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Critical Reflection:

Comparison and Contrast of Two Empirical Studies

Student Name:

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## **Introduction**

This essay compares and contrasts one quantitative and one qualitative empirical research on criminology. The first research paper discusses the effects of marriage and cohabitation on licit and illicit drug use (Duncan, Wilkerson & England, 2006), and the second paper contains an ethnographic analysis of aging heroin users (Boeri, 2004).

Both qualitative and quantitative research studies on married people or cohabitants aged between 23 to 27 years have shown that significant numbers of these groups use heroin and marijuana (MacKenzie, Hunt, Joe-Laidler, 2005). The studies also show that there is substance abuse among youthful people (Cepeda and Valdez, 2003; Miller, 2001), there is a link between substance use and violence in young-looking people (Valdez, Kaplan, and Cepeda, 2006), and a link between sellers and buyers of drugs (Valdez and Sifaneck, 2004).

Similar studies identify both qualitative and quantitative strategies that help understand the theoretical perspective about heroin users, and marriage and cohabitation among young adults. Quantitative research presents the number of heroin users, whereas qualitative research aims to understand the pattern of illicit drug, alcohol, tobacco, and smoking marijuana. Quantitative research has shown higher usage rates in people over the age of 35. Qualitative studies have identified the significance of heroin addiction in young people in relation to precarious sexual behaviors. Both qualitative and quantitative research studies have demonstrated a growing trend of illicit drug usage relevant to heroin addiction and methamphetamine users. Quantitative research follows the experience of intoxication and considers the impact of drinking alcohol and marijuana use on marriage and cohabitation. Qualitative research explores the reality of drugs investigation in the case of criminal justice. The studies conclude that young people are more likely to use heroin and marijuana, drink alcohol and smoke cigarette. Further, their marriage and cohabitation are more likely to be affected (Duncan, Wilkerson & England, 2006; Boeri, 2004).

### **Theoretical framework**

The theoretical framework looks at different perspective of the qualitative and quantitative research in criminology. Several studies explore the causes of heroin addiction and its effect on marriage or cohabitation. They contain established descriptions of illicit drug use. The qualitative research looks at theory of heroin addiction phenomena (Winick, 1962), whereas quantitative research looks at rational choice theory and controls. Some researchers have suggested that the legitimate and illegal drug uses in general are caused by particular factors such as individual character and environmental influences (Plant et al., 1989). The researchers suggest three general hypothetical frameworks in both qualitative and quantitative research which explain the use of drugs and effect of legitimate or unlawful drug use.

One research perspective considers biological and psychological identification of self in relation to heroin use and illicit drugs use. According to this theory, internal choice factors can lead to a predisposition amongst some young people to develop alcohol-related problems and heroin addiction. This theoretical approach examines use of anti-depressant drugs, tranquillizers and alcohol, and focuses on psychological interpretations of self and the relationships that lead to certain behaviors (Lettieri et al., 1980).

Quantitative approaches and individual theories are largely concerned with personality traits or more general factors such as extroversion, gender or age. These studies may explain illicit drugs usage using the rational choice theory and also the controls (Davies, 1992). Propensity for risk-taking and the use of illicit drugs to help determination of personal behaviors are also examined within this theoretical framework. Another theoretical approach describes the drug users, and explains the phenomenon through the observation and numerical system (Giggs, 1991). Marriage or cohabitants' behaviors were significantly affected by drug use, and social bonds with others was identified as the primary restraining force.

### **Hypotheses**

Hypotheses are specific statements regarding the relationship between qualitative and quantitative research in general concepts. In the context of this essay, the research hypotheses posit relationships between qualitative and quantitative research in heroin addiction, and licit and illicit drug use.

One hypothesis relates to the theoretical framework and qualitative and quantitative research on effects of criminal behaviors. The explanations contain theories on social bonds and relationships, self-interest, and their connection with the illicit drug use to justify behaviors and identify self-perception.

Another hypothesis posits that marriage and cohabitation are affected by marijuana use and drinking alcohol. The hypothesis is supported by research exploring the impact of such abuse on spouses.

Other hypotheses uses evidence obtained by measurement of the drug use and testing of legitimate or illegal drug uses. Hypothesis testing is explored in both qualitative and quantitative research on unlawful drug and legitimate use (Duncan, Wilkerson & England, 2006; Boeri, 2004).

### **Methodology**

This research explored both qualitative studies and quantitative sampling strategy to gather data and information for criminology research. The sample population comprised of those between 23 to 27 years of age who were recovering from heroin addiction, alcohol drinking and marijuana use. Research suggested a growth in number of young people and adult users of illegal drugs. It was concluded that a zero tolerance approach needs to be used, and public health and promotion movements should include focus on legal drugs, unlawful drugs, and also the impact of abuse on marriage or cohabitation.

Samples of total 824 respondents were taken, which is equivalent to a response rate of 78%

after making allowances for ineligible contacts. The respondents set was reweighed with census data. The main types of drugs which are discussed in these studies are alcohol, tobacco and heroin. Consequently, this thesis determination attempts to demonstrate the issues, successes, limitations of harm reduction and future of harm reduction.

### **Results**

Results are presented in the quantitative and qualitative research according to drug users in the sample. Amongst the sample of young people, 1,997 women reported smoking behaviors and 3,959 men reported binge drinking behaviors. The report also reflected their attitudes towards marriages and cohabitation. The men reported at least one binge-drinking episode in the month preceding the interviews before their marriage or cohabitation, while nearly half of cohabiting men and women reported smoking.

Johnston et al. (2005) found patterns of decrease in all of these behaviors when people reach their 20s. Binge drinking peaks between 21 and 22 years of age, cigarette smoking peaks between 23 and 24 years, and marijuana use peaks between 19 and 20 years of age.

A similar study also found consistently lower levels of binge drinking, marijuana use, and daily cigarette smoking in women as compared to men. When they looked at prevalence of these behaviors across respondents of modal ages between 19 to 30 years, they found that 47% of men and 28% of women had more drinks in a row in the preceding 30 days.

In our study, participation in binge drinking in the preceding 30 days ranged from 43% to 58% for men and 17% to 34% for women. Johnston et al. (2005) found that 19% of men and 12% of women had used marijuana in the preceding 30 days, while our estimates ranged from 14% to 26% for men and from 8% to 17% for women. Around 22% of men and 18% of women in the sample reported daily cigarette smoking, while our levels ranged from 35% to 49% for men, and from 29% to 49% for youthful people.

### **Discussion/ Conclusion**

The effects of heroin on an individual depends on their body type, mood and experience with the drug, as well as the amount used and the way in which it is taken. The harm that is caused to individuals who use heroin is that the drug weakens the central nervous system, and the user hardly feels any pain and hunger (Boeri, 2004). Another dangerous effect of heroin is that it is hazardous to drive while under its influence. The major health problem of short-term use depends on the way it is used. The study also discusses the harm that is caused by the use of illegal and legal drugs with involvement of programs and treatments such as safe injecting rooms. Injection of heroin can lead to skin, heart and lung infections and diseases. The commonly used practice of sharing needles also poses a great risk of developing HIV/AIDS. Sharing of needles is particularly common amongst the street heroin users. The safe injecting rooms reduce the harm.

The society is also affected by numerous harmful activities that persons take part in. One of those activities is alcohol abuse. The addiction of alcohol may be worse than normally anticipated. Alcohol is a communal concern. It is used more often than other drugs because it is legal. Alcohol abuse has large impacts on society. Reducing harm caused by alcohol in social situations can sometimes be difficult because alcohol affects people in activities like driving and decision-making, and also adversely impacts mental abilities and health. The best way to approach the effects of alcohol abuse on society and individuals is to provide alternative outlets to minimize the use. The role of education programs is also important.

From a public health perspective, harm reduction approaches to alcohol problems are based on the goal of reducing the harm to society arising from the production, marketing and consumption of alcohol. Harm reduction approach to the prevention and treatment of drinking problem shifts the focus away from alcohol use to the consequences of harmful drinking behaviors (Riley et al., 1999). Addiction is the consequence of alcohol consumption.

Harm reduction provides a good method for meeting the individuals at that stage and providing them incentives to refrain from the habit. This approach involves discussing the negative consequences the person is experiencing, and motivating him towards positive change.

Another activity which people participate in is tobacco use, or smoking. This has also been subjected to intensive quantitative research. The tobacco enters the blood stream, increasing the heart rate, blood pressure and reduces the amount of oxygen the blood can carry to the heart. Many people in our society smoke and get health problems in return. Many teens are pressurized by peers to smoke. Once they start it, they make it a habit and it is hard for them to stop.

Harm reduction policy has been a relatively successful response to deal with the serious health threats posed by the risk of AIDS due to illicit drug users. This approach is particularly beneficial in the case of those persons who regularly inject themselves with drugs. The harm reduction concept has expanded to a broad variety of programming aimed not only at reducing the spread of AIDS and other communicable diseases, but also to other adverse consequences of use of licit and illicit drugs.

Evaluation studies have shown that harm-reduction programs have a marked impact in reducing the spread of AIDS and other diseases, and in helping many dependent users to lead normal lives as productive members of society. The approach reduces the levels of drug use in society (Single, 1995).

Qualitative and quantitative approaches grounded within public health provide considerable evidence based on people with reservations about its effectiveness, its effects and its intentions. In terms of effectiveness of harm reduction approaches, though it is brief and selective due to the constraints of space, it highlights the principal features of the present evidence-base. The approach identifies the principal or the most important evidence in each

area of the qualitative and quantitative methods (Duncan, Wilkerson & England, 2006; Boeri, 2004).

Concerns regarding the effects of harm reductions include the anxiety that deploying the approach approach may enable heroin use and keep people stuck within a pattern of addiction. This is probably best evaluated in the literature regarding methadone maintenance treatment. Methadone maintenance treatment has been evaluated against various drug-free alternative treatments, including sample medication, offer of drug-free treatment, detoxification and control (Ritter & Cameron, 2006). The approach consistently performs better at retaining people in treatment and reducing heroin use. Critics respond to this saying that the retention is linked to the fact that the drug users are being provided drugs. However, there is also evidence that it prevents HIV infection, reduces mortality, reduces crime and is cost-effective. These outcomes are rarely demonstrable from other treatments within the field. Most of the other treatments, regrettably, are less effective (Duncan, Wilkerson & England, 2006; Boeri, 2004).

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