Adolescence refers to those individuals between the ages of 15 and 19, an important developmental period marking the transition from childhood to adulthood. In 2009, an estimated 456,079 adolescents resided in Arizona (Table 10C-1), comprising 6.9 percent of the State’s population. The lives of 255 resident adolescents prematurely ended in 2009 (38.1 percent fewer than in 2006), resulting in a total mortality rate of 55.9 deaths per 100,000 adolescents. This mortality rate was 31.3 percent lower than the 1999 rate (Table 2C-12). In fact, the adolescent mortality rate in 2009 was the lowest rate since 1980.

The likelihood of dying was 2.8 times as high for adolescent boys as girls in 2009 (Figure 2C-9, Table 2C-12).

The five causes with the greatest number of deaths over the 1999-2009 period were unintentional injuries in accidents, suicide, homicide, malignant neoplasms, and diseases of heart (Table 2C-12).

From best to worst chances in 2009 of adolescents, 15-19 years old, in survival was Asian, White non-Hispanic, Black, Hispanic, and American Indian (Figure 2C-10). If the 2009 mortality risk of Asian adolescents (i.e., their mortality rate) applied to all adolescents, 202 would have died: 53 less than the 255 who actually did.

The number of deaths from accidental drug poisoning increased by 2.8 times from 14 in 2008 to 39 in 2009. In contrast the number of death from motor vehicle-related decreased from 76 in 2008 to 50 in 2009.
In 2009, suicide was the 2nd leading cause of death among Arizona adolescents. Overall, the number of suicides decreased from 56 in 2008 to 49 in 2009. American Indian adolescents experienced a particularly steep decline from 17 suicides in 2008 to 7 in 2009 (Table 2C-15).

The suicide rate for adolescent females decreased by 21.2 percent from 6.4 suicides per 100,000 in 2008 to 5.0/100,000 in 2009 (Figure 2C-11, Table 2C-12). The suicide death rate for adolescent males decreased from 18.0 suicides per 100,000 in 2008 to 16.1/100,000 in 2009. The male to female ratio in suicide mortality rates decreased from 5.6:1 in 1999 to 3.2:1 in 2009. In other words, male adolescents were 3.2 times more likely to kill themselves in 2009 than female adolescents, compared to 5.6 times more likely in 1999.

In 2009, homicide was the 3rd leading cause of death of 15 to 19 year olds. From 2004 to 2006, the homicide rates increased for both adolescent males and females (Figure 2C-12, Table 2C-12). In 2009, the homicide rate decreased by 35.2 percent for adolescent males, and by 30.5 percent for adolescent females. Overall, the homicide rate decreased by 34.3 percent from 13.7/100,000 in 2008 to 9.0/100,000 in 2009. The male to female mortality risk for homicide decreased from 4.6 times greater in 1999 to 3.3 times greater in 2009.