Adolescence refers to individuals between the ages of 15 and 19, an important developmental period marking the transition from childhood to adulthood. In 2016, an estimated 461,632 adolescents resided in Arizona, comprising 6.8 percent of the State’s population (Table 1A-1). The lives of 247 resident adolescents prematurely ended in 2016, resulting in a total mortality rate of 53.5 deaths per 100,000 adolescents. This mortality rate was 43.0 percent higher than the 2006 rate (Table 2C-11).

The likelihood of dying was 2.2 times greater for adolescent boys than for adolescent girls in 2016 (Figure 2C-9, Table 2C-11).

The five causes with the greatest number of deaths over the 2006-2016 period were unintentional injuries in accidents, suicide, homicide, malignant neoplasms, and symptoms, signs, and abnormal findings (Table 2C-14).

In 2016, adolescents who were Hispanic, White, or Asian had greater survival chances than the state average for all adolescents, while American Indian and Black adolescents had lower survival chances than average (Figure 2C-10). If the 2016 mortality risk of Hispanic adolescents (i.e., their mortality rate) was applied to all adolescents, only 209 would have died: 38 less than the 247 who actually did.

The number of deaths from accidental drug poisoning reached 27 deaths in 2016, a rise from 15 deaths in 2014 and 17 deaths in 2015.
In 2016, fifty-six suicide deaths were recorded among Arizonans age 15-19 years, a decrease of 11.11 percent from 2015 (n = 63; Table 2C-14). In 2016, as in prior years, male adolescents accounted for the absolute majority (76.8 percent) of completed suicides.

The suicide rate in 2013 was the lowest recorded since at least 1990 (Figure 2C-11, Table 2C-11). In 2016, the adolescent male suicide rate (18.2) and adolescent female suicide rate (5.8) was 6.8 percent and 6.7 percent lower than in 2006, respectively. The male to female ratio in suicide mortality rates decreased from 3.2:1 in 2006 to 3.1:1 in 2016. In other words, male adolescents were 3.1 times more likely to kill themselves in 2016 than female adolescents, compared to 3.2 times more likely in 2006.

From 2006 to 2016, homicide rates decreased 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 2015 to 2016, the rate of homicide death increased for both gender, but more so among males by 46.2 percent than females by 15.9 percent.