The Choking Game

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DISCLOSURE

I have no relevant financial relationships with the manufacturers of any commercial products and/or provider of commercial services discussed in this CME activity.
Objectives

• Review adolescent development issues contributing to risk taking behavior
• Learn about inhalant use, the choking game and vampirism in adolescents
• Learn how to screen for these issues and some treatment and prevention issues
CHOKING GAME
PUBERTY VS ADOLESCENCE

- Humans have the longest puberty and adolescence of all primates
- Mean length of puberty is 4 years in Western cultures
- Length of adolescence is variable and may last a lifetime
PUBERTY VS ADOLESCENCE

- Puberty is the biological process of change while adolescence is the psychosocial concomitants.
- They are usually interdependent but not always so.
- Marketing of clothing, behaviors and activities may precipitate ‘prepubescent’ adolescence.
PUBERTY VS ADOLESCENCE

- Both puberty and adolescence are periods of rapid change and therefore easily influenced by environmental factors both positive and negative
Risk Behaviors

A number of social forces have changed the landscape against which adolescent development occurs producing both biological and psychological risk.
Risk Behaviors

Social forces:
- High rates of family mobility
- Greater anonymity in neighborhoods
- Both parents working – out of the home and neighborhood
- Schools are larger and more heterogeneous
- Media exposure to violence, drug use, alcohol and sexualized themes and behaviors
Adolescent Development

- All behaviors in adolescents serve a purpose
- Behaviors are situational expressions of maturational events
- As observers, we objectify the behaviors – “risk-taking”, “health-compromising”, “protective”, “health-enhancing”, etc.
Adolescent Development and Risk Behaviors

• What adults see as ‘problems’, adolescents often experience as ‘solutions’

• and adolescents (and adults, for that matter) do not give up their ‘solutions’ that easy.
Making the Change

Risk taking behavior as with all human behaviors serves a purpose.

Efforts at behavioral change (risk reduction) must take into account this purpose to maximize successful outcome.
Stages of Change
(Prochaska and DeClemente)

Pre-contemplation → Contemplation → Action → Maintenance → Relapse → Termination

Pre-contemplation
Contemplation
Relapse
Maintenance
Termination
Stages of Change

- Not even thinking about it
- Thinking about it
- Relapse
- Hanging in
- Action
- Change/Adaptation of New Behavior
DELAY OF ONSET

• Postponing the initiation of a risk behavior to a time when developmental need (maturation) is greatly diminished has the best chance of success
INHALENTS (HUFFING)
INHALENTS (HUFFING)

• Any chemical around the house
• Used mostly by younger preteens/teens (as early as 7)
• Mixing more than one
• Can cause severe brain, lung and liver damage

• Can cause coma or death anytime, including the first use
Defining Vampirism

Vanden Bergh and Kelly 1964

“... the act of drawing blood from an object, (usually a love object) and receiving resultant sexual excitement and pleasure.”
Defining Vampirism

Bourguignon 1983

- Clinical phenomenon in which myth, fantasy, and reality converge

- Incorporates necrophagia, necrophilia, and sadistic sexual activities.

(as in Prins 1985)
Defining Vampirism

Hemphill 1983:

“Vampirism is a rare compulsive disorder with an irresistible urge for blood ingestion, a ritual necessary to bring mental relief; like other compulsions, its meaning is not understood by the participant.”

- Vampirism Triad:
  1. Compulsive blood-taking
  2. Uncertain identity
  3. Abnormal interest in death

- Vampirism is a separate clinical entity
Defining Vampirism

Prins 1984

- Four-fold classification:
  1. Complete Vampirism
     - Ingestion of blood
     - Necrophilic activity
     - Necro-sadism
  2. Vampirism without ingestion of blood or consumption of dead flesh
  3. Vampirism without death being involved
  4. Auto-vampirism (individual derives satisfaction of blood ingestion from self)
     a) Self-induced bleeding with ingestion of blood
     b) Voluntary bleeding with re-ingestion of blood
     c) Auto-haemofetishism (sexual pleasure from sight of blood drawn into a syringes in process of intravenous drug practice)

- Vampirism is rarely a single clinical condition
  - Frequently associated with schizophreniform disorders, hysteria, severe psychopathic disorders and mental retardation
Emergence of Vampire Cults

- Gothic movement began in early 1980s within London nightlife scene
- Vampire subgroup forms in late 1980s-early 1990s
  - Metaphorical vampires:
    - Work jobs at night
    - May sleep in coffins
    - Wear fangs
  - “Real” Vampires:
    - Incorporate blood ingestion
- Emergence from games and myths and new age computer technology (originating from games like “Dungeons and Dragons”)
- Growing prevalence in popular media
Vampire Clan 1998
Risk Factors for Vampire Cult Behavior

- Dysfunctional family life
- Ineffective parenting skills resulting in inadequate ways of relating to self and others
- Attachment disorder
- History of abuse and neglect
- Mixed personality features:
  - Ideas of reference
  - Odd beliefs
  - Magical thinking
- Paranoid ideation
- Lacking in close friends
- Dependent personality
- Low self-esteem
- Social anxiety

Miller et al 1999
Clinical Management

🌟 Key aspects:
1. Prevention
2. Early detection
3. Treatment
Prevention and Early Detection

- Prevent access to cults
- Focus on improved family bonding
- Prevention of neglect
- Prevention of child abuse situations
- Early detection of abuse/neglect situations to prevent:
  - attachment disorder
  - conduct disorder
  - anti-social personality disorder
  - other personality disorders

Miller et al. 1999; Miller 2008
Treatment

- Medical intervention for self-destructive tendencies or medication for underlying depression
- Assess/rule out abuse/neglect
- Document clearly all abuse/neglect for reporting and legal purposes
- Report all abuse/neglect appropriately
- Should be aimed at treating the “core problem”
  - Address trauma/neglect effects
  - Report current abuse Referral to specialist in treatment of cult members
- Educate family members on
  - Cult indoctrination
  - Dynamics of cult behavior
- Therapy for family members to
  - Relate to cult member
  - Deal with feelings
  - Address needs of their child/adolescent

Miller et al. 1999
Today’s Teens
Media Influence?
If you like vampires, the supernatural and things that go bump in the night, Bite me is the magazine for you.

We've got interviews with real-life vampire hunters, features on famous film classics of the past, Hammer Scream Queens, plus all the latest horror movies, books and video releases.

Our team of roving investigators search out the world's spookiest corners and we report on special events like the World Dracula Congress. We'll even tell you if your neighbour is a werewolf!

By the time you've finished reading Bite me, you'll be glancing nervously out the window come dusk and hanging strings of garlic on your door...

News Letter
To be among the first to know about

Do you dare visit the chat crypt??

http://www.bitememagazine.com/
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WWW.HBO.COM/TRUEBLOOD
Facebook for Vampires?

http://www.vampires.nu/pages/beginning.cfm/PageID/2
The choking game

• First and foremost, **IT IS NOT A GAME!!!**

• Essentially, it is cutting off the flow of blood to the brain by choking, hyperventilating, compressing the chest, or hanging by a belt, towel, rope, etc.
What is the choking game?

- self-strangulation or strangulation by another person with the hands or a noose to achieve a brief euphoric state caused by cerebral hypoxia.
- An activity in which persons strangulate themselves to achieve euphoria through brief hypoxia (It's suffocation on purpose)
- It is differentiated from autoerotic asphyxiation
Who plays the choking game?

• Generally boys and girls between 9 and 16 years of age.

• usually high-achievers in athletics or academics
Why are kids playing the choking game?

• Because it’s “cool”

• Because the high can be addictive

• Because they like the feeling

• Because they think it’s a safe alternative to drugs
What does it feel like?

• The first feeling is a light-headedness (a perceived "high") due to reduced blood flow, and, therefore reduced delivery of oxygen to the brain.

• The second part comes with the removal of pressure on the chest or neck releasing a powerful surge of dammed up blood through the carotid arteries into the brain; perceived "rush"
The Choking Game

• It seems to be addictive to the kids doing this.
• Many times the person being choked faints from lack of oxygen, because there is no way to know when a person is about to faint from this.
The Choking Game

• Other consequences:
  - broken bones
  - Concussions
  - major cuts
  - eye injuries
  - death from the fall
Incidence

• Between 250 and 1,000 kids die each year.

• The choking game has been played for well over 20 years, and the “rules” travel by word of mouth and the internet.
Why are so many dying?

• The rush that kids are getting from this can be addictive. Therefore, kids want to do it more and more.

• Some are doing it by themselves by using a rope, belt, shirt, etc. to essentially hang themselves to get this “high”
Why are so many dying?

- **Within 3 minutes** a person will suffer noticeable brain damage
- **Between 4 and 5 minutes** without oxygen to the brain, a person will die
- Some of those who have died were alone for as little as 15 minutes before someone found them and it was already too late.
- This activity can claim a person's life **the first time** it is played.
Is it safe to do it with a friend?

• Absolutely not! It is NEVER safe. Even if you are not tying something around the neck, you are depriving the brain of oxygen. If you have someone push on your arteries in the neck and they put pressure on a group of nerves, it can cause an immediate heart attack.
WHO IS AT RISK?

• Every child or teen you know
• Primarily boys and girls 9-16 years old
• usually high-achievers in athletics or academics
• but it can happen to any person at any age
George Barrera 14
Cody Willard-Joblonski 14
JD Reed 12
Sarah Beck 13
Justin Serrano 13
Fletcher Burfine 12
Mitchell, Isaiah
Isaiah Mitchell was a popular, athletic, honor roll student who took a dare from another child who said they played this game by themselves and in the early evening with his whole family home gently went to sleep and passed from this life, but not our hearts. As he did in life, his circumstances continue to keep smiles on others faces by the legal changes his demise brought and the public information through both the media and our personal story. We wouldn't want any one to be us, yet its better to have had his love for nine years, then none at all.

Broussard, Ronald III
My beautiful first-born child, taken from us at the young age of 15, is missed every second of every day. The world has truly lost a remarkable child. My heart is forever broken, because of a "game." Ronnie, not only were you my son, but my best friend, and I am lost without you. MOM

http://thedbfoundation.com/Choking_Game_Victims_Database.html
Research So Far

• Results from the 2008 Oregon Healthy Teens survey showed that 1/3 of the students knew someone who had played the game and almost 6% said they had played themselves.

• In 2006 the McKeon Educational Group surveyed 1000 children (ages 10-14) in a school district and 53% of the boys admitted to playing.

• The Williams County Ohio Youth Health Risk Behavioral Survey in 2008 reported that 11% of children had played the game.

• A 2009 survey given in Ontario and Texas showed of the 2504 youth surveyed, 68% had heard of the game, 45% knew someone who played, 6.8% had played themselves, and 40% saw no risk in playing the game.
FIGURE. Age distribution of youths aged 6–19 years whose deaths were attributed to the “choking game” (n = 82) during 1995–2007, compared with youths whose deaths were attributed to suicide by hanging/suffocation (n = 5,101) during 1999–2005 — United States

SOURCES: Choking-game deaths, news media reports; suicide by hanging/suffocation, National Vital Statistics System.
warning signs

- Marks on the neck or neck permanently hidden by clothing
- Changes in personality such as becoming overly aggressive
- Straps, ropes, or belts in the child’s room for no clear reason
- Headaches, loss of concentration, or a flushed face
- Bloodshot eyes or other signs of eye stress
- Questions about the effects of strangulation
- A thud in the child’s bedroom or against a wall
Who else is affected?

- It is not only the person doing it
- **Your parents** - Imagine how your parents might feel if they would have to go through the tragedy of losing a child – you………..
- **Your friends** - If they are there at the time, they could be charged with murder. If they know you are doing it and don’t say anything, they would have to live with it for the rest of their lives…………
- **Brothers and sisters** - Many times it is other family members who find your dead body…………
Prevention

• It is everybody’s business
• Some believe that by educating kids on the dangers of the game, we are actually teaching them how to play
• Not true. They will find out how to play from friends or online, but they will not learn of the dangers unless we tell them.
How can I say, “No”? 

• Use Humor- “No, I need all the brain cells I’ve got”
• Walk Away- Leave if people ask you to do it
• Give a reason- “No, it’s stupid and it can kill you”
• Strength in numbers- Hang out with kids who won’t do this
• Avoid the situation- If you know kids that are doing it, don’t go with them
What should I do?

• If you are doing it, STOP! If you know someone else who is, tell them to stop. Don’t take their word for it though. Tell an adult about it.

• Better to have a friend mad at you for saving their life than a dead friend
Who can I tell?

- Your parents
- Your friend’s parents
- Teacher
- Guidance counselor
- School administrator
- Aunt/Uncle
- Any responsible adult that you trust
What should we “Adults” do?

• Almost everyone of us has a teen we care about
• We can and should save their lives
• It takes caring, love and support not rocket science
• Talk to every teen you know and always tell them you care and you will listen when they want to talk
EAT RIGHT
EXERCISE
LIVE HEALTHY

EAT JUNK
WATCH TV
DIE HAPPY

- STROMOSKI -
I'm done with my bath.

MM... THAT WAS QUICK.
PCAP Model

The Adolescent

People
An adult who cares, who is connected; a network of adults who are involved in the life of the adolescent.

Contributions
The opportunities to contribute to family, neighborhood, community, youth involvement.

Place
A safe place for youth to congregate, to recreate with adult supervision, to develop friendships.

Activities
School and community activities that develop a sense of connection/belonging.
Only when we understand can we care
Thank you