



ERIK'S CAUSE

*Kids like Erik are dying every week –
YOU CAN HELP!*

Help Stop the Choking Game

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DATA DRIVES A COMPELLING NEED

(rv 12/2017)

Scope of the Pass-Out Epidemic and the Results of the Erik's Cause Training

This document provides a brief overview of pass-out activities, known data, ideas to gather further documentation, recent research, and the preliminary results of the Erik's Cause prevention training. The data reveals a widespread threat to our children. It also offers a compelling rationale for expanding youth risk assessment questions on this topic and further evaluation of effective prevention education.

Known Risk Assessment Survey Results Offer a Credible Rationale for Further Study

When asked about participation in the Choking Game or similar pass-out activities, results show:

- 2013-2017: CDC's YRBS Optional Question Results (from four states that included the question)¹
 - 10.3% of Utah high schoolers reported participation in 2017
 - 10.3% of Kentucky middle schoolers reported participation in 2015
 - 7.6% of Florida middle schoolers reported participation in 2015
 - 7.4% of Montana students reported participation in 2013
- 2012: Sam Houston University Study
 - 16% reported participating when younger (837 college students were asked about past participation. The average age when first played was 14 years old.)
- 2011: Maine's Integrated Youth Health Survey (statewide survey)
 - 5.1% of middle schoolers and 7.4% of high schoolers reported participation
 - Ranked 6th in behaviors leading to injury and violence in middle and high school
- 2008: Oregon Healthy Teens Survey
 - 6.1% reported participating (1 in 16) (5,348 8th graders (ages 13 – 14)
- 2006: Williams County, Ohio Youth Assessment
 - 11% reported participation (357 students ages 12-18)

What Are Pass-Out Activities?

Pass-out activities (commonly known as “the Choking Game”) have been around for generations. Studies indicate that kids experiment with this for non-sexual reasons (e.g., curiosity, peer pressure, the mistaken belief that it is safer than drugs) because they are unaware of the dangers. Easy access to hundreds of thousands of “how to play” videos on YouTube and other sites help this activity flourish, letting kids believe it is safe, without adequate education of its dangers.

Kids have Many Names for this “Game” Including but Not Limited to

Airplaning, Blackout, Choking Game, Knockout Challenge, Fainting Game, Scarf Game, Pass-Out Challenge, Tap Out, and Space Monkey. This list continues to grow as kids come up with new names!

Ways Kids “Play”

The physical goal of this activity is to restrict cerebral blood flow to the point of nearly or actually passing out for a variety of reasons including curiosity, competition, dare, and/or to experience an altered state.

¹ See the CDC's YRBS Optional Questions for Consideration, page 9, “Self-Harm” at <https://goo.gl/LcRhDZ> Click on the link “2017 YRBS optional question list.” Results were provided by the state coordinators where this optional question was added.

This blood flow restriction is accomplished by a variety of methods, the most popular being:

- compression of the carotid arteries using hands or a ligature;
- compression to the chest after hyperventilation;
- competition or dare to see who can resist passing out the longest under a choke hold (e.g., tap-out or submission holds typically used in mixed martial arts).

The Choking Game Differs from Other Risk Activities

- Is not illegal and has no deterrent or legal consequence
- Does not require acquisition of a product
- Can be “played” alone
- Difficulty in knowing when the damage occurs since it interrupts basic brain function

Data is Limited

- No public health databases currently monitor pass-out activities.
- Youth are rarely forthcoming about the activity when injured. Thus practitioners may not be aware that pass out games are a possible cause for unexplained falls and other injuries.
- Injuries are rarely attributed correctly and *many deaths are misclassified as suicide*.

There are currently no public health databases to track deaths and an activity code to track injuries was only added to the ICD-10-CM² in October 2016 for Fiscal Year 2017. Private organizations, such as Erik’s Cause, collect injury and death data from media articles as well as from families and friends of victims. (For a visual Victims Map see goo.gl/sEmCr3)

There is considerable anecdotal evidence of deaths being misclassified as suicide. This is best demonstrated by medical examiners changing the cause of death on death certificates (from suicide to undetermined or accidental) after being presented with a preponderance of evidence to demonstrate that the victim was not at risk for suicide. While medical examiners do not always agree with the additional evidence, education about the Choking Game and growing awareness regarding how to perform a Psychological Autopsy have helped bring about such changes. Educating the medical community as a whole, and medical examiners/coroners in particular, about the differences between pass-out activities and suicide will greatly improve the accurate classification of these deaths.

The addition of this ICD-10-CM activity code will greatly aid in gathering accurate data about choking game related injuries. Still, there needs to be education for the medical community regarding the availability of this code as well as how to properly identify pass-out activity injuries.

Student Risk Assessment Surveys Hint at the Scope of the Problem

Currently only three student risk assessment surveys are known to ask questions about pass-out activities. However, a close look at the wording of these questions (below) reveals that they limit the full potential for data collection because they either:

- refer to only one method of how this is played, thus eliminating potential positive responses from those who play via the other popular methods; and/or
- use only one name (the “choking game”) which is common in the media, but not necessarily the name(s) kids use. Since kids tend to answer questions literally, this tends to underestimate the extent of the problem by limiting possible positive responses.

The chart on the following page shows that some of the existing survey questions addressing this issue unintentionally provide instruction on how to “play” and/or limit data collection to only one way to “play.”

² See ICD-10-CM (FY/2017) Activity Code For Choking Game And Pass-Out Activities at <http://www.erikscouse.org/research>
Data Drives a Compelling Need (rv12/17)

Survey Title	Question(s)	Limitations
Maine's Integrated Youth Health Survey Question:	<i>Have you ever participated in the Choking Game or assisted another person to do so?</i>	Since kids tend to answer questions literally, offering only one name for this activity unintentionally limits the potential for affirmative responses. Also, it is a compound question and unclear which part of the question a respondent is answering.
Oregon Healthy Teens Survey Question (2008):	Oregon's 2008 survey question was: <i>The next question refers to the "Choking Game," also called Knock Out, Space Monkey, Flat-lining, or The Fainting Game. This is an activity that some youth participate in to get a high by cutting off blood and oxygen to the brain with a belt, towel, rope, or other item. Which of the following is true for you? (Please mark all that apply.) a. I have never heard of the Choking Game; b. I've heard of someone participating in the Choking Game; c. I have helped someone else participate in the Choking Game; d. I have participated in the Choking Game myself.</i>	This question discusses only one way students play this game (via ligature), thus limiting responses by students who play via the other two popular methods. Further, it unintentionally tells students how to play.
Oregon Healthy Teens Survey Question 2015 (revised over time into three questions):	<ol style="list-style-type: none"> <i>This is an activity that some youth participate in to get a high by cutting off blood and oxygen to the brain using a variety of methods. Which of the following is true for you?</i> <i>How many times in your life have you participated in the Choking Game?</i> <i>Thinking back to the last time you yourself participated in the 'Choking Game', were you alone or with other people?</i> 	Using only one name for this activity unintentionally limits potential for positive responses by students. Further, while this updated survey removed direct language about ligatures, etc., it still describes enough for kids to figure out how to play it. Also, question 2 implies participation.
The CDC's Youth Risk Behavior Survey (YRBS) Optional Question: (See 2013-2017 results on p. 1)	The CDC offers users of the YRBS an optional question which reads: <i>Have you ever been choked by someone or tried to choke yourself on purpose, such as with a belt, towel, or rope, for the feeling or experience it caused? (This is also called the choking game, knock out, space monkey, flat-lining, or the fainting game.)</i>	As with the 2008 Oregon survey, this question asks about playing via ligature, omitting possible responses by students who play via either of the two other popular methods. Further, as with the 2008 Oregon question, it unintentionally tells students how to play.

Critical Findings: Despite the limitations of the current survey questions, the data these questions have collected yields definitive admission of student knowledge of, and participation in, pass-out activities.

Erik's Cause Proposes a Question that May Gather Additional Responses

Erik's Cause has drafted a single question that is less limiting than the currently-used questions; further, with a single reply, this question format gathers considerable data:

What one response best describes your involvement with a pass out challenge called the Choking Game, also called other names including the Fainting Game, Pass Out, Black Out, Knock Out and Tap Out?

- ☐ *I have never heard of this.*
- ☐ *I have heard of it but don't know anyone who has played.*
- ☐ *I have heard of it and know others who have played.*
- ☐ *I have heard of it and was asked to play but said "No."*
- ☐ *I have heard of it and played once.*
- ☐ *I have heard of it and have played more than once.*

However, if the survey style requires yes/no responses, this question could be parsed into multiple questions. Depending on the information the survey planners want to glean, below is an example:

Have you ever participated in a game or challenge, by yourself or with others, that involves getting dizzy or passing out on purpose for the feeling it caused? This is called a lot of names such as Pass Out, Knock Out, Choking Game, Fainting Game, Tap Out and Black Out.

Key Question: What more might the data show if the questions were re-phrased to include more names of this risky behavior and all the ways it is "played" without unintentionally telling them how to play?

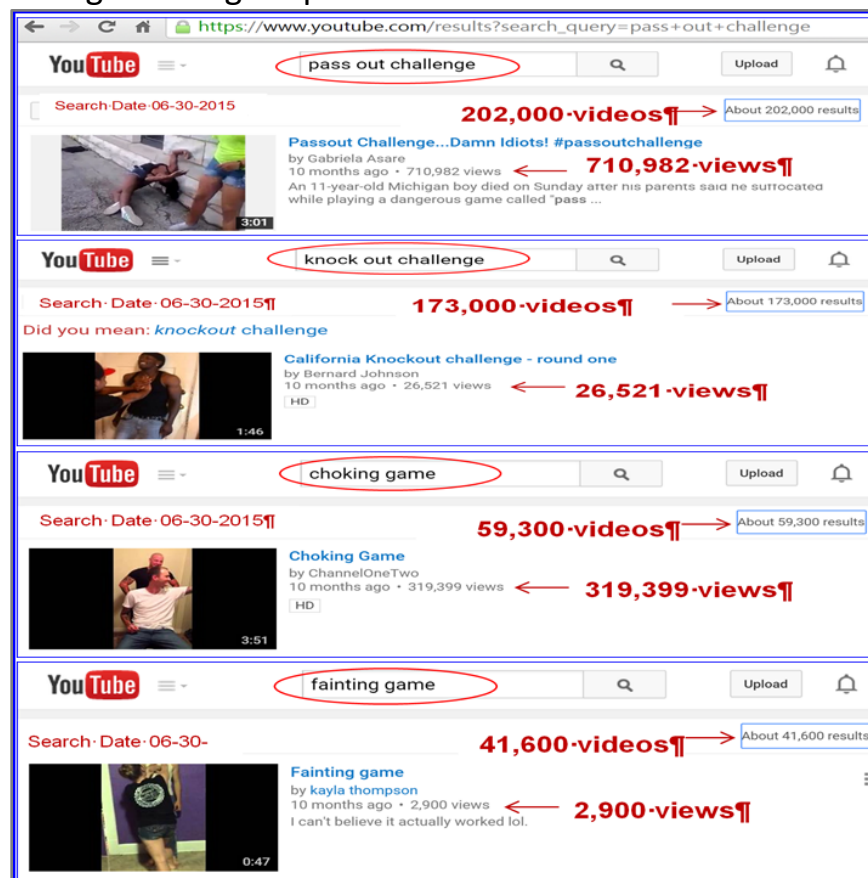
2016: University of Wisconsin Study *The Choking Game and YouTube: An Update*³

- Follow up from 2009 study: *The Choking Game and YouTube: A Dangerous Combination*⁴
- 400% increase in YouTube videos in just 5 years
- In-depth study of 419 “how to play” videos
- Among other attributes discovered, these videos were viewed an aggregate of 22 million times
- Such wide-spread availability without the balance of prevention education leads kids to believe that this is safe to play.

Data Collected by Erik’s Cause Supports These Findings

In mid-2015, Erik’s Cause began gathering data about the explosion of “how to play” videos. Initially snapshots of some YouTube videos were taken. Then a monthly tracking was initiated to display the number of videos posted as well as the number of views of five randomly chosen “how to play” videos (both interactive at goo.gl/qNAX88). Since YouTube results are fluid and change constantly, a file of the print screens was created from each date the data was collected. While YouTube appears to be the most popular site for videos, thousands of videos can also be found on other sites such as Facebook, Instagram, and Snapchat. (Note: Erik’s Cause began gathering this data concurrent to and unaware that researchers at the University of Wisconsin were conducting a formal study.)

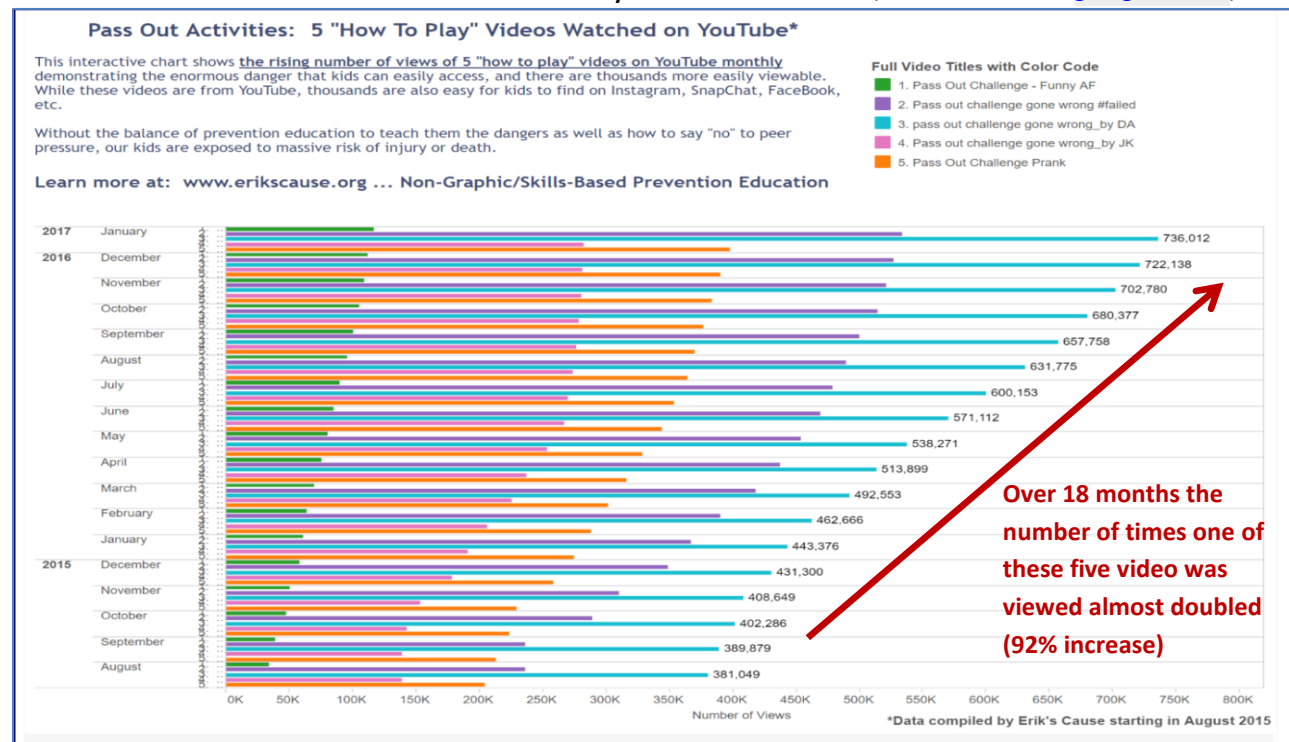
Erik’s Cause began taking snapshots of some videos on YouTube in mid-2015:



³ Copy of this 2016 study is available at Studies and Peer Review Medical Research list at <http://www.erikscouse.org/research>

⁴ Copy of this 2009 study is available at Studies and Peer Review Medical Research list at <http://www.erikscouse.org/research>

Five “how to play” videos were randomly chosen and tracked to document monthly increases in the number of times they were watched: (view full chart at: goo.gl/PCYdso)



Foundational Elements of the Erik's Cause Prevention Training

(for a full program overview see at <http://www.erikscause.org/program>)

Developed using **evidence-based best practices** for prevention education, Erik's Cause has created an exceptional **non-graphic, skills-based training program** addressing this issue in a way that does not make kids curious to try it. The program is flexible and easy to integrate into existing prevention curricula. By proactively educating students and parents, lives will be saved and families kept intact. The program:

- **Avoids** material that could expose a school to potential liability
- **Avoids** all graphic or explicit material
- **Minimizes** risk of triggering an existing trauma
- **Provides** factual information for students to make healthy choices
- **Includes** refusal skills to help students act on those choices
- **Standardizes** the material to allow for uniform, widespread replication by multiple presenters

Iron County, Utah – The First in the Nation to Implement Formal Pass-Out Game Prevention Education

Between 2009 and 2013, Iron County, Utah reported ten adolescent deaths, four of which were due to the Choking Game. In the Spring of 2014, Iron County School District piloted the Erik's Cause training with great success. Teachers said they found the training user-friendly and that the students were very receptive to the training material.

In SY 2014-2015, Iron County's School Board formally approved the implementation of the Erik's Cause training to be taught as a classroom module in their 5th, 7th and 10th grade Health classes by Health teachers and counselors ... a first in the nation! Anonymous and voluntary pre and post training surveys Data Drives a Compelling Need (rv12/17)

were administered to the students in order to help understand the scope of the problem in the community as well as to measure the effectiveness of the training.

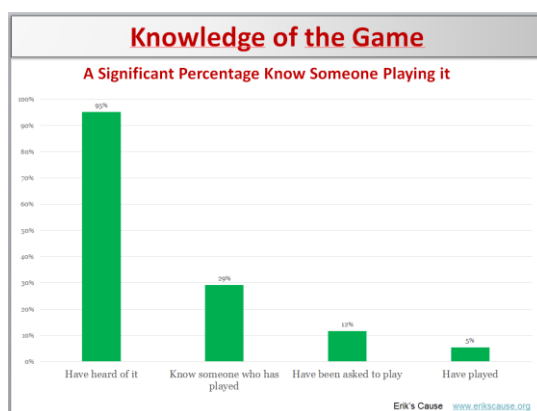
The SY 2014-2015 data was an initial attempt to gather data. The results provided insight regarding adjustments needed in the questions so the answers would have clearer meaning and more accurately measure the training's objectives. By SY 2015-2016, the majority of the surveys were completed online via Google Forms, with the remainder completed on paper. The same process is occurring in SY 2016-2017. By SY 2017-2018, the District plans to have all surveys completed electronically.

The following graphics provide an initial look at some of the SY 2015-2016 data from all three grades, without a demographic drill-down for age, gender and ethnicity.

These graphics represent 895 pre-training and 642 post-training responses.

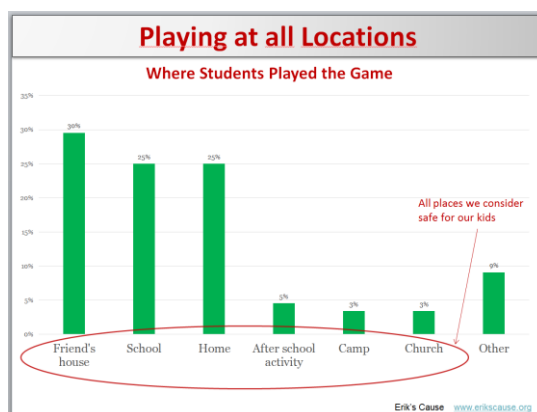
Most Iron County students have heard of the game:

- 95% have heard of it
- 29% know someone who has played
- 12% have been asked to play
- 5% admit playing it



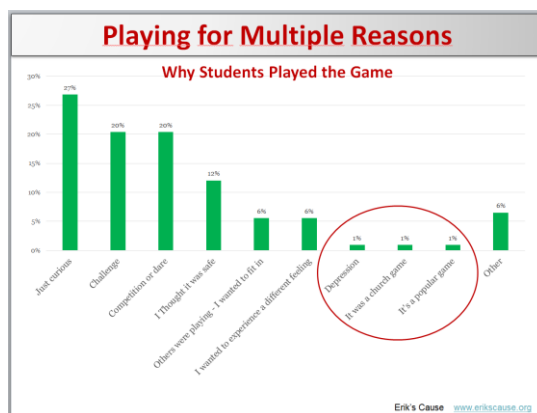
Kids played primarily at locations parents consider safe places for their children:

- 30% at a friend's house
- 25% at school
- 25% at home
- 5% at after school activity
- 3% at camp
- 3% at church



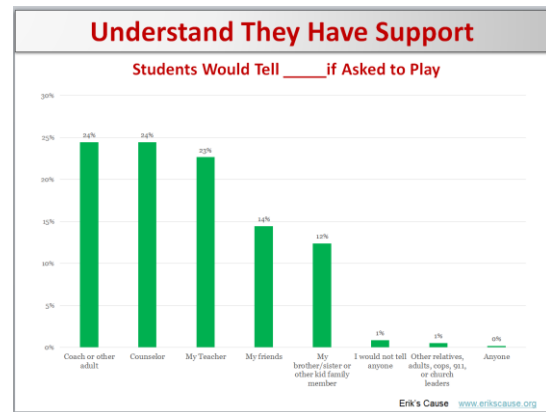
Kids played mainly out of curiosity, challenge or dare:

- 27% curious
- 20% challenge
- 20% competition/dare
- 12% thought it was safe
- 8% wanted to fit in
- 6% to experience a different feeling
- 1% said it was a church game
- 1% said it was a popular game
- 1% played to relieve depression



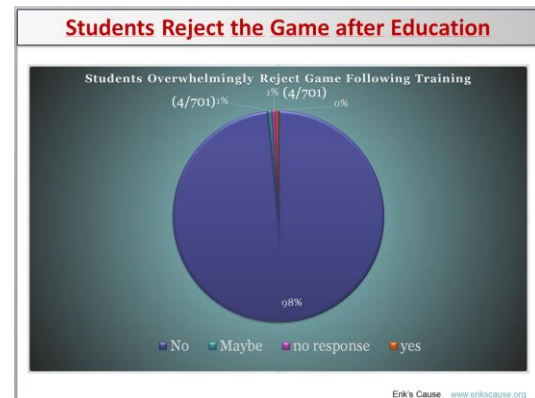
Children in Iron County have many adults with whom they can talk if asked to play the game:

- 24% coach or other adult
- 24% counselor
- 23% teacher
- 14% would talk with friends
- 12% would talk with a sibling
- 1% would not tell anyone



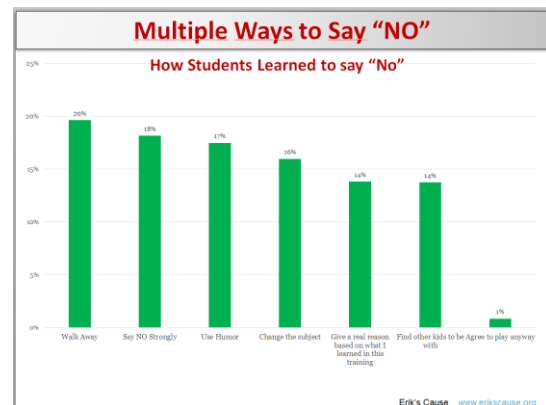
After the Erik's Cause skills-based training, students overwhelmingly rejected a curiosity or desire to play this game:

- 98% reject playing
- 1% maybe
- 0% yes
- 1% no response



As a result of the training, students learned new ways to say "no" both to playing this game and to peer pressure in general:

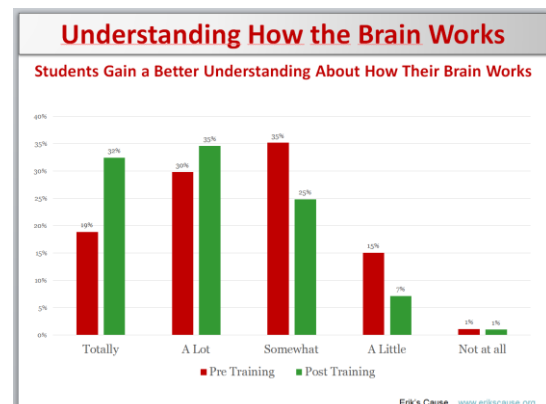
- 20% walk away
- 18% say "No" strongly
- 17% use humor
- 16% change the subject
- 14% give a reason based on the training
- 14% find other kids to be with
- 1% would play anyway



As a result of the training, students gained additional understanding about:

- how the teen brain works
- where they are in brain development
- how to talk with their parents to help make better decisions

There is considerable movement in understanding gained as a result of the training. (Green indicates post-training movement.)



2016: Evidence-Based Research

UC Davis Medical Center Study Using Erik's Cause Training

Separate and concurrent to the roll-out in Iron County, the University of California Davis Medical Center conducted the below research. For a full copy of the study, see goo.gl/vyTG0r. This study comprised of 291 Students, Grades 6 – 12 (Ages 14 – 18), 163 in Cedar City, Utah and 128 in Rocklin, California.

- 76% knew about the choking game
 - 62% heard about it at school
 - 32% knew someone who had played
 - **4% admitted having played themselves**
- Primary reasons for participation
 - Curiosity
 - Peer Pressure
 - Competition, Challenge or Dare

California results showed statistically increased awareness and positive attitude changes over Utah because of prior education in Utah and four recent, highly publicized deaths in the Utah community.

June 2016

Impact of Education on School-aged Children's Knowledge of and Participation in "The Choking Game," *Journal of Nursing & Health Sciences*

A statistically significant decrease in desire to play as a result of the program*

Table 1. Changes in disagreement from pre- to post-education Likert scale responses and difference in change between sites.

Statement	Cedar City, UT		Rocklin, CA		Difference between sites
	Mean Change Pre-Post (std)	p	Mean Change Pre-Post (std)	p	p
Positive values indicate increased disagreement. Negative values indicate increased agreement.					
1. I am interested in playing TCG.	0.025 (0.56)	0.17	0.34 (0.71)	<0.001	<0.001
2. TCG is dangerous.	0 (0.88)	1.0	-0.38 (0.88)	<0.001	<0.001
3. If invited to play TCG I would say 'no'.	-0.189 (0.76)	<0.001	-0.26 (0.99)	<0.001	0.023
4. I would warn my friends not to play TCG.	-0.064 (0.72)	0.15	-0.32 (0.76)	<0.001	<0.001
5. It is safe to stop breathing for less than one minute.	0.013 (1.2)	0.73	0.35 (1.1)	<0.001	<0.001
6. Playing TCG can be addictive.	-0.37 (0.98)	<0.001	-0.22 (0.76)	<0.001	0.27
7. I am likely to play TCG.	-0.044 (0.91)	0.73	0.17 (0.95)	0.015	0.005
8. Playing TCG is safer than using drugs or alcohol.	0.41 (1.1)	<0.001	0.83 (0.94)	<0.001	<0.001

* CA results more significant because the students had not experienced a death of a fellow student
 * UT students experienced 4 deaths in 5 years and some students received the training the year before

Study Conclusions and Recommendation:

- Clear evidence that the Erik's Cause training program:
 - Is not harmful
 - Increases student awareness of the risks of "playing"
 - Decreases student interest in "playing" the choking game
- Standardized education offered by trained individuals in schools shows great promise of success and should be part of school curricula

The data herein offers a glimpse of what is known about this issue, demonstrates easy access by youth without understanding the potential risks, and shows the success of education. We invite further discourse and study to aid in eliminating this preventable harm.

Visit us at www.erikscouse.org for more information.