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ASSESSMENT and QUALIFICATIONS ALLIANCE

General Certificate of Education

General Studies 6761

Specification A

GSA6 Society, Politics and the Economy

Mark Scheme

2008 examination – January series

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Unit 6
(GSA6 Society, Politics and the Economy)

INTRODUCTION

The nationally agreed assessment objectives in the QCA Subject Criteria for General Studies are:

AO1 Demonstrate relevant knowledge and understanding applied to a range of issues, using skills from different disciplines.

AO2 Communicate clearly and accurately in a concise, logical and relevant way.

AO3 Marshal evidence and draw conclusions; select, interpret, evaluate and integrate information, data, concepts and opinions.

AO4 Demonstrate understanding of different types of knowledge and of the relationship between them, appreciating their limitations.

All mark schemes will allocate a number or distribution of marks for some or all of these objectives for each question according to the nature of the question and what it is intended to test.

Note on AO2

In all instances where quality of written communication is being assessed this must take into account the following criteria:

- select and use a form and style of writing appropriate to purpose and complex subject matter;
- organise relevant information clearly and coherently, using specialist vocabulary when appropriate; and
- ensure text is legible and spelling, grammar and punctuation are accurate, so that meaning is clear.

Note on AO4

In previous General Studies syllabuses, there has been a focus on the knowledge and understanding of facts (AO1), and the marshalling and evaluation of evidence (AO3) – on what might be called 'first-order' knowledge. AO4 is about understanding what counts as knowledge; about how far knowledge is based upon facts and values; and about standards of proof – what might be called 'second-order' knowledge.

By 'different types of knowledge' we mean *different ways of getting knowledge*. We might obtain knowledge by fine measurement, and calculation. This gives us a degree of certainty. We might obtain it by observation, and by experiment. This gives us a degree of probability. Or we might acquire it by examination of documents and material remains, or by introspection – that is, by canvassing our own experiences and feelings. This gives us a degree of possibility. In this sense, knowledge is a matter of degree.

Questions, or aspects of them, which are designed to test AO4 will therefore focus on such matters as:

- analysis and evaluation of the nature of the knowledge, evidence or arguments, for example, used in a text, set of data or other form of stimulus material;
- understanding of the crucial differences between such things as knowledge, belief or opinion, and objectivity and subjectivity in arguments;
- appreciation of what constitutes proof, cause and effect, truth, validity, justification, and the limits to these;
- recognition of the existence of personal values, value judgements, partiality and bias in given circumstances;
- awareness of the effects upon ourselves and others of different phenomena, such as the nature of physical, emotional and spiritual experiences, and the ability to draw upon and analyse first-hand knowledge and understanding of these

GENERAL MARK SCHEME FOR SECTION A

Level of response	**Mark range**	**Criteria and descriptors:** knowledge, understanding, argument, evaluation, communication
LEVEL 3	7 –8 / (7– 9)	A good to comprehensive response demonstrating overall grasp of the range and nature of issues; knowledge and understanding of key principles and evidence; interprets and illustrates arguments coherently and convincingly with fluency and accuracy.
LEVEL 2	4 – 6	A modest to quite good attempt showing some competence and grasp of the issues; some understanding and realisation of key principles; moderate arguments and exemplification; reasonable clarity and accuracy of expression.
LEVEL 1	1 – 3	A bare to limited response showing uncertain grasp, knowledge and understanding; lack of clarity of argument and little appropriate exemplification; weak expression.
LEVEL 0	0	No valid response or relevance to the question.

Distribution of marks across the questions and assessment objectives for Section A

Question Numbers		**Q1**	**Q2**	**Q3**	**Q4**	**AO marks per unit**
Assessment Objectives	**1**	**1**	**1**	**1**	**1**	**4**
	2	**1**	**2**	**1**	**2**	**6**
	3	**4**	**2**	**1**	**2**	**9**
	4	**3**	**4**	**5**	**4**	**16**
Total marks per Question		**9**	**9**	**8**	**9**	**35**

Note: It is the questions themselves which are designed to elicit the range of response appropriate to the assessment objectives for each question. Examiners are required to assign each of the candidates' responses to the most appropriate level according to **its overall quality,** then allocate a single mark within the level.

GSA UNIT 6 CASE STUDY SUMMARY OF EXTRACTS JANUARY 2008

HEALTH

EXTRACT A *Data and comments*

Figure 1 Media comments on the NHS during the particularly challenging winter of 1999 – 2000. Comparisons may be made with the observations and data taken from *The Sun* in 2006 (Figure 5).

Figure 2 The graph indicates the dramatic improvements in life expectancy between 1901–2001 with projections up to 2021. Gender differentials (i.e. women live longer than men) are maintained throughout.

Figure 3 Demonstrates some class and regional variations in life expectancy.

Figure 4 MMR immunisation of children under 2 fell from 90% in early/mid 1990s to 81% in 2003/4; rates of male and female obesity have risen sharply between 1993–2003; 40% of men and 23% of women exceed daily alcohol consumption benchmarks on at least 1 day a week in 2003/04; marked occupational differences exist among smokers; lung cancer in males has fallen by >40% in the last 20 years.

Figure 5 *The Sun* itemises alleged government failures and claimed successes in 2006 together with a MORI survey of adult attitudes to the NHS.

EXTRACT B *Time is running out…..*

Between 1999–2006 there was considerable growth in the NHS with spending much closer to the EU average but significant budget deficits and job cuts are now predicted. Improvement in some aspects of the NHS has been dramatic yet there is a feeling that high spending has not always been matched by the best results.

Spending has not always been carefully planned and monitored and structural problems (e.g. too many hospitals in particular areas and too much expensive treatment within hospitals) have been avoided by politicians especially if it is unpopular. There has been some reform but not enough of it as the NHS becomes more market orientated. Ultimately, the author argues there is reason for optimism as politicians, belatedly, recognise the growing sense of crisis and respond to it appropriately.

EXTRACT C *I know where missing NHS billions have gone*

The writer (Tim Winch) is a GP and claims that GPs' earnings have risen very significantly in the last couple of years with the average GP in southern England earning £127 000 pa. He surmises that the government may have been worried about the predicted shortage of doctors – hence what seems to be a particularly generous pay rise. Surprisingly, the author argues that working conditions for GPs have eased considerably – seemingly more money for less work. ("We have had our mouths stuffed with gold", quoting the founder of the NHS Aneurin Bevan.)

The author goes on to claim that most of the extra money that has gone into the NHS has gone on staff salaries but quotes research to show that efficiency (though notoriously difficult to measure) has decreased though ministers are still trying to prove that extra expenditure has been justified. Meanwhile, it is claimed that the extra money is changing the ethos of doctors with cash now seemingly more important than a sense of vocation and that that might change the ethos of the NHS.

EXTRACT D ***Fast food toilets are precisely where sexual health nurses should be doing their job***

Sam Leith, the writer, takes his fellow *Telegraph* contributor, Robert Whelan to task for criticising Angela Star, a nurse in Gateshead, for giving a girl a contraceptive jab in the toilets of a McDonald's. Leith argues that people have got to be realistic about sexually active teenagers and not to expect them, necessarily, to seek contraceptive advice from GPs or health centres and that the overwhelming point about the girl in the toilet was that she was not prepared to go to a hospital or clinic.

Leith recognises that places like McDonald's have become "third places" for (working-class) teenagers and that this represents the effective privatisation of community centres as village halls have closed and few people attend church. He praises the work of the nurse who, unlike GPs, effectively puts herself on 24-hour call by putting her mobile phone number on leaflets and commends her boss, Sheron Robson, for supporting the nurse against those who are quick to criticise without offering constructive suggestions.

EXTRACT E ***Unhealthy, unhappy and with no self-esteem..***

Maxine Frith uses a World Health Organisation study of >150 000 young people in 35 countries to illustrate that UK teenagers have some of the highest rates of drinking, smoking, drug use and underage sex and the lowest levels of life satisfaction, fruit consumption and feelings of physical well-being. These results put them on a par with young people in eastern, rather than western, Europe.

Failure to tackle the public health problems affecting young people has caused a self-perpetuating cycle of abuse and it is claimed that the study should help countries to develop long-term policies to improve the health of young people because patterns which help to determine future well-being are shaped at an early age.

SECTION A

1 Discuss the implications of the comments and data in Extract A for the future of the National Health Service.

(9 marks)

The focus of the question is on 'discussion' of the implications of the comments and data for the NHS, rather than a lengthy narrative re-writing figures in an essentially descriptive way.

Implications (an indicative list. Other valid points based on the data and comments in Extract A should be credited).

- Difficult to judge because media thrive on 'crisis' stories. (Figure 1)
- Extent to which things have changed since 1999–2000. (Figure 1)
- Impact of providing care for growing numbers of elderly people as life expectancy increases. (Figure 2)
- Need to reduce regional/socio-economic disparities but scale of this makes it very difficult. (Figure 3)
- Implications of more drinking/possible links with binge drinking. (Figure 4)
- Need to convince more parents of the need to get MMR immunisation for their babies otherwise there will be epidemics. (Figure 4)
- Continuing need to re-enforce anti-smoking message. (Figure 4)
- How to deal with public perceptions of the NHS, maintaining high levels of resources and improving NHS productivity. Extent to which people appreciate/understand success. (Figure 5)
- Possible impact of hospital rationalisation/closures. Public opposition and potential for loss of votes. (Figure 5)
- Is enough being done to counter MRSA? Is privatised cleaning an issue? (Figure 5)
- Tax implication of continued high levels of spending on health care. (Figure 5)

It may be feasible to think in terms of awarding 1 mark for each valid and coherent point, including others not covered above, as well as for development of ideas, use of argument or illustration, depth of comment, consideration of the nature of the evidence or concepts (AO4). The number of ticks need not, however, equal the final mark awarded, which should reflect the overall grasp and quality of the candidate's response to the question, as reflected in the General Mark scheme criteria.

2 Using information from *Extract B*, discuss briefly how far it is possible to argue that the National Health Service is 'in crisis'.

(9 marks)

Extract B, uses the phrase 'crisis-torn' as part of its headline and the concluding sentence refers to a 'real crisis' in the NHS. The article itself is more ambivalent and, for the most part, offers a balanced view, praising achievements in recent years but highlighting areas of weakness and failure.

Possible arguments against crisis in the NHS

- The NHS has experienced the longest period of sustained growth in its history with expenditure doubling and rising to match, or exceed, EU averages in terms of share of the national income.
- Extract B supports the health secretary's claim that, operationally, the NHS has just had its best−ever year.
- Official statistics, anecdotal evidence and patient surveys all indicate that the NHS has improved. Staffing has increased by 250 000 in recent years.
- The 5 000 job cuts are only a small fraction of the jobs created.

Possible arguments which might support the view that the NHS is in crisis

- Accountants are going into some hospitals to measure levels of overspending.
- Efforts are being made to contain budget deficits by hospitals withholding payments, cutting training, postponing projects, freezing job vacancies etc.
- 5 000 job cuts have already been announced.
- Widespread feeling that major increases in spending on the NHS have not produced commensurate outcomes.
- Politicians and senior NHS managers have ducked key issues of structural change, allowing deficits to mount over the years.

Conclusion

Broadly optimistic citing four reasons: improvements in the service; greater willingness of clinicians and managers to grasp the nettle of restructuring, market-aware foundation trusts are tending to do better than the rest of the service; the lesson of history is that a crisis provides a great incentive for the NHS to respond.

On this basis, candidates will need to present a reasonably balanced case citing at least some arguments for and against the 'crisis view'. Those who offer unqualified support for the 'crisis view' or an uncritical defence of NHS achievements will not have grasped the difficulties of defining/measuring the concept of crisis (AO4) or reaching a more qualified conclusion necessary to reach Level 3.

It may be feasible to think in terms of awarding 1 mark for each valid and coherent point, including others not covered above as well as for development of ideas, use of argument or illustration, depth of comment, consideration of the nature of the evidence or concepts (AO4). The number of ticks need not, however, equal the final mark awarded, which should reflect the overall grasp and quality of the candidate's response to the question, as reflected in the General Mark Scheme criteria.

3 Using your own ideas and information from *Extract C*, discuss critically the arguments used by its author, Dr Tim Winch.

(8 marks)

Dr Winch almost comes across as a 'whistle blower' as he is a GP who, like other GPs, has benefited from the substantial rise in salaries enjoyed by GPs in recent years. Despite this, he clearly has reservations about the greater emphasis on financial remuneration.

Examining Dr Winch's views

- *GPs have done "staggeringly well" in recent years with a 30% salary increase. GPs on the General Medical Services averaging circa £130 000, a much higher sum than the £70 000 average of three years ago. Such salary levels are much more than most ever expected.*
  Statistically, the salary claims can be supported and increases have been significant. Averages, though, tell only part of the story and doctors have frequently complained about being severely underpaid so perhaps the rise was not entirely unexpected.
- *"I have not been able to work out why the Government decided to increase GPs' pay so rapidly – perhaps it was the warnings of the BMA about doctor shortages. Was there really such a shortage?*
  The BMA is one of the most powerful and persuasive of trade unions and politicians are very sensitive to claims of doctor shortages. Dissatisfaction with the NHS was high, more doctors were moving to private practice and the age structure of GPs indicated a disproportionate number near to retirement. The shortage was real, though not necessarily national, and this was exploited by the BMA in the interests of its members.
- *Hours have decreased (6 days to 4½ and no out-of-hours visits). Being a doctor is "no longer tough and demanding".*
  There is now more choice for doctors. Their hours can be more flexible and they can choose whether or not to participate in the 'out of hours' service but those who do so will earn less. Might be very difficult to substantiate the claim that the work of a GP is "no longer tough and demanding" especially in poorer/remote areas.
- *Most of the increased funding for health has gone on paying higher salaries to NHS staff while efficiency has gone down.*
  Dr Winch uses evidence from research by the King's Fund. The NHS is a major employer and there is a lot of evidence to support the view that a high proportion of the increased spending has gone on pay. As Dr Winch concedes, 'efficiency' is much more difficult to measure accurately.
- *Perhaps it will prove to be money well spent. For me such high salaries are a mistake – it is having a damaging effect and changing the ethos of doctors and the NHS.*
  Much more speculative and controversial than earlier statements and likely to divide candidates, perhaps on the basis of their own beliefs and values about what doctors are 'worth' and what might be deemed an appropriate ethos for the NHS.

It may be feasible to think in terms of awarding 1 mark for each valid and coherent point, as well as for development of ideas, use of argument or illustration, depth of comment and consideration of the nature of the evidence or concepts (AO4) but the focus should be on critical discussion of Dr Winch's views, none of which are directly substantiated (AO4).

4 Using information and ideas from *Extracts D* and *E* and your own knowledge, discuss briefly the issues raised about the behaviour and health of young people.

(9 marks)

Extract D

Centres specifically on young people and their sexual health. Only one example is used and contraceptive treatment in the toilets at a branch of McDonald's may not be typical but there are wider issues about young people and sex ("not always smart, not always sober, not always forward-looking or strong-minded or clued−up enough" etc). Should they, though, exercise more restraint or try to show more responsibility given the sex education that takes place? Or is it easy for adults to moralise and to make value judgment based on different times and experiences when they might show a greater level of sympathy/understanding?

Extract E

Uses the WHO survey of 150 000 young people in 35 countries to claim that "teenagers (in GB) have some of the highest rates of drinking, smoking, drug use and underage sex – and the lowest levels of life-satisfaction, fruit consumption and feelings of physical well-being" with "a third of (GB) girls rating their health as only fair or poor..." and concluding that "we know that attitudes, behaviour and lifestyle patterns strongly influence well-being..."

Development/conclusion

On the surface things don't look good for young people but the evidence is limited and it is often too easy to generalise/stereotype (AO4) or to assert that they are too promiscuous or that they drink and smoke too much or take drugs excessively.

Much may depend on what it is reasonable (AO4) to expect from young people in terms of behaviour (bearing in mind factors like norms for the age group, immaturity and the belief that they are virtually indestructible) and the different perspectives taken by others to judge them (AO4).

Another issue is how much they should take responsibility for modifying the sort of behaviour that might affect their health (or whether too many act very irresponsibly/selfishly and simply depend on others like health professionals). It's often easy to make assumptions and there are other teenage health problems (credit should obviously be given for relevant examples) which may or may not have anything to do with behaviour.

It may be feasible to think in terms of awarding 1 mark for each valid and coherent point, as well as for development of ideas, use of argument or illustration, depth of comment and consideration of the nature of evidence or concepts (AO4) and taking account the requirement to refer to Extracts D and E. The number of ticks need not, however, equal the final mark awarded, which should reflect the overall grasp and quality of the candidate's response to the question, as reflected in the General Mark Scheme criteria.

GENERAL MARK SCHEME FOR A2 ESSAYS

The essay questions in General Studies A are designed to test the four assessment objectives (see INTRODUCTION above) as follows:

AO1 – 6 marks AO2 – 5 marks AO3 – 7 marks AO4 – 7 marks **Total – 25 marks**

Each answer should be awarded two separate marks, comprising a mark out of 20 for content (Assessment Objectives 1, 3 and 4) and a mark out of 5 for communication (Assessment Objective 2).

The mark for content should be awarded on the basis of the overall level of the candidate's response in relation to the following general criteria and descriptors for each level.

Level of response	**Mark range**	**Criteria and descriptors for Assessment Objectives 1, 3 and 4:** knowledge, understanding, argument and illustration, evaluation.
LEVEL 4	16 – 20	**Good response to the demands of the question:** sound knowledge of material (AO1); clear understanding and appreciation of topic, nature of knowledge involved and related issues (AO4); valid arguments and appropriate illustrations, coherent conclusion (AO3).
LEVEL 3	11 – 15	**Competent attempt at answering the question:** relevant knowledge (AO1); reasonable understanding and appreciation of topic, nature of knowledge involved and related issues (AO4); some fair arguments and illustrations, attempt at a conclusion (AO3).
LEVEL 2	6 – 10	**Limited response to the demands of the question:** only basic knowledge (AO1); modest understanding and appreciation of topic, nature of knowledge involved and related issues (AO4); limited argument and illustration, weak conclusion (AO3).
LEVEL 1	1 – 5	**Inadequate attempt to deal with the question:** very limited knowledge (AO1); little understanding and appreciation of topic, nature of knowledge involved and related issues (AO4); little or no justification or illustration, inadequate overall grasp (AO3).
LEVEL 0	0	**No response or relevance to the question.**

The mark for communication (AO2) should be awarded using the following scale and criteria.

5 marks	Clear and effective organisation and structure, fluent and accurate expression, spelling, punctuation and grammar.
4 marks	Clear attempt at organisation and structure, generally fluent and accurate expression, spelling, punctuation and grammar.
3 marks	Some organisation and structure evident, variable fluency, occasional errors in expression, punctuation and grammar.
2 marks	Limited organisation and structure, little fluency, a number of errors in expression, spelling, punctuation and grammar.
1 mark	Lacking organisation, structure and fluency, frequent errors in expression, spelling, punctuation and grammar.
0 marks	No response.

Note:
- A brief and inadequate response (Level 1 for content) must be awarded not more than 2 marks for communication.
- A limited response (Level 2 for content) should normally not be awarded more than 3 marks for communication.
- Responses at Levels 3 and 4 for content may be awarded up to 5 marks for communication.

SECTION B

5 'Providing that they don't break the law, people should be free to behave as they wish without interference from the state or other authorities.'

Discuss the arguments for and against this viewpoint.

In a good answer, candidates might be expected to take into account, say, the difference between the law and morality and, perhaps the distinction between 'freedom to' (do particular things that are lawful) and 'freedom from' (things which we don't like or find offensive even if they might be lawful). Such answers might recognise that complete freedom when individuals usually have to be part of society may not be possible (or even necessarily desirable). The Case Study provides one context (responsibility for safeguarding/protecting one's health) but there are many other contexts that could be applied.

Arguments that might be used to support the viewpoint

- A fundamental responsibility is to obey the law which is there for the protection of society/individuals within that society. Beyond that, individuals are free to act as they wish.
- Individuality should be encouraged. It helps to facilitate enterprise, creativity etc.
- Freedom is an antidote in an age of corporate identity and greater conformity. It allows people to establish more of a sense of individuality.
- We need more freedoms at a time when there is a dispute about what some see as an ever-active 'nanny state' or when personal freedoms are threatened (say as a curb against terrorist threats).
- Individuals should, if they wish, be free to decide how much freedom they seek in life (or as part of their moral code).

Arguments that might be used to oppose the viewpoint

- Depends too much on personal interpretation of what freedom means. Too easy to disregard the wishes of others and to behave in ways which, though legal, may cause distress to others.
- Freedom also implies a sense of responsibility. This may not be taken into account, or understood as an obligation, by others.
- There has to be a balance, which might be very difficult to define/secure between individual freedom and the role that people might be expected to play as a member of a society.
- Individual behaviour, though perfectly legal, can have wider obligations for society. (In the health context should doctors decline to treat persistent heavy smokers? Should individuals expect health professionals to operate in the toilets of McDonalds? Should people who behave irresponsibly overseas expect to be bailed out by consul representatives abroad?)
- The state/other authorities have a duty to act in ways that promote the public good and are not necessarily authoritarian/over-directive.

Credit should be given for any other valid points/arguments and the context in which they are used.

6 Discuss the arguments for and against privatisation in general and privatisation within the National Health Service in particular.

This is a broadly-based question which invites candidates to examine the relative merits of the wider aspects of privatisation (hopefully with appropriate supporting examples) in general and the NHS in particular. Good answers are likely to recognise that there are valid points for and against private/public provision and that a wholly ideological approach is unlikely to be appropriate. Much may depend on the examples used and good answers may demonstrate a wider range and/or more depth to support the arguments made.

Indicative content

For privatisation in general

- In terms of economic theory, more competition should produce greater efficiency and the best possible deal for the consumer.
- Private provision and the ending of monopolies has allowed consumers to have much more choice and cheaper/better services.
- Can provide government with (one-off) forms of revenue/reduce the need for Treasury financial support.
- Chance for members of the public to buy shares and become part of a share-owning democracy.
- Publicly owned services have few incentives to improve, may be excessively bureaucratic and concentrate more on the interests of providers rather than consumers.

Against privatisation in general

- Competition is rarely perfect and does not necessarily produce more efficient, better and cheaper services.
- Private providers are more interested in profit than other aspects of the provision of services.
- Fewer government controls/ de-regulation have led to rapid price rises.
- Monopolies/near monopolies may continue to exist (e.g. water and public transport).
- Choice, where it exists, can be complex and bewildering (energy supplies, telecommunications).

For privatisation of the NHS

- Private health care often means better facilities, less waiting, lower risk of hospital infection, more flexibility for appointment and operations, more attention to the needs of the patient etc.
- There would, theoretically, be huge cost savings for the government.

Against privatisation of the NHS

- Private health care is often selective and may be far less effective for those with chronic physical conditions or mental health problems.
- The NHS offers an essentially 'free' and universal service. In a privatised system, individuals would need some form of insurance arranged primarily through the state or private companies. Quality of health care (or the lack of it) would depend on the capacity of the individual to pay for it.
- PFI initiatives have provided some excellent new hospitals but left Health Trusts with substantial, long-term debts.

Credit should be given for any other valid points (particularly those which point to increasing semi-privatisation of the NHS in terms of greater patient choice) and arguments and much, ultimately, may depend on the personal experiences of individuals and their perspective in terms of beliefs, values and ideology (AO4).

7 Examine the problems associated with non-medicinal drug use and discuss whether more severe punishments would help to limit supply and consumption.

'Non medicinal' drugs might include so-called 'soft' drugs such as cannabis and 'hard' drugs such as crack cocaine. References to nicotine addiction and the impact of excessive alcohol consumption would not be deemed irrelevant. Good answers might recognise a range of problems and different circumstances, looking critically at the implied assumption that this complex problem can be tackled much more efficiently by the single expedient of increasing the severity of punishments.

Problems associated with non-medicinal drugs

- Serious threat to health.
- May lead to irrational/violent behaviour.
- Links with crime, particularly theft, to get money to feed habit.
- Can contribute to anti-social behaviour.
- Dependency may affect performance at work – lead to loss of job.
- Can be part of cycle of deprivation and despair.
- Leads to exploitation by drug dealers.
- Drug takers can make heavy demands on health and other services.

Potential impact of more severe punishments

- Punishments are already quite severe but do not appear to act as much of a deterrent.
- Problem is complex and exists at different levels.
- Would make existing prison overcrowding much worse.
- Drugs often available in prisons.
- Dealers often part of sophisticated crime networks. Major figures unlikely to be caught.
- Is drug addiction more of an illness than a crime?
- Might be more effective to concentrate resources on drug education and treatment.

Credit should be given for any other relevant point/argument.

Drugs of all descriptions are freely available across the country – in rural areas as well as inner-city estates – and they transcend class boundaries. Supplies are based on global criminal networks often backed by huge resources which exceed those of drug prevention/detection agencies.

As a problem it might not be possible to isolate drugs from other issues and problems, not least changing lifestyles as more people take 'recreational' drugs. Not all non-medicinal drugs are necessarily illegal and it might be asked why more people need to take drugs and whether there might be scope for further de-criminalisation.

8 How far would you agree that we demand too much from our politicians and other international leaders and make them convenient scapegoats when things go wrong?

Give reasons for your answer.

This question offers considerable scope to candidates and good answers might use the wider framework of the activities of politicians and international leaders. Inevitably much will depend on the examples chosen and good answers should demonstrate a capacity to cover both parts of the question.

Indicative content

- Politicians deal in promises – the ability/capacity/willingness of the government to implement the manifesto that helped to win the most recent election for their party. Inevitably there will be obstacles and conflicting priorities which may limit their capacity to deliver their promises.
- The Prime Minister may not be as powerful as he seems and sometimes politicians encourage high expectations among the electorate. When these cannot be met, for whatever reason, resentment, disillusionment and anger set in and support dwindles.
- Political policies and messages may be distorted by the media which may also encourage unreasonably high expectations. Alternatively, relatively few stories/reports are based on good news so our pessimism is fed while our optimism is starved.
- There is a growing cult of personality. Tony Blair found it much more difficult in his third term than in his first and the same may be said of Gordon Brown and other leading figures. David Cameron and Menzies Campbell are much more recently appointed to their posts so remain relatively unproven. (Internationally several personalities come to mind with George Bush being the most obvious and Bill Gates being a non-political example).
- There is increasing apathy among the electorate and considerable cynicism which increases with reports of incompetence, possible corruption etc. On the whole, people have a low opinion of politicians and the sort of 'spin' used.
- Sophisticated global communications means that we are much more aware of world developments and major issues like the war in Iraq or oil prices and other areas of global conflict and catastrophe.
- Inevitably expectations are raised and dashed. International bodies may be seen as inefficient and wasteful bureaucracies (EU governing bodies) or insufficiently effective (UN or NATO).
- International business leaders may be criticised for their pursuit of profit before other considerations such as threats to the natural habitat/global warming or the welfare of their workforce (especially as pension funds fail and more jobs are outsourced to countries with lower labour costs).
- Perhaps inevitably both international leaders and politicians tend to focus on short – rather than long-term goals.
- Perhaps it is human nature to look for others to blame. Agreeing priorities, satisfying all vested interests, reconciling differences in politics and business, achieving a balance between income and spending – all are examples of the difficulties which we all face.
- Few people can be objective when their lives are influenced by events and people around them. Self-interest is important and we make subjective and value-laden judgments. Horizons are wider, expectations greater. We expect a lot and politicians and other international leaders are sometimes the victims of their extravagant promises.
- It's so much easier to blame others when things go wrong even if our expectations may be ill-informed and unrealistic.

Distribution of marks across questions and assessment objectives for Unit 6

Question Numbers		Section A 1	2	3	4	Section B 5–8	AO marks per Unit
Assessment Objectives	AO1	1	1	1	1	6	10
	AO2	1	2	1	2	5	11
	AO3	4	2	1	2	7	16
	AO4	3	4	5	4	7	23
Total marks per Question		9	9	8	9	25	60