Adolescence refers to individuals between the ages of 15 and 19, an important developmental period marking the transition from childhood to adulthood. In 2014, an estimated 453,593 adolescents resided in Arizona, comprising 6.8 percent of the State’s population (Table 10A-1). The lives of 211 resident adolescents prematurely ended in 2014, resulting in a total mortality rate of 46.5 deaths per 100,000 adolescents. This mortality rate was 42.5 percent lower than the 2004 rate (Table 2C-11).

The likelihood of dying was 2.3 times greater for adolescent boys than for adolescent girls in 2014 (Figure 2C-9, Table 2C-11).

The five causes with the greatest number of deaths over the 2004-2014 period were unintentional injuries in accidents, suicide, homicide, malignant neoplasms, and symptoms, signs, and abnormal findings (Table 2C-14).

In 2014, adolescents who were Asian, Black, or Hispanic had greater survival chances than the state average for all adolescents, while American Indian and White non-Hispanic adolescents had lower survival chances than average (Figure 2C-10). If the 2014 mortality risk of Asian adolescents (i.e., their mortality rate) applied to all adolescents, only 157 would have died: 54 less than the 211 who actually did.

The number of deaths from accidental drug poisoning declined from 30 in 2013 to less than 15 in 2014.
The number of suicides among Arizonans age 15-19 years increased 53.1 percent from 2013 (n = 32) to 2014 (n = 49; Table 2C-14). In 2013, as in prior years, male adolescents accounted for the absolute majority (75.5 percent) of completed suicides.

The suicide rate in 2013 was the lowest recorded since at least 1990 (Figure 2C-11, Table 2C-11). In 2014, the adolescent male suicide rate was 12.0 percent lower, and the adolescent female suicide rate was 9.0 percent higher, than in 2004, respectively. The male to female ratio in suicide mortality rates decreased from 3.6:1 in 2004 to 2.9:1 in 2014. In other words, male adolescents were 2.9 times more likely to kill themselves in 2014 than female adolescents, compared to 3.6 times more likely in 2004.

From 2004 to 2006, homicide rates increased for both adolescent males and females (Figure 2C-12, Table 2C-11). From 2008 to 2012, the homicide rate decreased by 62.4 percent for adolescent males, and by 69.5 percent for adolescent females. A shift occurred in 2013, as the adolescent homicide mortality rate increased for males while still declining for females. From 2013 to 2014, the male mortality rate decreased by 61.6 percent, and the female mortality rate increased by 55.8 percent.