Adolescence refers to those individuals between the ages of 15 and 19, an important developmental period marking the transition from childhood to adulthood. In 2010, an estimated 461,582 adolescents resided in Arizona according to the census enumerations, comprising 7.2 percent of the State’s population (Table 10A-1). The lives of 220 resident adolescents prematurely ended in 2010 (the lowest number since 2000) resulting in a total mortality rate of 47.7 deaths per 100,000 adolescents. This mortality rate was 39.5 percent lower than the 2000 rate (Table 2C-11). In fact, the adolescent mortality rate in 2010 was the lowest rate since 1980.

The likelihood of dying was 2.8 times as high for adolescent boys as girls in 2010 (Figure 2C-9, Table 2C-11).

The five causes with the greatest number of deaths over the 2000-2010 period were unintentional injuries in accidents, suicide, homicide, malignant neoplasms, and diseases of heart (Table 2C-11).

From best to worst chances in 2010 of adolescents, 15-19 years old, in survival was Asian, White non-Hispanic, and Hispanic or Latino (Figure 2C-10). If the 2010 mortality risk of Asian adolescents (i.e., their mortality rate) applied to all adolescents, 151 would have died: 69 less than the 220 who actually did.

The number of deaths from accidental drug poisoning declined from 39 in 2009 to 30 in 2010. The number of deaths from motor vehicle-related injuries decreased from 76 in 2008 to 50 in 2009 and 46 in 2010.
Overall, the number of suicides among Arizona adolescents ages 15-19 years decreased from 56 in 2008 to 49 in 2009 and 39 in 2010. (Table 2C-14). In 2010, as in prior years, male adolescents accounted for the absolute majority (69.2 percent) of completed suicides.

Compared to 2009, the suicide rate slightly increased in 2010 for adolescent females (Figure 2C-11, Table 2C-11). The suicide death rate for adolescent males decreased from 18.0 suicides per 100,000 in 2008 to 16.1/100,000 in 2009 and 11.4/100,000 in 2010. The male to female ratio in suicide mortality rates decreased from 6.7:1 in 2000 to 2.2:1 in 2010. In other words, male adolescents were 2.2 times more likely to kill themselves in 2010 than female adolescents, compared to 6.7 times more likely in 2000.

From 2004 to 2006, the homicide rates increased for both adolescent males and females (Figure 2C-12, Table 2C-11). From 2008 to 2010, the homicide rate decreased by 37.1 percent for adolescent males, and by 84.7 percent for adolescent females. Overall, the homicide rate decreased by 51.1 percent from 13.7/100,000 in 2008 to 6.7/100,000 in 2010. The male to female mortality risk for homicide increased to 13.6 times greater in 2010.