

Causes and Consequences of Air Rage in Canada

Cases in Newspapers

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ABSTRACT

Objectives: To outline the causes and consequences of air rage, describe victims and perpetrators, suggest hypotheses for further study and compare road rage to air rage cases.

Method: We analyzed 29 air rage cases reported in the Canadian Press for the time period 1998 to 2000.

Results: It was found that excessive alcohol use and tobacco smoking were the most important precipitating factors. Physical aggression was common in air rage but serious injuries were not. The psychological stress of air rage for passengers must be considerable but it has not been assessed. Air rage and road rage are predominantly attributable to young males. However, alcohol and tobacco use are not important factors in road rage.

Discussion: Preventing air rage will be difficult and will depend on better training for airline staff. More research is needed on air rage, especially the role of mental illness and prescription drug use. Prospective studies of air rage cases are needed.

La traduction du résumé se trouve à la fin de l'article.

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Acknowledgements: The authors acknowledge the support of the CAMH, and of Auto 21, a member of the Networks of Centre of Excellence programme which is administered and funded by the Natural Sciences and Engineering Research Council, the Canadian Institutes of Health Research and the Social Sciences and Humanities Research Council in partnership with Industry Canada. The authors also acknowledge the help of Sheila Lacroix of the CAMH Library.

“Air rage” usually refers to dangerous, aggressive or disruptive behaviour by passengers on airplanes, although there is no accepted definition.^{1,2} It has been estimated that there is “more than a 400% increase in air rage internationally but it is recognized that most air rage cases are not reported and there is no accurate measure of the numbers. Scientific information about air rage is inadequate at present. A recent search of the scientific literature found only two scientific papers dealing with the topic, describing cases in the USA and Australia, respectively. One Canadian unpublished review¹ describes some cases of alcohol-related air rage. The paper by Fine² describes cases in the USA and finds many causative factors such as alcohol, tobacco and mental illness, among others. However, in spite of the paucity of scientific information, air rage may be common; a survey of Australian airline staff found that more than 70% frequently dealt with angry passengers, although the reasons for anger were not described.³

Air rage seems to be increasing at the same time as road rage and may have similar origins and perpetrators. This study of air rage in Canada is compared with a similar one of road rage cases drawn from the same source, i.e., Canadian newspaper reports.⁴ Newspaper reports represent one of the few sources about air rage cases since neither health care facilities nor police routinely collect information on air rage. Canadian airlines do not distribute information on air rage cases. We examine reports for three recent years from the Canadian Press, the largest news-gathering resource in Canada.

The purposes of this report are to: i) outline the main apparent causes and consequences in Canadian reports of air rage cases, ii) describe the characteristics of air rage perpetrators and victims, iii) suggest hypotheses about air rage which could be examined in more systematic studies, and iv) compare air rage cases with road rage cases. Newspaper reports will not indicate how many air rage cases occur, as only the most serious will be reported, probably those resulting in court appearances or serious injuries or diversion of flights to unscheduled cities.

METHOD

The cases examined come from reported air rage cases in the Canadian Press (CP)

archives. It contains reports from 102 Canadian newspapers and its own reporters in most Canadian cities. We used air rage as the key search words. We obtained all archive reports in which air rage was mentioned in the title or text for the years 1998 to 2000. There were 63 reports and about half involved reviews of the air rage phenomenon, surveys of air rage behaviour, or cases described earlier. However, there were 29 unique air rage cases and they are the focus of this paper. We included each case only once, although several were reported when criminal charges were laid and again with court appearances. We also included only those cases involving Canadian passengers, or airlines or flights to Canadian cities whether scheduled or diverted there and whether Canadian or not. All cases occurred on airplanes and those involving only people in airports were left out.

The cases were classified as to i) age and sex of the victims and perpetrators, ii) the type of incident, i.e., shouting, threats or injury, iii) causation – whether alcohol, tobacco or drugs or mental illness was involved, and iv) whether charges were laid and what penalties were given by courts.

RESULTS

The 29 cases involved 2 cases in 1998, 14 in 1999 and 13 in 2000. The major characteristics of these cases are summarized in Table I. A few air rage cases are reported in only a few sentences, but most are reported in detail as they involve court appearances by witnesses and perpetrators.

Types of incidents and precipitating factors

In 19 of 29 air rage cases, one male passenger became agitated and angry and attacked one or more airline staff. The most common precipitating events were drunkenness or being cut off alcohol, and being forbidden to smoke. Less frequent problems were apparent mental illness or the use of prescription drugs. In a few cases, there was no obvious precipitating factor. In one case, the problem seemed to be that headphones were not working for an angry passenger and there was no other seat available. In another case, there was a fight between passengers about the placement of a child's cot.

Air rage perpetrators

In all but two cases, the perpetrators were males, and in all but two cases there was a single perpetrator. In one case there were three males who were drunk and abusive, and in another case there were four drunk and abusive passengers, two males and two females. In only one case was a lone female perpetrator described. An intoxicated, violent female passenger bit an airline steward and struck several passengers on a flight from Paris to Toronto. Ages are given for perpetrators in 23 of 29 cases and they range from 20 to 51 with an average age of 35.6.

Alcohol, drugs and air rage

Many air rage cases involved passengers drinking too much alcohol. In 15 cases, the perpetrator was said to be drunk and abusive. In most of those cases the perpetrator had come on board drunk, or was using his own alcohol and had been cut off from drinking on the plane. In one case, a passenger boarded a small plane in Northern Ontario with several bottles of alcohol taped to his chest. He bashed his head on the roof, attempted to break windows and had to be restrained. The number of drunk perpetrators may be underestimated as no alcohol or breath tests are used and the information about drinking comes from observations only.

In three cases, perpetrators seemed to be taking prescription or over-the-counter medication, but in no case were illicit drugs mentioned. The prescription drugs were not described as the main precipitating factor in any of these cases.

Smoking and air rage

All North American flights forbid smoking on aircraft. Withdrawal from nicotine can lead to aggressive behaviours and irritability.⁵ In six cases, the precipitating factor seemed to be that a passenger was smoking or threatening to smoke during the flight. In three of the cases, this occurred with drunk passengers. Arguments and fights with airline staff ensued after smoking and in most cases the perpetrator had to be restrained.

Mental illness among those with air rage

Many air rage cases involve out-of-control behaviour suggestive of acute mental illness. However, only in three cases was

TABLE I

Characteristics of 29 Canadian Air Rage Cases

	No. of Cases
Perpetrators male*	27
Perpetrators female*	2
Perpetrators drunk or demanding more alcohol	15
Perpetrators demanding to smoke or smoking	6
With multiple perpetrators	2
Prescription drugs a possible factor	3
Verbal abuse only	3
Verbal abuse and other abuse	16
Physical aggression to airline staff	19
Physical aggression to other passengers	8
Restrained by airline staff	14
Arrest and court appearance	22
Diversion of flight	12

* Because of multiple perpetrators, the total number of male perpetrators was 30 and the total number of females was 4.

mental illness seen by observers as a precipitating factor. In two cases, abrasive, aggressive passengers described as possibly mentally ill were taken to hospitals for psychiatric examinations, but the results were not reported. Only one case clearly involved mental illness. A man with manic-depressive illness assaulted five flight attendants on a flight from Zurich to Newark, which was diverted to Halifax. This diagnosis was confirmed by psychiatric assessments ordered by the court. Other cases of mental illness may, of course, have been masked by alcohol abuse or were not obvious to flight attendants who would be untrained in such diagnoses.

Injuries from air rage incidents

Three cases of air rage involved only abusive verbal behaviour, e.g., shouting, swearing or threats. However, 19 cases involved fighting with airline staff and 8 with passengers. In 14 cases, the perpetrators had to be restrained by airline staff until police took over on landing. Presumably, both perpetrators and victims had some degree of injury resulting. However, in only one case is medical treatment described. An abusive woman on a flight from Paris cut the finger of one flight attendant and bit another. Since the woman had hepatitis C, medical attention was sought. There were no cases of deaths in the air rage incidents reviewed here.

Although most physical injuries seem to be minor, the psychological stress for airline staff and passengers could be considerable. It should be noted that those with air rage have few weapons available to cause

injuries, whereas those with road rage have many. Twelve of the air rage cases involved unscheduled diversions to other airports, sometimes in the middle of the night and sometimes with emergency landings. No assessment of the resulting stress for passengers and crew can be made, as this factor is never mentioned in the reports.

In 22 cases, arrests were made when the flight reached its destination and perpetrators made court appearances. The most common charges were assault, mischief, endangering the safety of an aircraft, smoking on an aircraft and uttering threats. There was one case of arson.

DISCUSSION

Clearly, air rage cases are occurring in Canada even though the total numbers are unknown. Most cases reviewed here involve young and middle-aged males as perpetrators. Excessive alcohol use and smoking appear to be the most important precipitating factors. Mental illness and prescription drug use are less often factors and their role is difficult to assess. Physical aggression is common in air rage, but death or serious injuries seem uncommon. Psychological stress to passengers not directly involved must be considerable as many flights had to be diverted to other cities.

Comparisons can be made between air rage and road rage cases. In the same period in Canada, there were reports of 29 air rage cases and 59 road rage cases⁴ drawn from the CP archives (35.6 for those with air rage and 33.0 for those with road rage). In both types of rage, young males were the main perpetrators; the average age was almost the same. In air rage, alcohol and tobacco use were the most important precipitators, but they were unimportant in road rage. Most road rage cases resulted in serious injury or death to one or two peo-

ple. Few air rage cases led to serious injury and none resulted in deaths. Most road rage cases involve only two or three people. However, several hundred passengers may be affected by the psychological stress of each air rage incident, especially those involving diverted flights.

Preventing air rage will be difficult. Screening all passengers for drinking, drug use or mental illness would be expensive and time consuming. However, many drunk passengers could be identified before boarding or prevented from drinking on board if airline personnel were trained appropriately in this regard. Airlines could limit the number of drinks passengers are having to one or two, however, many individuals with air rage are getting on board already drunk. Under special emergency circumstances, angry smokers could be allowed to have a cigarette or two, but health issues around second-hand smoke may prevent this. Smokers under special stress could be allowed to smoke in airports before boarding, but the special facilities for this are expensive to build. Airlines could also make nicotine gum or patches available for passengers requiring them.

More research is needed on air rage cases, especially those for which mental illness and prescription drug use seem to be precipitating factors. Also, those few cases where there is no obvious cause or a trivial cause need to be better understood. Further, better methods for preventing air rage among drunk and smoking passengers are required. As our analysis involves only 29 cases, studies of larger samples are clearly needed. It would be especially helpful to have prospective studies made using data gathered by airline staff.

REFERENCES

1. Anglin L, Neves P, Giesbrecht N, Kobus Mattheus M. Alcohol-related air rage: From damage control to primary prevention. *J Primary Prevention* 2002; In press.
2. Fine EW. Air rage implications for forensic psychiatry. *Am J Forensic Psychiatry* 2002;23:29-44.
3. Williams C. A pain in the neck: Passenger abuse, flight attendants and emotional labour. *J Occupational Health Safety - Australia, NZ* 2000;16:427-35.
4. Smart RG, Mann RE. Deaths and injuries from road rage: Cases in Canadian newspapers. *CMAJ* 2002;Oct 1:167.
5. Shiffman SM. The tobacco withdrawal syndrome. Cigarette Smoking as a Dependence Process. Washington, DC: National Institute on Drug Abuse, 1979;154-58.

Received: September 6, 2002

Accepted: January 24, 2003

RÉSUMÉ

Objectifs : Donner un aperçu des causes et des conséquences de la rage de l'air et une description des victimes et des agresseurs, faire des suggestions d'hypothèses pour une autre étude et comparer les cas de rage au volant aux cas de rage de l'air.

Méthode : Nous avons analysé 29 cas de rage de l'air relatés par la Presse canadienne entre 1988 et 2000.

Résultats : Une consommation excessive d'alcool et de tabac est le plus important facteur déclenchant. L'agression physique est courante dans les cas de rage de l'air, mais les blessures graves ne le sont pas. Le stress psychologique qu'entraîne chez les passagers le phénomène de la rage de l'air doit être considérable, mais il n'a pas été évalué. La rage de l'air et la rage au volant sont principalement constatées chez les jeunes hommes. La consommation d'alcool et de tabac ne joue pas de rôle significatif dans le phénomène de la rage au volant.

Interprétation : Prévenir la rage de l'air est une tâche difficile qui dépendra d'une meilleure formation du personnel des lignes aériennes. Il faut poursuivre la recherche dans ce domaine, surtout sur le rôle que jouent la maladie mentale et l'usage de médicaments sur ordonnance. Il faut effectuer des études complémentaires sur d'autres cas de rage de l'air.