Adolescence refers to individuals between the ages of 15 and 19, an important developmental period marking the transition from childhood to adulthood. In 2018, an estimated 471,388 adolescents resided in Arizona, comprising 6.7 percent of the State’s population (Table 10A-1). The lives of 295 resident adolescents prematurely ended in 2018, resulting in a total mortality rate of 62.6 deaths per 100,000 adolescents. This mortality rate was 4.7 percent lower than the 2008 rate (Table 2C-11).

The likelihood of dying was approximately two-fold greater for adolescent boys than for adolescent girls in 2018 (Figure 2C-9, Table 2C-11). The five causes with the greatest number of deaths over the 2008-2018 period were unintentional injuries in accidents, suicide, homicide, malignant neoplasms, and diseases of heart (Table 2C-14).

In 2018, adolescents who were Asian, Hispanic, or White had greater survival chances than the state average for all adolescents. American Indian had the lowest survival chances of all racial/ethnic groups (Figure 2C-10). If the 2018 mortality risk of Asian adolescents (i.e., their mortality rate) was applied to all adolescents, only 182 would have died: 113 less than the 295 who actually did.
In 2018, eighty one suicide deaths were recorded among Arizonans age 15-19 years, an increase from 62 in 2017 (Table 2C-14). In 2018, as in prior years, male adolescents accounted for the absolute majority (82.7 percent) of completed suicides.

The suicide rate in 2013 was the lowest recorded since at least 1990 (Figure 2C-11, Table 2C-11). Compared to 2008, the adolescent male suicide rate (27.8) was 54.4 percent higher in 2018 while the adolescent female suicide rate (6.1) was 4.7 percent lower during the same year. The male to female ratio in suicide mortality rates increased from 2.8:1 in 2008 to 4.6:1 in 2018. In other words, male adolescents were almost 5 times more likely to kill themselves in 2018 than female adolescents, compared to 2.8 times more likely in 2008.

From 2008 to 2018, 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 2017 to 2018, the overall rate of adolescent homicide deaths decreased by 8.8 percent. Looking at gender specific homicide mortality, there was a decrease of 16.3 percent for males but an increase of 12.9 percent for females.