Road, Air Rage and Violent Threats in Taxis: Approaches for Prevention

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This issue has articles on road rage, air rage and the health and safety threats experienced by visible minority taxi drivers in Toronto. These three articles bring a behavioural and demographic perspective to injuries and identify opportunities for prevention.

Unintentional injuries incur a significant burden for Ontario, affecting individuals and families either directly through an injury or financially through the economic burden injury places on us all. A recent report, entitled, Injury: Predictable and Preventable, focuses on the burden of illness, multiple risk factors, challenges in prevention, strategies for prevention and recommendations for policy-makers, health professionals, communities, families and individuals.

We now know some of the determinants of health and risk factors for preventable injury. Key determinants include income and social status, social support networks, education, employment/working conditions, social and physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture. Although the mechanisms by which the determinants interact with injury risk are not well understood, there is good evidence linking these factors with an individual’s risk for the many causes of injury.

While all people are at risk of being injured, there are definite patterns connected with age, gender, geography and socio-economic status. Using the principles of an injury prevention model, developed in draft by the Federal-Provincial-Territorial Subcommittee on Injury Prevention and Control and a population health promotion approach, one could examine violence or the threat of violence, and develop approaches to prevention.

The article on road rage provides a first indication of the prevalence of road rage in Ontario. About half of the respondents were subjected to some form of intimidation and about a third admitted to being responsible for similar behaviours. Road rage is rampant. From this article, one may conclude that living in Toronto and being in the age group 18-34 years are significant risk factors for cursing, swearing and rude gestures. This may account for targeted prevention programs to reduce the potential for injuries. Injuries from motor vehicle collisions are a significant contributor to unintentional injuries. Research evidence to support road rage as a predictor of MVAs is weak. However, if road rage accounts for a modest portion of health and economic problems from MVAs, road rage may be an important public health problem. Thus, a better understanding of the demographic characteristics of road rage victims and perpetrators could contribute to a reduction in injuries and the development of prevention interventions.

The 29 cases of air rage in Canada analyzed in the article by Smart and Mann point to alcohol and smoking as precipitating factors. The authors recommend better training for airline personnel as well as the provision of nicotine gum or patches to assist with nicotine withdrawal as a contributing factor towards air rage. Airlines in Canada now generally charge for alcoholic drinks on board the aircraft. Further, airline personnel are trained not to serve alcohol to a person who is intoxicated. These two steps do not deal with a passenger who is inebriated before boarding the aircraft. Occasionally, an airline agent has denied boarding to a passenger who is obviously drunk. This action could also substantially reduce air rage.

The article by Facey examines the work experiences of visible minority taxi drivers and the threats to their health and safety. Although the sample size is small, the findings contribute to our understanding of the occupational health and safety issues of people in similar forms of work. As the population of Toronto continues to be more multi-cultural with visible minorities projected to top the 50% mark, more immigrants are likely to become taxi drivers. Now immigrants who are awaiting their opportunities to practice their skills often take up taxi driving as a temporary occupation. They find themselves in a situation of tenuous employment, economic uncertainty and poor working conditions. This positions them to be in certain situations where the risk for violence increases. The introduction of locking doors, cameras and yellow lights are examples of safety measures that provide protection to taxi drivers in situations where they may be at increased risk of violence.

Road rage, air rage and some of the threats of violence experienced by taxi drivers can be usefully addressed by an injury prevention/public health approach. The articles in this issue of the CJPH set the stage for more socio-behavioural research to inform prevention initiatives.

REFERENCES/RÉFÉRENCES

5. Personal Communication. S. Peck, Co-Chair, Federal-Provincial-Territorial Sub-Committee on Injury Prevention and Control.