Reducing Addiction - Mark Scheme

Q1.

[AO1 = 2 AO3 = 2]

Level	Marks	Description
2	3 – 4	Outline of one method for reducing addiction is clear and has some detail. A limitation is clearly explained. The answer is generally coherent with effective use of terminology.
1	1 – 2	Outline of one method for reducing addiction lacks clarity. The limitation is generic / stated rather than explained. The answer as a whole is not clearly expressed. Terminology is either absent or inappropriately used. **Either** outline **or** limitation is done well.
	0	No relevant content.

Possible methods:

- drug therapy, eg outline of named drug and mode of action
- behavioural interventions, eg outline of specific procedures and related mechanisms involved in aversion therapy or covert sensitisation
- cognitive behaviour therapy, eg outline of stage by stage process
- theory of planned behaviour and / or Prochaska's model as used to illustrate a method.

Credit other relevant methods.

Possible limitations:

will depend on the method outlined but likely responses include:

- drug therapy – side effects and dependency issues with drugs such as methadone
- aversion therapy – ethical issues
- CBT – issues of commitment and motivation
- theory of planned behaviour and Prochaska's model are more descriptive and lack empirical support for effectiveness.

Credit other relevant limitations.

Q2.

[AO3 = 16]

Level	Marks	Description
4	13 – 16	Knowledge of at least 2 behavioural interventions aimed at

		reducing addiction is accurate and generally well detailed. Evaluation is thorough.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 of at least 2 behavioural interventions aimed at reducing addiction is evident. There are occasional inaccuracies. Evaluation is apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places. **OR** knowledge and evaluation of one intervention at Level 1.
2	5 – 8	Some knowledge of at least 2 behavioural interventions aimed at reducing addiction is present. Focus is mainly on description. Any evaluation is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions **OR** knowledge and evaluation of one intervention at Level 3.
1	1 – 4	Knowledge of behavioural interventions aimed at reducing addiction is limited. Evaluation 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.

Possible content:

- Aversion therapy – elements and process of classical conditioning as relevant to aversion therapy
- Covert sensitisation –- individual is asked to imagine aversive consequences and associate this with the negative behaviour
- CBT, cognitive re-framing

Possible evaluation points:

Should address appropriateness and effectiveness

- Findings from studies of effectiveness
- Comparison with alternative interventions
- Practical issues – time commitment, expense
- Client characteristics – eg willingness to engage with CBT, type of addiction
- Ethical issues eg with aversion therapy, causing psychological harm to the client

Credit other relevant information.

Q3.

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

Level	Marks	Description
4	13 – 16	Knowledge is accurate and generally well detailed.

		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. 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 is awarded for a description of drug therapy as a biological intervention for addiction. These are generally divided into agonist substitution, partial agonist and antagonist treatment. Students are likely to refer to these in the context of smoking, but biological interventions for other addictions (eg methadone) are creditworthy.

- Agonist substitution (eg nicotine replacement therapy, methadone) these provide the person with a safer drug. Nicotine patches mimic or replace the effects of nicotine. They may also desensitize nicotine receptors in the brain. They relieve withdrawal symptoms and stop cravings. The removal of withdrawal symptoms is an example of negative reinforcement.

- Partial agonists, eg varenicline binds with acetylcholine receptors preventing nicotine binding and reducing the reinforcing effects of smoking

- Antagonist treatments (eg Bupropion) block the effects of the substance / drug, ie block nicotine receptors.

Description could cover the biological action of the intervention as well as practical information (time taken, frequency, etc).

Students can take a specific route focusing on a particular drug group or a more general approach focusing on different types of drug treatment, both are creditworthy.

AO3

Credit evaluation of the effectiveness of the biological intervention. Students can refer to success rate, relapse / dropout rate, cost effectiveness. References to appropriateness must be explicitly linked to effectiveness to gain credit. Students may use outcome studies related to specific interventions, for example Watts (2002), O'Brien (1996). Ethical issues can be credited if linked to effectiveness.

Q4.

[AO1 = 6 AO2 = 4 AO3 = 6]

Level	Mark	Description
4	13-16	Knowledge of **one or more** ways of reducing addiction is accurate with some detail. Application is effective. 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	Limited knowledge of **one or more** ways of reducing addiction is evident but there are occasional inaccuracies / omissions. Application and / or 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 **one or more** ways of reducing addiction is present. Focus is mainly on description. Any discussion and / or application 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 **one or more** ways of reducing addiction is very limited. Discussion / application 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:

- drug therapy – replacement therapy using chemical substitutes or agonists (e.g. nicotine patches / gum / methadone etc); similar effect to addictive substance at the synapse; aversive drugs as used in aversion therapy, e.g. emetics to induce vomiting; use of blockers (antagonists) to prevent addictive substance having the desired chemical effect
- aversion therapy – based on classical conditioning; pairing of noxious stimulus (UCS) with undesired behaviour (NS); UCS causes unpleasant effect (UCR); through association NS acquires properties of UCS and becomes a conditioned stimulus (CS) creating an unpleasant conditioned response (CR). To avoid CR the CS is avoided. Credit concrete descriptions of the conditioning process using

specified substances
- covert sensitisation – in vitro alternative to aversion therapy; use of revolting imaginal stimulus as an alternative to in vivo use of noxious stimulus; image can be suggested by therapist or devised in collaboration with client; classical conditioning principles as above
- cognitive behaviour therapy – focus on changing thinking and learning skills to avoid relapse; stages might include cognitive appraisal and restructuring, skills acquisition where client learns skills to avoid substance, e.g. assertiveness, self-monitoring etc, role play of potentially difficult situations.

Possible application:

- 'the patches' is a reference to nicotine patches, medication / drug substitutes, an example of agonist drug therapy; pills block the effects of nicotine - antagonist
- rapid smoking to induce 'feeling sick' is an example of aversion therapy / images of horrid things create aversion
- use of unpleasant imagery 'horrid things to her body' is a strategy used in covert sensitisation
- refusal training to say 'No' would be part of cognitive therapy; giving knowledge about effects is part of cognitive therapy.

Possible evaluation points:

- use of evidence for effectiveness / lack of effectiveness / effects on relapse
- whether the intervention has any long-term beneficial effects, e.g. increase in confidence following CBT
- ease of availability, e.g. drugs versus cognitive therapy
- appropriateness for certain client groups, e.g. need for motivation with CBT
- whether the intervention can be used in different settings, e.g. aversion therapy requires a controlled setting and cannot be practised at home
- side effects of medication – e.g. with nicotine replacement therapy; problems following regimen
- ethical issues, e.g. in use of aversion
- comparison of different ways of reducing addiction.

Credit other relevant material.

Can accept ways of reducing other addictions (e.g. gambling) but no credit for application.

[16]