



Presenters emphasized that the 35% reduction in the use of restraints has also reduced the degree of trauma for patients as well as staff.

To validate the evidence, the clinical nurses gathered subjective data from the adults and adolescents through written evaluation that rated their stress levels before and after use of the soothing rooms. The presenters said that this feedback validated the results of the study and overall validates implementation of soothing rooms as the new standard of inpatient care.

Drug-Related ABI in the Prison Population

Written by Nicola Parry

There is very little scientific research that focuses on investigating the severity of drug use associated with acquired brain injury (ABI). Isaac Daramola, MACNP, MACN, University of Newcastle, Callaghan, New South Wales, Australia, presented data from a study demonstrating high prevalence rates of drug-related ABI among prisoners in the Australian state of Victoria [Jackson M et al. *Acquired Brain Injury in the Victorian Prison System*. Department of Justice, Melbourne, Victoria, Australia. 2011].

According to Mr Daramola, correctional agencies have not recognized ABI as an issue of specific concern. Additionally, he noted that current understanding of the prevalence of ABI is limited to its association with head trauma. Consequently, this study was conducted—with limited scientific evidence that proves that drug use can cause ABI and significantly affect frontal lobe function—to investigate the prevalence of ABI and test for drug-related ABI among prisoners in Victoria.

The study enrolled adult male (n=110) and female (n=86) prisoners from 2 Victorian prisons. Only sentenced prisoners were included. Those in transit or remand were excluded from the study, as were prisoners with an intellectual disability or those from a culturally and linguistically diverse background.

The following 3-stage screening process was used to evaluate participants. In stage 1, an ABI screening tool was used to identify individuals with possible ABI. In stage 2, a clinical interview was used to verify risk factors identified during screening. In stage 3, a comprehensive neuropsychological test battery was used to provide a more objective indication of ABI.

Stage 1 data demonstrated that alcohol and drugs were the most commonly recorded risk factors for ABI in both men and women. Compared with male prisoners, female prisoners were more likely to screen positive

Table 1. Select Data From Prisoners Who Completed All 3 Stages of the Screening Process

Finding	Male Prisoners, %	Female Prisoners, %
Positive indicators of acquired brain injury	66	75
≥Current or past psychiatric diagnosis	63	79
Drug-related acquired brain injury		
Mild	55	72
Moderate	39	21
Severe	6	7

Source: Jackson M et al. *Acquired Brain Injury in the Victorian Prison System*. Department of Justice, Melbourne, Victoria, Australia. 2011.

for drugs (41.3% vs 61.6%) and were less likely to report alcohol as a risk factor (24.8% vs 15.1%).

Of the participants who originally undertook stage 1 of the screening process, only 74 male and 43 female prisoners completed stage 3. Final results were processed only from those participants who completed all 3 stages (Table 1).

Mr Daramola indicated that of the prisoners who had ABI, 95.6% of men and 94.3% of women reported alcohol use, while 75.6% and 83.0%, respectively, reported cannabis use.

He emphasized that the study results demonstrated a high prevalence of drug-related ABI in the prison population compared with the general population. He also noted that the impact of drug-related ABI differed among men and women, as indicated by their different cognitive profiles. While male prisoners presented with more widespread and generalized impairments in all areas, female prisoners particularly showed impairments in spatial abilities, complex attention, and working memory.

In summarizing, Mr Daramola indicated that when most prisoners with drug-related ABI leave prison, they leave with severe ABI, and if this goes undetected, it can have significant implications for public safety. These results necessitate the inclusion of ABI screening tools (stage 1) at entry-level assessment points (eg, mental health clinics, family practices, emergency departments, hospitals). He concluded that because severe ABI restricts the prisoners' ability to recognize the potential consequences of their actions, this can increase risk of reoffending, particularly violent reoffending.