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Reflecting on Health Promotions with Likelihood for Failure

The research concept provided by Horyniak, et al. (2010) aims to reduce heroin usage in Australian injected drug users to avoid incidents of overdose. This particular concept focuses on utilising health services campaign methodology to inform the IDU population about the risks associated with excessive heroin injections as an effort to curb overdose frequency in Australia. The promotion is constructed using several forms of media that request the individual to seek treatment whilst also ensuring that they halve their heroin intake during periods where recognized tolerance is low as a means of breaking the cycle of addiction. This particular health services promotion and education philosophy is likely doomed to failure as it relates to achieving its intended outcomes, due to human behavioural characteristics inherent in some who are addicted to drugs, such as genetic factors in some addicted groups and psycho-social mechanisms related to those with addictive personalities.

The informational portion of the study indicates potential effectiveness associated with informing the IDU population about the risks of heroin overdose and how to curb its cravings through halving methods. The campaign is, in many ways, modelled after a respected model in psychological reprogramming referred to as cognitive behavioural therapy (CBT). In this treatment philosophy, the addicted patient receives knowledge and interventions between patient and counsellor as a means of altering

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maladjusted ways of thinking and acting. CBT focuses on retraining the patient to develop better thought processes, remove self-defeating behaviours and better cognition through rational adjustment (Rachman, 1997). The promotional literature developed for use in this campaign provides similar rationalization and cognition changes, but does not address psychosomatic responses that lead to drug use (i. e. past trauma, relationship

histories leading to stress, etc.). There are too many variables involved with why an individual seeks heroin use to discount complex emotionally-based catalysts to expect this particular campaign to be successful.

Furthermore, this study does not identify a particular target audience, thus does not appeal to individualized program opportunities. Up until the age of 24, the frontal cortex of the brain used for judgment has not fully matured for more rationalized decision-making (National Institutes of Health, n. d.). What this potentially leaves is a vast segment of the population under age 24 that may not respond to these risk iterations or attempts at behaviour change effectively. These genetics principles could severely complicate positive response and adherence to halving dosages. Though the over-24 population might identify rationally with these promotional materials, it is likely youth audiences will dismiss these attempts at changing behaviour using simple informational methodology.

There are likely other factors associated with human behavioural response and rationalization principles with injected drug users that could further complicate achieving desired outcomes. However, the two identified disparities related to the drug user have significantly-large ability to prevent attainment of the overall objective of reducing overdoses in a population.

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These complexities should be considered in future health services programmes that intend to use CBT-based informational exchanges to reduce over-consumption of heroin.

References

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