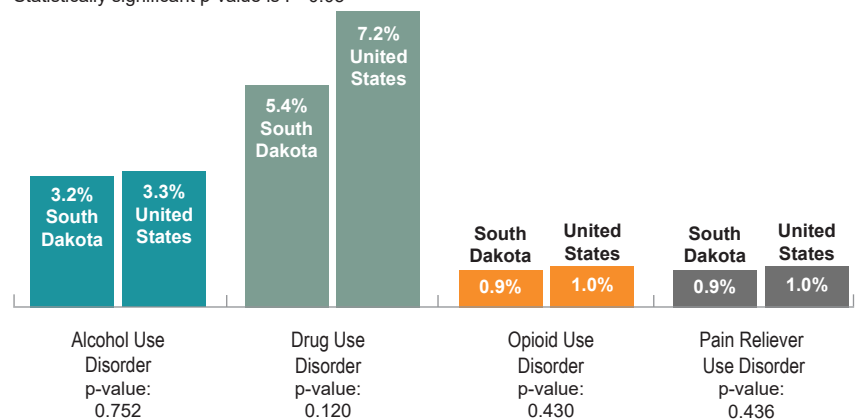


Figure 4.68 Type of Substance Use Disorder in the Past Year, South Dakota vs. United States, Youth 12-17

Source: NSDUH, 2021-2022
Statistically significant p-value is $P < 0.05$



†Due to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates.

Alcohol Use Disorder and Alcohol Use - Adolescent

Photo by Travel South Dakota

Alcohol Use Disorder^o and Past Month Alcohol Use

- In 2021-2022, **3.2%** (or 2,000) of South Dakota youth met criteria for an alcohol use disorder in the past year, **compared** to **3.3%** (or 859,000) of youth in the United States (NSDUH, Figure 4.69).
- In 2021-2022, **7.6%** (or 6,000) of South Dakota youth have used alcohol in the past month, which is **higher** than the United States by 0.6 percentage points (NSDUH, Figure 4.70).
- In 2021-2022, **16.3%** (or 18,000) of South Dakotans aged 12 to 20 participated in underage drinking alcohol in the past month (NSDUH, Figure 4.71).

Quick Facts

Source: NSDUH, 2021-2022

South Dakota youth were among the **bottom 50%** of U.S. states with the **lowest prevalence** of youth that met criteria for alcohol use disorder in 2021-2022.

Q2

^oAlcohol use disorder includes only data from past year users of alcohol and met DSM-V criteria for an alcohol use disorder.

Figure 4.69 Alcohol Use Disorder in the Past Year, Youth 12-17

Source: NSDUH

p-value: US v. SD 12-17 = 0.752

Statistically significant p-value is P<0.05

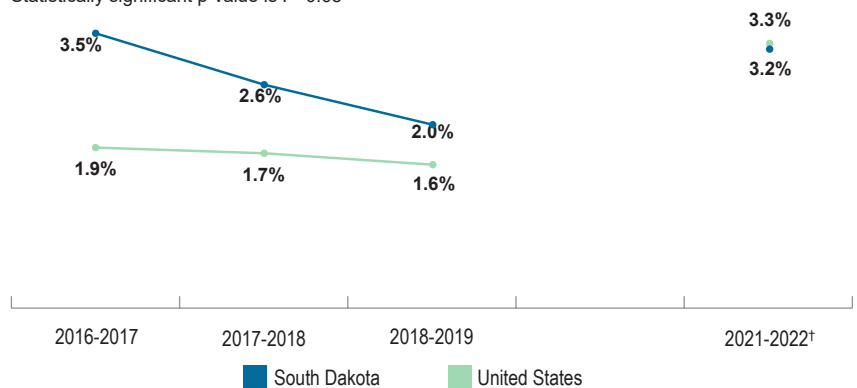


Figure 4.70 Alcohol Use in the Past Month, Youth 12-17

Source: NSDUH

p-value: US v. SD 12-17 = 0.712

Statistically significant p-value is P<0.05

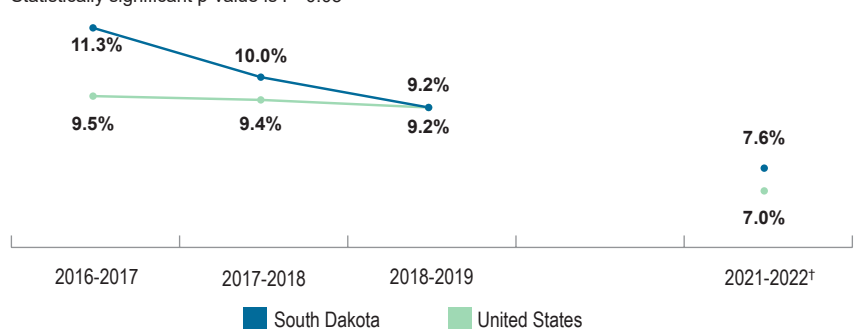
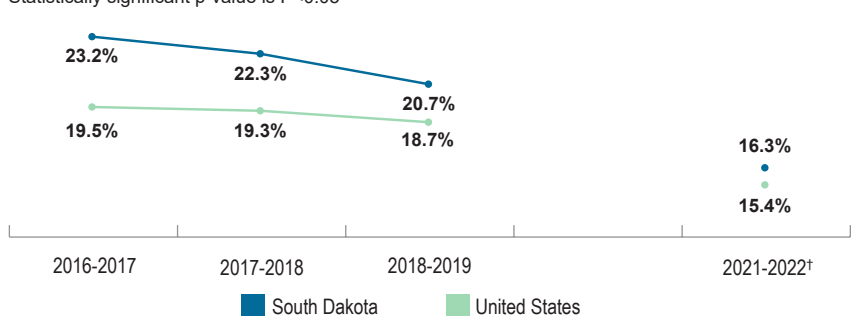


Figure 4.71 Alcohol Use in the Past Month, Underage Drinking 12-20

Source: NSDUH

p-value: US v. SD 12-17 = 0.594

Statistically significant p-value is P<0.05



[†]Due to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates.

Binge Alcohol Use in the Past Month and Received Substance Use Treatment

- In 2021-2022, 4.1% (or 3,000) of South Dakota youth reported binge alcohol use in the past month, which **exceeded** the 3.6% (or 939,000) of youth in the United States (NSDUH, Figure 4.72).
- Between 2016-2017 and 2018-2019, South Dakota youth who binge drank alcohol in the past month **decreased** from 7.1% to 5.5% or 1.6 percentage points (NSDUH, Figure 4.72).
- Between 2016-2017 and 2018-2019 youth in the United States who binge drank alcohol in the past month **decreased** from 5.1% to 4.8% or 0.3 percentage points (NSDUH, Figure 4.72).
- In 2021-2022, binge alcohol use was 2.2 percentage points **higher** in South Dakota (10.6%) than in the United States (8.4%) for individuals ages 12-20 (NSDUH, Figure 4.73).
- In 2021-2022, 4.6% (or 1.2 million) of youth in the United States received substance use treatment in the past year, which **exceeded** the 4.3% (or 3,000) of youth in South Dakota (NSDUH, Figure 4.74).

Quick Fact

Source: NSDUH, 2021-2022

In 2021-2022, about **54% of South Dakota youth** who used alcohol in the past month also **binge drank alcohol** in the past month.

Figure 4.72 Binge Alcohol Use in the Past Month, Youth 12-17

Source: NSDUH

p-value: US v. SD 12-17 = 0.592

Statistically significant p-value is P<0.05

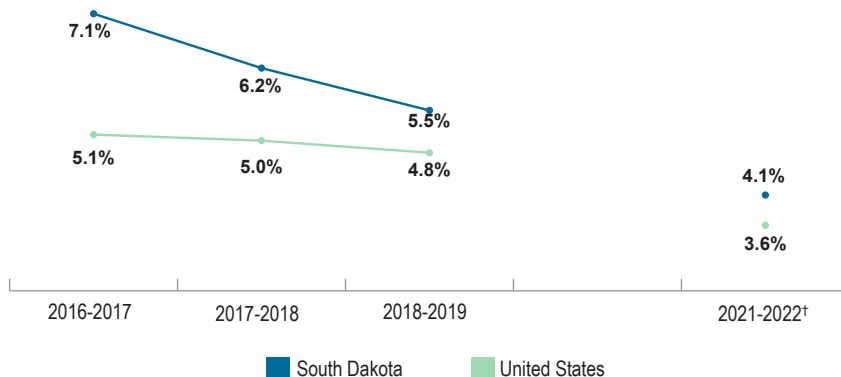
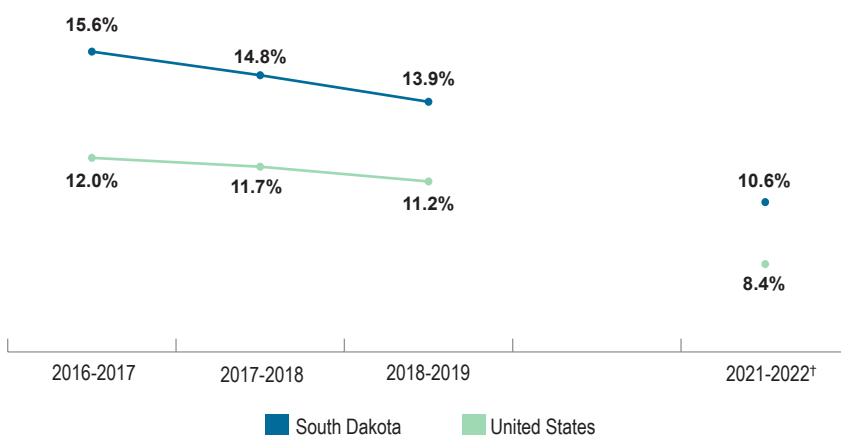


Figure 4.73 Binge Alcohol Use in the Past Month, Underage Drinking 12-20

Source: NSDUH

p-value: US v. SD 12-17 = 0.097

Statistically significant p-value is P<0.05

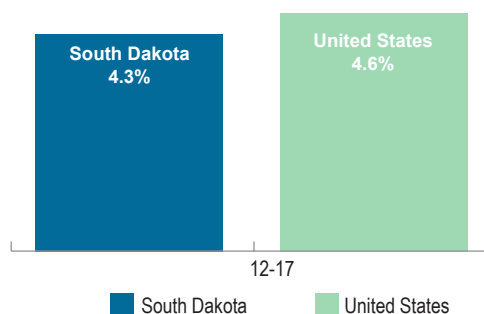


Figures 4.74 Received Substance Use Treatment in the Past Year, Youth 12-17^a

Source: NSDUH

p-value: US v. SD 12-17 = 0.627

Statistically significant p-value is P<0.05



[†]Due to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates.

^aSubstance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime. These estimates include data from respondents who reported that they received any substance use treatment but did not report the substance for which they received treatment.

Marijuana Use

Photo by Travel South Dakota

- In 2021-2022, 5.3% (or 4,000) of South Dakota youth used marijuana in the past month, which is **lower** than the United States (6.3% or 1.6 million) by one percentage point (NSDUH, Figure 4.75).
- Marijuana use in the past month **increased** 0.5 percentage points among youth in the United States, from 6.5% to 7.0% between 2016-2017 and 2018-2019 (NSDUH, Figure 4.75).
- Marijuana use in the past month **decreased** 0.8 percentage points among youth in South Dakota, from 5.9% in 2016-2017 to 5.1% in 2018-2019 (NSDUH, Figure 4.75).
- In 2021-2022, past year marijuana use among youth in South Dakota was 9.4% (or 7,000), which is 1.8 percentage points **lower** than past year marijuana use among youth in the United States (11.2% or 2.9 million; NSDUH, Figure 4.76).
- Between 2016-2017 and 2018-2019, marijuana use in the past year **increased** 0.6 percentage points in **United States youth**, while past year marijuana use in **South Dakota youth decreased** 2.3 percentage points in the same timeframe (NSDUH, Figure 4.76).
- In 2021-2022, a **lower** percentage (19.4%) of youth in South Dakota believed there was **great risk** from smoking marijuana once a month compared to youth in the United States (21.0%; NSDUH, Figure 4.77).

Figure 4.75 Marijuana Use in the Past Month, Youth 12-17

Source: NSDUH

p-value: US v. SD 12-17 = 0.308

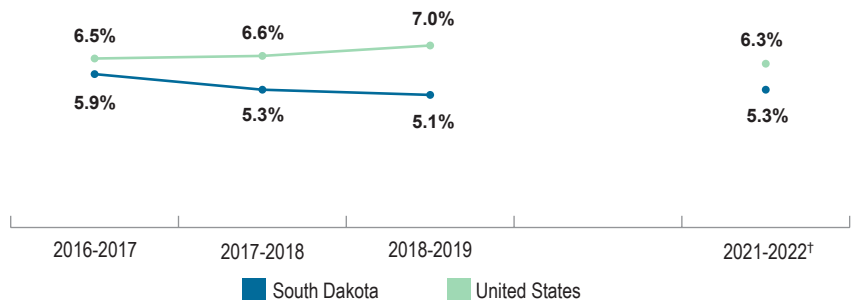
Statistically significant p-value is $P < 0.05$ 

Figure 4.76 Marijuana Use in the Past Year, Youth 12-17

Source: NSDUH

p-value: US v. SD 12-17 = 0.244

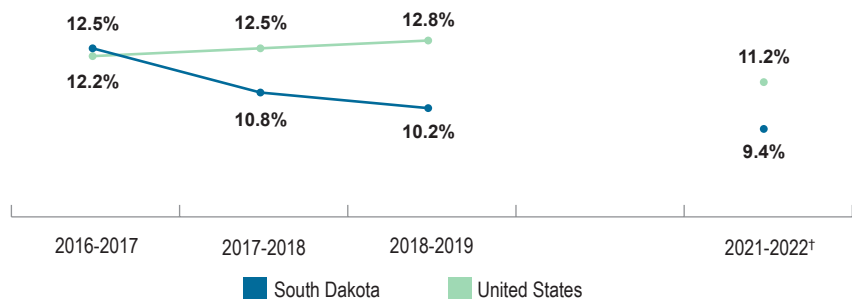
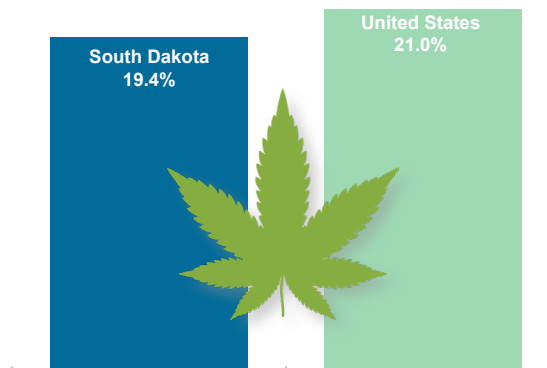
Statistically significant p-value is $P < 0.05$ 

Figure 4.77 Perceptions of Great Risk from Smoking Marijuana Once a Month, Youth 12-17

Source: NSDUH, 2021-2022

p-value: US v. SD 12-17 = 0.462

Statistically significant p-value is $P < 0.05$ 

†Due to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates.

Prescription Pain Reliever Misuse^a and Pain Reliever Use Disorder^b

- In 2021-2022, **1.7%** (or 1,000) of South Dakota youth reported prescription pain reliever misuse in the past year (NSDUH, Figure 4.78).
- 270,000 youth in the **United States** met criteria for a pain reliever use disorder or **1.0% of the youth** in 2021-2022 (NSDUH, Figure 4.79).
- In 2021-2022, **0.9%** (or 1,000) of **South Dakota youth** met criteria for a pain reliever use disorder in the past year (NSDUH, Figure 4.79).

Quick Fact

Source: NSDUH, 2021-2022



In South Dakota, 1.7% of youth misused pain relievers in the past year, placing **South Dakota** in the **bottom 50%** of U.S. states for prevalence.

Figure 4.78 Prescription Pain Reliever Misuse in the Past Year, Youth 12-17

Source: NSDUH

p-value: US v. SD 12-17 = 0.672

Statistically significant p-value is $P < 0.05$

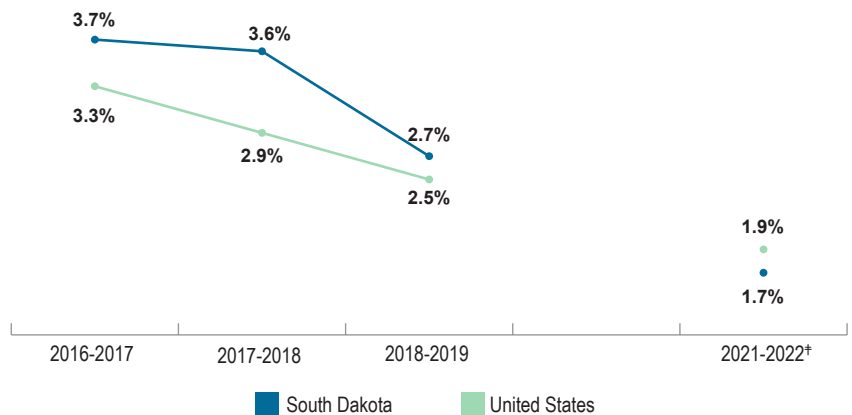
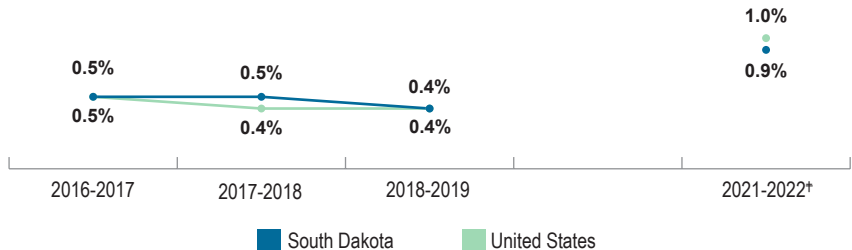


Figure 4.79 Pain Reliever Use Disorder in the Past Year, Youth 12-17

Source: NSDUH

p-value: US v. SD 12-17 = 0.436

Statistically significant p-value is $P < 0.05$



^aAccording to SAMHSA, "Prescription pain relievers are a type of prescription psychotherapeutic. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told. Prescription psychotherapeutics do not include over-the-counter drugs." Pain reliever use disorder is based on the DSM-V. Respondents would meet criteria if they indicate two or more criteria related to their prescription pain relievers within the past year. Note, criteria applies to any use of prescription pain relievers, not just misuse.

^bBeginning with the 2021 National Survey on Drug Use and Health (NSDUH), questions on prescription drug use disorder were asked of all past year users of prescription drugs, regardless of whether they misused prescription drugs. These estimates include pain reliever use disorder data from all past year users of pain relievers.

^cDue to methodology changes, 2021-2022 prevalence estimates cannot be compared to previous years' estimates. In addition, NSDUH moved from the DSM-4 to DSM-5 for substance use disorders in 2021-2022.

Quick Fact

Source: NSDUH, 2021-2022

South Dakota was among the **bottom 25%** of U.S. states with the **lowest prevalence** of youth that met criteria for a pain reliever use disorder in the past year.

Opioid Misuse and Opioid Use Disorder^c

Photo by Travel South Dakota

- In 2021-2022, **1.7%** (or 1,000) of South Dakota youth reported opioid misuse in the past year, while 1.9% (or 478,000) of youth in the United States misused opioids in the past year (NSDUH, Figure 4.80).
- 270,000 youth in the United States met criteria for an opioid use disorder in the past year or **1.0% of youth** in 2021-2022 (NSDUH, Figure 4.81).
- In 2021-2022, South Dakota and the United States have **similar prevalences** of opioid use disorder in the past year among their youth (0.9% and 1.0%, respectively; NSDUH, Figure 4.81).

Figure 4.80 Opioid Misuse in the Past Year, Youth 12-17

Source: NSDUH, 2021-2022

p-value: US v. SD 12-17 = 0.682

Statistically significant p-value is $P < 0.05$



Figure 4.81 Opioid Use Disorder in the Past Year, Youth 12-17^b

Source: NSDUH, 2021-2022

p-value: US v. SD 12-17 = 0.430

Statistically significant p-value is $P < 0.05$



Substance use and misuse affect people from all walks of life. Substance use disorder can develop before you realize it. It can happen when a substance or medication is being taken as prescribed, misused as a way to deal with stress, or used recreationally. Prescription opioids should be taken exactly as directed and always used with extreme caution. Taking medication that is not prescribed to you is very dangerous. This type of misuse is a leading cause of unintentional overdose - especially among young people (<https://letsbeclearsd.com>).

Let's Be Clear

PREVENTION. TREATMENT. RECOVERY.

^aAccording to SAMHSA, opioid use disorder (OUD) is defined as meeting the criteria for heroin or pain reliever use disorder and is based on criteria from the DSM-V. Beginning with 2021 National Survey on Drug Use and Health, questions on prescription drug use disorder were asked all past year users of prescription drugs, regardless of whether they misused prescription drugs. Pain relievers are a type of prescription drug. These estimates include pain reliever use disorder from a past year users of pain relievers.

Note: opioid misuse does not include illicitly manufactured fentanyl (IMF) because most individuals are unaware when they use IMFs.

Quick Fact

Source: NSDUH, 2021-2022

South Dakota was among the **bottom 50%** of U.S. states with the **lowest prevalence** of youth that reported opioid misuse.



Tobacco Use - Adolescent

Photo by Travel South Dakota

Tobacco Product, Cigarette Use, or Vapor Product Use

- In 2021-2022, 2.9% (or 2,000) of South Dakota youth used tobacco products in the past month, which is **higher** than past month tobacco product use in the United States (2.4% or 628,000; NSDUH, Figure 4.82).
- 1.5% (or 376,000) of youth in the United States used cigarettes in the past month, which is **lower** than South Dakota by 0.4 percentage points in 2021-2022 (NSDUH, Figure 4.83).
- In 2021-2022, about **62% of youth** in both South Dakota and the United States perceived smoking one or more packs of cigarettes per day as a **great risk** of harm (NSDUH, Figure 4.84).

► Key Takeaway

In 2021-2022, South Dakota youth were **more at risk of using tobacco products in the past month** than youth in the United States.

Youth in South Dakota were **more at risk of past month cigarette use** than youth in the United States in 2021-2022.

Figure 4.82 Tobacco Product Use in the Past Month, Youth 12-17

Source: NSDUH, 2021-2022
p-value: US v. SD 12-17 = 0.441
Statistically significant p-value is $P < 0.05$



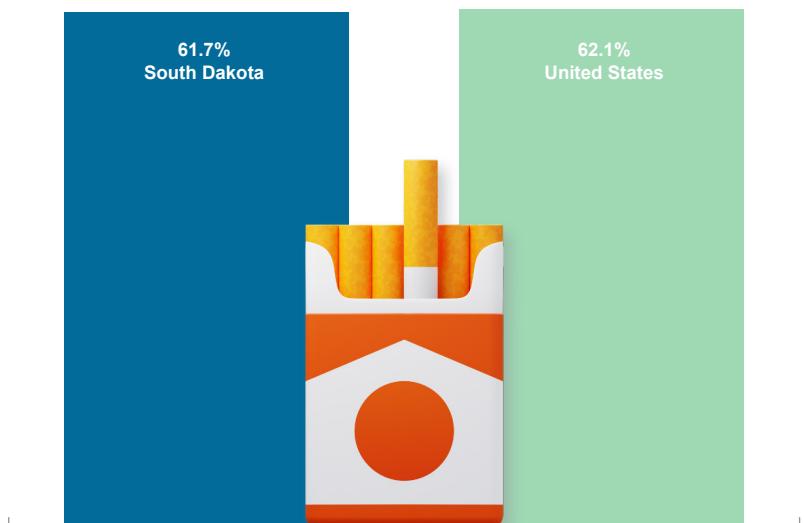
Figure 4.83 Cigarette Use in the Past Month, Youth 12-17

Source: NSDUH, 2021-2022
p-value: US v. SD 12-17 = 0.274
Statistically significant p-value is $P < 0.05$



Figure 4.84 Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day, Youth 12-17

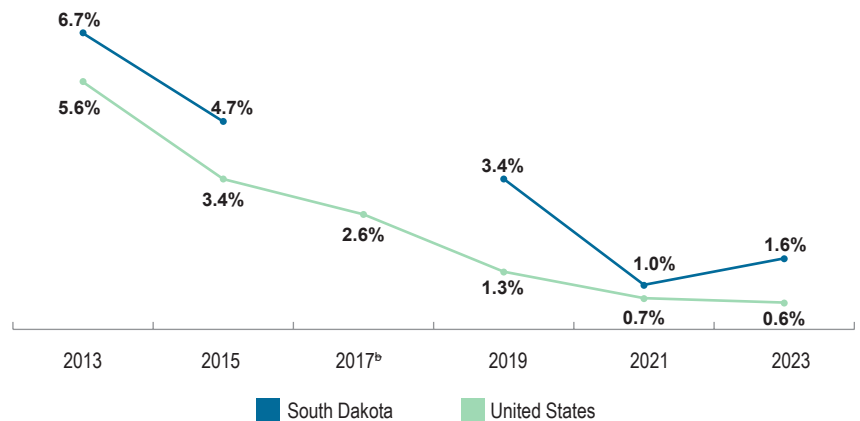
Source: NSDUH, 2021-2022
p-value: US v. SD 12-17 = 0.882
Statistically significant p-value is $P < 0.05$



- In 2023, 1.6% of South Dakota high school students reported that they currently smoked cigarettes frequently, which is more than **double the rate** among high school students in the United States (0.6%; YRBSS, Figure 4.85).
- In 2023, 14.7% of South Dakota high school students reported current vapor product use, which is the **lowest** prevalence since the introduction of this measure in 2015 (YRBSS, Figure 4.86).
- In 2023, 4.6% of South Dakota high school students reported current cigarette use, which is the **lowest** prevalence since 1991 (YRBSS, Figure 4.86).

Figure 4.85 High School Students Currently Smoked Cigarettes Frequently^a

Source: YRBSS

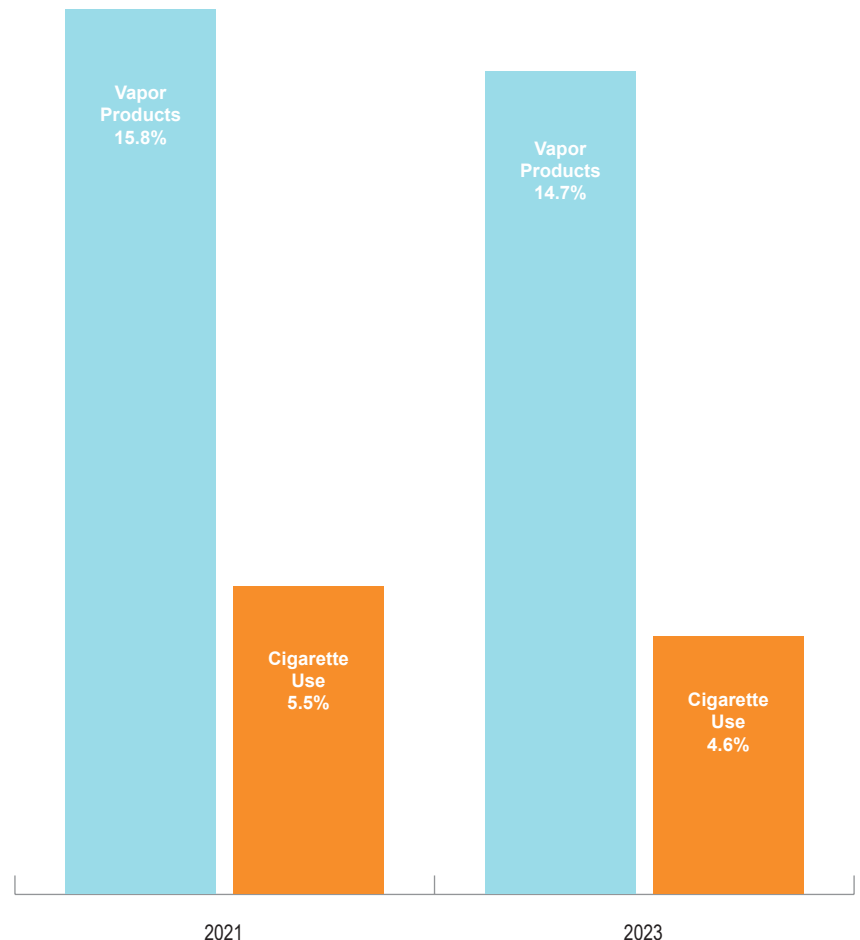


^aFrequently is defined as smoking 20 or more days during the past 30 days prior to the survey.

^bYRBSS did not collect data for South Dakota in 2017.

Figure 4.86 Current Cigarette Use and Current Vapor Product Use in the Past 30 Days, 2021 vs. 2023, South Dakota High School Students

Source: YRBSS, 2023



Key Takeaway

In 2023, South Dakota high school students were more than **twice as likely** to currently smoke cigarettes frequently compared to high school students in the United States.

Between 2021 and 2023, vapor product use **decreased** 1.1 percentage points and cigarette use has **decreased** 0.9 percentage points in South Dakota.

- In 2023, 17.1% of South Dakota high school students reported trying cigarette smoking (even one or two puffs) at one point in their life, which is 2.7 percentage points **higher** than the United States (14.4%; YRBSS, Figure 4.87).
- In 2023, 4.6% of South Dakota high school students currently smoked cigarettes at least one day in the past 30 days, which is 1.1 percentage points **higher** than the United States (3.5%; YRBSS, Figure 4.87).
- In 2023, 1.6% of South Dakota high school students reported they currently smoked cigarettes frequently, which is one percentage point **higher** than the United States (0.6%; YRBSS, Figure 4.87).
- In 2023, 30.9% of South Dakota high school students reported ever used a vapor product, which is 2.9 percentage points **lower** than the United States (33.8%; YRBSS, Figure 4.88).
- In 2023, South Dakota high school students had a **higher** prevalence of current use of electronic vapor products compared to the United States (SD:16.8%; US:14.7%; YRBSS, Figure 4.88).
- In 2023, **South Dakota** high school students were **more likely** to vape frequently than the United States by half a percentage point (SD: 6.9%; US: 6.4%; YRBSS, Figure 4.88).

➤ Key Takeaway

While a higher percentage of U.S. high school students reported ever using a vapor product compared to South Dakota students, South Dakota high school students were otherwise **more a risk for using tobacco and vapor products overall.**

Figure 4.87 High School Students Use of Cigarettes

Source: YRBSS, 2023

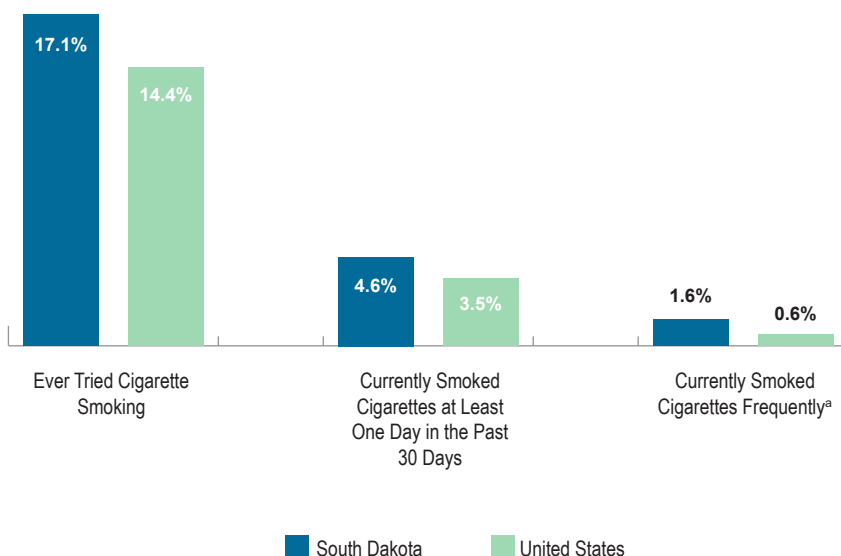
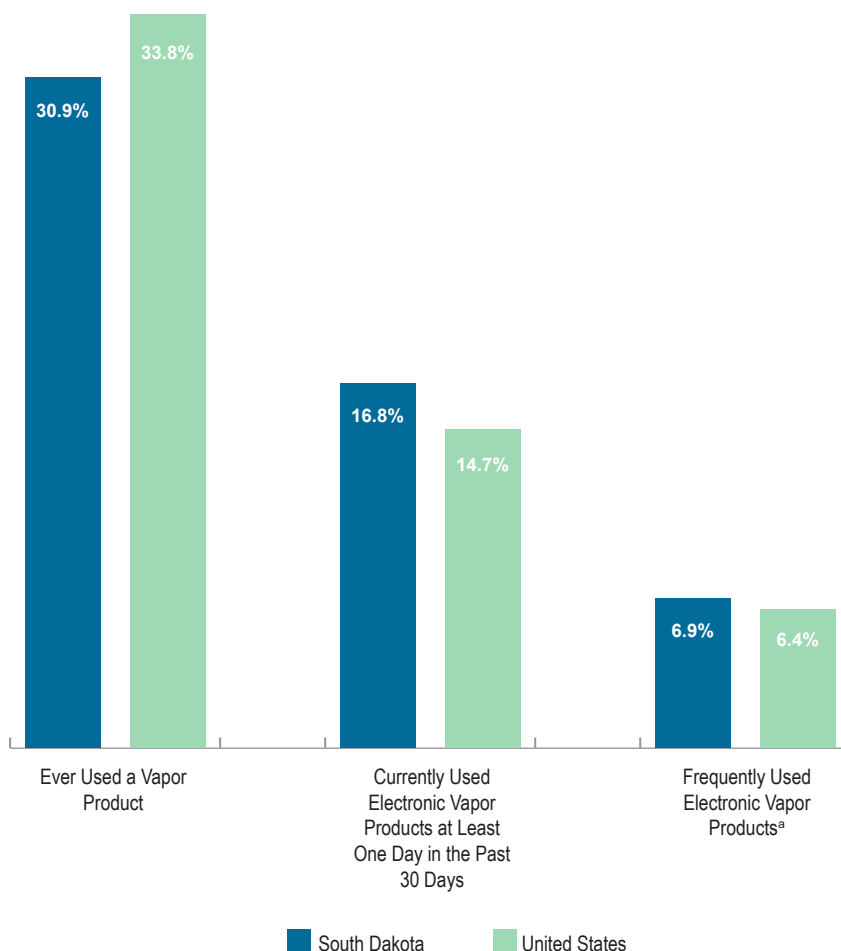
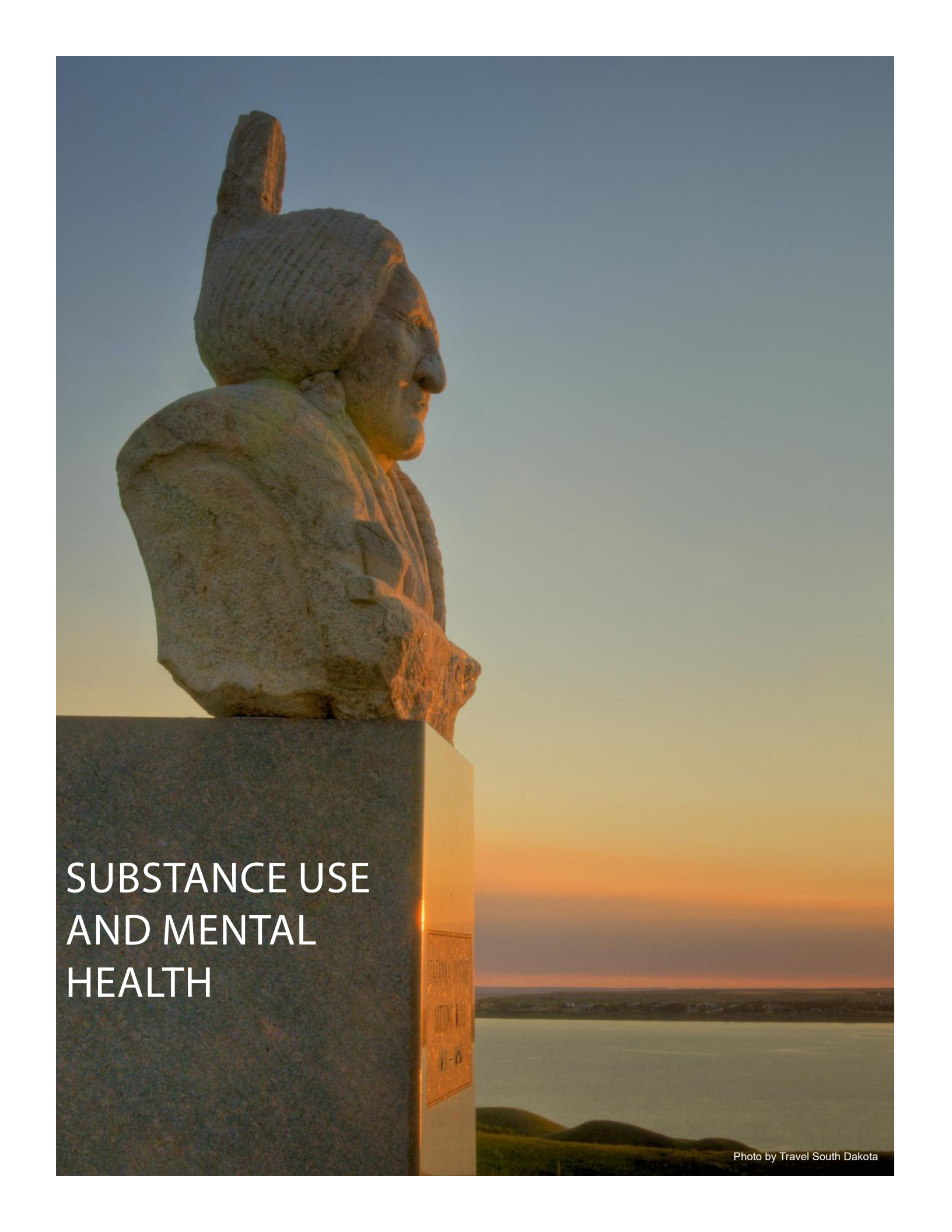


Figure 4.88 High School Students Use of Electronic Vapor Products

Source: YRBSS, 2023



^aFrequent is defined as smoking 20 or more days during the past 30 days prior to the survey.
Note: vapor product(s) consist of e-cigarettes, vapes, e-cigs, e-hookahs, or vape pens [such as JUUL, Vuse, NJOY, Puff Bar, blu or Bidi Stick]



SUBSTANCE USE AND MENTAL HEALTH

Photo by Travel South Dakota

Effects of COVID-19 on Substance Use and Mental Health

Photo by Travel South Dakota

Impact on Individuals' Behavioral Health

Figure 5.1 How Did Their Drug Use Change Due to COVID-19, Ages 12+

Source: NSDUH, RDAS, 2021-2022

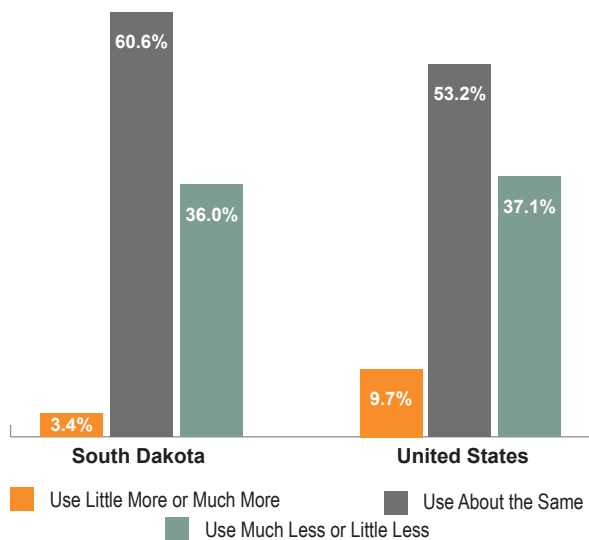


Figure 5.2 How Did Their Alcohol Use Change Due to COVID-19, Ages 12+

Source: NSDUH, RDAS, 2021-2022

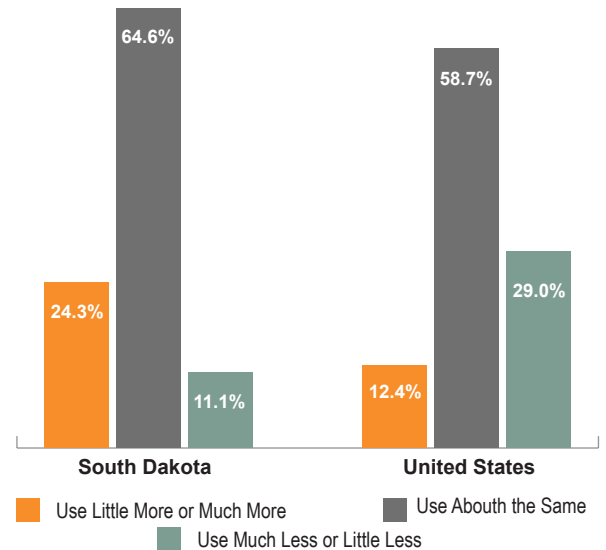


Figure 5.3 How Much of Their Mental Health was Negatively Affected Due to COVID-19, Ages 12+

Source: NSDUH, RDAS, 2021-2022

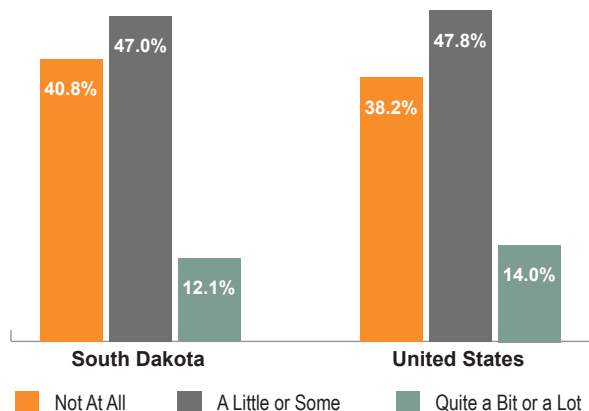
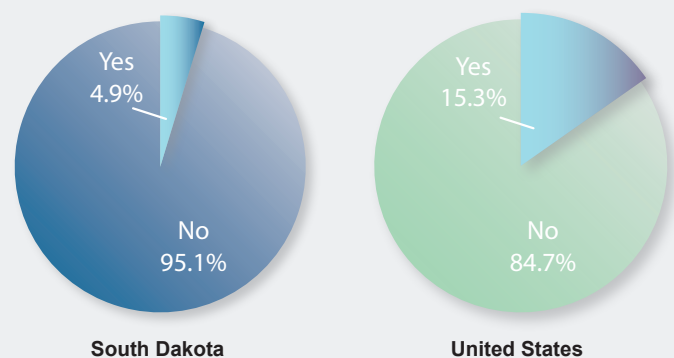


Figure 5.4 During the Past 12 Months, They Had Seriously Thought About Suicide Due to COVID-19, Youth 12-17

Source: NSDUH, RDAS, 2021-2022



Impact on Treatment and Finances

- Substance use treatment and mental health treatment were **more likely** to be interrupted in the United States than South Dakota (NSDUH, RDAS, Figure 5.5 and 5.6).
- 4.9% of South Dakotans receiving substance use treatment and **15.5% receiving mental health care** reported their treatment was interrupted due to COVID-19 (NSDUH, RDAS, Figure 5.5 and Figure 5.6).
- 2.8% of South Dakotans receiving substance use treatment and **4.3% receiving mental health care** reported they had a delay or cancellation in prescriptions due to COVID-19 (NSDUH, RDAS, Figure 5.5 and Figure 5.6).

Table 5.5 Delays or Cancellations to Their Substance Use Treatment and Prescriptions Due to COVID-19, Ages 12+

Source: NSDUH, RDAS, 2021-2022

Substance Use Treatment ^a	Yes	No	Does Not Apply
South Dakota	4.9%	35.7%	59.4%
United States	7.3%	34.4%	58.3%

Prescriptions	Yes	No	Does Not Apply
South Dakota	2.8%	38.3%	58.9%
United States	3.6%	37.7%	58.6%

Table 5.6 Delays or Cancellations to Their Mental Health Care and Prescriptions Due to COVID-19, Ages 12+

Source: NSDUH, RDAS, 2021-2022

Mental Health Care ^b	Yes	No	Does Not Apply
South Dakota	15.5%	37.9%	46.6%
United States	17.9%	38.8%	43.3%

Prescriptions	Yes	No	Does Not Apply
South Dakota	4.3%	48.4%	47.3%
United States	7.0%	48.0%	45.1%

^aNote: substance use treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in prison, jail, or juvenile detention center.

^bNote: mental health treatment for mental health emotions, or behavior through inpatient treatment/counseling; outpatient treatment/counseling; use of prescription medication; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Figure 5.7 How Often Did They Have Serious Financial Worries Due to COVID-19, Ages 12+

Source: NSDUH, RDAS, 2021-2022

- All or Nearly All the Time
- Some of the Time or Rarely
- Never



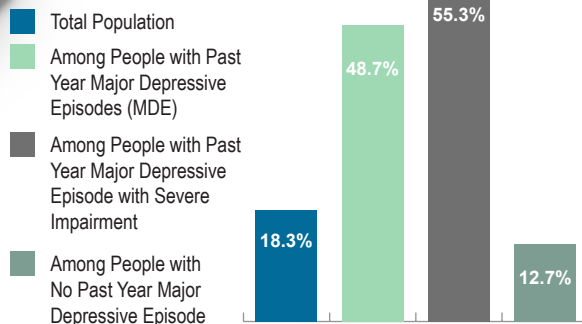
Key Takeaway

In the United States, adults with Any Mental Illness (AMI), Serious Mental Illness (SMI), youth with Major Depressive Episode, or a youth with Major Depressive Episode (MDE) with Severe Impairment, were **more affected** by COVID-19 than those without any mental health concerns.

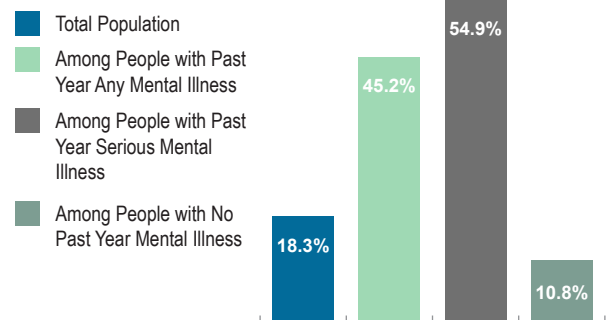
Figures 5.8 Nationwide, Perceived COVID-19 Negative Effect as “Quite A Bit or A Lot”

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Quarter 4, 2020

Youth, 12-17



Adults 18+



Co-occurring Substance Use and Mental Health - Adult

Co-occurring Any Mental Illness and Substance Use Disorder

Any mental illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder.

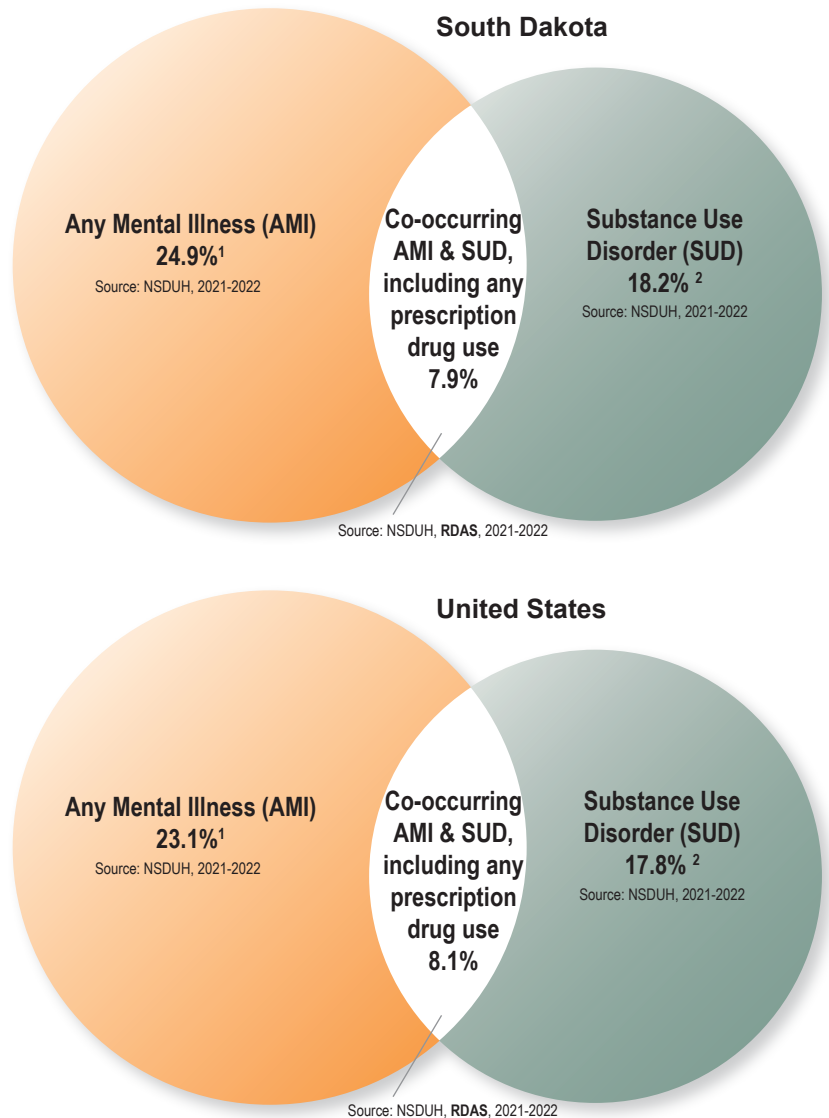
In 2021-2022, 8.1% (or 20.6 million individuals) of adults had a co-occurring AMI and a substance use disorder (SUD), including any prescription drug use (DSM-5) in the United States, while 7.9% of South Dakotans (or 53,000 individuals) had a co-occurring AMI and SUD, including prescription drug use (Figure 5.9).

Key Takeaway

In 2021-2022, about 8.0% of adults in South Dakota and the United States had co-occurring AMI and SUD, including prescription drug use.

Figure 5.9 Co-occurring Any Mental Illness and Substance Use Disorder in the Past Year, South Dakota vs. United States, Adults 18+

Source: NSDUH, 2021-2022 and NSDUH, RDAS, 2021-2022



¹The National Survey on Drug Use and Health (NSDUH) reports Any Mental Illness (AMI) as individuals having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Serious Mental Illness (SMI) is a subset of AMI that is defined by a severe role impairment.

²NSDUH defines substance use disorder (SUD) as meeting criteria for drug use disorder and alcohol use disorder as defined by *Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V)*.

Note: Restricted-use Data Analysis System (RDAS) produced design-based estimates. NSDUH State Estimates are based on the model-based estimates. Model-based estimates are produced using small area estimation (SAE) methodology. SAE uses sample survey data and other auxiliary data sources to produce the reliable estimates, which may not match exactly with the designed-based estimates.



Photo by Travel South Dakota

Figure 5.10 Co-occurring Serious Mental Illness and Substance Use Disorder in the Past Year, South Dakota vs. United States, Adults 18+

Source: NSDUH, 2021-2020 and NSDUH, RDAS, 2021-2022

Co-occurring Serious Mental Illness and Substance Use Disorder

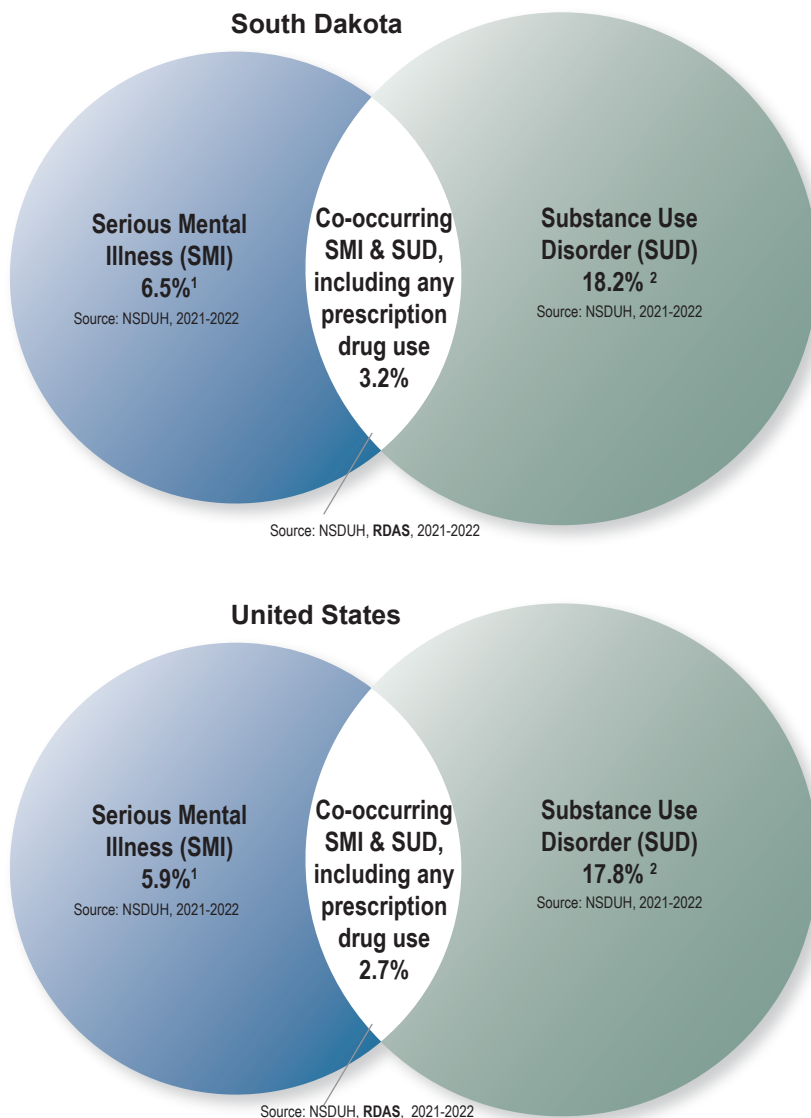
Serious mental illness is defined as individuals with AMI who experience limitations in major life activities.

In 2021-2022, South Dakota had a higher rate of co-occurring SMI and SUD, including any prescription drug use (3.2% or 21,000 individuals) compared to the United States (2.7% or 6.9 million; Figure 5.10).

➤ Key Takeaway

In both South Dakota and the United States, nearly 50% of individuals with a SMI had a SUD, including any prescription drug use in 2021-2022.

In 2021-2022, South Dakota had a higher rate of co-occurring SMI and SUD, including any prescription drug use than the United States.



¹The National Survey on Drug Use and Health (NSDUH) reports Any Mental Illness (AMI) as individuals having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Serious Mental Illness (SMI) is a subset of AMI that is defined by a severe role impairment.

²NSDUH defines substance use disorder (SUD) as meeting criteria for drug use disorder and alcohol use disorder as defined by *Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V)*.

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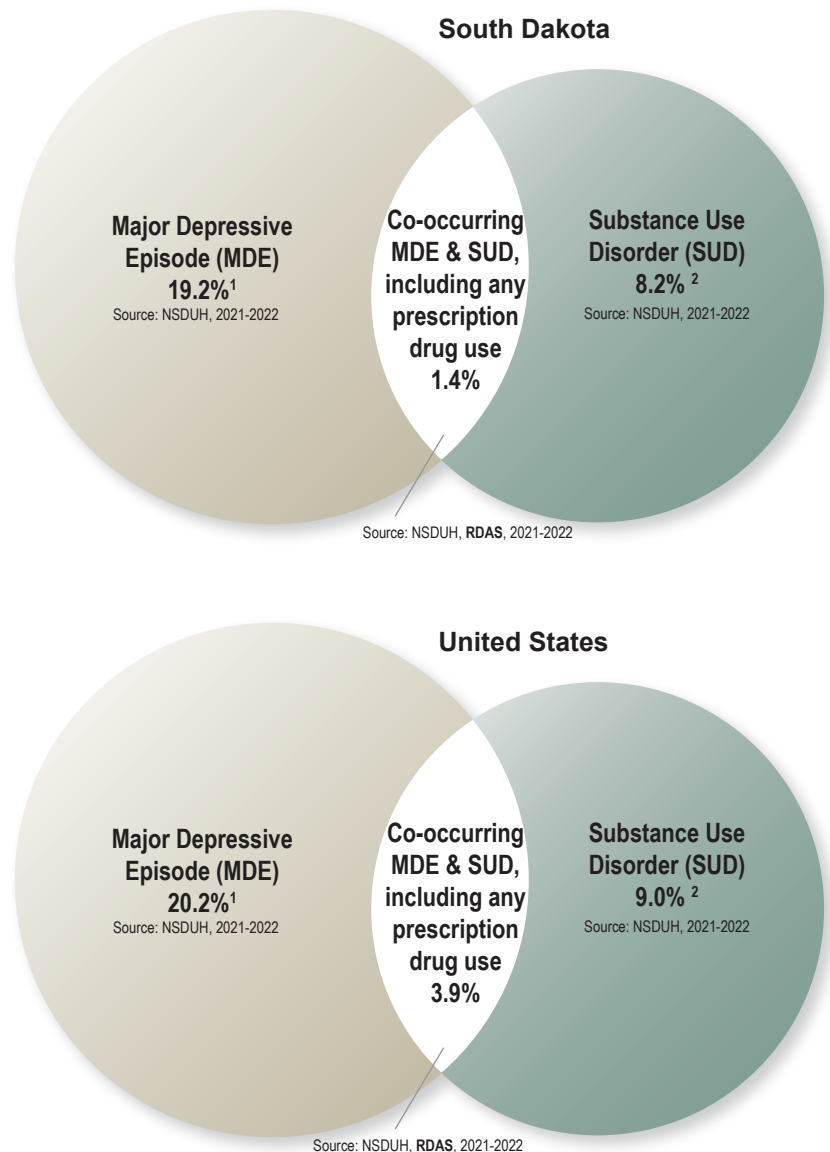
Co-occurring Substance Use and Mental Health - Adolescent

Adolescent Co-occurring Major Depressive Episode and Substance Use Disorder

Youth who experienced a major depressive episode (MDE) encountered a period of at least 2 weeks characterized by a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

In 2021-2022, 3.9% (or 973,000) of youth, ages 12-17, had a co-occurring MDE and substance use disorder (SUD) including any prescription drug use in the United States compared to 1.4% (or 1,000) of South Dakota youth.

Figure 5.11 Adolescent Co-occurring Major Depressive Episode and Substance Use Disorder in the Past Year, South Dakota vs. United States, Ages 12-17
Source: NSDUH, RDAS, 2021-2022



Key Takeaway

In 2021-2022, there were less South Dakota youth with a co-occurring MDE and SUD, including prescription drug use than youth in the United States.

¹The National Survey on Drug Use and Health (NSDUH) reports major depressive episode as an individual having experienced a period of at least 2 weeks when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms based on criteria by *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (DSM-V). Major depressive episode with severe role impairment is a subset or major depressive episode and based on the Sheehan Disability Scale. Ratings greater than or equal to 7 indicate severe role impairment.

²NSDUH defines substance use disorder (SUD) as meeting criteria for drug use disorder and alcohol use disorder as defined by *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (DSM-V).

Note: Restricted-use Data Analysis System (RDAS) produced design-based estimates. NSDUH State Estimates are based on the model-based estimates. Model-based estimates are produced using small area estimation (SAE) methodology. SAE uses sample survey data and other auxiliary data sources to produce the reliable estimates, which may not match exactly with the designed-based estimates.

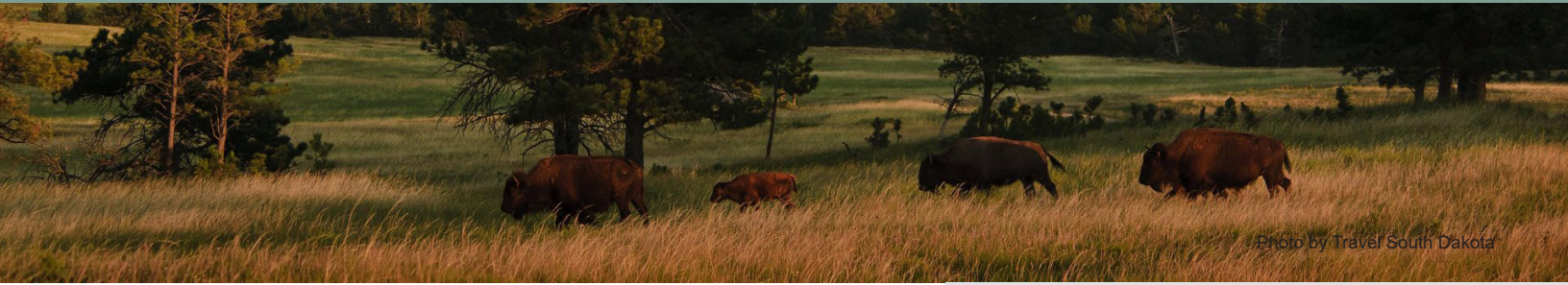
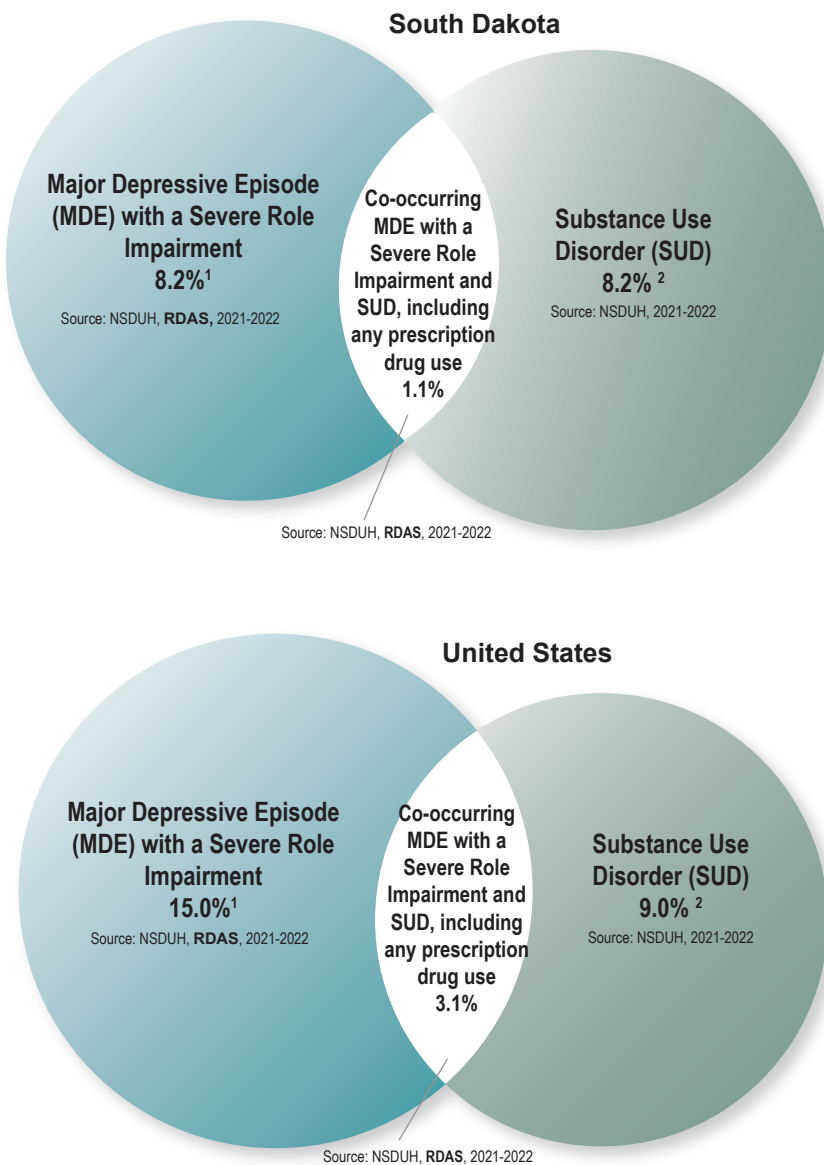


Photo by Travel South Dakota

Figure 5.12 Adolescent Co-occurring Major Depressive Episode with a Severe Role Impairment and Substance Use Disorder in the Past Year, South Dakota vs. United States, Ages 12-17

Source: NSDUH, RDAS, 2021-2022



Adolescent Co-occurring Major Depressive Episode with a Severe Role Impairment and Substance Use Disorder

MDE with a severe role impairment is a subset of MDE and defined by the impact of the disorder on the person's life.

South Dakota had a lower rate of co-occurring MDE with severe role impairment and SUD, including any prescription drug use among youth (1.1% or 1,000) than the United States (3.9% or 770,000).

Key Takeaway

In 2021-2022, there were less South Dakota youth with a co-occurring MDE with a severe role impairment and SUD, including prescription drug use than youth in the United States.

¹The National Survey on Drug Use and Health (NSDUH) reports major depressive episode as an individual having experienced a period of at least 2 weeks when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms based on criteria by *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (DSM-V). Major depressive episode with severe role impairment is a subset of major depressive episode and based on the Sheehan Disability Scale. Ratings greater than or equal to 7 indicate severe role impairment.

²NSDUH defines substance use disorder (SUD) as meeting criteria for drug use disorder and alcohol use disorder as defined by *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (DSM-V).

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For more information please contact:

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<https://doh.sd.gov/>

Colleen K. Hannum, M.P.H.
Department of Social Services
Division of Behavioral Health
605-367-5236

Colleen.Hannum@state.sd.us

Prevention Program
Department of Social Services
Division of Behavioral Health
605-367-5236

DSSPREVCONT@state.sd.us

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