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| 1.              | Outline psychological strategies behind one anti-drug campaign you have studied. | • *Alcohol Concern* has a number of different campaigns which are all designed to reduce the harm caused by alcohol misuse, raise awareness and encourage behaviour change.  
• The *Theory of Reasoned Action* suggests that an individual’s behaviour is determined by their intention to engage in the behaviour, which in the case of alcohol use is a result of the individual’s beliefs about the attributes and outcomes of using alcohol (or quitting), weighted by their evaluations of these attributes or outcomes (1).  
  o An individual’s beliefs regarding important others’ approval or disapproval of alcohol use (normative beliefs), is weighted by their motivation to comply with these important others’ wishes (1).  
  o An individual’s perceived control over alcohol use in the presence or absence of facilitators and barriers to quitting (1).  
• In general, according to this model, the more positive the attitude and the subjective norms are (towards stopping), and the greater the perceived control is, the stronger the individual’s intention will be to terminate alcohol use (1).  
• The *Health Belief Model* assumes that people are largely rational in their thoughts and actions, and will take the best health-supporting action if they feel that it is possible to address a negative health issue, such as alcohol addiction (1).  
• They need to have a positive expectation that taking the proposed action will be effective in addressing the issue, and actually believe they are able to take the proposed action. The model suggests there are a number of constructs to persuade | AO1 (6) |
individuals to stop drinking such as self-efficacy, i.e. the person’s confidence and belief in their own ability to take the given action (1).
Compare the mode of action for heroin and alcohol.

**Similarities**
- GABA is an inhibitory neurotransmitter which plays a part in the mode of action for both drugs (1). Alcohol depresses activity in the brain by making GABA even more effective, slowing down the speed with which messages are transmitted between neurons. Heroin is transformed into morphine in the brain, which then prevents the release of GABA whose role is to stop the release of dopamine (1).
- Both act as agonists by increasing the sensitivity of neurones (1). Heroin acts as an agonist by binding with and activating the brains natural pain-killing endorphin receptor sites and alcohol is an agonist which increases the sensitivity of GABA receptors (1).

**Differences**
- Alcohol stops nerve endings at noradrenalin synapses working as effectively, whereas heroin acts like a massive release of endorphins into the brain (1).
- This reduced noradrenalin uptake affects our ability to focus and concentrate and slows down reflex reactions due to suppression of noradrenaline function. Heroin floods the endorphin receptors on the dendrites and these synapses are swamped by these chemicals causing an exaggerated response in the neurones over many more brain areas (1).
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<td>3.</td>
<td>Evaluate one contemporary study from health psychology.</td>
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**Answer**

*Mundt et al. (2012)*

- **A01**
  - The aim is to look at adolescent friendships and alcohol use. In particular, do adolescents select friends with similar alcohol use?
  - A total of 2,563 students were used using existing data from a longitudinal survey of seventh to eleventh grade American students.
  - All students and their parents were interviewed. Data regarding who their best friends were were collected alongside expectations for the future and questions about risk behaviours, such as alcohol use. One year later, the sample were asked follow-up questions including ones about alcohol consumption over the last year.
  - Friendship nominations between two students who shared the same alcohol use frequency were 95% times more likely than between otherwise identical students with differing alcohol use frequency.
  - Students were more likely to choose as friends others of similar age, gender and ethnicity.
  - The findings suggest that peer selection plays a major role in alcohol use behaviour among adolescent friends.

- **A03**
  - The sample was large and is representative of the target population of American students, but even beyond, which means findings can be extrapolated to a much wider population.
  - Secondary data were collected which saves time and expense that would otherwise be spent collecting data, but should be carefully evaluated to determine the appropriateness for the objectives in this particular study.
  - Similarly, self-report data were used from the students which is already open to bias and given the nature of the study may...
have elicited socially desirable answers from the students as they were under the legal age to actually drink alcohol.

- The findings cannot infer causation in that other factors, such as hobbies and interests, may play a part in friendships other than alcohol usage. This means we cannot be sure that just the independent variable determined the choice of friends.

*Dixit et al. (2012)*

- The purpose of the study was to see whether there was a difference in alcohol use among populations from different backgrounds.
- The cross-sectional survey was conducted over a period of one year among 848 individuals all age 15 or above, equally selected from urban and rural health training areas. Structured interviews regarding information about family members and then about issues with alcohol took place. Two categories were formed by the researchers which were current alcohol user (used alcohol in the past month) and ever user (ever used alcohol in their lifetime).
- Prevalence for alcohol use was 13.4% (including both current and ever user).
- 43 (5.07%) of study subjects were current alcohol users and 71 (8.37%) were categorised as ever users for alcohol.
- Alcohol use was found significantly associated with lower socioeconomic status, religion (Hindu drinkers compared to Muslim abstainers), parental alcohol use and rural residence.
- More vulnerable groups should be targeted to help regarding issues with alcohol.

*A03*

- Self-report data were used from the students which is already open to bias and given the nature of the study may have elicited socially desirable answers from the students as they were under the legal age to actually drink alcohol.
- However, important ethical guidelines were put in place as the sample included teenagers, such as gaining consent from parents and the individuals themselves who were given full
details of the study and so were fully informed.

- The study did not look at reasons for drinking in the first place and as such did not address the cause and motivation, this means the findings are more descriptive than explanatory and only focus on demographics rather than underlying factors.

- Other research, such as Kumar and Prabhu (2006) and D’Costa et al (2012), have found similar results regarding use of alcohol from certain groups and so gives this study reliability and credibility as regards findings.

**Pengpid et al. (2013)**

- The purpose of the study was to examine the effects of a brief alcohol intervention to reduce alcohol use by hazardous or harmful drinkers among hospital outpatients in South Africa.

- Participants were 1,419 outpatients screened for alcohol problems using an Alcohol Use Disorder Identification Test (AUDIT) and those identified as hazardous or harmful drinkers were randomised into an experimental or control group. The experimental group received one brief counselling session on alcohol risk reduction, while the control group received a health education leaflet. They were offered 6 and 12 month follow-up appointments where they were reassessed.

- Of the 1,419 screened for alcohol misuse who agreed to participate in the trial, 392 (27.6%) screened positive for hazardous or harmful use on the AUDIT and 51 (3.6%) had an AUDIT score of 20 or more.

- Among the 282 (72%) hospital outpatients who also attended the 12-month follow-up session, the time effects on the AUDIT scores were significant which meant they had reduced their alcohol use to a less harmful level. No difference was found between the groups showing that the intervention and leaflet had no effect on them.

- Given the lack of difference in outcome between control and intervention group, alcohol screening and the provision of an alcohol health education leaflet may in itself cause a reduction in drinking.
The chance of any bias was significantly reduced as different researchers were used to complete the questionnaire and administer the treatment. This single-blind technique meant they had little chance to influence the information recorded.

However, the AUDIT was a self-report which given the nature of the study may have led to false estimations to hide alcohol intake. These socially desirable answers lessen the validity of the findings.

The sample used was opportunity which means it was not fully controlled in terms of participant variables. Individual differences between the participants may have played a role in the findings and even though random allocation to the conditions was employed, the sample was not a random one.

Even though a longitudinal design was used, the dropout rate was at 70% which is a higher than usual figure for a study such as this that had a 12-month follow-up. The researchers used letters and phone calls to chase up participants regarding the follow-up and this seems to have worked.
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<td>4.</td>
<td>Evaluate the use of animals to study drugs.</td>
<td>Animals are used in drug research, as if drugs have similar 'reinforcers' for animals as they do for humans, then animals can act as models for developing ways of minimising drug misuse in humans. The independent variable might be the use of a certain drug, and the dependent variable being the various effects that drug might have on appetite, etc. They can be used in carefully controlled conditions in order to isolate cause and effect in a way that would be unethical for humans to be used. Animal studies often investigate drug use by allowing the animal to 'self-administer' – this means that they are trained to press a button or lever to dispense small doses of the drug. This allows researchers to study factors related to drugs like dependence and withdrawal.</td>
<td>(4, AO1, 4, AO3)</td>
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<tr>
<td>A03</td>
<td>Monkeys share many of the genes of humans so generalising from monkeys may be a fair thing to do. However, Rhesus monkeys are not human so generalising from what acts as a reinforcer for monkeys to say it is true of humans might not be reasonable. There are differences in brain structure between humans and animals, so conclusions about the effects of drugs on the body might not be generalisable. Humans do become addicted to certain drugs, which appear to be taken for their reward value, so the findings of the study of monkeys do fit with known human behaviour, which gives them reliability. A positive thing about mice being used is that such studies would not be possible with humans as you could not inject humans with cocaine or heroin and then test their renal function</td>
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in such controlled conditions.

- There are ethical issues such as asking how many monkeys were used (the researchers should use a limited number) and how the animals were cared for (a licence is needed and caging should be suitable, for example).
5. **Evaluate the classic study by Olds and Milner (1954).**

**Answer**

**A01**

- Olds and Milner were interested in investigating the pleasure and pain centres of a rat's brain and to see if animals will stimulate themselves over a long period of time if permitted to do so.

- Implanted electrodes which do not interfere with the health or free behaviour into 15 male rats. Each rat was tested in a Skinner box which delivered alternating current to the brain.

- During acquisition, the stimulator was turned on so that a response produced electrical stimulation; during extinction, the stimulator was turned off so that a response produced no electrical stimulation.

- Each rat was given a percentage score denoting the proportion of his total acquisition time given to responding. It only wanted to enjoy the constant high to what was its pleasure centre.

- Rats spent more than 75% of their acquisition time responding (pressing the lever) when the septal area of the brain was being stimulated by the electrode. In comparison, only 22% of their extinction time was spent here, demonstrating that stimulation of the septal area acts as a primary reward.

- The researchers concluded that the existence of pleasure centres primarily in the septal areas leads to a behaviour where the rat is rewarding itself.

**A03**

- Findings have been used to explain addiction behaviours ranging from drug taking to internet searching involve the repetitive stimulation of neural pathways. The technique of brain stimulation is also used in humans to treat a range of conditions ranging from Parkinson’s to chronic pain and depression.

- There is, however, a serious question as to whether the structure and function of human and rat brains are sufficiently similar for Olds and Milner’s findings to generalise to humans.
- The validity of the procedure is questionable as electrical stimulation of the brain is quite different to the kind of experiences that give rise to pleasure in everyday life (presumably for both humans and rats).
- Just pressing a lever is simply a measure of reinforcement and may also lack validity as a measure of pleasure – it is impossible to know whether the rats experienced subjective pleasure in the way humans do.
- The findings have been replicated many times. Wise (2002) found that rats sought pleasure through electrical stimulation by repeatedly pressing a lever. This gives this study reliability and credibility in findings.
- The research is reductionist in that it focuses on one aspect of pleasure. Yet pleasure is a complex experience involving cognitive, emotional and social aspects.
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| 6               | Evaluate aversion therapy as a treatment for drug addiction. | **AO1**  
- This treatment is based on classical conditioning and is a form of behaviour therapy in which an aversive stimulus is paired with an undesirable behaviour in order to reduce or eliminate that behaviour.  
- Aversive stimuli include emetic drugs, such as disulfiram, which blocks the metabolism of alcohol (or other drugs) and produces noxious effects like vomiting and nausea.  
- Patients who are physically addicted to alcohol and currently drinking may experience severe withdrawal symptoms and may have to undergo detoxification before treatment starts.  
- During the treatment sessions, the patient is given an emetic intravenously under close medical supervision. Within a few minutes, they begin to feel sick.  
- To get them to associate the emetic with the sight, smell and taste of alcohol, the patient is then asked to take a sip of an alcoholic drink of their own choice without swallowing.  
- This process is repeated over a period of 30–60 minutes as nausea and vomiting occur.  
- If the person has learned that alcohol has a positive effect on their mood and wellbeing, this therapy gets them to unlearn this association and to replace it with alcohol having a negative effect on their mood and wellbeing.  
**AO3**  
- Aversion therapy’s long-term success in treating patients is questionable. Patients may appear to be treated by therapy, but once out of the view of doctors, where the deterrent drugs or electric shocks are removed, they may feel able to return to their addictions or undesirable behaviour.  
- Aversion therapy has endured much criticism in its use in abusing patients. At a time when homosexuality was considered by some to be a mental illness, gay people were | (6, AO1, 6, AO3) |
made to undergo aversion therapy for their lifestyles.

- It is not very clear how the shocks or drugs have their effects. It may be that they make the previously attractive stimulus (e.g. sight/smell/taste of alcohol) aversive, or it may be that they inhibit (i.e. reduce) the behaviour of drinking.

- The long-term effectiveness of aversion therapy is questionable. Emetics may not be effective because the person has become classically conditioned to taking the substance in the environment that they are in. When they are in their social environment they want their favourite drink.

- Most effective when used in conjunction with biological/cognitive. Biological therapies include using detoxification and antagonist drugs blocking the effect of the drug.

- Krampe et al. (2006) found supporting evidence for the effectiveness of aversion therapy. An abstinence rate after nine years of at least 50% was found in the disulfiram group, far higher than that of a placebo, suggesting that drug-assisted aversion therapy is a very effective method of reducing alcoholism.
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<td>7.</td>
<td>Assess the extent to which anti-drug campaigns are successful in raising awareness for health issues, such as drug addiction.</td>
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**Answer**

A01
- *Alcohol Concern* campaigns involve trying to encourage policy changes at a national level around alcohol.
- This includes showing politicians the evidence base supporting the need for minimum unit pricing and persuading government that alcohol needs to be treated as a public health issue.
- *Alcohol Concern* is a leading member of the Alcohol Health Alliance UK and strives to make changes to the law regarding alcohol.
- They also work to empower young people to think critically about the role alcohol may play in their own lives and to support them to take action – through It's the Drink Talking campaign and the Youth Alcohol Advertising Council.
- On top of that, campaigns to raise awareness and behaviour change like Alcohol Awareness Week and Dry January.
- The aim of these campaigns is to develop new conversations about alcohol and to support people to make positive changes.

A03
- De Visser (2014) found that six months after completing Dry January in 2014, participants were drinking less, drinking less often and not getting drunk as much.
- The results found that 72% of participants had maintained lower levels of harmful drinking and 4% were still not drinking after six months.
- Additionally, it was found that participants were also more likely to say No to a drink in social situations, when feeling worried or upset, and in situations where they would normally have had a drink.
- The findings suggest that participation in abstinence challenges, such as Dry January, may be associated with changes toward healthier drinking and is unlikely to result in

Mark (6, AO1, 10, AO3)
undesirable ‘rebound effects’.

- In an earlier evaluation by the University of Sussex, 79% of participants said they saved money, 62% of participants said they slept better and had more energy, and 49% said they lost weight.

- However, it was not clear who Dry January was targeting and those taking part may drink the least amounts anyway, making the findings not generalisable to any particular target population.

- As participants select themselves, it could attract the people at lowest risk from health problems related to alcohol making the sample biased and not representative of the wider population.

- Critics also suggest people tended to be ‘economical with the truth’ when it comes to how much they drink and so the campaign is flawed from data which may be based on socially desirable responses.

- Just because it is popular does not mean that it is effective, people may view their 31 days of abstinence as permission to return to hazardous levels of consumption till next New Year’s Day.
8. Outline what is meant by health psychology.

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<td>8.</td>
<td><strong>Outline what is meant by health psychology.</strong></td>
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**AO1**

- Health psychology focuses on the interaction of mind and body, and looks at how a person’s emotions, thoughts, behaviours and social interactions influence his or her physical wellbeing (1).
- Health psychology is also about applying psychological knowledge to the promotion and maintenance of good health, as well as the avoidance of illness (1).
- Health psychology has a biological basis in that historically in the UK health professionals have worked within a medical model of health that considers ill health as caused mainly by biological factors. Biological factors include inherited personality traits and genetic conditions (1).
- Today it is accepted that social, cognitive and behavioural factors affect health too. Psychological factors involve lifestyle, personality characteristics and stress levels (1). Social factors include such things as social support systems, family relationships and cultural beliefs. Depression, anxiety and stress are linked to faulty thinking (cognitive) which leads to negative emotions and changes in behaviour (1).
- Some health psychologists work to improve the health care system and the government’s approach to health care policy. Some of the current issues health psychologists are concerned with include stress reduction, weight management and smoking cessation (1).

**Mark** (6)
9. Describe how any two drugs can lead to physiological dependence.

**AO1**

**Alcohol**
- Physical dependency is characterised by indiscriminate drinking even including pure alcohol. However, all types of drinker will be affected by psychological dependency due to the positive and negatively reinforcing effects of alcohol (1).
- Their behaviour is characterised by relief at finding a drink and prioritising access to alcohol. Often alcohol is used as a prop to deal with other problems; sustained use will also lead to physical dependency (1).
- Physical dependency often means that there is a lack of concern shown for the type of alcohol consumed; sometimes people can even drink industrial alcohol which can cause death (1).

**Heroin**
- Even the first fix of heroin can produce mild withdrawal symptoms and, as tolerance builds, the brain gets used to larger doses and without them quickly goes into a state of withdrawal (1).
- Therefore, more heroin has to be taken to avoid the more and more severe withdrawal symptoms (1).
- Heroin becomes necessary for normal functioning as the neurones no longer fire when only the naturally occurring neurotransmitters are present as they have adapted to the high levels produced by the drug (1).

**Nicotine**
- The increased production of acetylcholine causes physiological dependence quickly, just as tolerance is reached quickly (1).
- As levels of nicotine in the blood reduce, signs of irritability increase (1).
- The body has adapted to operating with nicotine levels
present and the only way to feel 'normal' is to boost levels back up (1).
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<td>10.</td>
<td>Compare one biological and one learning explanation of drug addiction.</td>
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**Answer**

**Mark**

A02

- One mark each for any appropriate similarity and or difference between the two explanations.
- One mark for each comparison point identified and one mark for each application of that point to the explanations.

**Similarities**

- Both explanations are supported by reliable research methodology which can be replicated (1).
- Animal studies and brain scanning have consistently shown the role of neurotransmitters and receptors in drug use and misuse, so biological explanations appear to have reliability. Similarly, some animal laboratory experiments have reinforced these findings within learning theory. These are consistent findings, which are, therefore, reliable (1).
- Both explanations are hard to check for validity because of isolating variables for testing (1).
- Scanning is valid to an extent but still done in artificial surroundings and using artificial behaviour. What happens in the brain is hard to study in real terms. Learning explanations are also hard to test for validity because of the many factors involved in behaviour such as drug misuse. It is difficult to pick out behaviour that is modelled and then reproduced without considering other explanations (1).

**Differences**

- One focuses on nature and the other on nurture in explaining drug addiction (1).
- Biological explanations assert that receptors react in specific ways according to brain functioning and this applies to all humans. Humans are born with brains that have specific brain functioning, whereas learning theory claims that behaviour, such as substance misuse, comes from learning from the environment and from experiences, such
as what is experienced in a family or with friends (1).
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| 11.             | Assess the effectiveness of any two treatments for drug addiction.       | **CBT for heroin and alcohol addiction**  
A01  
- With functional analysis, working together, the therapist and the patient try to identify the thoughts, feelings and circumstances of the patient before and after they drank or used heroin.  
- This helps the patient determine the risks that are likely to lead to a relapse. Functional analysis can also give the person insight into why they drink or use heroin in the first place and identify situations in which the person has coping difficulties.  
- Skills training focuses on someone who is at the point where they need professional treatment for their alcohol or heroin dependence. Chances are they are using alcohol or heroin as their main means of coping with their problems.  
A03  
- CBT is reasonably effective, but better if combined with drug therapy (Feeney 2002).  
- Project MATCH 1998 found some interventions better for some clients but not others, e.g. CBT was favoured by people with lower levels of dependency.  
- In addition, CBT approaches are better researched than the other psychological methods, but are probably no more effective (Luty, 2003).  
- The cognitive-behavioural technique may be successful in changing the unwanted addictive behaviour initially. However, it is a great deal more difficult to change cognitions, so relapse may occur.  
- However, this approach does try to convince people that they are capable of changing their lives for the better, that they are in control, because they can change their thinking, so it offers the potential for positive psychological change.  
- There are ethical issues as the underlying assumptions of this approach may be seen as blaming the individual for his or her... | (6, A01, 10, A03) |
maladaptive thinking, which raises issues around labelling and responsibility.

- Aversion therapy for treating alcohol and nicotine addiction.

A01
- This treatment is based on classical conditioning and is a form of behaviour therapy in which an aversive stimulus is paired with an undesirable behaviour in order to reduce or eliminate that behaviour.
- Aversive stimuli include emetic drugs such as disulfiram which blocks the metabolism of alcohol or nicotine and produces noxious effects like vomiting and nausea.
- Patients who are physically addicted to alcohol or nicotine and currently drinking may experience severe withdrawal symptoms and may have to undergo detoxification before treatment starts.

A03
- Aversion therapy’s long-term success in treating patients is questionable; patients may appear to be treated by therapy, but once out of the view of doctors, where the deterrent drugs or electric shocks are removed, they may feel able to return to their addictions or undesirable behaviour.
- Aversion therapy has endured much criticism in its use in abusing patients. At a time when homosexuality was considered by some to be a mental illness, gay people were made to undergo aversion therapy for their lifestyles.
- It is not very clear how the shocks or drugs have their effects. It may be that they make the previously attractive stimulus (e.g. sight/smell/taste of alcohol) aversive, or it may be that they inhibit (i.e. reduce) the behaviour of drinking.
- Also, relapse rates are very high – the success of the therapy depends on whether the patient can avoid the stimulus they have been conditioned against.
- Aversion therapy is rarely offered as the sole form of treatment as it has limited success. Individuals need to be motivated and must have good social support when the person experiences withdrawal.
- Practitioners have found that in some cases, aversion therapy
can increase anxiety that actually interferes with the treatment process. In other instances, some patients have also experienced anger and hostility during therapy.

**Treating heroin addiction with methadone**

- Methadone is a synthetic opiate and replaces heroin at the synapse and removes withdrawal symptoms. The idea is that methadone is enough to take away painful withdrawal symptoms, which helps the individual to give up the drug.
- One reason for continuing to use heroin is to get rid of withdrawal symptoms, which is negative reinforcement (getting rid of something unpleasant). So without the withdrawal symptoms, giving up the drug is more likely.
- Methadone has been used since 1964 and is prescribed officially. It is a maintenance programme, which means it is a way of controlling heroin addiction. Methadone does not affect normal functioning, i.e. those taking it are not 'drugged'.

- Many patients need treatment for at least two years and the longer they stay on the programme the more successful it seems to be. Research suggests that 85% stay on methadone for 12 months, so this is not a short treatment, which has cost implications.
- There are some ethical objections to heroin users being given drugs as treatment, partly because this will lead to withdrawal symptoms when the individual tries to stop using it.
- Evidence suggests that drug treatment programmes work, as seen in Blättler et al.’s (2002) study which demonstrated how drug treatment reduced cocaine use.
- The National Institute of Health (1997) found that methadone maintenance treatment is effective in reducing heroin drug use and also helps in a social sense, by reducing crime as well as helping to prevent the spread of HIV/AIDS.
- Other therapies addressing the root causes of the addiction need to be used in conjunction with a methadone programme in order to prevent relapse once the methadone treatment ends.
| | Methadone treatment in itself cannot treat the causes for somebody’s heroin addiction, it simply helps those who wish to stop taking heroin.  
• It is hard to evaluate the success of methadone maintenance treatment programmes because of other factors and confounding variables, such as cost and availability of drugs, and law enforcement changes in rules and regulations. |
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| 12.             | An Area Health Authority is planning a health promotion campaign targeted at reducing smoking in young people. Using your knowledge of health psychology, explain what advice you would give to the AHA. | AO2  
- Use advertisements which make users of drugs identify with a key figure, such as role models, which shows the dangers of smoking (1).  
- Provide statistical information about death/illness rates of smoking misuse related-illness as fear factor (1).  
- Use openness as a strategy for children and parents to seek advice so they feel nothing is being hidden from them and encourage parents and guardians to look for signs of drug use (1).  
- The local authority can present both sides of the argument to encourage choice and consideration about the effects of smoking (1).  
- Use various mediums to deliver the message, such as television. Leaflets, radio to reach as much of the population as possible (1)  
- Ensure support is available through help lines, counselling, like Talk to Frank and Stoptober (1) | (6)  |