

OREGON PUBLIC HEALTH DIVISION • DEPARTMENT OF HUMAN SERVICES

YOUTH AND THE “CHOKING GAME” IN OREGON

Choking Game,” “Space Monkey,” “Flatlining,” or “Fainting Game” — by any name, this is a disturbing problem in which children strangle themselves to achieve euphoria through brief hypoxia. Unfortunately this is no “game”, but rather a behavior which can cause serious injury, long-term disability or accidental death.¹⁻³ Variations of this behavior, which involve the use of hands or cervical ligatures to temporarily cut off the flow of oxygen to the brain, have been around for generations, passed on by word-of-mouth and often engaged in with peers. The activity becomes even more deadly when it involves a solitary participant who is not able to release a ligature after losing consciousness.

THE GRIM TALLY

In 2008, the Centers for Disease Control and Prevention identified 82 probable choking game deaths nationwide among children and teens, mostly boys, aged 6–19 years during 1995 through 2007.³ In Oregon, we reviewed death certificates for 1995–2009. Though our methods were not directly comparable to the CDC approach, we identified 110 deaths from strangulation or asphyxiation that occurred among Oregon youths aged 10–17 years. Twenty-one of these were attributed to accidental asphyxiation without suicidal intent, consistent with the choking game. Intent was not determined for an additional nine of the deaths. The remaining deaths were believed to have been intentional suicides (table).

HOW MANY OREGON KIDS ARE INVOLVED?

According to the 2008 Oregon Healthy Teens survey, 36% of 8th graders had heard of the choking game and 30% had heard of someone participating in it. Additionally, 3% had helped someone else participate, and 6% had participated themselves (figure 1).⁴

Youth living in rural areas (6.7%) were significantly more likely to report choking game participation rate than those living in urban areas (4.9%). No differences in choking game participation were observed by gender, race or ethnicity.

CONTRIBUTING FACTORS

Youths who participated in the choking game were significantly more likely to also report substance abuse* and mental health issues.† Among youths who reported *both* substance abuse and one or more mental health issues (approx. 19% of all youths), 16% reported having participated in the choking game. This group was nine times more likely to participate in the choking game than the group of all youths (approximately 45%) who *neither* abused substances *nor* suffered mental health issues (figure 2, *verso*).

WHAT CAN YOU DO?

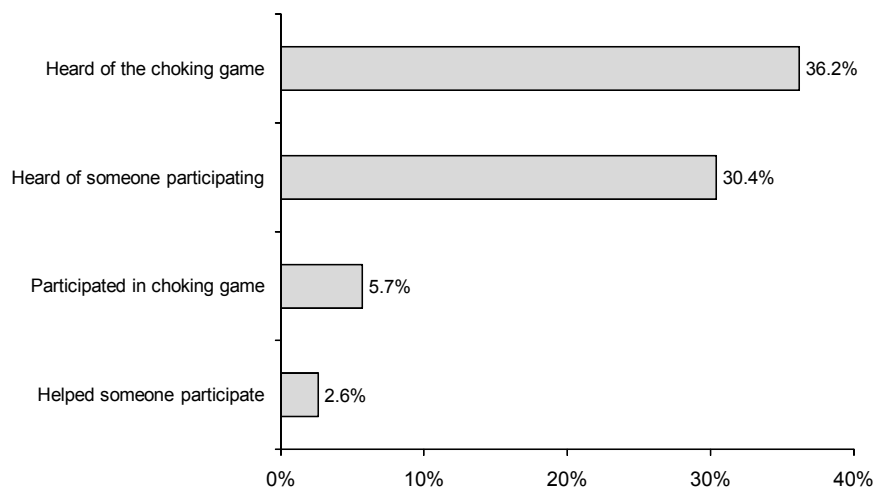
Educate yourselves! Despite the substantial prevalence of participation in the choking game, fewer than one-third of 163 pediatricians and

Deaths by suffocation among Oregon youth, aged 10–17 years, 1995–2009

Year	Deaths by Suffocation			Total
	Unintentional	Suicide	Undetermined	
'95	3	7	0	10
'96	1	8	1	10
'97	1	6	0	7
'98	1	9	0	10
'99	0	4	0	4
'00	2	4	1	7
'01	1	7	0	8
'02	2	2	1	5
'03	1	5	2	8
'04	2	4	0	6
'05	1	5	0	6
'06	1	1	0	2
'07*	1	3	0	4
'08*	3	7	1	11
'09*	1	8	3	12

*Preliminary totals

Figure 1. Choking game awareness and participation, 8th grade — 2008



* Included youths who indicated use of at least one of four substances (alcohol, cigarettes, marijuana, or other illegal drugs) in the past 30 days.

† Included youths who indicated at least one of four mental health risk factors (suicide contemplation in the past 12 months, self-rated mental health as “fair” or “poor,” unmet mental health need in past 12 months, or ever gambled for money).



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Warning Signs

- Discussion or mention of the activity or its aliases
- Bloodshot eyes
- Unexplained marks on the neck
- Wearing high-necked shirts, even in warm weather
- Ropes, scarves, or belts tied to bedroom furniture or doorknobs or found knotted on the floor
- The unexplained presence of dog leashes, choke collars, bungee cords, etc.
- Petechiae (pinpoint bleeding spots) under the skin of the face, especially the eyelids, or the conjunctiva (the lining of the eyelids and eyes)
- Frequent, severe headaches
- Disorientation after spending time alone
- Increased and uncharacteristic irritability or hostility

family practitioners recently surveyed were aware of strangulation activities or their warning signs.⁵ Physicians, parents, teachers, counselors, health care providers and others who work with youth should be aware of these activities and their serious health consequences. They should learn and begin looking for signs of strangulation activities, especially among youths with reported substance use or mental health risk factors (box, above).

To aid in identifying youth at risk, health and mental health practitioners should consider adding a question about choking game participation to clinical screening tools, particularly for

youth who have substance use and/or mental health risk factors. Health practitioners should teach parents to recognize the signs of choking game in children. Parents who suspect that their child might be participating in the choking game should ask their pediatrician or regular health care practitioner or mental health professional for help. Health practitioners should seek assistance from a mental health professional when they suspect that a child may be participating in the choking game.

Public health practitioners have responsibility, too. We can do more to help by developing diagnosis and death coding systems that better distinguish office and emergency room visits and deaths related to choking game from other causes of asphyxiation and from suicides and suicide attempts. This will allow for improved monitoring of this under-recognized cause of death and disability. Los-

ing even one child to the choking game is too many.

FOR MORE INFORMATION

- Oregon's Adolescent Health Section, health program: www.oregon.gov/DHS/ph/ah/index.shtml
- Oregon Center for Health Statistics: www.oregon.gov/DHS/ph/chs/index.shtml

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Figure 2. Choking game participation by risk factor, 8th grade — 2008

