

X236/12/02

NATIONAL THURSDAY, 9 MAY
QUALIFICATIONS 10.50 AM – 12.05 PM
2013

MODERN STUDIES
HIGHER
Paper 2

Summary of Decision Making Exercise

You are a health advisor to the Scottish Government. You have been asked to prepare a report in which you recommend or reject a proposal (PASS—Protection Against Second-hand Smoking) which would make it illegal to smoke directly outside entrances to buildings used by the public and in Scotland's parks and on beaches.

Before beginning the DME (Q5), you must answer a number of evaluating questions (Q1–4) based on the source material provided. The source material is:

SOURCE A: PASS will Improve Public Health

SOURCE B: Unnecessary Interference in People's Lives

SOURCE C: Statistical Information



SOURCE A: PASS WILL IMPROVE PUBLIC HEALTH

Since the Scottish Parliament passed the ban on smoking in enclosed public places, it has become commonplace for people to smoke directly outside entrances to buildings or in other public places. New legislation is needed to end this practice. The Scottish Government must support the proposal PASS (Protection Against Second-hand
5 Smoking) that will make it illegal to smoke directly outside an entrance to a public building, outdoor public places such as parks and beaches and also outside the entrances of pubs, restaurants and offices. If lighting up a cigarette in public becomes more difficult and more socially unacceptable as a result of PASS, fewer people will take up
10 smoking and more people will have an incentive to quit. In the journey to end smoking in Scottish society, PASS is the next step.

Public health campaigns are useful in persuading people to make the correct health choices but legislation restricting the availability and advertising of tobacco are also important in reducing smoking rates. The damage caused by exposure to tobacco
15 smoke kills around 13,500 Scots each year and is responsible for around 33,500 hospital admissions. Currently, Scotland has the highest daily rate of smoking in the European Union. Treating illnesses associated with smoking cost the NHS in Scotland over £400 million in 2012, funding that most Scots would rather see spent elsewhere.

Everyone should be able to enjoy the park or the beach without smoke in their faces. In many cases, non-smokers have no choice but to make their way into workplaces,
20 restaurants and bars through a group of smokers. Non-smokers who breathe in second-hand smoke take in nicotine just like smokers do. There is no safe level of exposure to second-hand smoke. In other parts of the world legislation to further restrict smoking has already proved successful. Research also suggests that the less children witness adults smoking, the less they are likely to smoke themselves.

25 Well organised smokers' rights groups will point to the rights of smokers to enjoy their habit unrestricted. They have little concern, however, for the rights of other people to breathe clean air. Further collective action is therefore required, especially in those areas most affected by poverty. Deaths linked to smoking are highest in the most deprived parts of Scotland with around half of the people in the poorest social
30 groups continuing to smoke. Extending the smoking ban will make the lives of the non-smoking majority healthier and more pleasant. It will also help smokers who need all the incentives they can get to kick an addictive, expensive and lethal habit. If we can stop parents from smoking, we can create a new smoke-free society for our young people. This is an opportunity we cannot afford to PASS up.

Carrie Brody, Anti-smoking Campaigner

SOURCE B: UNNECESSARY INTERFERENCE IN PEOPLE’S LIVES

The proposed Protecting Against Second-hand Smoking (PASS) legislation is another example of unnecessary government interference into people’s lives. Currently, the answer to every minor public concern is to bring in more laws which, over time, limit people’s freedoms. For any responsible government, the trivial issue of adults choosing
5 to smoke in the fresh air should be at the bottom of its list of priorities. In Scotland, smoking is no longer the public health danger it used to be and there are many more pressing social problems Scottish politicians need to tackle.

Those who choose to smoke are aware that smoking, like many other lifestyle choices, damages their health. By all means continue to educate the public, particularly the
10 young, about the dangers of smoking. Evidence suggests that those under the age of 20 are the age group most likely to smoke. However, it is wrong to extend legislation to reduce smoking where adults understand the risk but choose to continue to smoke. Individuals, not the State, should decide the way in which adults in this country live their lives. There is already a huge range of health promoting initiatives. These
15 initiatives allow responsible citizens the opportunity to make informed choices. Smoking is also one of the few pleasures some poorer people have. These people do not need further interference in their lives by out of touch middle-class politicians.

PASS would be a huge waste of scarce public resources at a time of economic hardship. Policing smokers in parks and on beaches, then dragging them through the criminal
20 justice system, will cost millions. People could have a criminal record for lighting up a cigarette! PASS, like other “nanny state” interventions, would be completely unenforceable. When it is difficult enough to control the use of illegal drugs, what chance does the Scottish Government have in controlling the thousands of Scots who choose to smoke in public places? PASS will not result in fewer people taking
25 up smoking or more smokers quitting the habit. It will only drive smokers indoors, smoking at home in the presence of their families, harming those PASS is supposedly designed to help.

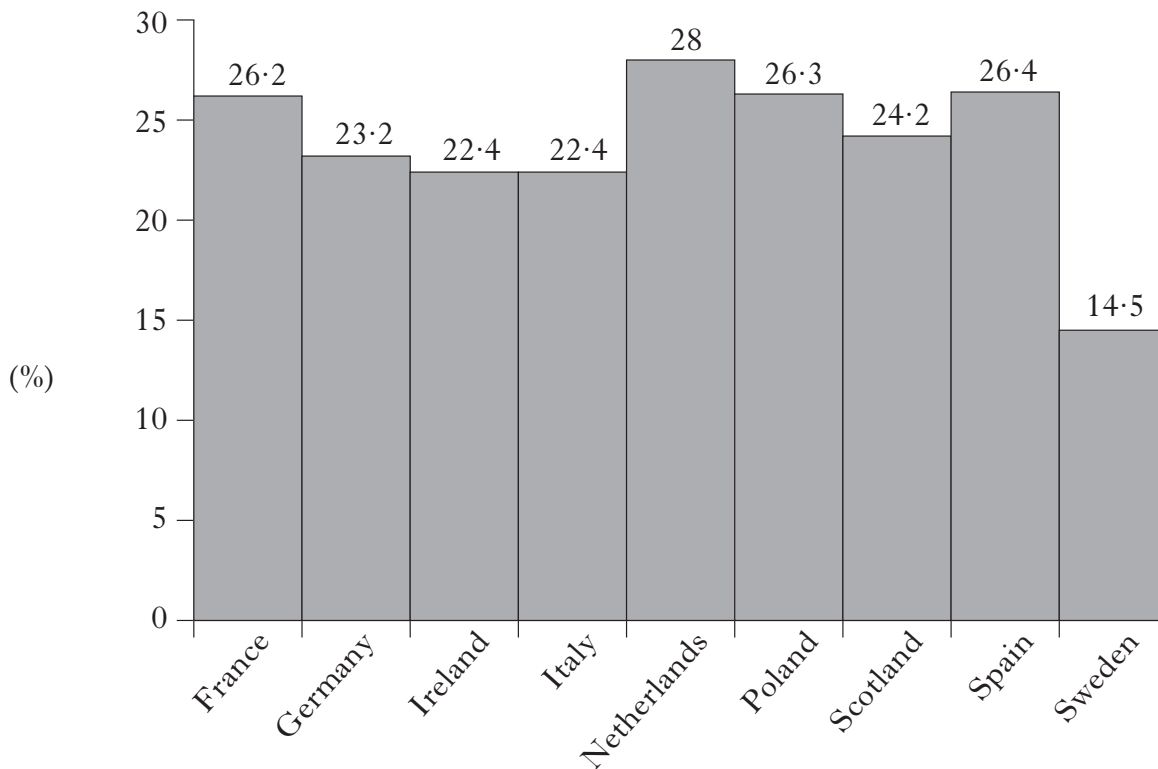
The public is aware of the hypocrisy of government policy towards smoking. While it introduces new ways to reduce smoking, it collects billions of pounds in taxes from
30 smokers. Surveys show that most people do not support an extension to the ban on smoking in public places but instead think year-on-year price rises are the best way to reduce smoking. Scotland has many more serious social and economic challenges. The Scottish Government would do better to tackle the causes of poor health, such as poverty, than harassing law-abiding citizens with a patronising, unnecessary and
35 unenforceable law.

Nick Matheson, Spokesperson for Pro-smoking Pressure Group

[Turn over for Source C on Pages four, five and six

SOURCE C: STATISTICAL INFORMATION

SOURCE C1 Percentage (%) Daily Smoking Rates in Selected EU countries (2009)



Source: WHO, Health in the European Union, 2009

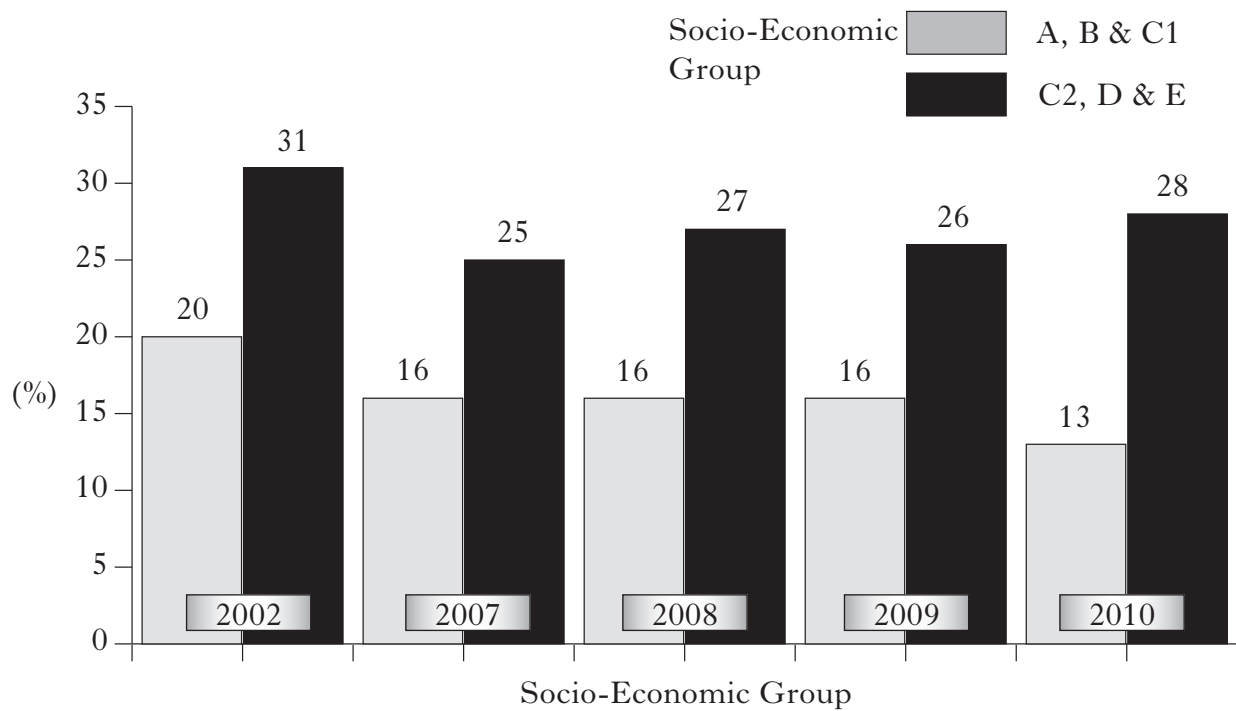
SOURCE C2 Population Statistics for Low Income and Health, Selected NHS Boards in Scotland (2010)

NHS Health Board	Percentage (%) of population income deprived	Percentage (%) of deaths linked to smoking	Average male life expectancy (years)
Ayrshire and Arran	17.6	23.4	74.2
Dumfries and Galloway	14.3	19.9	76.1
Grampian	9.5	19.6	76.1
Greater Glasgow and Clyde	20.3	30.6	72.1
Orkney	10.2	11.1	75.7
Lanarkshire	16.7	22.8	73.4
Scotland	15.1	24.1	74.5

Source: Health and Wellbeing Profiles, Scotland Overview Report 2010 (adapted)

SOURCE C: (CONTINUED)

SOURCE C3 Percentage (%) Cigarette Smoking by Socio-Economic Group, Adults aged 16+



Source: Cancer UK website (adapted)

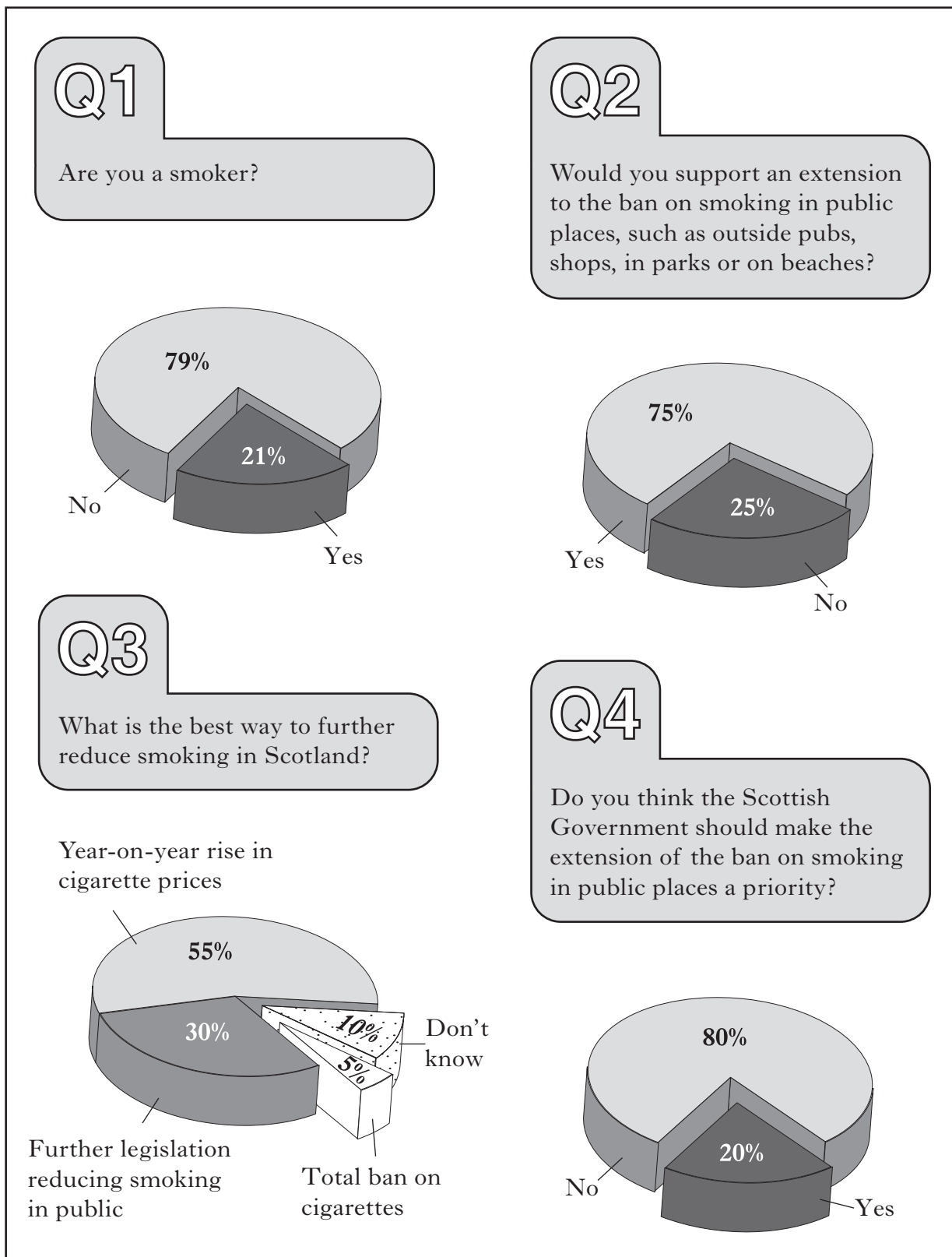
SOURCE C4 Percentage (%) Smoking Rate By Age, 2000–2010

Age \ Year	2000	2002	2004	2006	2008	2010
16–19	30	22	23	20	18	20
20–24	35	37	36	33	29	25
25–34	39	36	35	33	30	28
35–49	31	29	31	26	24	25
50–59	27	27	26	23	23	21
60+	16	17	15	13	13	13

Source: Cancer Research UK website (adapted)

SOURCE C: (CONTINUED)

SOURCE C5 Public Opinion Survey on Smoking in Scotland 2011. Figures in percentage (%)



1101 people interviewed. Adapted from face-to-face survey across Scotland. January–March 2011

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ACKNOWLEDGEMENTS

Source C1—Figures are adapted from Health in the European Union, Trends and Analysis, 2009. Permission is being sought from W.H.O.

Source C2—Figures are adapted from Health and Wellbeing Profiles, Scotland Overview Report (www.scotpho.org.uk/comparative-health/profiles/2010-chp-profiles). Reproduced by kind permission of Scot PHO.

Sources C3 and C4—Figures are adapted from www.cancerresearchuk.org. Reproduced by kind permission of Cancer Research UK.

DECISION MAKING EXERCISE

QUESTIONS

Questions 1 to 4 are based on Sources A to C on pages 2–6. Answer Questions 1 to 4 before attempting Question 5.

In Questions 1 to 4, use only the Sources described in each question.

Question 1

Use **only** Source C1 and Source A.

Why might Carrie Brody be accused of exaggeration? 2

Question 2

Use **only** Source C2, C3 and Source A.

To what extent does the evidence support Carrie Brody? 3

Question 3

Use **only** Source C4 and Source B.

Why might Nick Matheson be accused of exaggeration? 2

Question 4

Use **only** Source C5 and Source B.

To what extent does the evidence support Nick Matheson? 3

(10)

Question 5

Marks

DECISION MAKING EXERCISE (DME)

You are a health advisor to the Scottish Government. You have been asked to prepare a report in which you recommend or reject a proposal (PASS—Protection Against Second-hand Smoking) which would make it illegal to smoke directly outside entrances to buildings used by the public and in Scotland’s parks and on beaches.

Your answer should be written in a style appropriate to a report.

Your report should:

- recommend or reject the proposal (PASS—Protection Against Second-hand Smoking)
- provide arguments to support your decision
- identify and comment on any arguments which may be presented by those who oppose your decision
- refer to all the Sources provided

AND

- **must** include relevant background knowledge.

The written and statistical sources which are provided are:

SOURCE A: PASS Will Improve Public Health

SOURCE B: Unnecessary Interference in People’s Lives

SOURCE C: Statistical Information

(20)

Total: 30 marks

[END OF QUESTION PAPER]