

Risk Factors in the Development of Addiction - Mark Scheme

Q1.

[AO2 = 4]

Up to 4 marks for application of knowledge of social psychological factors to the example and for discussion. Award credit for the following explanations: conformity – young person will feel pressure to go along with the behaviour of others; difference between perceived and actual norms; reasons for pressure to conform in this situation eg normative influence – wants to be like other young people; type of conformity eg compliance (may not want to go along with them initially); cultural norms; SLT concepts eg modelling (of older peers) and identification with attractive / high status peers; positive reinforcement eg praise from other young people in the group; Reed & Rowntree's theory of social selection (1997) – young people may seek out a specific sub-culture for whom stimulant abuse is the norm.

Credit any relevant application of psychological concepts to the stem. Credit may be achieved for several points in brief or for a limited number of points in some detail. Credit also application of relevant evidence eg Garnier and Stein (2002) peer attitudes as predictors of behaviour.

Q2.

[AO2 = 4]

Level	Marks	Description
2	3 – 4	Knowledge of risk factors in addiction is clear and mostly accurate. The material is used appropriately to explain Dave's behaviour. The answer is generally coherent with effective use of terminology.
1	1 – 2	Some knowledge of risk factor(s) in addiction is evident. Links to Dave's behaviour are not always effective. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Possible content:

- genetic vulnerability (Dave's family smoke)
- stress (more responsibility at work – smoking may act to reduce stress)
- family and peers (Dave may have observed and imitated the behaviour – SLT)
- awareness of the interaction of different factors, eg genetic vulnerability and stress
- personality as a risk factor, eg may lack self-efficacy as demonstrated in his failure to quit smoking.

Q3.**[AO2 = 4]****Possible content:**

- Median is 29.5 ($29 + 30/2$) for Group A and 24.5 ($24 + 25/2$) for Group B

1 mark for each accurately calculated median

2 further marks for explaining the median is the more appropriate measure because of the outlying extreme scores in each group which could have distorted the mean.

Accept answers based on unsafe level of measurement.

Q4.

Marks for this question: AO1 = 6, AO3 = 10

Level	Marks	Description
4	13 – 16	Knowledge is accurate and generally well detailed. Evidence / theory is clear. Discussion / evaluation / application is thorough and effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and / or expansion of argument sometimes lacking.
3	9 – 12	Knowledge is evident. There are occasional inaccuracies. Evidence / theory is present. Discussion / evaluation / application is apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	5 – 8	Some knowledge is present. Focus is mainly on description. Any discussion / evaluation / application is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 – 4	Knowledge is limited. Discussion / evaluation / application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Please note that although the content for this mark scheme remains the same, on most mark schemes for the new AQA Specification (Sept 2015 onwards) content appears as a bulleted list.

AO1

Credit for knowledge of factors affecting vulnerability to addiction including genetic

vulnerability, stress, personality, family influences and peers.

AO2 / 3

Credit for an application of knowledge to the scenario. The scenario contains references to a number of vulnerability factors relevant to Jenny, including age, stress and peer influence. There are also references to smoking in girls and the prevalent belief that smoking prevents weight gain.

One route to credit is to use research evidence that demonstrates how these factors affect vulnerability to smoking addiction. There are many research studies demonstrating the importance of these factors, including Bricker 2006 on peer influence, Amos and Bostock 2007 on age and gender and Childs 2007 on stress. Students may also refer to studies such as Ogden and Fox (1994) which demonstrates the use of smoking as weight control / diet strategy in teenage girls.

Although the question refers to factors, there are no partial performance criteria in this question. However, answers that cover one factor only are unlikely to gain high marks.