Mark schemes

Q1.

[AO1 = 6 AO3 = 10]

Level	Marks	Description
4	13-16	Knowledge of risk factors in the development of addiction is accurate and generally well detailed. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9-12	Knowledge of risk factors in the development of addiction is evident but there are occasional inaccuracies/omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5-8	Limited knowledge of risk factors in the development of addiction is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1-4	Knowledge of risk factors in the development of addiction is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- genetic vulnerability – some twin and adoption studies indicate a genetic influence; linkage studies have shown genetic component for various addictions, eg alcohol, nicotine; genetic factors influence the number of dopamine receptors and activity of enzymes responsible for metabolism of addictive processes, eg alcohol; indirect genetic effects on mediating factors, eg personality traits, IQ etc
- personality traits linked to addiction, eg drug dependency linked to neuroticism and psychoticism; neuroticism linked to nicotine addiction; Cloninger's three dimensions – novelty seeking, harm avoidance, reward dependence; addiction prone personality (APP) (Anderson, 2011)
- stress – correlation between exposure to chronic stress/negative life events and addiction; addictive substances can provide temporary relief from the effects of stress; role of cortisol and dopamine; early childhood/pre-natal stress can affect dopamine receptor development
- family – socialisation has a powerful influence on attitudes and behaviour

through processes like modelling and vicarious reinforcement
- peers – effects of social identity and peer group pressure (eg conformity).

Possible discussion
- use of evidence to support/contradict the effects of risk factors, eg relationship between personality traits and addiction (Wan-Sen Yan, 2013); effects of social factors on smoking (Akers and Lee, 1996); adoption study (Kendler, 2012); stressful life events and substance use (Wills, 1992);
- difficulty disentangling genetic and environmental influences – problems in interpretation of twin study evidence
- genetic influence may underly all of the other risk factors, eg may determine how we experience stress and responsivity to social influences
- impossible to assess the relative effects of each risk factor as they are often linked, eg family and peer influences
- cannot manipulate these risk factors so studies are correlational – do not show cause and effect
- discussion of factors in relation to broader psychological theory and debates, eg determinism, free will, nature-nurture
- implications of appreciating risk factors, eg for health initiatives and prevention.

Credit other relevant material.

[16]