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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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 breathed 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. 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 mental illness seen by observers as a precipitating factor. In two cases, abusive, 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 cases 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 people. 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 boarding or 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**


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